

RESPONSES TO QUESTION 3

Have you or your family members ever experienced difficulty paying medical bills? What do you think policy makers can do to address this problem?

- A single payer system would streamline the process; universal coverage would obviate the difficulty.
- Provide financial incentives for those who lead healthy lifestyles. Impose higher taxes on manufacturers of tobacco products and unhealthy foods. Use tax revenues to improve infrastructure that supports healthy behaviors.
- No. Policy makers should reduce (or eliminate) regulatory and statutory mandates related to benefits and procedures/services health plans are required to cover. These mandates increase health care coverage costs and do not allow individuals to purchase coverage specific to their needs.
- Legislate fairness. The uninsured, underinsured, and financially marginated should not be forced to pay the FULL AMOUNT of a medical bill. They are the only sector of our society that is penalized with these bills.
- My daughter is uninsured and has some medical problems that have required regular physician visits and lab tests. Since she is uninsured she does not benefit from discounted pricing that physicians and labs offer to health plans. In other words, since she is uninsured, she "gets" to pay full price for physician, lab and pathologist services.
- I am not sure that "policy makers" can do anything about this situation other than to implement universal access/coverage.
- Yes, the premiums for insurance continue to rise while the care that one receives is often less than optimal. IN addition, patients are paying more and more in out of pocket expenses. With the growing economic crises, patients have less money to pay in out of pocket expenses and often end up going without care until their health is in crisis. This results in very expensive care at the tertiary level for an illness/disease that has progressed and the outcome may be permanent disability or even death. All of it might have been avoided if care had been sought at the primary and secondary level of prevention.
- We have been lucky and been able to pay for bills with the help of our insurance plan. I see many people, however, who are unable to do so.
- I think policy makers should start with the source of the problem: a health system based on illness as opposed to wellness and prevention. WE should create pay incentives for physicians that are higher when people achieve health goals and pay less for those who are maintained or do not achieve such goals. Such incentives may be the best way to shape changes in health care. With efficiencies and effectiveness of healing increased, more funding can be used to go towards coverage of integrative medicine, which also furthers costs savings. This will allow for lower rates overall, which can then be spread to the consumer (general public and employer health plans).
- As a nurse executive of many years, I have witnessed many families going bankrupt or severely financially burdened by one large health crisis----critical birth, trauma, open heart surgery etc. Insurance companies that promise a certain type of coverage need to honor their commitment to the payor rather than keep finding 'exclusions' that disqualify those insured. For the uninsured some form of universal health coverage would be important.
- We need both carrots and sticks to develop public consciousness of the importance and consequences of healthy lifestyles and taking advantage of screening. Medical bills would be reduced accordingly.
- As a military retiree, we have not had to worry about paying specific medical bills.

- This is a high level policy question that should be answered regardless of individual ability to pay and based more on those who can't afford care - that economic burden and cost to society as well as sustainability of current structure
- Yes. My adult son was hit by an uninsured driver of a vehicle and his leg was broken in several places. My son had recently lost his job and didn't have health insurance. The ER sent him home with pain meds and told him to stay off the leg until the swelling went down and then he would need surgery to put screws in his ankle, and maybe a plate in the leg. The ER bill had to be paid before they allowed the doc to schedule the OR. Fortunately for him I was able to pay, but if I was not what would have happened to him? Would the leg have healed correctly? Probably not.
- The whole system needs to be reformed to allow people to get the treatment they need when it's needed.
- Me no. Yes to my sister and her 2 children who all have thyroid cancer and live in Florida. They all have insurance because they work for big organizations but share of cost is too high for cancer therapies. Address this with a national health insurance policy that does not exclude anyone and covers the basics. Also give people choices to add on frills for care with private health insurance. This supplemental insurance would pay for upgraded waiting rooms, private rooms in hospitals, and cosmetic issues. This type of health care system has worked well in Colombia.
- Yes. Multiple bills, even ones I am not supposed to pay keep showing up. It is a mess.
- Make certain basic services - mammogram, immunization, wellness - available to ALL
- Single payer non profit.
- Although I personally have not had problems paying medical bills the carnage that has resulted from placing the expense of health care in the hands of the for profit insurance industry is self evident.
- Yes, it is very difficult to obtain coverage for specialty providers. In particular, most of my mental health treatment is out of pocket as well as care required for autoimmune issues. Most of my expenditures (outside of mortgage) are health related.
- No, I have not. This issue is a symptom of the problem, and can be solved through other initiatives.
- Yes. We need national health care services. Medical care is like the postal service, police & fire dept. everyone needs it.
- Yes - when I needed an emergency operation for an appendectomy when I was out of work and without insurance - the county I lived in paid it for me.
- No, only wellness services and supplements.
- No personal difficulties since I am eligible for TRICARE for Life and my spouse and dependent child are eligible for TRICARE standard.
- No, we have been healthy. I believe we should nationalize health care and share the cost burden with those who can most afford it. Within this system, policy makers should put into place financial incentives to stay healthy. As long as we do not address the underlying causes of escalating health care costs, i.e., poor lifestyle, then we will not have a solution.
- I think that the opportunity for a Wellness policy that offers education
- to families and communities and creates programs like ""Barefoot Doctors"" educating communities and organizations to support one another in this effort.
- NURSES need to be the Coaches to support wellness promoting behaviors.
- Since nurses can speak the medical language and focus on prevention, and are coaches by training, it is essential that they be hold the Wellness Coach leadership role. They are qualified to discern when it is time for medical intervention and as health educators by training, can be instrumental in turning our country's health system and health policy around.

- It will be a cost effective way to utilize the skills of nurses. They are the most trusted profession and deep knowledge in both medicine, prevention and coaching.
- And a missed opportunity if they are passed over to create yet another "profession".
- The problem is that we don't know how much the bill will be when we 'choose' to get the service. Medical care should involve more choice by the patient rather than giving all choice to the insurance company."
- Yes. Potential tax-policy adjustments could include 1) deductibility of all medical and wellness expenses and 2) deductibility of specific wellness & recovery initiatives (e.g., dietary supplements, 100% of routine diagnostics/vaccinations, rehab, etc.