



James M. Inhofe

U.S. SENATOR - OKLAHOMA

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"I have long been dedicated to ensuring that Oklahomans and all Americans receive the best possible health care with the most choices. Health care decisions are personal and should be made by you and your doctor, not Washington bureaucrats running a government program - denying you the medical care you need."

- U.S. Senator Jim Inhofe

What Do We Do About Health Care?

As the national debt rises and health care costs continue to increase, Senator Inhofe is working with other Senators to enact legislation like the "*Patients' Choice Act*" (S.1099). This bill provides a better alternative to government run health care by:

- Using choice and competition rather than rationing and restrictions to contain costs and ensure that affordable health care is available for all Americans without interference from the Federal Government.
- Promotes healthier lifestyles and disease prevention through incentives for States.
- Improves Health Savings Accounts (HSAs) making them more accessible and easy to use. Approximately 8 million Americans currently have an HSA.
- Allows using HSAs to pay health insurance penalties without a tax penalty and increases the amount an individual may annually contribute to an HSA.
- Provides tax credits of \$2,300 per individual or \$5,700 per family for health plans.

How Would the Currently Proposed Government Run Health Care Legislation Work?

The Congressional Budget Office's (CBO) mandate is to provide Congress with objective, nonpartisan analyses of the economic and budgetary implications of proposed legislation. CBO estimates the Kennedy/Dodd Bill would cost **\$1.3 trillion over 10 years**. Some cost estimates reach **over \$2 trillion**.

Most significantly, CBO estimates that **15 million people would lose employer sponsored health insurance** under the Kennedy-Dodd Bill meaning that under this plan millions of Americans will **NOT** get to keep their doctors or their health plans.

All Democrat proposals include either a government run public plan or government sponsored health cooperative plans. Both options place a Washington bureaucrat between you and your doctor.

SOCIALIZED HEALTH CARE IS NOT THE ANSWER

The mortality rate in Canada is 25% higher for breast cancer, 18% higher for prostate cancer, and 13% higher for colorectal cancer than the U.S.

Studies show that only 5% of Americans wait more than 4 months for surgery, compared with 23% of Australians, 26% of New Zealanders, 27% of Canadians, and 36% of the British.

Nearly 1.8 million British citizens are waiting for hospital or outpatient treatments at any given time.

The Fraser Institute reports that the average wait time to see a specialist in Canada was 17 weeks in 2008.

What Kind of Care Would Government Run Health Care Provide?

In Alberta, Canada, Bill Murray waited in pain for more than a year to see a specialist for his arthritic hip. The specialist recommended a state-of-the-art procedure, but government bureaucrats determined that Mr. Murray, who was 57, was "too old". In the end, he was also denied the opportunity to pay for the procedure himself in Alberta. "Too Old' for Hip Surgery," *Wall Street Journal*, Feb. 9, 2009.



Shona Holmes' family doctor in Canada discovered a tumor in her brain. She knew it would take months for her to get an appointment with a specialist in Canada. "I knew in my gut that I had to see someone and could not wait five to six months," she says. She called Mayo Clinic and got an appointment the same day."

<http://www.mayoclinic.org/patientstories/story-339.html>.

Bruce Hardy, a patient living outside London, suffers from kidney and lung cancer, for which his physician prescribed the new drug Sutent. "If the Hardys lived in the United States or just about any European country other than Britain, Mr. Hardy would most likely get the drug." However, in Britain, Sutent's \$54,000 price means "Mr. Hardy's life is not worth prolonging." "British Balance Benefit vs. Cost of Latest Drugs," *New York Times*, Dec. 2, 2008.

Ian Dobbin, a patient in Yorkshire, England was informed by the British National Health Service that because the NHS would not pay for his life-saving cancer treatment, he needed to pay £25,000 (over \$40,000) to obtain the treatment and survive. He said of NHS' decision, "I've been paying my national insurance all my life and when it comes to the point that I need it to keep me alive, they are not prepared to help." "£25,000...or die," *The Press (United Kingdom)*, May 2007.

What Else is Senator Inhofe Doing to Ensure Oklahomans Have Better Health Care?

Senator Inhofe is working with a bipartisan group of 8 Senators on the "***Critical Access Flexibility Act***" (S.1171) which protects rural hospitals and in many cases keeps rural hospitals in Oklahoma open by allowing the State to once again determine local need and designate hospitals as Critical Access Hospitals.

Senator Inhofe is leading a bipartisan effort with Senator Bingaman (D-NM) requesting needed reform for Disproportionate Share Hospitals (DSH) in the current health care debate in Congress. Inhofe's and Bingaman's work would have the effect of increasing funding for states like Oklahoma which currently receive low Disproportionate Share Hospital (DSH) formula based reimbursements when other states receive well more than their needs. DSH hospitals provide critical health care services. Many times, these services are provided to the poor and uninsured.



Additionally, Senator Inhofe is continuing to work with a bipartisan group of 10 Senators on the "***Craig Thomas Rural Hospital and Provider Equity Act***" (S.1157). This is legislation named after the late Senator Craig from Wyoming, and the bill specifically ensures that rural areas receive better health care services and improved medical technology uniquely suited for rural health care delivery.