"Nobody knew health care could be so complicated!"
What’s Next? Current and Future Status of U. S. Healthcare

Vince Markovchick MD
Professor Emeritus of Emergency Medicine
University of Colorado
President, Health Care for All Colorado Foundation
Member Physicians for a National Health Program
Financial Disclosures

There are no relevant financial relationships with any commercial interests to disclose
Why change the current system?

• “Premiums are soaring and insurers are fleeing”

• Sean Spicer 5/3/17
Health & Science

Aetna exiting all ACA insurance marketplaces in 2018
“Everything we do at Aetna starts with our values...”
Major Ohio insurer is pulling out of Obamacare market for 2018

Anthem Blue Cross and Blue Shield will not sell health insurance policies on the Affordable Care Act market in 2018.
Rural Shoppers Face Slim Choices, Steep Premiums On Exchanges

By Michelle Andrews | May 12, 2017
States scramble to prevent ObamaCare exodus

BY RACHEL ROUBEIN AND NATHANIEL WEIXEL - 06/04/17 04:03 PM EDT
Repeal and Replace Obamacare

• What is the status as of today?
• Some current efforts to “repair” rather than repeal and replace Obamacare
OBAMACARE IS A COMPLETE AND TOTAL DISASTER, A CATASTROPHE, A TRAIN WRECK...

AND WE HAVEN'T BEEN ABLE TO COME UP WITH ANYTHING BETTER.

‘Epic Fail?’
By Lee Judge, The Kansas City Star
Study: Trump’s actions are directly responsible for rising health care premiums

The president likes to blame Obama, but a new study indicates he should look in the mirror.
"3 Republicans and 48 Democrats let the American people down," President Donald Trump tweeted. I Evan Vucci/AP

After health care loss, Trump tweets 'let ObamaCare implode'

By CRISTIANO LIMA | 07/28/2017 03:13 AM EDT
‘Buck The System?’
By Adam Zyglis, The Buffalo News
PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)

a.k.a. Obamacare

- The GOOD
- The BAD
- The UGLY
THE GOOD
What are the major positives of the PPACA?

- Prohibits rescissions
- Eliminates lifetime limits or caps
- Requires free preventive health services
- Extended coverage to age 26 for children
- Expansion of primary care and community health centers
- No preexisting condition exclusions
- Limits insurance companies overhead (80:20)
- Decrease Medicare Rx drug costs
- Private insurance subsidies up to 400% of 2015 FPL- $11,490 ($46/94K)
- Expands Medicaid to 138% of FPL($16/32K)
- Prohibits “junk insurance.” by mandating 10 essential health benefits
What are the Categorical EHBs?

Categorical EHBs are 10 different categories of coverage most plans must contain to be certified as a QHP.

Self-funded, large group, and grandfathered plans are not required to meet EHB standards.
How are PPACA premiums determined?

• 1. Age-may increase x 3 based on age
• 2. Increased premiums for smokers
• 3. Zip code -premiums 2-3x higher in many rural areas.
• 4. Annual income-to calculate progressive subsidies
• Premiums are determined by private insurance companies and NOT by government.
The Health & Profitable to the “Market,” the Sick & Poor to the Taxpayer

Source: Agency for Healthcare Research & Quality
Making a killing under Obamacare: The ACA gets blamed for rising premiums, while insurance companies are reaping massive profits

Health insurance costs are rising, but why? Let's take a close look at health insurance companies' soaring profits

ANGELO YOUNG
THE BAD
PPACA Shortcomings

- Leaves 28 million uninsured.
- Has not decreased overall medical costs
- Increased Federal and state bureaucracies’ cost to fund exchanges and assure compliance with myriad of rules and regulations.
- Undocumented immigrants excluded
- 6 million Medicaid eligible remain uncovered
- Leaves most “underinsured”
- Will not eliminate medical bankruptcy
- Has not controlled rising premiums
- Will not generate enough revenue to offset costs.
PPACA UNINTENDED CONSEQUENCES

- Employers moving workers from full to part time status (<30 hrs/wk)
- Small employers dropping health insurance coverage due to availability of federal subsides.
- Very low 2017 penalty $695 or 2.5% of income to a max of $2085 resulted in many of the healthy choosing no insurance resulting in a “sicker” risk pool and dramatic increase in future premiums.
Many eligible for Medicaid are uninsured due to refusal of 18 states to participate.

Private insurers will limit and have limited participation based on actuarial analyses resulting in limited choice of plans, hospitals and providers.

Dramatic future increase in private health insurance premiums as more of the sick opt in and the healthy opt out of mandatory coverage
2015 Health Insurance Coverage of Total Population (millions)

- Employer 156 (49%)
- Medicaid 71.6 (22%)
- Medicare 55.5 (17%)
- Non group 21.8 (7%)
- Other Public 6.4 (2%)
- UNINSURED 30 (9%)
Who is covered by Medicaid?

![Diagram showing Medicaid's role for selected populations.]

**Figure 4**

**Medicaid’s Role for Selected Populations**

- **Non-elderly <100% FPL**: 45%
- **Non-elderly 100-199% FPL**: 27%
- **Families**
  - **All Children**: 35%
  - **Children <100% FPL**: 70%
  - **Parents <100% FPL**: 40%
  - **Births (Pregnant Women)**: 41%
- **Aged & Disabled**
  - **Medicare Beneficiaries**: 20%
  - **Non-elderly Adults with Functional Limitations**: 15%
  - **People with HIV in Regular Care**: 50%
  - **Nursing Home Residents**: 63%

Will the PPACA Implode?

- To get the answer we need to:

- FOLLOW THE MONEY
2015 Total Healthcare Spending

- $3.2 Trillion
- 17.8% of GDP
- $10,000 per capita

CMS.gov
Who paid the 2015 $3.2 Trillion bill?

- 65% FUNDED BY TAXPAYERS in 2015
  - Medicare $646 Billion
  - Medicaid $545 Billion
  - Insurance premium tax deductions $326 Billion
  - VA System $164 Billion
  - Other health programs $336 Billion
  - Government employee health insurance premiums
  - Prisoner healthcare (2.5 million incarcerated)
Taxes Fund 2/3 of Health Spending

- Private: 35%
- Medicare: 20%
- Medicaid: 17%
- Tax Subsidies: 10%
- Govt. Workers Benefits: 6%
- VA, Public Health Etc.: 11%

Source: Himmelstein & Woolhandler - Analysis of NCHS data
American Taxpayers Already Pay More Than People in Nations With National Health Insurance
U.S. PUBLIC Spending Per Capita for Health Exceeds TOTAL Spending in Other Nations

<table>
<thead>
<tr>
<th>Country</th>
<th>Per Capita Health Expenditures</th>
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<tbody>
<tr>
<td>U.K.</td>
<td>$4020</td>
</tr>
<tr>
<td>Japan</td>
<td>$4150</td>
</tr>
<tr>
<td>France</td>
<td>$4420</td>
</tr>
<tr>
<td>Canada</td>
<td>$4610</td>
</tr>
<tr>
<td>Sweden</td>
<td>$5230</td>
</tr>
<tr>
<td>Germany</td>
<td>$5270</td>
</tr>
<tr>
<td>Holland</td>
<td>$5340</td>
</tr>
<tr>
<td>Switzerland</td>
<td>$6940</td>
</tr>
<tr>
<td>U.S.</td>
<td>$6470</td>
</tr>
</tbody>
</table>

Note: Public includes benefit costs for govt. employees & tax subsidy for private insurance

Source: OECD 2016; NCHS; AJPH 2016;106:449 - Data are for 2015 or most recent available
### 2015 Health Insurance Coverage of Total Population (millions)

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>156</td>
<td>49%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>71.6</td>
<td>22%</td>
</tr>
<tr>
<td>Medicare</td>
<td>55.5</td>
<td>17%</td>
</tr>
<tr>
<td>Non group</td>
<td>21.8</td>
<td>7%</td>
</tr>
<tr>
<td>Other Public</td>
<td>6.4</td>
<td>2%</td>
</tr>
<tr>
<td>UNINSURED</td>
<td>30</td>
<td>9%</td>
</tr>
</tbody>
</table>
Healthcare costs compared to incomes?

- According to the Milliman Medical Index in 2016 a family of 4:
  - Total expenditure was $25,826
  - $14,793 (57%) employer
  - $6,717 (26%) employee
  - $4,316 (17%) out of pocket

- 2015 U. S. median household income was $53,657
- Can the average family afford these costs?
- **Can the average worker afford the full cost of insurance?**
Average Annual Premiums for Single and Family Coverage, 1999-2014

* Estimate is statistically different from estimate for the previous year shown (p<.05).

Insurance Premiums • Workers’ Earnings • Inflation
1999-2008

The medical debt crisis: The prognosis is still dire for Americans struggling to pay off massive health care bills

Exclusive: Data shows Americans are forgoing care and using extreme measures to pay off massive medical bills

SEAN MCELWEE
THE UGLY
Do we have the best healthcare in the world?

The U.S. healthcare system: worst in the developed world

Michael Hiltzik
LOS ANGELES TIMES
michael.hiltzik@latimes.com

The U.S. healthcare system ranks last among 11 developed countries, according to a new study by the Commonwealth Fund. (Commonwealth Fund)
U.S. Health Care System Trails Other Countries on Access to Care, Affordability, Equity
The Medical Industrial Complex

Insurance Companies

Hospitals (AHIP)

Pharmaceutical Companies (PHARMA)

Medical Providers (AMA and Specialty Societies)

Medical Device Manufactures

Long term care providers

#1 IN LOBBYING EXPENDITURES (2.5x more than any other group)
HEALTHCARE LOBBYING $$$ 1998-2012
TOO PIG TO FAIL

HEALTH INSURANCE INDUSTRY

CONGRESS

'REFORM'
Health Insurers Are Now Playing Hardball With Regulators Over Obamacare

The Justice Department aims to block two mammoth health insurance mergers, but insurers aren't taking this rejection lying down.

Sean Williams (TMFLetraLong)
Aug 7, 2016 at 2:18PM
Anthem Throws Gauntlet Over Subsidies, Vowing To Leave Markets Or Raise Premiums Without Them

CEO Joseph Swedish sets a deadline of early June for a decision on the cost-sharing reductions, saying Anthem would weigh increasing rates by at least 20 percent next year without them.
Federal Government Could See Net Increase of $2.3 Billion in Costs in 2018 if ACA Cost-Sharing Reduction Payments Eliminated

On Average, Premiums for Silver Plans Would Need to Rise 19% to Offset Lack of Funding for Cost-Sharing Reductions, Triggering Tax Credit Increases
What is the root cause of our healthcare dilemma?

• The EXHORBITANTLY HIGH COST OF U. S. HEALTHCARE

• Why do we pay 1.5 to 3 times more for healthcare than all other developed nations and still have...
  • 30 million uninsured
  • Over 50 million underinsured
  • Relatively poor outcome measures
  • Bankruptcy caused by medical debt
Why are costs so high?

- Private medical insurer premiums, copays, and deductibles
- PHARMA charges
- Hospital charges
- Provider fees
- Ancillary charges
- Very high administrative overhead
- Absurd level of WASTE, FRAUD, and ABUSE
One-Third of Health Spending is Consumed by Administration

Clinical Care: 69%

Administrative Costs: 31% ($2869 per person)

Waste/Fraud/Abuse

Estimated annual cost of as much as $1 Trillion
Examples of Waste

• 25% hospital overhead (and profit)
• Twice that of other countries
• 15-20% private insurance overhead and profit
• 3-5% overhead for traditional Medicare
• 17+% Medicare Advantage subsidies
• PPACA administrative overhead
• Unnecessary tests and procedures
• Excess of facilities and technology
How the U.S. Can Reduce Waste in Health Care Spending by $1 Trillion

by Nikhil Sahni, Anuraag Chigurupati, Bob Kocher, MD, and David M. Cutler

OCTOBER 13, 2015
UNNECESSARY HOSPITAL TESTS COST $200 BILLION ANNUALLY, CAUSE HARM TO PATIENTS

May 23, 2017

By Chad Terhune, Kaiser Health News
IOM Report: Estimated $750B Wasted Annually In Health Care System

The Institute of Medicine offers an analysis of how the money is misspent and some steps that might address these trouble spots.
Insurance Billing Waste

Health insurance paperwork wastes $375 billion

Dan Mangan | @DanMangan
Tuesday, 13 Jan 2015 | 11:54 AM ET

CNBC
PPACA Waste

ACA adding billions to health care bureaucratic waste: study

Initial $6 billion in start-up costs of exchanges pale beside $273.6 billion in extra insurance overhead from 2014 through 2022, researchers say

FOR IMMEDIATE RELEASE
May 27, 2015

Contact:
Mark Almberg, PNHP communications director, mark@pnhp.org

The Affordable Care Act will add more than a quarter of a trillion dollars to the already very high administrative costs of U.S. health care through 2022, according to a study published Wednesday at the Health Affairs Blog.
Private Medicare Advantage Plans’ High Overhead

Overhead per enrollee 2008

- Traditional Medicare: $147
- Medicare Advantage: $1,450

Fraud

• Examples are...
• - Medicare Advantage risk adjustment
• - Hospital and provider insurance billing
• - Rx drug marketing and prescribing
• - Kickbacks to providers
• - Hospice and home health care scams
• - Addiction treatment scams
• - Medical equipment and ambulance scams
Whistleblower suit says health plan cheated government out of more than $1 billion

Company says former Bush health official simply a 'disgruntled employee'

Josh Valdez took an executive level job in April 2010 expecting to improve medical services at two Puerto Rican Medicare Advantage health plans owned by a subsidiary of New Jersey company: Aveta Inc.
Insurance Fraud

UnitedHealth Doctored Medicare Records, Overbilled U.S. By $1 Billion, Feds Claim

By Fred Schulte | May 17, 2017
More than 400 people, upwards of 120 individuals involved in prescribing and distributing narcotics, have been charged in connection with healthcare fraud and opioid scams totaling $1.3 billion in false billing.
Medicare Fraud

$1 billion alleged Medicare fraud, money laundering scheme leads to Florida arrests

Dan Mangan | @DanMangan
Friday, 22 Jul 2016 | 9:45 PM ET

Three Florida residents have been charged in the "largest single criminal health-care fraud case ever brought against individuals" by the U.S. Justice Department — an alleged Medicare fraud and money laundering scheme that netted participants a whopping $1 billion since

Tom Grill | Brand X Images | Getty Images
Hospital Billing Fraud

• Landmark case in 2003 when...
• Columbia (now HCA) paid a fine of 1.7 Billion for a criminal guilty plea.
• How many went to jail?
• Who was the CEO of Columbia hospital corp.?
Columbia (HCA) Billing Fraud

STEALS BILLIONS FROM TAXPAYERS WITH THE BIGGEST MEDICARE FRAUD IN HISTORY

BLOCKS OBAMACARE'S MEDICAID EXPANSION, ROBBING A MILLION LOW-INCOME FLORIDIANS OF HEALTH CARE
Hospital Billing Fraud

RICK SCOTT took the 5th 75 times

The Miami Herald 9/18/10  St. Petersburg Times 9/18/10  Orlando Sentinel 8/21/10

FactCheck.org
Pharmaceutical Company Fraud

• Rampant
• Simply viewed as “the cost of doing business”
• Off label marketing most common type
  - Sometimes puts patients at significant risk
• Essentially no one ever goes to jail
2012 Fraud/Civil Fines Against Drug Firms

- **Glaxo** – $3 Billion
  - Illegal promotion (Paxil & Wellbutrin)
  - Hiding safety problems (Avandia)

- **Johnson & Johnson** – ~$2 Billion
  - Illegal marketing. Risperidal (multiple cases)

- **Abbott** – $1.5 Billion
  - Illegal marketing, Depakote

- **Amgen** – $762 Million
  - Illegal marketing, Aranesp

- **Merck** – $322 Million
  - Illegal marketing, Vioxx

- **Sanofi** – $109 Million
  - Physician kickbacks for Hyalgan

Sources: NYT 7/3/2012; Fiscal Times 8/31/2012; Modern Healthcare 2/25/13
Huge fines, settlements and lawsuits are all routine business for Big Pharma
No Jail Time for Big Pharma

Even the largest of settlements rarely dents the profits associated with the drugs involved. The largest fine ever imposed thus far - last July's $3 billion judgment against GlaxoSmithKline (GSK) for illegally marketing the antidepressants Paxil and Wellbutrin, withholding health risks data of the diabetes medication Avandia and other wrongdoings - accounted for just 11 percent of associated revenue. By contrast, in most individual cases of fraud all profits are typically confiscated and the fraudster goes to prison.
Drug Firms’ Fraud:
Pay the Ticket, Keep on Speeding

“In April [2010], AstraZeneca became the fourth major drug company in three years to settle a government investigation with a hefty payment...

"$520 million for what federal officials described as an array of illegal promotions of antipsychotics for children, the elderly, veterans and prisoners.

“Still, the payment amounted to just 2.4 percent of the $21.6 billion AstraZeneca made on Seroquel sales from 1997 to 2009.”"
Health Care Abuse

- Pervasive throughout the industry
- Most often excessive unjustifiable charges for:
  - Rx drugs
  - ER visits and hospitalizations
  - Provider fees
- Health insurance and hospital administrative overhead and salaries
HEALTH INSURANCE

Bitter Pill: Why Medical Bills Are Killing Us

By Steven Brill  |  Feb. 20, 2013

1. Routine Care, Unforgettable Bills
When Sean Recchi, a 42-year-old from Lancaster, Ohio, was told last March that he had non-Hodgkin’s lymphoma, his wife Stephanie knew she had to get him to MD Anderson Cancer Center in Houston. Stephanie’s father had been treated there 10 years earlier, and she and her family credited the doctors and nurses at MD Anderson with extending his life by at least eight years.

Because Stephanie and her husband had recently started their own small technology business, they were unable to buy comprehensive health insurance. For $469 a month, or about 20% of their income, they had been able to get only a policy that covered just $2,000 per day of any hospital costs. “We don’t take that kind of discount insurance,” said the woman at MD Anderson when Stephanie called to make an appointment for Sean.

Stephanie was then told by a billing clerk that the estimated cost of Sean’s visit — just to be examined for six days so a treatment plan could be developed — was $4,900. Her insurance covering $2,000 per day of hospital costs would have to pay only $2,900. Stephanie’s workplace insurance covered the rest.
Those Indecipherable Medical Bills? They’re One Reason Health Care Costs So Much

Hospitals have learned to manipulate medical codes — often resulting in mind-boggling bills.

BY ELISABETH ROSENTHAL MARCH 29, 2017
<table>
<thead>
<tr>
<th>Rank</th>
<th>Hospital Name</th>
<th>Operator ownership</th>
<th>State</th>
<th>Charge:Cost Ratio</th>
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<tbody>
<tr>
<td>1</td>
<td>NORTH SUBURBAN MEDICAL CENTER</td>
<td>HCA</td>
<td>Colorado</td>
<td>700.00%</td>
</tr>
<tr>
<td>2</td>
<td>SKY RIDGE MEDICAL CENTER</td>
<td>HCA</td>
<td>Colorado</td>
<td>680.00%</td>
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<tr>
<td>3</td>
<td>SWEDISH MEDICAL CENTER</td>
<td>HCA</td>
<td>Colorado</td>
<td>600.00%</td>
</tr>
<tr>
<td>4</td>
<td>THE MEDICAL CENTER OF AURORA</td>
<td>HCA</td>
<td>Colorado</td>
<td>587.00%</td>
</tr>
<tr>
<td>5</td>
<td>PARKVIEW MEDICAL CENTER</td>
<td>QHR</td>
<td>Colorado</td>
<td>582.00%</td>
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<tr>
<td>6</td>
<td>ROSE MEDICAL CENTER</td>
<td>HCA</td>
<td>Colorado</td>
<td>571.00%</td>
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<tr>
<td>7</td>
<td>LITTLETON ADVENTIST HOSPITAL</td>
<td>Adventist Health System Sunbelt Health Care Corporation</td>
<td>Colorado</td>
<td>549.00%</td>
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<td>8</td>
<td>PRESBYTERIAN ST LUKE'S MEDICAL CENTER</td>
<td>HCA</td>
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<td>512.00%</td>
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<tr>
<td>9</td>
<td>PARKER ADVENTIST HOSPITAL</td>
<td>Adventist Health System Sunbelt Health Care Corporation</td>
<td>Colorado</td>
<td>509.00%</td>
</tr>
<tr>
<td>10</td>
<td>EXEMPLA GOOD SAMARITAN MEDICAL CENTER</td>
<td>Exempla Healthcare, Inc.</td>
<td>Colorado</td>
<td>478.00%</td>
</tr>
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</table>

Laparoscopic appendectomy hospital charge

Pagosa Mountain Hospital  $15,524
Denver Health  $26,361
Skyridge Medical Center  $74,068
Medical Center of the Rockies  $93,827

Hospital Pricing Specialists Proprietary Pricing Database
# Health Care CEOs’ Pay, 2012

<table>
<thead>
<tr>
<th>Name</th>
<th>Company</th>
<th>Total Pay</th>
<th>Holdings</th>
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<tbody>
<tr>
<td>Richard Bracken</td>
<td>HCA</td>
<td>$34.6M</td>
<td>$84.5M</td>
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<tr>
<td>Leonard Schleifer</td>
<td>Regeneron</td>
<td>$30.0M</td>
<td>$666M</td>
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<tr>
<td>Kent Thiry</td>
<td>DaVita</td>
<td>$26.8M</td>
<td>$66.3M</td>
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<td>David Pyott</td>
<td>Allergan</td>
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<td>Miles White</td>
<td>Abbott</td>
<td>$19.0M</td>
<td>$143M</td>
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<td>Ian Reed</td>
<td>Pfizer</td>
<td>$18.5M</td>
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<td>Robert Parkinson</td>
<td>Baxter</td>
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<tr>
<td>Leonard Bell</td>
<td>Alexion</td>
<td>$13.6M</td>
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## HMO CEOs’ 2014 Pay

<table>
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<tr>
<th>CEO</th>
<th>Company</th>
<th>Annual Comp</th>
<th>Pay/Weekday</th>
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<tbody>
<tr>
<td>Mark Bertolini</td>
<td>Aetna</td>
<td>$15.0 M</td>
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<tr>
<td>Joseph Swedish</td>
<td>Wellpoint</td>
<td>$8.1 M</td>
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<tr>
<td>Michael Neidorff</td>
<td>Centene</td>
<td>$28.1 M</td>
<td>$107,962</td>
</tr>
<tr>
<td>David Cordani</td>
<td>Cigna</td>
<td>$27.2 M</td>
<td>$104,479</td>
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<tr>
<td>Steve Hemsley</td>
<td>United</td>
<td>$66.1 M</td>
<td>$254,328</td>
</tr>
<tr>
<td>Bruce Broussard</td>
<td>Humana</td>
<td>$13.1 M</td>
<td>$50,319</td>
</tr>
</tbody>
</table>
Seventy Top Health Care CEOs Raked $9.8 Billion Since 2010

Wednesday, July 26, 2017

By Jake Johnson, Common Dreams | Report
Why the High Cost of Rx Drugs?

• High charges are needed to fund research and development of new medications
  • This is an “alternative truth”
• What is the real truth?
‘Buck The System?’

By Adam Zyglis, The Buffalo News
The Truth About the Drug Companies

How They Deceive Us and What to Do About It

Marcia Angell, M.D.

New York Times Business bestseller

“A scorching indictment of drug companies and their research and business practices...tough, persuasive and troubling.”

Updated, with a new chapter on the Vioxx scandal
Drug Companies' Cost Structure

- Manufacturing: 27%
- Marketing/Admin.: 35%
- Profits (After Taxes): 18%
- Taxes: 7%
- R&D: 13%

Source: Health Affairs 2001; 20(5):136
Drug Company Profits, 1995-2015

Return on Revenues (%)

Source: Fortune 500 rankings for 1995-2016

Total drug company profits, 2015 = $67.1 billion

Prescription Drug Spending - Billions of Dollars

Source: CMS, Office of the Actuary - Note: 2015-2017 estimated
PHARMA Abuse

Good Lord. Even the Price of Insulin Is Skyrocketing.

By Jordan Weissmann
PHARMA Outrageous Abuse

SUN SEP 20, 2015 AT 04:05 PM PDT

Hedge Fund Manager Buys Rights To Critical Drug, Hikes Price By 5000%
Drug Goes From $13.50 a Tablet to $750, Overnight

By ANDREW POLLACK  SEPT. 20, 2015

Specialists in infectious disease are protesting a gigantic overnight increase in the price of a 62-year-old drug that is the standard of care for treating a life-threatening parasitic infection.

The drug, called Daraprim, was acquired in August by Turing Pharmaceuticals, a start-up run by a former hedge fund manager. Turing immediately raised the price to $750 a tablet from $13.50, bringing the annual cost of treatment for some patients to hundreds of thousands of dollars.
Where do we go from here?

• With or without repeal and replace of Obamacare Congress will pay the ransom to our private insurers who are holding us hostage.

• Why will our Congress acquiesce to these demands?

• Special interest $$$$$$$
Does private health insurance add any value?

Health insurance is a scam run by middlemen that adds no value to the product.

The US spends double what the rest of the world does on healthcare while getting worse results and less care.

Demand Universal Healthcare via HR676 - Medicare for All
Attributes of “Ideal” Health Insurance

• Affordable... no copays or deductibles
• Universal... covers all residents
• Comprehensive... all 10 Obamacare essentials plus dental and long term care
• Portable... not tied to employer or location
• Single public payer for simplified reimbursement
• No investor owned providers
• Public accountability for quality and cost
• Minimal bureaucracy
• Strict cost controls
• Free choice of provider and hospitals
How can we eliminate most waste, fraud, and abuse?

• Jail time for all perpetrators of fraud
• Lump sum global budgets for hospitals
• Single buyer purchasing for drugs and devices
• Eliminate private health insurers provision of primary coverage
• Transparency in billing and quality measures
• Establish a single risk pool of all residents
• Comprehensive reform of PHARMA abuse
What are the impediments to reform?

• What some consider “waste” others consider “income”
• Entrenched VERY POWERFUL SPECIAL INTERESTS
• Unwillingness to acknowledge funding isn’t infinite
• Unwillingness of our political leaders to work together for the common good of all
What’s the ultimate solution to our healthcare dilemma?

• We as a people must decide if...

• **Healthcare is a RIGHT or a PRIVILEGE**

• If healthcare right as it is in all other countries than a publically funded **Medicare for All** is the best option.