

Who's to Blame for the Crisis in Health Care?

LOOK NO FURTHER THAN THE INSURANCE INDUSTRY.

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As chiropractors, we are in a unique position to understand how health insurance companies work from the point of view of both small-business owners and health care providers. Recently, I found myself with an unexpected day off when a colleague who had scheduled me to see his complex nutritional patients had to close his office and go out of town on short notice. I picked up the morning paper and saw a front-page story about the televised health care meeting between both parties and the president. Two weeks before, a 39 percent rate hike by one large insurance carrier and the revelation that its parent company happened to have 39 employees who make over \$1 million a year encapsulated the obvious problem with America's health care system. I flipped on the TV to see what (if anything) was being done by the White House and Congress to rectify the problem.

Impressions From the Health Care Debate--What I Understand

- I understand that we have the best technology and many of the finest doctors, nurses, therapists, hospitals and clinics in the world.
- I understand that those nations who look up to our providers and facilities want no part of a system that pays so much to middlemen who do not examine, treat, diagnose, test, operate, medicate, rehabilitate, evaluate, instruct, inform or provide any type of care to any patient, ever.
- I understand that people who like their insurance probably haven't had a serious illness or significant injury, or, they are members of Congress who enjoy no waiting period when they get insurance, no exclusions for pre-existing conditions when they begin care, and only pay 28 percent of the premium (because the government pays 72 percent).
- I understand that average people who have higher co-pays, skyrocketing deductibles, reduced benefits and increased restrictions are scared.
- I understand that the best way to prevent reform is to tell these people reform will make things even worse.
- I understand that small businesses that spend more money for less coverage each year are unhappy.
- I understand that domestic corporations compete at a disadvantage with overseas companies not crippled by health insurance costs.
- I understand that people who have been really sick or seriously injured have experienced firsthand how insurance companies exponentially increase their stress during an already stressful period by fine printing, deferring, rejecting or short-changing valid claims.
- I understand that to attract business, insurance companies must advertise that if something

happens, we will be in good hands and that they will help us like good neighbors.

- I understand why an insurance company would never advertise that it has better doctors than its competition, because if it did, the company would attract sick and injured people - just the type of customer it does not want.
- I understand that insurance companies make money by collecting premiums, and lose money when they pay claims. I understand that by making billing extremely complex, it's much easier to deny claims and delay payments.
- I understand that by rejecting valid claims, delaying valid payments and reducing valid reimbursements, they earn interest income every day, in every state, from coast to coast.
- I understand that if I could delay paying a bill for months without incurring interest or penalties, I would do so, too.
- I understand that every hospital must employ an army of people just to bill and battle with insurance companies.
- I understand insurance companies who complain about the \$100 charge for a dose of two aspirin have a right to cry foul.
- I understand that if insurance companies rewarded those who played by the rules by paying their bills in full and on time, the aspirin would be reduced to \$1 because the billing department would only need four employees, not 40.
- I understand that when the cost of collecting small underpayments by an insurance company is greater than the amount owed by the insurance company, providers give up and insurance companies get over.
- I understand that if policy-holders underpaid an insurance company by a couple of dollars on each premium, they would lose their coverage.
- I understand that the current system lacks the means for patients to compare charges and fees, which prevents market forces from promoting competition and reducing costs.
- I understand that uncomplicated, transparent reimbursement rates would reduce insurance company income; otherwise they would have done it long ago.
- I understand that there is overbilling, defensive medicine and unjust litigation in the system, which must be cleaned up.
- I understand that there is overutilization, and no matter how unfair an insurance company is, there is no excuse for it.
- I understand that insurance has concluded it costs less in the long run not to reward honest and ethical practitioners, because if they paid those who do not overbill or overtreat in full and without delay, behavior by other providers would change, and they know it.
- I understand that doctors and patients would love to have a system with a level playing field, with a referee that will enforce the rules for all parties. I understand that the insurance industry equates a referee with regulation, and defines regulation as a government takeover.

- I understand that the insurance industry uses the profits from the higher premiums they receive, and lower fees they pay, to keep the politicians from reforming an entity that, without new rules and rational regulations, will harm us just like the junk bonds did in the late 1980s and the subprime loans are doing today.
- Finally, I understand that if the patient pays the insurance company more money for fewer benefits, and the insurance company pays the providers less money for more work, even Congress should be able to figure out that the problem with health care is health insurance.

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