

**PUBLIC NOTICE • PAID BY MEDICARE PATIENTS/TAXPAYERS • PUBLIC NOTICE**

Dear Congressman Stark,

→ (Re: October 12, 1996)

Regarding the Daily Review October 8 front page headline: "Stark denounces Eden Medical Center's bidder." Come on Pete, give us a brake! Not only do you know the true problem, but the problem's simple solution. All you have to do is bite the bullet and enact the solution.

Others and myself are in agreement when you referred to the Columbia/HCA as "carpetbaggers;" but, lawsuits to only move them down the road a piece does not benefit health care providers or the Medicare customer/patient. It's a fact; business outfits like these know every locally regulated community and location where carpetbaggers are much, much more than just welcomed!

Believe me, Congressman, there is no need at this time to belabor every point with detailed argument or citations and fact sheets. With respect, you and I both know that you have been provided, in mass for over two decades, with a detailed "input" when dealing with regulatory matters involving Medicare and Social Security — with comments that have continually suggested solutions.

There is no disagreement, only support, concerning your position about today's Medicare-health providers "creating monopolies." Reality dictates a nation's medical resources from day one as privately owned monopolies. Whoever owns or controls a product or service is a monopoly!

As previously stated: "Medical service coverage (be it illness or injury) is also a public utility and a bona-fide medical cost control must be regulated as with any other public utility."

With or without a not-for-profit status, Eden Medical Center or Columbia/HCA, and any others with identical entities, in essence, are non-regulated health care public utilities. And, as "public-utility monopolies," they can charge or pay whatever the traffic can bear — without any cost justification — for their product or service.

Allowing HMOs, supplemental or private insurers (including "providers" of joint-insurance health plan coverage or any medical-provider coverage) to set rates, taxes and fees for their cost of service is clearly paramount to letting the fox guard the henhouse.

In this case, the solution is a simple matter. The key here is Medicare. It is the primary source of revenue for this nation's medical health-care system that is supposedly based on "marketplace pricing" and that by itself is just another sham! What is needed is a level playing field for Medicare's individual customer/patient, who also foot the whole cost for Medicare's system.

Without any mandatory regulated cost control for all participating parties under Medicare's banner, then there's no choice but the elimination of all deductible and "co-pay" percentages as based on Medicare's fee schedule.

This voluntary action will control cost by creating a "level playing field" through automatic Medicare "cost" justification, and creates an automatic self-policing compliance system!

Therefore: First, it shall be to establish local autonomy<sup>1</sup> for Medicare customer/patients with or without HMO affiliations;

Second, any and all Medicare participating providers who accept Medicare's assignment payment shall do so as **PAYMENT IN FULL**;

Third, the two above items shall apply to all doctors, physicians, surgeons, hospitals and any other Medicare medical provider or group;

Fourth, the three above items shall apply equally, with or without private insurer/supplemental, joint insurance health plan coverage, HMO memberships or any medical provider coverage. Shall also equally include all Medicare customer/patients.

Moreover, concerning any proposed Eden Medical Center hospital/merger or any other proposal that may come forth: The foregoing first, second, third and fourth items shall be embodied into any merger, contract or agreement!

Sincerely,

**Lou Filipovich, Non-partisan voter**

<sup>1</sup>All four items cannot be destroyed or divided without the Eden Township voter/taxpayer's approval!

Footnote: Pete, if you cannot adopt the foregoing, simple Medicare solution as a national Medicare solution, may I, as a reminder, call your attention to Federal Public Law 103-305 (SB 1491). When that piece of federal legislation was signed into law, it put every state public utilities commission out of business. Now, why can't Congress put all State Public Utility Commissions back in business — regulating only parties who provide a product or service for Medicare customer/patients? How many more decades without any Medicare regulatory cost control or approved cost justification?

**The Truth, The Whole Truth, Nothing But The Truth  
Judge For Yourself ... Read Both Sides Of This Document**