

MICHIGAN HEALTH ECXHANGE

I'm Dave Wamsley and this is what I would like to talk to you about Healthcare.

I have been a health care advocate for quite some time. I am on the Moses Healthcare committee and the AFL-CIO JWW HEALTHCARE COMMITTEE.

I have been a small business owner and purchased health insurance with Blue Cross, so I have seen the enormous cost pressure for small businesses.

In 2002, as a small business, we were paying \$12,000 per year for an HMO policy through the MBPA that GM, Ford and local government were paying about 6 or 7 thousand dollars for. We paid double as a small group.

I have also seen healthcare from a patient perspective, since I am a stage 4 cancer and heart attack survivor and there is plenty of treatment discrimination depending on what kind of insurance you have. It's ridiculous.

But I would like to start out with prices. How many people here are upset about the outrageous and unreasonable price of gas? 30 cents in one day, 50 cents in one week. Now they are saying \$4 this year. It's insane!

And food prices? A friend of mine said eggs doubled from 94 cents a dozen to about 1.80 in one day!

Where are the people we pay to stop this stuff? The people that we elect to represent us are supposed to be protecting us from these things, and they are not!

What about healthcare prices? When I hear about a single mom, that is paying \$4,000 dollars in premium sharing for a \$15,000 health plan and can't afford to take her son to the doctor because of copays and deductibles – I get mad. \$15,000 and can't go to the doctor.

We paid nearly \$18,000 into the healthcare industry last year. We still had another \$300 in deductibles and a 20% co-pay to go if we needed any more service. After considering that we need to eat and pay for gas and housing, it was clear that we couldn't go to the doctor anymore. Almost \$18,000 paid in and can't afford to go to the doctor.

You know what, it's not us – it's the cost! It just too high.

So let's talk about healthcare cost.

The cost of health insurance has gone up close to 300 percent in the last 10 years or so. This isn't because we are 300 percent sicker, that is statistically impossible. We have almost ZERO power to control costs. This is because behind the veil of insurance companies and hospital systems, those who can, are taking way too much of our money. Businesses started saying no. So the industry figured a way to keep getting more of our money

instead of saying no and cutting costs. They called it “Skin in the Game”, we will start pushing price increases onto the people through copays, deductibles and premium sharing.

I say it is not us we can't afford, it's them. We need the power to say NO. Like we say to our kids if we can't afford something - “How about NO!” We're not giving you more money. We can't afford it. We need to eat. You need to take a cut!

That's where the state health exchange comes in. I have followed the issue closely and would like to share with you some info on the possible benefits of different state health exchange designs and how important this is. In 2014, individuals and small businesses up to 100 employees will be able to benefit from the exchanges, and in 2017, large employers and public employees will be eligible to join. Many companies will be dumping their employees onto the exchange. In the future, employer health coverage may become a thing of the past.

This may not a bad thing, this could be a good thing.

Our employers will be able to compete globally, where most other countries already provide healthcare for their people and companies don't have this cost.

In the U. S., one company's costs won't be higher because they choose to take better care of their people, leaving them at a disadvantage because they care.

And we would be in charge of our healthcare.

We have a chance to do something about the costs and protect each other with the right design of the Michigan health exchange, or we can have more of the same, every person and business being charged as an individual. Status quo. Same old, same old.

The right design would finally give us the market power to control costs and negotiate lower premiums. That makes the design and implementation of our exchange the most important decision we will make concerning healthcare for the next few generations. We need it to work for us!

Will the design insure the status quo, or will we be able to reduce the cost? Will we control it or will the healthcare industry and insurance companies still be in charge?

Has anyone here ever heard of a Pig in a Poke? If you have connections in the south you probably have. It comes from the middle ages, when a person would go to market to buy a pig; they were sold in bags called poke bags. If you weren't wise enough to look in the bag, you just might get home and open the bag and find that you bought a cat or a dog instead of a pig.

So it means making a deal without knowing the true value of what you are getting. Like some sly dog substituting a worthless cat in the bag instead of the side of pork you thought you were buying.

Why am I mentioning this? Because the Michigan Senate recently passed the MiHealth Marketplace bill, SB 693, and it is now in the house for consideration.

The Michigan Health exchange bill, Senate Bill SB693, is a pig in a poke. No one knows anything about the issue.

This bill even goes so far as to forbid the exchange from negotiating better prices for us! Is that ok with you?

Medicare is forbidden from negotiating lower drug prices by law, costing us billions of dollars. Is that what we want in our state health exchange?

Senate bill 693 will institutionalize the ability of the insurance industry to continue charging us as individuals. This is not what would benefit us. This design would benefit the insurance industry.

We want you to pass an “Active Purchaser – Quasi Governmental or State Run” health exchange that negotiates low rates for us from a select few insurance companies that spend most of the premium money on medical care and controls costs.

The Active Purchaser – Quasi Governmental exchange is the same model health exchange that Mitt Romney designed and implemented when he was Governor of Mass.

When informed, businesses and people of Michigan will agree.

Attached are a group of people who agree.

We need a Governor and Representatives who have the courage to design an exchange that benefits us. We are the stakeholders, we will be paying for it.

David Wamsley and a group of informed citizens.

28517 Kathryn

Garden City, Mi. 48135

734-427-9247

SEE SLIDES -----

The Choices: What do we want?

CLEARINGHOUSE

ACTIVE PURCHASER

Private Company

OR

An Exchange

owned & operated

Owned by us

advertising site for

Operated by us

insurance companies

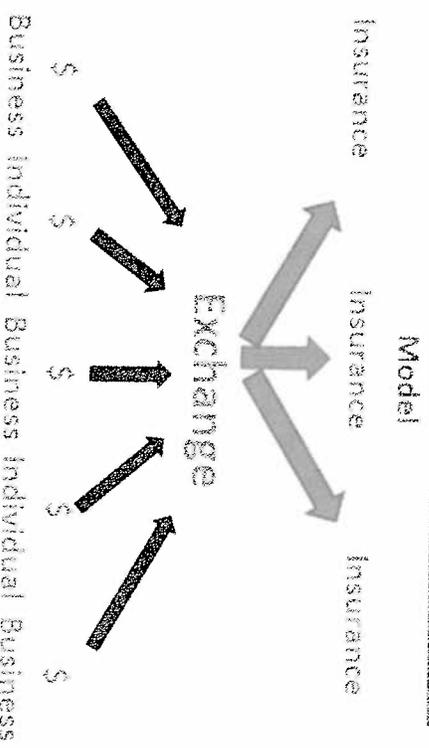
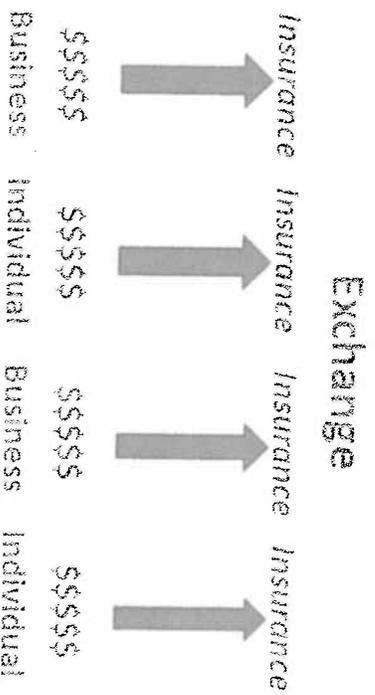
And

paid for by us

Working for us

Clearinghouse-Non-Profit Model

Active Purchaser-State Run or Quasi Governmental Model



We support an "Active Purchaser - Quasi-governmental or state run" Exchange that benefits the people and businesses of Michigan. We do not support the "Clearinghouse - Non-Profit" model - Mi.HealthMarketplace - SB 693 Health Exchange design that benefits insurance companies.

NAME	ADDRESS	ZIP	EMAIL
Lenore Boivin	26016 Continental Cir	48180	lboivin08@comcast.net
DAVID WAINSLY	28517 Karamesson	48135	Dawain0531@worldnet.att.net
Tom Zerahn	24320 SENECA	48237	MUSICALCHAIRSTEZ@yahoo.com
SELMA GOODE	8846 ROBINDALE	48239	DETROITLCC@aol.com
William Bryce	5148 Commercial	48208	williamabryce@aol.net
MICHAEL MARY Mayer & Mottley Paul Felton	10738 McKinney	48224	
April Smith	Royal Oak 3109 Linwood	48073	apridetroit@gmail.com
John Rummel	11	11	JRummel@peoplesworld.org
SAM STARK	21801 PAINCIANA	SOUTHFIELD 48033	SBSRKH@YAHOO.COM
Frankie Wainsley	28517 KATHYAN ST.	GARDEN CITY 48135	fwains0531@worldnet.att.net
Trevor Thro-Anderson	3084 PINECROFT Drive	Empton 48188	tthreth@worldnet.att.net
ALAN BAUW	1416 CRANSTON ST.	48154	ABAUW@MI.R.R.COM

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NAME	ADDRESS	ZIP	EMAIL
John Kellogg	341761 Navin	48152	jkelligan@yahoo.com
Danielle Lawson	19169 Lakeside	48152	danicelawson@hotmail.com
Chastor Hedges	2613 Champion Hall	481910	chastorhedges@gmail.com
Don B. VanLue	31652 WYOMING ^{LIVONIA}	48150	PVANLUE@TJMT,RR.COM
Karla Kebab	14170 Park St.	48154	karla.kebab@yahoo.com
George Barn	15568 Susses	48154	SBARN@MI,RR.COM
Leon Fentell	16450 SAVOIE	48154	leon.fentell@sbcclebs.net
Richard Thomas	33630kyndal	48154	RTThomas002@TowiaRR.com
Domenica Sudek	15906 Brentwood	48154	SUNDAY52@att.net
Steve Kings	15510 Surrey	48154	Steve.kings1954@gmail.com
Jane Bennett	22210 Ingona	48154	
Robert J. Bennett	32210 Wyna	48154	robjanben@sbcglobal.net
Roberta Hopkins	19333 Westbrook	48152	

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NAME	ADDRESS	ZIP	EMAIL
Jan Gebhardt	35248 Leon Livonia,	MI 48150	janajl@att.net
HANK CABLE	6430 FAIRFIELD	48135	HANKCABLE@YAHOO.COM
DAVID SUDEK	15906 Brentwood	48154	
William R. Blumsky	11304 Centralia, Redford MI	48239	
Andrew Zitura	17816 Grand and, Detroit MI	48219	Aziturna@gmail.com
Russell Hrdawa	226 Brixley STE	MI 48226	RUSSELLA@SMALL.COM
ROBERT WASHLEY	6101 N. W. Dividers	MI 48185	
Alice Reel	33050 Pierce	48135	AR1948@AOL.COM

com

