



VIDEO CONTEST

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Doctors follow the principle **FIRST DO NO HARM.**
SHOULDN'T POLITICIANS?

HOW TO ENTER

Submit your video in 3 EASY steps:

- Join our [YouTube group](#)
- Create and upload a video debunking the myths about government health care
- Complete [contest entry form](#)

Prizes

Compete to win:

First Prize - **\$3,000**

Second Prize - **\$1,000**

Third Prize - **\$500**

Judging

Videos will be judged on quality, creativity, and message. *Hint: A good place to start is these myths!

Videos should be no longer than 90 seconds. Limit one submission per individual. Cannot reference pending legislation. Contest ends on May 15, 2009. See full rules and conditions on our [YouTube group](#).

You've heard politicians promise to "fix" health care. Make it affordable. Make it universal. Don't their promises sound too good to be true? It's no secret we need health reform in the U.S. But before politicians make sweeping changes to our health care system, let's make sure they have their facts straight...

Myth: Government is the best way to get everyone health coverage.

Not if Massachusetts is any indication. Costs soared after politicians passed a law requiring all residents to have health insurance. The state now spends 33% more money per person on health care than the rest of the nation. And the plan isn't just costing more money—it's also costing time! The wait to see a primary care doctor can be up to 100 days!

Myth: Health care in other countries is better.

Tell that to Canadian patients, who may wait a year or longer to get radiation therapy for cancer. Or to the nearly 1.8 million Britons who are waiting to get into a hospital or have an outpatient procedure. Or to the German breast cancer patients who are 52% more likely to die from the disease than Americans. What do Canada, Great Britain, and Germany have in common? You guessed it: government-run health care.

Myth: Expanding government is the only solution to reform health care.

There are many ideas about how we can reform our health care without expanding government. For instance, we buy many things from other states – why not health insurance? Or how about providing tax credits to help people buy health insurance that is portable, so they can take it with them from job to job?

Scroll down to learn more about health care myths and facts...



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FACT SHEET

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Myth: Government is the best way to get everyone health coverage.

Facts:

- [Hawaii](#) tried a plan called the Keiki (Child) Care Plan, which was designed to provide coverage to children whose parents can't afford private insurance but who make too much to qualify for other public programs (such as Medicaid and Hawaii's State Children's Health Insurance Program). Keiki Care was free for these kids in the gap, except for a \$7 office-visit fee. The problem was that parents who already could afford insurance dropped their coverage to enroll in the free plan – overwhelming the system.
- [Massachusetts](#) passed a law requiring all residents to have health insurance, and costs have been soaring. The state now spends one-third more money per person on health care than the rest of the nation. It's also costing patients time – the wait to see a primary care doctor can be up to 100 days.
- Reporter Kevin Sack of The New York Times wrote in a March 16 article that ["the day of reckoning has arrived"](#) for the Massachusetts health insurance experiment.
- Federal experiments in government health coverage haven't been as easy and efficient as they were supposed to be, either. Medicare, a massive federal bureaucracy covering Americans age 65 and older and the disabled, is cutting doctors' payment rates – causing [fewer doctors to accept new Medicare patients](#) altogether. Further, it is estimated that Medicare and Medicaid [lose \\$60 billion](#) or more annually to fraud.

Myth: Health care in other countries is better.

Facts:

- More than 800,000 Canadians are on [waiting lists](#) for some kind of treatment. Nearly 1.8 million Britons are waiting to get into a hospital or to have an outpatient procedure.
- Americans benefit from better survival rates with [many types of cancer](#). German breast cancer patients are 52 percent more likely to die from the disease than Americans. British colorectal cancer patients are 40 percent more likely to die from the disease than their counterparts in the U.S.
- Another feature of British health care is a board that oversees drugs and other treatments. This board, called NICE, decides which medicines the National Health Service will pay for and which ones it won't. Its decisions are based not just on the effectiveness of the cures, but how much they cost – meaning patients are often denied cutting-edge cancer treatments and more. [See [Dr. Karol Sikora's essay](#) in "Lessons from abroad for health reform in the U.S."] The economic stimulus bill passed in early 2009 created a board like NICE in the U.S. to oversee "comparative effectiveness" research.
- For more information about the health care systems of Britain, Canada, Switzerland, France, and the Netherlands, visit ["Lessons from abroad for health reform in the U.S."](#)



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Myth: Expanding government is the only solution to reform health care.

Facts:

- States are looking for ways to help those with pre-existing conditions get coverage. Idaho and Utah, [for example](#), have created programs that guarantee citizens access to affordable private health insurance.
- Providing [equal tax credits](#) across the board would give small-business employees the same benefit as people who work for large companies that offer health insurance, and would make insurance portable—people could take their insurance with them when they move or change jobs.
- Economists showed in a University of Minnesota [study](#) that opening up competition among the states for health insurance would mean an additional 12 million people could get health insurance, without any new spending by the federal government.
- People could be allowed to [form new groups](#) to purchase insurance – through churches, unions, professional associations and more. This would give them group purchasing power and discounts and free them from having insurance tied to their job.

Other resources:

[“Providing Coverage for All through Private Health Insurance”](#) – The Galen Institute

[The Galen Institute](#): a non-profit research organization focused on patient-centered health policy



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