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KINS COMMENT 2

Hi. my name is Emily Dalton, and I am a local pediatrician. I have had the misfortune of dealing with the health insurance system from 3 different perspectives: that of a patient who uses an insurance plan, that of a small business owner who purchases insurance for a group of employees, and that of a physician who contracts and gets paid by various insurance companies. I am here to tell you that the system is broken, and that what is going on today in medicine is so dysfunctional that we need to completely rethink health care in our country.

Previously I spoke about some of my experiences as a patient, struggling to get medical expenses covered by my insurer. Today I am going to talk about what I deal with as a small business owner who provides insurance for the 30-odd employees of my medical practice.

Over the past decade, our medical office dreads the arrival of each new year because the insurance plans offered previously are cancelled and replaced by more expensive plans with fewer benefits. Typically we see the price of premiums increase by 30 to 40%. The current trajectory is unsustainable: We cannot keep paying more for less medical coverage. We have reached a point where the cost of medical premiums is so high and the benefits provided are so nominal that insurance is of little or no value-yet now we are legally obliged to purchase it.

For our small business our choices are limited to Blue Cross or Blue Shield. The plans they offer are so complicated that we have trouble understanding them, and we have 3 full time medical billing specialists on staff. The alphabet soup of HMO's, EPO's, PPO's, HSA's etc. is overwhelming, the rules that regulate the deductibles, copays, share of cost, prior authorizations and formularies can be mind boggling, and even if you understand them, remember: DESCRIPTIONS OF BENEFITS ARE NOT A GUARANTEE OF PAYMENT.

Each time the company raises premiums, *the company gets to keep the money!* Each time the company drops coverage of medical services, *the company gets to keep the money.* The profit motive pushes insurance companies to deny medical care, not to provide it. Who is their right right mind would set up such a system?

I have found one bright spot on the horizon of bad health plans: Health Sharing Ministries. Some faith organizations have taken it up themselves to offer an innovative, caring alternative to the traditional insurance model. Instead of paying a monthly insurance premium, each participant pays a specified amount of money towards another member's medical expenses. The insurance agency is eliminated from the equation. These programs are radically different from standard insurance plans, and strict requirements must be met in order to be eligible, but participation does qualify one for an exemption from the Affordable Care Act's insurance mandate. Examples include the Good Samaritan Health Sharing Ministry and Medi-Share. More information can be found by googling "Health Sharing Ministry". Check it out.