

## Win Your Next Argument on Health-care Reform

**N**o matter what side of the health-care reform debate you may be on, one thing is certain: It's a complex and complicated issue, to say the least. How many times has the subject come up at your local union hall or watering hole, only to be dropped once the need for specifics arises? Well, worry no more. The IUPAT Government Affairs Department is giving you the tools to win the argument (or at least get your point across).

### POINT #1

**KISS**—The acronym for “Keep it Simple, Stupid!” or, for those of you who are politically correct, “Keep it Short and Simple.” When you find yourself in a political debate, do not try to over-complicate the issue. Get right to the point and stay with that point.

### EXAMPLE:

Health-care reform will save your family money by forcing huge insurance companies to compete for your business, and competition always lowers prices.

### POINT #2

Know enough to be dangerous. Do some research so you know more about the issue than what is in the newspaper or on the nightly news. Most people just listen to the news and that is as far as their knowledge goes; a little more information can make you dangerous.

### EXAMPLE:

In the health-care reform bill, there are four main provisions that will force insurance companies to change the way they do business and result in better coverage for you and your family:

1) Eliminating the pre-existing condition exclusion, which allows the people who need health insurance the most to get it. For example, someone who has asthma or high blood pressure won't be denied coverage because of those conditions.

2) Requiring plans to let dependents stay on their parents' insurance until age 26. It's been a nightmare scenario that keeps coming true over and over again: Your child turns 18 and can't afford college yet, or maybe doesn't want to go to college. Unfortunately, the only job he or she might be qualified for at 18 most likely does not provide health insurance and, if they can't afford college, they won't be able to afford their own coverage yet. What happens if sickness or injury strikes? This provision makes certain that this segment of our population has an opportunity to

### DEFINITIONS YOU NEED TO KNOW: HEALTH-CARE TERMS

**Cost-shifting:** An unwritten process where hospitals and doctors overcharge people with health insurance to cover the cost of treatment for the uninsured who are unlikely (or unable) to pay out of pocket. It's done to smooth out any losses that hospitals and doctors suffer for treating patients who won't or can't pay. It is estimated that roughly 30 percent of a premium's cost comes from cost-shifting.

**Risk Pool:** The number of people in a given plan and their demographics—such things as average age, gender and participants' occupations. For example, a middle-aged female firefighter with a family history of ovarian cancer would have to pay a higher premium than a male accountant in his 20s who doesn't smoke.

**Public Option/National Exchange:** Two similar proposals that establish a single national place for individuals to purchase insurance from either a public or private

insurance company. Both plans aim to reduce cost by increasing competition between insurance providers and increasing the risk pool.

**Excise Tax:** A proposal that passed in the Senate bill and sets a cap on insurance premiums at \$8,500 for single coverage and \$23,000 for family coverage. If the premiums exceed that amount, the excise tax is applied to that additional amount and that additional amount only. For example, Jane's insurance plan costs \$23,000 to cover her and her family. She doesn't have to pay an excise tax. However, it costs \$24,000 to cover John and his family. That means that John pays a tax on that additional \$1,000, not on the \$23,000 beneath it.

**Insurance Market Reforms:** Proposals that would change the standard operating procedures presently used by the big insurance companies, requiring them to adopt business practices that will benefit the American people.

remain covered until full health-care reform takes shape.

3) Eliminating lifetime or annual limits. How many stories have we heard about people having to sell their house to pay for treatment when the insurance money “ran out”? Under this provision, one catastrophic injury or illness will not limit your ability to get treatment down the road.

4) Requiring that insurance companies spend 90 percent of the money they receive from your premiums (insurance payments) to pay claims. Only the remaining 10 percent can be used on administrative costs. How does that help you? Think of it this way. You run an insurance company and someone pays you \$100 a month for medical insurance. This is your livelihood; you have no other job. Under this provision, you can only use 10 percent of that payment, or \$10, to run your office and pay yourself and your staff. The rest of it is to pay for medical expenses incurred by your policyholder. That forces you to economize the way you do business—keep salaries in check and eliminate wasteful administrative procedures. Basically, this element of the bill requires insurance companies to do a better job at what they do every day.

Following these two points—KISS and know enough to be dangerous—might seem simple, but they’re steps people don’t often take. Working families have plenty of concerns to address in 2010—and this is an election year. That means we all have to do our homework and be prepared to rally not just for our candidates, but for the issues important to us as well.

Contact your district council’s political director to learn more about what we all need to know to keep working families working.



### **CAMPAIGN PROMISES MADE, CAMPAIGN PROMISES KEPT — THANKS TO THE IUPAT**

In his bid for re-election last year, Springfield, Massachusetts’ Mayor Domenic Sarno had the support of the IUPAT and the rest of the Pioneer Valley Building Trades. A major reason for our support was that Mayor Sarno made it clear in his campaign that he would fight for pro-labor issues such as Responsible Employer Ordinance (REO) language in city construction projects. REO language requires contractors working on city-funded projects to conform fully with all state laws and regulations concerning prevailing wages, workers’ compensation, health insurance, state-certified apprenticeship programs, and proper designation of workers as employees as opposed to independent contractors. When word got out that REO language was not going to be included in the local \$100-million Putnam Vo-ag Project, members of IUPAT District Council 11 (Connecticut, Rhode Island and Massachusetts) and District Council 35 (Maine, Massachusetts and New Hampshire) united and rallied at the mayor’s office with other building trades members to demand a reversal. It worked: The mayor complied and the REO language is now included in the project. This reminds us all that we have to remain vigilant in making certain that candidates follow through on the many promises made to labor on the campaign trail. It’s also a testament to what a united labor movement can achieve for the benefit of all workers – union and non-union.