# The Seven Deadly Myths of Health Care Reform

Pat Pennefather, President

**Now is the time for MAHU Members to act!**

Many misconceptions frame the current debate over health care reform. Here are seven statements repeated consistently in news broadcasts:

**Myth #1:** *Americans are clamoring for health care reform.*

They aren't. Only 5% of voters cite health care reform as either the top issue facing the country, the biggest problem facing their daily lives, as the greatest fear they have for themselves or their families. In fact, when given a specific list of issues to choose from, health care reform comes in far behind the top concerns of 95% of American voters.

**Myth #2:** *The U.S. health care system needs a complete overhaul.*
Says who? Not American voters. Slightly more voters (47%) say that our health care system can be fixed with some minor reforms, versus those who say it needs a radical overhaul (44%).

**Myth #3:** *Coverage for the uninsured is **the** major problem facing the U.S. Health Care system.*
By nearly a 3 to 1 margin, voters see rising health care and health insurance costs as the biggest problem over too many being without insurance coverage. While government takeover advocates are fond of talking about millions of uninsured Americans, they generally fail to mention that many of those are uninsured by choice, or only temporarily uninsured. Yet this single misleading statistic remains a favorite of Congressional proponents as they make the case for a government takeover.

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**Myth #4**: *Government, not free market competition, is the best way to reduce health care costs.*
Again, false. Clear majorities say that MORE competition among health care providers will do more to lower costs than increased government involvement. Further, pluralities believe that increased government involvement will cause health care costs and insurance premiums to go up. Americans undoubtedly feel this way because there are few (if any) examples where government involvement in any endeavor, let alone health care, actually caused prices to go down.

**Myth #5:** *Americans are more open/accepting of government-run health care solution.*
A clear and strong majority of voters prefer a private run health care system over a government-run system. Fully 55% of American voters say, if given the choice, they would opt for a private health care solution over a government solution. Only 37% would opt for a government takeover of health care.

**Myth #6**: *Americans understand we must sacrifice to ensure coverage for all.*
When pitted head to head, large majorities of voters (69%) choose a private run health care system that doesn't cover all Americans, but protects everyone's fundamental right to make their own health care choices, over a government-run system that covers everyone but restricts certain health care options (18%).

**Myth #7:** *Americans want a health care system more like Canada and/or Great Britain.*
Voters have mixed opinions about the Canadian and British health care systems with a sizeable number not having a firm opinion on either. But, more than 3 in 4 voters say they would most prefer to get treatment or health care services here in the U.S. over either Canada or Great Britain.

Contrary to the conventional wisdom in Washington, voters are NOT willing to commit to a radical overhaul of our health care system. They are clearly suspicious of more government involvement and think it won't drive down costs -- which is their biggest complaint about the current health care system. A clear and large majority still prefer a private-run over a government-run system. Moreover, when faced with the potential choice of giving up their fundamental health care rights to ensure universal coverage, majorities are unwilling to do so.

**Health care reform is on the fast track through Congress.**

* Three House committees and two Senate committees have jurisdiction over it, and by the end of May, each committee will likely be finished drafting their health care reform bills.

* June is the time for intense political action because the committees will be debating, amending and voting on their respective bills.

*Continued on next page*

*Pennefather continued from page 1*

* In July, the work of each of the committees will be introduced into the full House and Senate and there will be more time for debating, amending and ultimately passing health care reform legislation. July also presents many opportunities for interested parties to influence the debate and make sure the bills move in the direction they want them to move.

* In August, once the House and Senate pass their versions of the legislation, the measures will go to a conference committee composed of members of each chamber where differences will be ironed out and a single "conference report" bill will emerge.

* In September, each chamber will vote on the conference report bill and "likely/ultimately" pass health care reform for the President to sign.

You will continue to receive urgent requests to act from both our National Association as well as your state/local chapters. Please take the time to respond to these requests. If you know of someone in the health insurance (group or individual) industry who is not a member, please ask them to join…for your sake…and theirs!

Opinions of Patrick Pennefather, MAHU President

# MAHU LEGISLATIVE UPDATE

**Individual Market Reform**
**May, 2009**

*Mike Embry, Sr. RHU, Legislative Chair*

As many of you are aware, the topic of health care reform is back on the front burner for 2009. MAHU is in close contact with both Senator Tom George, Chairman, Senate Health Policy Committee and Representative Marc Corriveau, Chairman, House Health Policy Committee. Gary Reed, our lobbyist, continues to keep in close contact with both offices in Lansing.

Legislation was introduced last week in both houses. To view this legislation, please go to the MAHU web site.

Senator George held town hall meetings across the state gathering input from many groups to help him craft legislation that will first and foremost protect the consumers. He has made that point very clear from the start of the debate.

Representative Corriveau has asked MAHU to sit on the House workgroup to provide our concerns on the package of bills as they move through the legislative process.

It is clear the House and Senate vary greatly. This will lead to another round of hearings in both chambers and then a vote on each bill. If a compromise can't be reached, it will again be sent to a conference committee, where an attempt will be made to reach a compromise.

MAHU will continue to keep you posted on the progress being made on the legislation. Keep checking www.mahu.org for further updates as they happen.

## Membership Report—*Lesley Schafer*

***Calling all Members!***

The time for a call to action is NOW! NAHU membership is important now more than ever. By now you are aware President Obama's administration would like to have health care reform in place by the end of this year. Great efforts are being put forth daily in Washington DC to ensure this goal is achieved.

What does all of this mean to you and me? It means that our industry, the health insurance industry, needs to continue to be involved in those stakeholder discussions. Janet Trautwein, the CEO for the National Association of Health Underwriters, continues to be asked to testify before Congress and the Senate. She is also involved in many high profile government committee meetings representing the voice of the agent.

Our voice gets louder and louder with new membership. New membership equals more voices responding to Operation Shout, and more members calling their legislators in Washington to inform them of our position on the highly discussed national connectors and public health plan. More members also equal more lobbying ability and more members equal more dollars, which provides opportunity for NAHU to stay an integral player during these critical times for our industry in Washington, DC. We support private market insurance and also finding new ways of making reform effective and efficient. Most of all we want to help preserve the agent's vital role in the process!

If every member could recruit one new member, Michigan would have over 1,200 members. Go to www.nahu.org, www.mahu.org, www.smahu.org, www.mdahu.org, www.nmahu.org, or www.wmahu.org and **sign a new member up today**!

If you have questions, or require additional information, please contact Lesley Schafer at www.lesleys@warnerpacific.com.

## NAHU CONVENTION UPDATE—Cathy Ficara

NAHU's 79th Annual Convention is being held in New York City on Sunday, June 28th, through Wednesday, July 1st. Many representatives from the state and local boards will be attending as delegates. Each year, we are allowed delegates who vote for the incoming national officers and for policy changes for NAHU. In addition, there are many educational opportunities and motivational speakers for attendees. Keynote speakers this year include Neal Petersen, the award-winning author of *Around Alone*, and Johnny Bench, star of the Cincinnati Reds. Due to the timing of the Convention, a major highlight will be a legislative component that will discuss legislative strategy and grassroots activities as it pertains to health care reform.

For more information, please visit *http://www.nahu.org/meetings/annual/2009/index.cfm*

If you plan on attending the Convention, please let us know so that we can appoint you as a delegate.

*cficara@hcaweb.net*

## Capitol Conference Report—*Tiffany Otis*

NAHU's 2009 Capitol Conference achieved record attendance with nearly 750 registered members assembling in Washington, D.C., March 30 through April 1, to address legislators and their aides. Michigan was well represented with 22 members, with at least one person attending from each of our locals. MAHU's delegation included:

| | |
|---|---|
| Metro Detroit AHU | Northern Michigan AHU |
| Suzy Alberts | Jackie Letts |
| Dan Blakemore | |
| Amanda Bobrovetski | Southwest Michigan AHU |
| Kareim Cade | Karen Rial |
| Sue Christensen | Kelly Sackett |
| Valerie Cramer | |
| Mike Embry | West Michigan AHU |
| Cathy Ficara | Carman Baines |
| Jeanne Filchock | Dave Cluley |
| Paul Goldman | Leon Lamoreaux |
| Michelle Howard | Patrick Malak |
| Tiffany Otis-Albert | Eve Rogus |
| Pat Pennefather | |
| Steve Selinsky | |

NAHU's "Keep It Private!" message was shared in almost 400 congressional offices. More specifically, the Camp, Conyers, Dingell, Ehlers, Hoekstra, Kildee, Kilpatrick, Levin, McCotter, Miller, Peters, Rogers, Schauer, Stabenow, Stupak and Upton legislative offices were visited by MAHU members.

Conference speakers included Senators Orrin Hatch (R-UT) and Ben Nelson (D-NE), along with Representatives Frank Pallone (D-NJ), Dave Camp (R-MI) and Roy Blunt (R-MO). HUPAC raised more than $100,000 through a congressional reception held at Sonoma Restaurant, and individual contributions. (If you are an active member and not already contributing to HUPAC, please consider doing so. Visit www.hupac.org and sign up today to help promote "Keep It Private!" Our industry and your personal livelihood depend upon it.)

As members of the 11th Congress debated comprehensive health care reform, NAHU focused on forging relationships with legislators and positioning ourselves as an important resource. NAHU's focus included cost containment, improving quality, ensuring adequate access to care, providing feedback on the national health insurance connector and pooling risk, public plan options, coverage mandates, long-term care, and preserving private Medicare choices.

*"The members of NAHU believe the time is right for a solution that controls medical spending and guarantees access to affordable coverage for all Americans. We believe this can be accomplished without limiting the people's ability to choose the health plan that best fits their needs and ensures them continued access to the services of independent state-licensed counselors and advocates. NAHU's Healthy Access plan is a comprehensive approach to meeting this challenge, and a yardstick for evaluating other proposals."*

For a complete description of the NAHU position, please visit:

http://nahu.org/legislative/healthyaccess/index.cfm.

## NMAHU — Keith Wright

We have had a very good year in the North country!

Building on prior accomplishments we have achieved the following:

- We have implemented a formal budget
- We have incorporated the association
- We have amended our bylaws to add two new standing committees, Individual Markets and Senior Markets and allow electronic voting for all membership voting matters
- We have all officer and director positions filled.
- We have held a monthly board meetings September through June.
- We have held four general membership meetings with the hope of one more on legislation in May or June.
- We have scheduled our 2009 10th annual Golf outing for June 18th.
- We have held a membership blitz on May 7th. Final results not known at this point.
- We sent Jackie Letts, our Legislative chair to CapCon and have our President–Elect, Raquel Green, scheduled for National convention.
- We have produced a bimonthly newsletter beginning October 1st,2008
- We have advertised the association in our local business magazine.
- We have had multiple LPRT qualifiers.
- We have at least one Triple Crown winner.

I could not have asked for a better supporting cast of volunteers to make this year go by so smoothly.

## WHY MIGRIP???? - Patrick Pennefather

MIGRIP is the acronym for the Michigan Grassroots Initiative Program. Its purpose is to support grassroots initiatives that promote preservation of the private health insurance market, educate clients and the general public on health care related issues, and facilitate the involvement of MAHU's members in the legislative process.

MIGRIP is not a Political Action Committee (PAC). Thus, it is able to accept not only personal contributions, but also corporate contributions. So, anyone, not just MAHU members, can help support MIGRIP in fulfilling its purpose and MAHU in protecting the consumer's future.

All MAHU members are encouraged to contribute $10 monthly via checking or credit card EFT [http://www.mahu.org/ MIGRIP tab]. We should also be asking our friends, associates, and clients to support MIGRIP; especially now with all of the legislative activity surrounding health care reform in both Lansing and Washington. We have a story to tell. What better time to begin telling it and asking people to contribute?

MIGRIP has helped make us more effective in the legislative process in Lansing. There is a lot more that can and should be done, but your financial support is needed to get it done.

Contribute today.

## Leadership Training—Dave Cluley

In the past, the Regional meeting has served as the venue for state and local leadership training. This year, due to the current economic conditions, there will not be a Regional meeting. Instead, the Region will hold training for all state and local Presidents and President-Elects in Cleveland, OH. It is tentatively scheduled for August 11th. Details are being finalized and will be forthcoming.

Following the training in Cleveland, MAHU is planning a state leadership training event for mid-September. The Presidents and President-Elects will provide all state and local committee chairs with the training and tools they will need to have a successful year. We will be opening this event to anyone from Region 3 whose state may not provide training or who may have missed their state's session.

Again, details are being finalized and will be announced when they are complete. We are looking forward to all state and local committee chairs attending this event.

# MAHU STRATIGIC PLANNING MEETING

## JUNE 4, 2009
## KELLOGG CENTER, E. Lansing
## 1:00 pm — 4:30 pm

Please RSVP to Marcy Lay if attending—
laym@ckronline.com

## Healthy Access—Dave Cluley

Healthy Access is a working document that was written as NAHU's plan for affordable and responsible health care reform. It is a working document because of the need to be flexible and to change as NAHU refines its plan for health care reform. The environment is very fluid and it is important to be able to adjust the plan as new information and ideas become available.

The document has three sections: constraining medical costs, access, and financing. Each section has attendant recommendations. For instance, the recommendations for constraining medical costs address behavior and lifestyle, system inefficiencies, cost-shifting, and utilization. The goal was to be comprehensive in scope. As a first effort, the document pretty well met that goal.

Healthy Access is ten pages long. Recognizing the length may pose a problem, a two page summary document was created as were individual briefing reports for each of the three previously mentioned sections. In addition, a PowerPoint presentation complete with speaker's notes was also created so members can present this plan to community groups and legislators. All of these materials are available on the NAHU web site at: www.nahu.org/legislative/healthyaccess/index.cfm

This important document has been given to members of Congress and the Senate, as well as, to Michigan legislators. It serves as the basis of any conversation with legislators on health care reform. It has also been cited in media reports. If not already, you should become familiar with it.

## SMAHU Update—Brad Scoffin

**I want to send out a personal invitation for all members to attend our golf outing on June 10th. The course is great and a lot of fun is had by all! Call me if you have any questions—hope to see you there!**

# Annual SMAHU Golf Outing

Where: Yarrow Golf & Conference Resort

Date: Wednesday, June 10th, 2009

Time: 8:00 AM registration / 9:00 AM Shotgun Start

**Mail to: SMAHU Attention: Carmen Johnson, PO Box 50706 Kalamazoo, MI 49005**

**E-mail / FAX to: Carmen_s_johnson@uhc.com – 800-615-9854 fax**

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# MAHU MEMBER SPOTLIGHT

BY: Steve Wisneski, Communication Chair

In this newsletter, we have the privilege of presenting Cynthia Dudek of Southfield, Michigan, as our Distinguished Member of the Michigan Association of Health Underwriters. Cynthia was nominated by Tiffany Otis at Cofinity.

Cynthia works for Planning Resources Inc., where she is a Vice President. The firm is owned by her husband, John Vleko, and they focus primarily on small group, individual benefits, financial planning, and investments. They have two children, Sarah, a teacher, and Jonathan, who is studying to be a chiropractor. Cynthia has over 20 years experience in the employee benefits profession. She has completed extensive coursework in various programs including CEBS, GBA, and more. Her previous employment includes experience with Met Life, Pacific Mutual, Mutual Benefit and CNA.

Together, Cynthia and John host a local radio talk show called Morality in the Marketplace. On this program, they share their views related to the impact of immorality on health insurance, society, business and families. Cynthia has also been a guest on many other radio talk shows.

Cynthia is frequently invited to speak publicly and has made presentations to the Michigan State Legislature, medical organizations, law students, and other coalitions. She has provided consultation services to the Declaration Foundation, The National Catholic Conference, and US Congressman Jim Ryun's office. Her topics included insurance reform, health care right of conscience, and legislation that would prohibit the use of funds in the MiChild program, promoting contraceptive use to minors, without parental consent.

Cynthia maintains very conservative values and a strong Catholic faith which has led her to take leadership roles on several boards including the Parental Rights Coalition and the Family Rights Coalition of Michigan, where she serves as the Executive Chair for Family Health Care Policy.

Please join me in congratulating Cynthia for her outstanding efforts in promoting the interests of our industry.

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