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**Wye River Group on Healthcare
10 Questions for
LEE MCQUEEN, ARKANSAS, HOUSE DISTRICT 4**

The questions below represent the best thinking of more than three hundred executives from across the spectrum of healthcare, including the physician, hospital, pharmacy and pharmaceutical, insurance, employer, government, advocacy, public policy, allied professionals and consumer sectors. We ask that you, as a candidate for public office, consider these questions as a framework for public policy development and execution. While there are no simple answers to these complex ideas, they represent the core issues our nation, our state and our communities face in responsibly meeting the health and healthcare needs of our citizens.

The organizations and individuals endorsing these questions and their value to the healthcare debate are collectively calling on you to promote public discourse on these important issues.

◆ Our country currently has no shared vision for healthcare policy. Do you believe that such a policy/vision is an important predicate to addressing health system deficiencies, and, if so, how would you go about developing one?

McQueen supports existing legislation that already has 120 co-sponsors in the U.S. House of Representatives--HR 676 Expanded & Improved Medicare for All Act, which legislates implementation of single payer healthcare. With HR 676, consumers have their choice of private providers guaranteed by public sources.

◆ Do you believe health care is a right or a privilege? Should we have a social contract for healthcare the way we do for education?

Health care is a reasonable government guarantee that aligns with policing, fire fighting, disaster relief, National Guard, military defense, infrastructure expansion and repair, public works, streets & sanitation, schools, libraries, national parks, etc.

With HR 676 for-profit health providers are banned from participating in the single payer network, which is for medically-necessary, required and preventative care. Funding for single payer healthcare comes from five sources:

- (1) Existing sources of government revenues for health care, such as Medicare, Medicaid, Tricare, FEHB, and the Children's Health Insurance Program (CHIP) are appropriated and transferred to carry out HR 676.**
- (2) Increasing personal income taxes on the top 5% of income earners**
- (3) Instituting a progressive excise tax on payroll and self-employment income**
- (4) Instituting a tax on unearned income**
- (5) Instituting a tax on stock and bond transactions.**

◆ What policy changes would you support to motivate individuals to assume a greater sense of individual responsibility for health-related decisions? How do we get people to understand there are limited resources and trade-offs have to be made?

Educational programs, reasonable living wage, affordable housing, adequate nutrition all play important parts as reasonable steps to preserving health for oneself and others who require supervised care.

◆ The healthcare system often lacks clear accountability that would encourage adoption of standards of care and quality improvement. How would you go about aligning financial and personal incentives to optimize outcomes?

HR 676 establishes a National Board of Universal Quality and Access to provide advice on quality, access, and affordability.

◆ What steps would you take to address the current fragmentation in healthcare to promote continuity and coordination of care and access to the continuum of quality care, including prevention, mental and oral health services, and long-term and end-of-life care?

With HR 676, existing sources of government revenues for health care, such as Medicare, Medicaid, Tricare, FEHB, and the Children's Health Insurance Program (CHIP) are appropriated and transferred to carry out HR 676. Streamlining delivery of these various health care packages reduces paper work, billing, red-tape, resulting in lower costs.

◆ What role can political leaders play in facilitating a change in emphasis in

healthcare from high-end acute care to health promotion and prevention of chronic disease and injury?

Legislators should continue to co-sponsor, lobby for, and plan to vote up HR 676 and cease (1) serving as outright obstacles to single payer and/or (2) attempting to undermine single payer with bait-and-switch half measures designed to fail.

◆ Currently our country has many citizens who lack access to healthcare services either because they cannot afford insurance, are underinsured or face social or cultural barriers. What steps would you take to correct this imbalance?

A legislator can lobby for funding for patient-provider partnerships that maintain and improve individual health as well as educates about the appropriate use of healthcare services within U.S. public educational curricula and our nation's healthcare system.

◆ What steps would you take to address the medical liability problem and create a legal environment that fosters openness, disclosure and high quality patient care?

As a legislator, McQueen would support the component of HR 676 that establishes a National Board of Universal Quality and Access to provide advice on quality, access, and affordability.

◆ What steps would you take to relieve providers of unnecessary administrative and regulatory burdens in order to maximize the percent of healthcare dollars that support direct provision of patient care?

McQueen would vote up HR 676, existing sources of government revenues for health care, such as Medicare, Medicaid, Tricare, FEHB, and the Children's Health Insurance Program (CHIP) are appropriated and transferred to carry out HR 676. Streamlining delivery of these various health care packages reduces paper work, billing, red-tape, resulting in lower costs.

◆ What role should government play in advancing science-based medicine and technology and in fostering a robust healthcare information infrastructure?

It is time for "government" to abandon the Affordable Care Act with its numerous flaws in favor of a superior system, Expanded & Improved Medicare for All, without delay.

