



PERSONALIZED HEALTHCARE

Your Health. Your Doctor. Your Wallet. Your Choice.

THE HEALTHCARE FOR YOU FRAMEWORK

The Job Creators Network Foundation and Physicians for Reform have conducted the largest market research healthcare study involving more than 25,000 American voters. We've developed a framework for healthcare reform from those inputs that will repair, restore and improve the patient doctor relationship, remove DC bureaucrats and politicians from the exam room and increase choice.

Putting patients in charge by removing barriers that separate them from their doctors.

- We must remove unnecessary red tape that separates doctors and patients. Under Obamacare's electronic health record (EHR) regulation, doctors are required to spend about half of their time on paperwork and data entry instead of patient care. Regulations like that have put a literal and figurative screen between doctors and patients.
- Red tape and regulations are driving physicians out of private practice; we need more independent doctors, not fewer. 53 percent of doctors are now payroll physicians employed by hospitals. Those doctors are beholden to the hospital and not their patients.
- The doctor-patient relationship is intimate and personal; no one knows better what kind of treatment a patient needs than that patient's doctor.

Reform: Eliminate unnecessary government red tape that create hours of unnecessary paperwork and strangle the patient-doctor relationship.

Personal Health Management Accounts to give patients more control over their healthcare dollars.

- Personal Health Management accounts allow patients to purchase insurance plans that are customized to their needs and portable—similar to life and auto insurance—so individuals can take it with them from job to job. This eliminates the fear of losing health insurance when you change jobs or move.
- Employers can opt to contribute directly to these accounts, getting them out of the insurance business which puts healthcare decisions in the hands of their employees, not employers and their third-party administrators.



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- This allows employees to use pre-tax dollars to pay for health care and gives them the same tax benefits enjoyed by employers.
- Allows patients to only pay for what they need, not a one size fits all government plan like Medicare For All.

Reform: Change current rules around Health Savings Accounts by a) increasing the maximum HSA contribution, b) allowing people to pay for insurance premiums from an HSA account so individuals have the same tax advantage currently enjoyed by corporate employees, c) repeal the requirement that exclusively links HSAs to certain high deductible plans and d) allow people to contribute to an HSA and use it to fund a Medical Cost Sharing plan or a Direct Medical Care arrangement.

Expanding Direct Medical Care to increase choices and lower costs.

- Putting patients back in charge of their healthcare spending through expanded pre-tax accounts will vastly increase direct medical care, which cuts out middlemen to lower costs and gives patients more choice.
- For family care needs, direct medical care is known as direct primary care, which offers families all their primary medical care needs for one low monthly membership fee – no insurance or middlemen necessary. Patients can get access to their regular doctors at any time through call, text, or telemedicine.
- For other procedures—at surgery centers, for instance—direct medical care means transparent cash prices, which will allow patients to price shop, lowering prices.
- Cash prices are often cheaper than what insurers can offer. According to Vanderbilt economist Larry Van Horn, cash healthcare prices are 40 percent lower than insurers' negotiated rates.
- Whether it's a monthly membership fee for Direct Primary Care, posted pricing at a surgical center, or fee for service from a specialist, patients will be able to get healthcare at a lower price and have more choice.

Reform: Eliminate rules that restrict the use of direct medical care and encourage patients to take advantage of alternative avenues to receiving health services.

Lowering insurance premiums through increased choice and price transparency.

- In every industry where we have more choice and price transparency, we see lower prices and more innovation; healthcare is not an exception to this economic fact.
- End inefficient federal rules and requirements on private insurance plans and allow states to expand and regulate their private insurance markets to offer more choice and better options.
- Let patients purchase plans that are customized to their needs like they do with auto and life insurance.
- Rather than another centralized federal experiment, we should remove federal regulations on this private market and let the state insurance departments and lawmakers tackle problems or concerns. What works best in New York may not work for Kansas. You should not be required to pay for features that you don't want.
- End federal restrictions on modern health care advances like telemedicine, which allows patients to access their physicians via text, email and SKYPE, decreasing time spent waiting in doctors' offices to be seen for minor issues.

Reform: End rules that regulate what should be included in a healthcare plan, how you can access it and when you can keep it.



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Lowering drug prices.

- Return savings back to the patients instead of medicine middlemen; right now \$250 billion per year goes to middlemen.
- Nearly all the recent increases in drug list prices can be chalked up to rising rebates.

Reform: Repeal the legislation that exempts these middlemen from penalty for violating federal anti-kickback law.

Protecting against pre-existing conditions.

- Patients will be covered even if they have a pre-existing condition.
- Allow employees to use Personal Health Management Accounts to buy their own health insurance which prevents any lapse in coverage when changing jobs. This change helps address some of the problems of pre-existing conditions.

Reform: Give states the autonomy to guarantee a health insurance policy that cannot raise people's rates or drop them from coverage due to health conditions. Many states have these laws in place, but they are moot under the ACA. Others can amend their laws to include it, or they can set up guaranteed coverage pools.

Ending the business of defensive medicine to remove costs from the system.

- Physicians often order every conceivable test to protect themselves against a possible lawsuit—increasing costs by tens of billions without necessarily raising the quality of care.
- Reforming laws to control these costs will result in lower costs for patients.

Reform: Remove incentives for doctors to perform redundant tests.



HealthcareForYou.com