



Senator Luann Ridgeway – Serving Clay County

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## Capitol Report 11-20-09

The U.S. Senate in Washington D.C. is preparing to rush to vote on legislation that could dramatically affect the lives of all the people I serve. Although I serve you in the State Senate in Jefferson City, MO and thus cannot vote on this bill, the legislation pending in Washington could so drastically affect you and me personally, as well as my work on your behalf in our state capitol, that I am compelled to write and share my thoughts. I hope you will exercise your right as Americans to participate in this process by voicing your opinion and taking action. At the end of this report, I have given you some action points and the tools you need to implement them.

**Has any Senator in Washington D.C. completely read the legislation** they are being forced to vote on tomorrow, Saturday November 21? **The answer has to be: NO!** Do the math: The bill is over 2,000 pages in length and, from the time the bill was released for examination until the vote to proceed on debating the bill is taken, a maximum of 3 days will have passed. Let's assume a Senator would work three days for 12 hours straight with no breaks. Let's further assume that the Senator would fully understand the legal-speak in the bill and fully comprehend the bill on first reading and have no questions.

**To read a 2,000 page bill in 36 working hours, a Senator would have to read and fully**

**understand over 55 pages per hour** – assuming they would read for 12 continuous hours for 3 days in a row. Does anyone really think this will happen? Inadequate time to read and understand legislation of such importance should require a “no” vote if for no other reason than to give time for full vetting of the bill.

While our current healthcare delivery system is not perfect and could use some reform, please let me emphasize that the legislation pending in Washington D.C. does little to nothing to address needed reforms. I am convinced, based on my years of serving inside the halls of government, that the D.C. legislation will become one of our biggest mistakes as a nation. And only YOU have the power to stop it and provide the power needed to force Washington to address the reforms we as citizens, patients and caregivers need to improve healthcare services to all Americans.

Let me emphasize that this report seeks to shed light on what I believe are the flaws in the reasons set forth by Washington politicians and insiders for pushing forward this 2,000 plus page proposal for “reform”. There is a vast difference between the thought process of the average citizen having a heart of compassion to provide care for those who have inadequate or no health insurance – versus what I believe to be at the heart of the D.C. legislation. Missourians and Americans are a compassionate and charitable people. We are at the top of all nations in charitable services and giving.

The problem isn’t with the people -- it’s with the D.C. politicians currently in power. So, in this report, I am providing you with some facts that shed light on the stated reasons that the U.S. Senate and House leadership and the President, use to push their “reform” (read “massive government expansion”) into law.

Washington leaders say: *We must rush to pass a healthcare reform bill to immediately provide access to healthcare for millions of uninsured Americans.*

If this were true, then why did we just spend billions on a stimulus bill that provided ZERO dollars toward providing health insurance or healthcare to uninsured Americans? \$700 - \$800 billion of our tax dollars were appropriated in the last stimulus bill. If 12 million Americans are uninsured, it would cost about \$29 billion to buy health insurance for them. Even if we tripled those numbers, it would still be only a fraction of the dollars in the stimulus spending spree. If providing immediate coverage to the uninsured was so important, why wasn’t stimulus money used to cover them? The stimulus was supposed to stimulate our economy and Washington has repeatedly told us that the uninsured are a big drain on our economy. But yet, no stimulus money was spent to cover them. Furthermore, if we need to provide coverage for uninsured Americans immediately, the bill in Washington fails miserably as it doesn’t provide coverage until 2013.

Washington leaders say: *There’s no other way to get the uninsured covered without passing the reforms currently pending in Washington.*

If this were true, Washington would have already put other reforms in place and given them time to succeed, or fail. But this hasn’t happened. They haven’t included in the current legislation, nor have they previously tried reforms such as: 1) allowing interstate competition among health insurance companies (Please note we already have interstate competition with life, auto and homeowners insurance and we don’t have the

outry about lack of affordability or accessibility in these areas – HINT: Maybe interstate competition works.); 2) national litigation/lawsuit/tort reform (Does anyone remember in Missouri back in 2003 when doctors were leaving Missouri, especially Ob-Gyn’s and other specialists? Our state passed litigation reforms and the doctors are no longer fleeing our state – HINT: Maybe litigation reform works to expand healthcare options); 3) give the same tax deduction to individuals and small business owners who purchase their own insurance as that currently given to government and big corporations; 4) require more transparency in health care so we as patients can shop for price and quality just like we do for other basic necessities like food, clothing and shelter; 5) expand the use of health savings accounts (Missouri has passed health savings account legislation, but we have to get a letter of permission from the Washington D.C. to fully implement our reforms. Guess what? The federal government won’t give us the permission letter.)

Washington leaders say: *We want all Americans to have access to the same high quality health care as other American’s who currently have coverage – many with Cadillac or Gold-Plated plans while others go without any coverage.*

If this were true, then why has Congress and the President EXEMPTED themselves and all federal employees from coverage under the “reform” legislation pending in Washington D.C.? Congress, the President and federal employees have possibly the greatest healthcare benefits in the world – beyond Cadillac and Gold-Plated and more like Rolls Royce and Platinum. Yet they have chosen us (non-federal government Americans) to be lab rats in their grand experiment into socialized medicine. Here’s an idea: If this 2,000 page proposal is so great, why don’t we run it as a pilot project and **only apply it to Congress and the President**. If they think it’s great after 10 years, and it hasn’t further plunged our nation into debt, then we can take a look at expanding it to others.

In the former Soviet Union, there was a similar two-tiered health system. There was one for regular citizens and then there was the excellent system for “political leaders and their friends”. I know this because I was there and heard this statement from Russians in 1994, which was only shortly after the fall of the Soviet Union. Do we really want to let the leaders in Washington create a Soviet style system here in the U.S.?

Washington leaders say: *Americans are not consistently receiving good healthcare in the U.S. compared to citizens in nations with nationalized care.*

If this were true, you, your family members or friends with serious medical conditions would be fleeing this country to consult with physicians in England or Canada or maybe Cuba or Germany. When have you heard of anyone doing this? But I know you have heard of people seeking out the “best” at the Mayo Clinic (Rochester, N.Y.), or M.D. Anderson (Texas) or Yale Hospital, New Haven, Conn., Johns Hopkins Hospital (Baltimore, MD) and the list goes on and on. People from all over the world seek out American physicians and hospitals because we have the best. Based on qualitative studies and consumer choices regarding worldwide health care delivery systems, we need less government in healthcare – not more.

Here’s a quick review of average wait-times for surgery in the United Kingdom’s nationalized (government provided) healthcare system, as reported by the BBC in May, 2009:

Cataract Surgery . . . . .	8 months
Hip Replacement . . . . .	11 months
Knee Replacement . . . . .	12 months
Slipped Disc . . . . .	5 months
Hernia Repair . . . . .	5 months

Compare these medically necessary surgical wait times with this fact in America: For non-medically necessary, purely elective surgery in the U.S., only 5% of American’s wait more than 4 months, which shatters the records above in a government run system for critically needed surgeries. Most American’s wait only days or weeks at most for the critical surgeries listed above.

Let’s look at comparative survival rates for various cancers as reported by the American Cancer Society and the Canadian Cancer Society:

Prostate Cancer 5 year Survival Rates	
USA . . . . .	100%
Canada . . . . .	95%
UK . . . . .	77%

There are comparable statistics for breast cancer. But the intrusion of government in U.S. healthcare is already at work to the detriment of Americans. This past week, the U.S. government came out with a recommendation that mammograms need not be performed on an annual basis until age 50. Physician groups vigorously reject this and support the current medical standard for earlier annual exams. Let me share my personal experience on this issue. Due to a routine annual mammogram, I was diagnosed at age 47 with early stage breast cancer. In the cancer surgeon’s own words: “Thankfully, you didn’t skip your annual exam this year. Otherwise the cancer would have been much more advanced in a year.” I know at least three other women with similar stories, who are all now well and cancer free due to early detection prior to age 50. If the U.S. government was in charge of my healthcare and preventive medical screenings based on their “age 50” recommendation for routine medical exams, I would either be dead or have such critical stage cancer that I wouldn’t have long to live. Healthcare needs to be in the hands of health care professionals and patients, not the government.

Washington leaders say: *Insurance company greed has corrupted our healthcare delivery system, thus necessitating government provided healthcare coverage.*

If this were true, then the above statistics about survival rates and wait times wouldn’t exist. And let’s talk about greed. The pending Washington legislation contains millions, if not billions of dollars in Medicare cuts. How could these cuts possibly work to the advantage of American Seniors? I suggest they do not. However, the AARP continues to support the 2,000+ page legislation. Why would that be? It could be because the AARP is one of our nation’s largest sellers of Medigap insurance (the insurance the pays the difference between what Medicare pays for a procedure versus what you are billed for the medical procedure). If Medicare is cut, there will be a bigger gap between what Medicare covers versus what seniors have to pay out of pocket. This will create a bigger gap and a bigger need for more Medigap insurance at higher expense because it will have to cover more. Do you think that the “greed” of AARP over the new profits they stand to make on expanded sales of Medigap insurance has anything to do with their endorsement

of the pending legislation? The American Seniors Association (a competing organization to AARP) is firmly opposed to the Medicare cuts and opposed to any federal legislation with such cuts or that extends more government control over seniors' healthcare. The ASA can be reached at [www.AmericanSeniors.org](http://www.AmericanSeniors.org) or by calling toll free 1-800-951-0017. Personally, I am going to check out the benefits of belonging to the ASA, as I believe they offer similar discounts and insurance as AARP. As for me, I refuse to support organizations such as the AARP, that supports legislation that will CUT programs like Medicare and work to the detriment of the seniors they purport to serve.

Washington leaders say: *The healthcare reform legislation will save money and be more efficient than our current system.*

If this were true, then why is our government-run retirement system (Social Security) bankrupt? Why is Medicaid and Medicare bankrupt? Why is care at our Veteran's Administration Hospitals so limited & in need of more funding? Why is our national debt today at 90% of our Gross Domestic Product (GDP), when it was only around 43% in the mid-1980's when virtually every story in the news commented how catastrophically high our national debt was? According to [www.whitehouse.gov](http://www.whitehouse.gov), our national debt in 2011 is actually estimated to exceed our national income (GDP). We have more debt today than ever before and we have a bigger national bureaucracy today than ever before. Now Washington is debating the mother-load of all giant bureaucracies – a 2000+ page government run healthcare bill.

The United Kingdom (England, Ireland, Wales and Scotland) is tiny compared to the population and landmass of the U.S. Yet the fact is that the U.K.'s National Health System is the third largest government employer in the world – behind the Red Army in China and the India National Railway system (which is huge). If the U.S. actually passes this massive expansion to our federal government, we may well have the largest government employer in the world. In the face of worldwide statistics to the contrary, the same U.S. government that brought us the FEMA/Katrina debacle and the I.R.S. wants us to believe they can be more cost-effective and efficient than our current system. They plan to cover more people and provide more health care and vastly expand the bureaucracy and expect to save money. Surely this cannot be believed.

Furthermore, if this legislation is going to save so much, then why are there over \$370 billion in new taxes contained in the bill? I don't know who it's going to save money for, but it's certainly not going to save the American taxpayer anything – other than maybe our ability to pay for our current insurance coverage.

The Congressional Budget Office (CBO) has estimated that the pending legislation will cost over \$800 billion. But the bill leaves out a major component of healthcare, which would be payment to physicians. In an overt attempt to cover up the true cost of this legislation, Washington leaders decided to deal with physicians in a separate bill, which has been estimated to cost over \$200 billion dollars. Therefore, the total cost of the healthcare legislation currently being debated in Washington is over \$1 trillion.

How much is \$1 trillion?

If you spent \$1 million dollars per day since the day Christ was born over 2,000 years ago, you would still have to spend another \$1 million per day for another 750 years

to approximate \$1 trillion.

One trillion seconds is over 31,500 years.

One trillion is a 1000 billion. Missouri's entire budget is around \$23 billion and you pay about \$7.8 billion per year in taxes to the State of Missouri. For the price of the health care bills pending in Washington D.C., all of Missouri government could survive at its current level for over 40 years.

So what is this so-called "health care reform" bill pending in Washington D.C. really about and why are Washington leaders in such a rush to push it through to passage?

Government is full of people. People have flaws and among those flaws are that they tend to seek power, money and security. The legislation, if passed would vastly expand the number of government employees, thus expanding the power of government over our lives. These government employees would owe their paycheck and thus their job security to this newly created national health system. When they vote for our national leaders, do you really expect they would ever vote for anyone who planned to scale back on that bureaucracy out of fear that they might be the bureaucrat who loses their job? Liberal politicians know this. We need only to look at the U.K. for proof of this. The National Health Service is the single largest item in the U.K.'s budget. The bulk of the people employed by the NHS are administrators and bureaucrats – not doctors, nurses and other healthcare givers. This creates a voting block of nearly 1.5 million people who will never vote to get government out of healthcare.

The liberal politicians who currently control Washington D.C. want to secure their political power and future by hurrying to pass, in a non-election year, the Crown Jewel of socialism – government control over our healthcare and the creation of a massive voting block that will always vote to keep such politicians in power in perpetuity. We know that people often go to the polls on election day and "vote their pocketbook". Do we really expect U.S. employees of a nationalized, government run health system to do differently?

**This bill being debated in Washington D.C. purports to be about healthcare, but it is really about power and control and creating voting blocks so certain politicians will never lose their positions of power and prestige. At the same time, these are the very politicians who have exempted themselves from the healthcare system they seek to create.**

Further evidence that the Washington leaders pushing this legislation are afraid of your backlash against their government health system is this: The legislation doesn't start the government health system until 2013. Gee, isn't that AFTER the next presidential election? They are hoping to hurry up and shove this legislation through and give you time to forget about it before they are up for election.

The people are the only ones who can stop this approaching socialist freight-train being railroaded through in Washington D.C. Please take a moment to let your leaders know your thoughts. You can reply to this report and I will see to it that your comments are appropriately forwarded to our U.S. Senators and Representatives, as well as to the President. I also encourage you to call them directly or write them. Senator Claire McCaskill has stated that she intends to vote for the government health system. Her office

numbers are: 1-202-224-6154 or you can fax your written comments to 202-228-6326 or e-mail to: <http://mccaskill.senate.gov/contact/>. Senator Kit Bond has stated that he intends to vote against the government health system. His office number is 202-224-5721 or e-mail to: <http://bond.senate.gov/public/index.cfm?FuseAction=ContactUs.ContactForm>

If the Senator agrees with your position, please let them know that you are supporting their position. If they disagree with your position, I ask you to politely, but firmly, express your opposition to their decision. As a person in elective office, I can tell you that your input is crucial and can really make a difference.

I also ask you to take action with regard to the organizations that are supporting your position in this crucial national debate. The AARP is supporting the bill to expand government into healthcare and includes cuts to Medicare. The American Seniors Association (ASA) does not support the bill pending in Washington D.C. The ASA can be reached at [www.AmericanSeniors.org](http://www.AmericanSeniors.org) or by calling toll free 1-800-951-0017.

Whatever action you decide to take, please DO NOT delay! The Senate in Washington D.C. is expected to take a vote Saturday November 21, 2009 on whether to proceed to a vote on the government health care bill. Your action is needed now.

As always, I appreciate hearing your comments, opinions and concerns. Please feel free to contact me in Jefferson City at (573) 751-2547. You may write to me at Senator Luann Ridgeway; Missouri Senate; State Capitol; Jefferson City, MO 65101, or email me at: [luann.ridgeway@senate.mo.gov](mailto:luann.ridgeway@senate.mo.gov)

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