

The Affordable Care Act requires health insurance policies offered in the individual and small group markets, both inside and outside of the Silver State Health Insurance Exchange, to offer a comprehensive package of items and services, known as essential health benefits.

The essential health benefits plan for Nevada will be the benchmark set of health care services that will be required in all individual and small group health insurance plans starting in 2014. Nevada must select an existing health plan to set the benchmark for the items and services included in the essential health benefits package. Nevada must choose one of the following 10 plans as the benchmark plan:
Health Plan of Nevada Point-of-Service
Aetna PPO
Anthem PPO
Nevada PEBP High-Deductible Health Plan
Nevada PEBP Health Plan of Nevada HMO
Nevada PEBP Hometown Health Plan HMO
Government Employees Health Association
FEHBP/ Blue Cross-Blue Shield Standard
FEHBP/ Blue Cross-Blue Shield Basic
Clark County School District/Health Plan of Nevada HMO
Nevada Division of Insurance Seeking Public Input on Essential Health Benefits

Public comment can also be submitted in writing to the Commissioner of Insurance at 1818 E. College Pkwy., Suite 103, Carson City, NV 89706 or by fax at (775) 687-0788 or by email to Adam Plain at aplain@doi.nv.gov. All written public comment must be received by September 27, at 5 p.m.

I'll tell you what is wrong with this picture.

it is gross violation of the 9th and 10th Amendments when the federal government, via the obamacare law, tells the states what their choice are. What if we like none of their choices and want something else?

What happened to the FREE MARKET in which insurers can design plans that the public might actually want to buy and pay for?

The public has rejected the concept of HMOs; people want to choose their own doctors. Why are there no less than three HMOs offered as required choices?

How will we achieve ANY cost reductions if the feds or the state will define what MUST be covered? For example, I am retired. I do not need maternity coverage; I have other needs. My sons are at the peak of their health; they don't need anything beyond catastrophic coverage. People in-between, such as families, have still other needs, such as maternity, pediatrics and the onset of chronic "pre-existing" conditions. Where in the "essential benefits" and "benchmarks" is there room for tailoring coverage to your INDIVIDUAL needs?

Politically connected groups, loud in voice but small in actual number, are better covered by other means, such as medicaid and welfare. There is no justification for burdening the general public's insurance policies with the exorbitant costs of the unique health care needs of special interest groups.

Preventive care, such as yearly physicals, do not belong in the "essential benefits" and "benchmarks." The cost of these services is minimal and there is no excuse why people should not show a bit of individual initiative and responsibility to schedule and pay for these visits themselves.

Where is the provision for HSAs...?

Where is the provision to make the health plan of your choice portable, to stay with you regardless of your employment status?

Where is the provision for competition with out-of-state insurers? Have we already put out of business all the other private insurers, so that only Aetna, Blue Cross and UnitedHealthCare are left? Where are the other insurers that are active in the Medicare supplemental insurance market? Are they not interested in competing? Why not?

Want to make health care cheaper? Consider the different models of the doctor-patient relationship.

1. Free market.
Doctor

Patient

Doctor and patient deal with each other directly.

2. Third-party payer in free market.

Doctor

Insurer

Patient

Doctor and patient each make a separate private contract with an insurer to pay for services.

Patient is happy because it looks as if HIS costs are lower.

Doctor is happy because he is sure to get paid.

Insurer pays 97 cents out of every premium dollar directly to providers (per Blue Cross ad in the 1970's)

3. Third-party payer in regulated market.

Doctor

Federal medical regulatory bureaucracy

State insurance regulatory bureaucracy

Insurer

Patient

Congress and states pass laws, regulators set and enforce standards for everything.

Patient is happy because it looks as if HIS costs are lower. Not as low as before, but....

Patient is less happy because sometimes insurer or government denies coverage.

Doctor is happy because he is sure to get paid. Not as much as before, but...

Doctor and insurer are less happy because of huge increases in compliance costs.

Congress has to pass a law requiring that insurer pays at least 80 cents per premium dollar directly to providers.

4. Obamacare -- AKA the path to totally communized medicine

Doctor

Federal "exchange" bureaucracy

State "exchange" bureaucracy

Federal "death panel" bureaucracy

Federal medical regulatory bureaucracy

Hundreds more obscure and ill-defined federal alphabet soup

oversight agencies

State insurance regulatory bureaucracy

Hundreds more obscure and ill-defined state alphabet soup

oversight agencies

IRS

Insurer

Patient

Gee, you think THIS will lead to CHEAPER health care? On what planet?
Tax preparers, accountants, lawyers and other useless paper pushers are
happy for all the new
work.

The poor and special interest groups are happy because it looks like they
get free care.

Doctors are unhappy when a bureaucrat tells them what course of treatment
he can and cannot
prescribe.

Doctors are unhappy when a bureaucrat tells them what little they will
get paid.

Doctors are unhappy when they are driven out of their profession

Taxpayers are unhappy because they are hit with dozens of huge new taxes.

Patients are unhappy because they are forced to pay huge new "health
insurance premium" tax.

Patients are unhappy when the "death panel" limits or denies them the
care they need.

Patients are unhappy when they can't find a doctor.

The only decent thing to do is to REPEAL OBAMACARE. The other decent
thing to do is to

STOP its implementation at all levels, at least until after the elections
when it will be clear that
obamacare WILL be repealed.

P.H., Ph.D.
Carson City

PS

Please send this e-mail to all your friends and families. Yes, this
instance is specific to Nevada,
but the same infernal tragedy is being imposed on all the other states.
None are immune. This
specific instance happens to be more egregious than others because Nevada
has a Governor who
is presumed to be a Republican, but has a hard time trying to act like
one. Please send your
comments to all your representatives and your governors and apply some
heat so they will see
the light.