

# THE SYSTEM WE HAVE VERSUS THE SYSTEM WE NEED

HealthCare4AllPA.org

	OUR CURRENT HEALTH INSURANCE SYSTEM	ED HENDELL'S PRESCRIPTION FOR PA	FAMILY AND BUSINESS HEALTH CARE SECURITY ACT
Provides universal health coverage	●	●	●
Patients can choose their own doctors and hospitals	●	●	●
No deductibles, co-pays, or lifetime caps	●	●	●
Includes prescription drug coverage	●	●	●
Prohibits under-insured policyholders	●	●	●
Provides all medically necessary care	●	●	●
Stops rationing of health care	●	●	●
No added costs for Medicare recipients	●	●	●
Coverage does not change depending on employer, location, income, age, or health status	●	●	●
Reduces malpractice insurance costs via an optional no-fault program	●	●	●
Controls administrative waste, which consumes up to 30% of every premium dollar	●	●	●
Addresses extra costs associated with "defensive medicine"	●	●	●
Promotes a culture of wellness, prevention	●	?	●
Treatment decisions made by doctors and patients	●	●	●
Covers pre-existing conditions	●	●	●
Doctors and hospitals remain independent	●	●	●
Includes private hospitals	●	●	●
Allows prescription drug price negotiation	●	●	●
Funded by personal income and employer tax	●	●	●
Taxpayer subsidies for private insurance	●	●	●
Constitutes "socialized medicine"	●	●	●

? Limited or partial

## Compare all your options.

If you compare our [Family and Business Health Care Security Act](#) with the governor's Prescription for Pennsylvania, only one health reform plan looks right for Pennsylvania. Part of the problem is that the governor proposes such modest changes to the system we have now.

See just how close Prescription for Pennsylvania is to the current system. Then compare it to our proposal. We think you'll agree: Pennsylvania needs a *prescription for change* more than it needs the governor's plan.

## Our current health insurance system is a mish-mash of gaps, waste, and inconsistency.

- Direct government funding -- about 40% (Medicare, Medicaid, SCHIP, Veterans Administration, government employee plans)
- Indirect government funding (business tax deductions, untaxed employee benefits, uncompensated care)
- Employer-subsidized insurance: fewer companies (roughly 60%) offer this benefit and they are transferring more costs to employees
- Privately purchased health insurance
- Poor or no coverage: about 16% of the population scrapes by on nothing or near nothing
- Bewildering complexity: many thousands of insurance policy scenarios for treatments covered, deductibles, co-pays, denials, and provider network limits

## Why replace it with almost exactly the same thing?