

Supreme Court, State of Colorado
Colorado State Judicial Building
2 East 14th Avenue, Suite 400
Denver, CO 80203

ORIGINAL PROCEEDING PURSUANT TO
§ 1-40-107(2), C.R.S. (2009)
Appeal from the Ballot Title Setting Board

IN THE MATTER OF THE TITLE, BALLOT
TITLE AND SUBMISSION CLAUSE FOR 2009-
2010 #45 ("HEALTH CARE CHOICE")

Petitioners: Dr. Mark Earnest, Peter Leibig, Albert
Schnellbacher, Jr., AARP Colorado, the Colorado
Community Health Network, the Colorado Coalition
for the Medically Underserved, and the Colorado
Consumer Health Initiative,

Respondents: Linda Gorman and Jon Caldara,

and

Title Board: William A. Hobbs; Dan Domenico; and
Dan Cartin

Attorney:
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FILED IN THE
SUPREME COURT

APR 14 2010

OF THE STATE OF COLORADO
SUSAN J. FESTAG, CLERK

▲ COURT USE ONLY ▲

Case Number:

10SA100

**PETITION FOR REVIEW OF FINAL ACTION OF
BALLOT TITLE SETTING BOARD CONCERNING
PROPOSED INITIATIVE 2009-2010 #45**

Dr. Mark Earnest, Peter Leibig, Albert Schnellbacher, Jr., AARP Colorado, the Colorado Community Health Network, the Colorado Coalition for the Medically Underserved, and the Colorado Consumer Health Initiative, (hereafter "Petitioners"), registered electors of the State of Colorado and organizations whose members include registered electors of the State of Colorado, hereby submit this petition for review to appeal the decision of the State Title Board in setting the title for Proposed Initiative 2009-2010 #45.

STATEMENT OF THE CASE

A. Procedural History of Initiative #45.

Linda Gorman and Jon Caldara (hereafter "Proponents") proposed Initiative 2009-2010 #40 (hereafter "#40"). A review and comment hearing was held before designated representatives of the Offices of Legislative Council and Legislative Legal Services to address certain technical and substantive issues raised by this proposal. However, the Title Board agreed that the Proponents made substantial changes, not implicated by the memo or dialogue in the review and comment process, and thus refused to set a title for #40.

The Proponents thereafter submitted Initiative 2009-2010 #45 (hereafter "#45"). A review and comment hearing was not held on #45, as Proponents received a letter from the legislative offices that there were no new technical or

substantive questions to consider, given the Proponents' previous session in which such questions were posed as to #40.

The Proponents submitted a final version of Initiative #45 to the Secretary of State, and the Title Board held a hearing on March 17, 2010 to establish the initiative's single subject and set a title. On March 24, Petitioners filed a Motion for Rehearing alleging violations of the single subject requirement and misleading title issues. Colo. Const., art. V, sec. 1(5.5); §§1-40-106 and 107, C.R.S. At the rehearing on April 7, Petitioners raised the issues addressed by the Motion as well as the lack of jurisdiction of the Board when the Proponents changed their statement of the measure's single subject from all other public statements about their proposal. In response to the Motion for Rehearing and oral argument, the single subject statement in the ballot title was changed, but in other respects, the Motion was denied.

The final initiative text and the final ballot title, as certified by the Secretary, as well as materials presented by Petitioners at the Title Board hearing, are attached hereto as **Exhibit A**.

B. Jurisdiction.

Pursuant to § 1-40-107(2), C.R.S., any person who submits a motion for rehearing to the Title Board or any person who appears before the Board in connection with such motion may appeal the decision on the Title to this Court.

Such appeal must contain certified copies of proposed initiative, the motion for rehearing, and the title set, *see* Exhibit A attached hereto, and must be within five days of the Board's decision. That time period excludes a weekend that intervenes between the Board meeting and the expiration of the five-day period. Matter of Title, Ballot Title and Submission Clause, and Summary for 1997-98 #62, 961 P.2d 1077, 1079 (Colo. 1998). Therefore, this appeal is timely filed.

GROUND FOR APPEAL

In violation of §§1-40-106 and 107, C.R.S., the measure violates the single subject requirement. In addition, the title set by the Board is misleading, does not correctly and fairly express the true meaning of the initiative, does not unambiguously state the principle of the provisions to be added to the Constitution, and will lead to voter confusion. The following is an advisory list of issues to be addressed in Petitioners' brief:

1. The initiative addresses multiple subjects, as it deals with:
 - (a) the applicability of state or federal mandates to participate in any public or private health care plan or benefit;
 - (b) the preservation of the ability of an individual to personally pay health care providers;
 - (c) a new constitutional "right" of "choice" that, according to the Proponents at the rehearing, applies to every aspect of health care.

2. The Title Board lost jurisdiction to set a title when, in the debate over the Petitioners' motion for rehearing, the Proponents made a substantial change in the measure by broadening its stated applicability (i.e., its single subject) from choice in health care payment systems (which had been their position prior to rehearing) to include choice in all aspects of health care as a guaranteed constitutional right.
3. The Title Board lacks jurisdiction over proposals that are administrative in nature, and this measure is merely a constraint on the way in which health care related statutes, regulations, resolutions, and policies are applied by state departments and agencies to avoid results specified in Art. II, § 32(1)(a), (b).
4. The ballot title is prejudicial because it contains an established political catchphrase – "the right to health care choice" – that is intended to and will unfairly characterize the matter in voters' minds.
5. The title is inaccurate, as the measure does not actually "prohibit... the state from adopting any statutes, regulations, resolutions, or policies..." or even address the legislative authority of the General Assembly or the rulemaking or policymaking authority of the executive branch of state government; it merely limits the

implementation of any adopted measures in manners that would produce the ends listed in proposed Art. II, § 32(1)(a), (b) dealing with insurance mandates and private payments for health care services.

PRAYER FOR RELIEF

Petitioners respectfully requests that, after consideration of the parties' briefs, this Court determine that the title set for Initiative #45 comprises multiple subjects or that the Board lacked jurisdiction to set a title and, as such, that such title be remanded to the Board with instructions that the measure be returned to Proponents for failure to comply with the single subject requirement or, alternatively, that the title be corrected to accurately and fairly represent the text of the initiative.

Respectfully submitted this 14th day of April, 2010.

ISAACSON ROSENBAUM P.C.

By: 
Mark G. Grueskin

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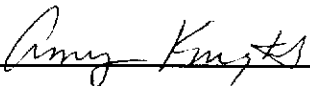
CERTIFICATE OF SERVICE

I hereby certify that on the 14th day of April, 2010, a true and correct copy of the foregoing PETITION FOR REVIEW OF FINAL ACTION OF BALLOT TITLE SETTING BOARD CONCERNING PROPOSED INITIATIVE 2009-2010 #45 was placed in the United States mail, postage prepaid, to the following:

Linda Gorman
5479 S. Locust Street
Englewood, Colorado 80111

Jon Caldara
13952 Denver West Parkway, Suite 400
Golden, Colorado 80401

Maurice G. Knaizer, Esq.
Deputy Attorney General
Colorado Department of Law
1525 Sherman Street, 6th Floor
Denver, Colorado 80203



2300802

EXHIBIT A



STATE OF COLORADO

DEPARTMENT OF
STATE

CERTIFICATE

I, **BERNIE BUESCHER**, Secretary of State of the State of Colorado, do hereby certify that:

the attached are true and exact copies of the text, motion for rehearing, titles, results of the Title Board hearing, and documents filed by Mark Grueskin for Proposed Initiative "2009-2010 #45".

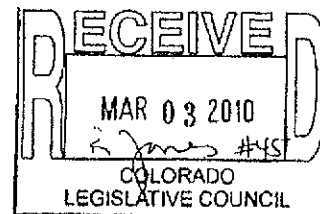
..... IN TESTIMONY WHEREOF I have unto set my hand
and affixed the Great Seal of the State of Colorado, at the
City of Denver this 14th day of April, 2010.

Bernie Buescher

SECRETARY OF STATE

Original No
Changes Made
#45

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MAR 05 2010 11:42pm
Colorado Secretary of State



Be it Enacted by the People of the State of Colorado:

Article II of the Constitution of the State of Colorado is amended BY THE ADDITION OF A NEW SECTION to read:

Section 32. Right to health care choice.

(1) ALL PERSONS SHALL HAVE THE RIGHT TO HEALTH CARE CHOICE. NO STATUTE, REGULATION, RESOLUTION, OR POLICY ADOPTED OR ENFORCED BY THE STATE OF COLORADO, ITS DEPARTMENTS AND AGENCIES, INDEPENDENTLY OR AT THE INSTANCE OF THE UNITED STATES SHALL:

(a) REQUIRE ANY PERSON DIRECTLY OR INDIRECTLY TO PARTICIPATE IN ANY PUBLIC OR PRIVATE HEALTH INSURANCE PLAN, HEALTH COVERAGE PLAN, HEALTH BENEFIT PLAN, OR SIMILAR PLAN; OR

(b) DENY, RESTRICT, OR PENALIZE THE RIGHT OR ABILITY OF ANY PERSON TO MAKE OR RECEIVE DIRECT PAYMENTS FOR LAWFUL HEALTH CARE SERVICES.

(2) THIS SECTION SHALL NOT APPLY TO, AFFECT, OR PROHIBIT: (A) EMERGENCY MEDICAL TREATMENT REQUIRED BY LAW TO BE PROVIDED OR PERFORMED BY HOSPITALS, HEALTH FACILITIES, OR OTHER HEALTH CARE PROVIDERS; OR (B) HEALTH BENEFITS PROVIDED IN CONNECTION WITH WORKERS' COMPENSATION OR SIMILAR INSURANCE.

(3) "LAWFUL HEALTH CARE SERVICES" MEANS ANY SERVICE OR TREATMENT PERMITTED OR NOT PROHIBITED BY ANY PROVISION OF COLORADO LAW.

(4) THIS SECTION IS INTENDED TO REFLECT AND AFFIRM THE POWERS RESERVED TO THE STATE BY U.S. CONST., amend. X, AND TO IMPLEMENT THE POWERS RESERVED TO THE PEOPLE BY SECTION 1 OF ARTICLE V OF THIS CONSTITUTION.

(5) THIS SECTION SHALL BECOME EFFECTIVE UPON PROCLAMATION BY THE GOVERNOR, SHALL BE SELF IMPLEMENTING IN ALL RESPECTS, AND SHALL SUPERSEDE ANY PROVISION TO THE CONTRARY IN THE CONSTITUTION OF THE STATE OF COLORADO OR ANY OTHER PROVISION OF LAW.

(6) IF ANY PROVISION OF THIS SECTION OR THE APPLICATION THEREOF TO ANY PERSON, ENTITY, OR CIRCUMSTANCES IS HELD INVALID, SUCH INVALIDITY SHALL NOT AFFECT OTHER PROVISIONS OR APPLICATIONS OF THIS SECTION THAT CAN BE GIVEN EFFECT WITHOUT THE INVALID PROVISION OR APPLICATION, AND TO THIS END THE PROVISIONS OF THIS SECTION ARE DECLARED SEVERABLE.

Jon Caldara

13952 Denver West Parkway, Ste 400

Golden, CO 80401

Linda Gorman

5479 S. Locust Street

Englewood, CO 80111

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MAR 24 2010

11:20am

Before the Colorado Title Setting Board



ELECTIONS
SECRETARY OF STATE

IN THE MATTER OF THE TITLE AND
THE BALLOT TITLE AND SUBMISSION CLAUSE
FOR INITIATIVE 2009-2010 #45 ("HEALTH CARE CHOICE")

Dr. Mark Earnest, Peter Leibig, Albert Schnellbacher, Jr., AARP Colorado, the Colorado Community Health Network, the Colorado Coalition for the Medically Underserved, and the Colorado Consumer Health Initiative, Movants,

v.

Linda Gorman and Jon Caldara, Respondents.

MOTION FOR REHEARING

Dr. Mark Earnest, Peter Leibig, Albert Schnellbacher, Jr., AARP Colorado, the Colorado Community Health Network, the Colorado Coalition for the Medically Underserved, and the Colorado Consumer Health Initiative, registered electors of the State of Colorado and organizations whose members include registered electors of the State of Colorado, submit this Motion for Rehearing, through their counsel, Isaacson Rosenbaum P.C., to reconsider the jurisdiction of the Title Board to act in this matter and to reconsider the language used in the title and ballot title and submission clause, set at the March 17, 2010 meeting of this Board.

1. The Title Board lacks jurisdiction over this measure, as the initiative violates the single subject requirement. Colo. Const., art. V, sec. 1(5.5). The subjects of this measure include:
 - (a) creating a general exception to federal laws dealing with health care payment systems for persons in Colorado;
 - (b) prohibiting implementation of any *state* government mandates to purchase any health insurance product or participate in any public or private health care plan or benefit;
 - (c) prohibiting implementation of any *federal* government mandates to purchase any health insurance product or participate in any public or private health care plan or benefit;
 - (d) prohibiting implementation of any *state* law, regulation, or policy that would limit a person's ability to privately purchase or sell any lawful health care services;
 - (e) prohibiting implementation of any *federal* law, regulation, or policy that would limit a person's ability to privately purchase or sell any lawful health care services; and

(f) expanding accepted lawful health care services to include those that are "not prohibited by Colorado law."

2. The Title Board lacks jurisdiction over a measure that is, by its express terms, contrary to the Supremacy Clause, Art. VI of the United States Constitution. *See Morrissey v. State*, 951 P.2d 911, 914-15 (Colo. 1998) (initiative is void where it is expressly inconsistent with U.S. Constitution); *Brubaker v. Board of County Comm'rs*, 652 P.2d 1050, 1056 (Colo. 1982) ("a veto power (of a valid federal law) is not consistent with the Supremacy Clause" and thus is void).

3. The Title Board lacks jurisdiction over proposals that are administrative in nature, and this measure addresses the application of health care related statutes, regulations, resolutions, and policies by state departments and agencies in ways specified in Art. II, § 32(1)(a), (b). *See Idaho Springs v. Blackwell*, 731 P.2d 1250, 1253-54 (Colo. 1987) (rule limiting pre-election judicial review of initiatives does not apply where "the electorate exceeds the proper sphere of legislation and instead attempts to exercise administrative or executive powers," the latter being "invalid").

4. The Title Board lacks jurisdiction over a proposed measure that addresses legislative resolutions, and this initiative, as a matter of its express terminology, seeks to deprive legislative resolutions of their intended legal effects. *See Prior v. Noland*, 188 P. 729, 731 (Colo. 1920) (Article V, section 1 rights of initiative and referendum rights do not apply to legislative resolutions).

5. The title violates C.R.S. § 1-40-106(3)(b) because it is misleading, likely to create confusion among voters, does not correctly and fairly express the true intent and meaning of the initiative, contains a catch phrase that is intended to prejudice public consideration of the measure, and fails to correctly and fairly express the true intent and meaning of the measure or unambiguously state the principle of the provision sought to be added to the Constitution.

(a) The following omissions render the title misleading:

- (I) ", directly or indirectly," after "person" in the fourth line;
- (II) "any" (rather than "a") to modify "public or private health" in that line;
- (III) "or benefit" after "coverage" in that line;
- (IV) "by law" after "required" in the seventh line;

(b) The title is inaccurate, as the measure does not "prohibit... the state from adopting any statutes, regulations, resolutions, or policies..."; it prohibits administration of such measures in a manner to produces the ends listed in Art. II, § 32(1)(a), (b).

(c) The "right of all persons to health care choice" is misleading, as the measure prohibits certain "choices," such as the choices to have universal health care coverage or a single payer health care plan.

(d) The "right of all persons to health care choice" is a prohibited catch phrase.

(e) The inclusion of a new and controversial legal standard through the definition of "lawful health care services" (which would include not only those health care

services that are "permitted" but also those that are "not prohibited by any provision of Colorado law") must be reflected in the title.

WHEREFORE, the Title Board should return Initiative 2009-2010 #45 to its sponsors to be corrected for jurisdictional defects before it is resubmitted for the Board's consideration, or the Board should revise the title, if that is possible, in ways that are consistent with this Motion.

Respectfully submitted this 24th day of March, 2010.

ISAACSON ROSENBAUM P.C.

By. 

Mark G. Grueskin

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Denver, CO 80202

CERTIFICATE OF SERVICE

I hereby certify that on the 24th day of March, 2010, a true and correct copy of the foregoing **MOTION FOR REHEARING** was served via United States Mail, postage prepaid, to the following:

Linda Gorman
5479 S. Locust Street
Englewood, CO 80111

Jon Caldara
13952 Denver West Parkway, Suite 400
Golden, CO 80401

Amy Knight

Ballot Title Setting Board

Proposed Initiative 2009-2010 #45¹

The title as designated and fixed by the Board is as follows:

An amendment to the Colorado constitution concerning the right of all persons to health care choice, and, in connection therewith, prohibiting the state independently or at the instance of the United States from adopting or enforcing any statute, regulation, resolution, or policy that requires a person to participate in a public or private health insurance or coverage plan or that denies, restricts, or penalizes the right or ability of a person to make or receive direct payments for lawful health care services; and exempting from the effects of the amendment emergency medical treatment required to be provided by hospitals, health facilities, and health care providers or health benefits provided under workers' compensation or similar insurance.

The ballot title and submission clause as designated and fixed by the Board is as follows:

Shall there be an amendment to the Colorado constitution concerning the right of all persons to health care choice, and, in connection therewith, prohibiting the state independently or at the instance of the United States from adopting or enforcing any statute, regulation, resolution, or policy that requires a person to participate in a public or private health insurance or coverage plan or that denies, restricts, or penalizes the right or ability of a person to make or receive direct payments for lawful health care services; and exempting from the effects of the amendment emergency medical treatment required to be provided by hospitals, health facilities, and health care providers or health benefits provided under workers' compensation or similar insurance?

Hearing March 17, 2010:

Single subject approved; staff draft amended; titles set.

Hearing adjourned 9:48 a.m.

Hearing April 7, 2010:

Motion for Rehearing denied.

Hearing adjourned 12:31 p.m.

¹ Unofficially captioned "**Health Care Choice**" by legislative staff for tracking purposes. Such caption is not part of the titles set by the Board.

Filed by
Mark Graveskin

Patient Power

Because your health care is too important to be left to politicians.

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- Real reform: free markets
- authors
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APR 07 2010

Colorado Secretary of State

Health care talking points by Frank Luntz

May 18th, 2009 | by Brian Schwartz |

It's not enough to know how government meddling in medical insurance markets and medical care has driven up costs and leaves us vulnerable to huge medical costs. You have to present it right. Political consultant Frank Luntz has some suggestions, as reported in Politico. Some points that I liked when addressing how politicians (Democrats in this case) pushing for more government involvement in health care with a "public plan":

—"It could lead to the government setting standards of care, instead of doctors who really know what's best."

—"It could lead to the government rationing care, making people stand in line and denying treatment like they do in other countries with national healthcare."

-"President Obama wants to put the Washington bureaucrats in charge of healthcare. I want to put the medical professionals in charge, and I want patients as an equal partner."

...

(2) Acknowledge the "crisis" or suffer the consequences. If you say there is no healthcare crisis, you give your listener permission to ignore everything else you say. It is a credibility killer for most Americans. A better approach is to define the crisis in your terms. "If you're one of the millions who can't afford healthcare, it is a crisis." Better yet, "If some bureaucrat puts himself between you and your doctor, denying you exactly what you need, that's a crisis." And the best: "If you have to wait weeks for tests and months for treatment, that's a healthcare crisis."

...

(4) The arguments against the Democrats' healthcare plan must center around "politicians," "bureaucrats," and "Washington" ... not the free market, tax incentives, or competition. Stop talking economic theory and start personalizing the impact of a

Exhibits used in hearing on Initiative 2009-2010 #45

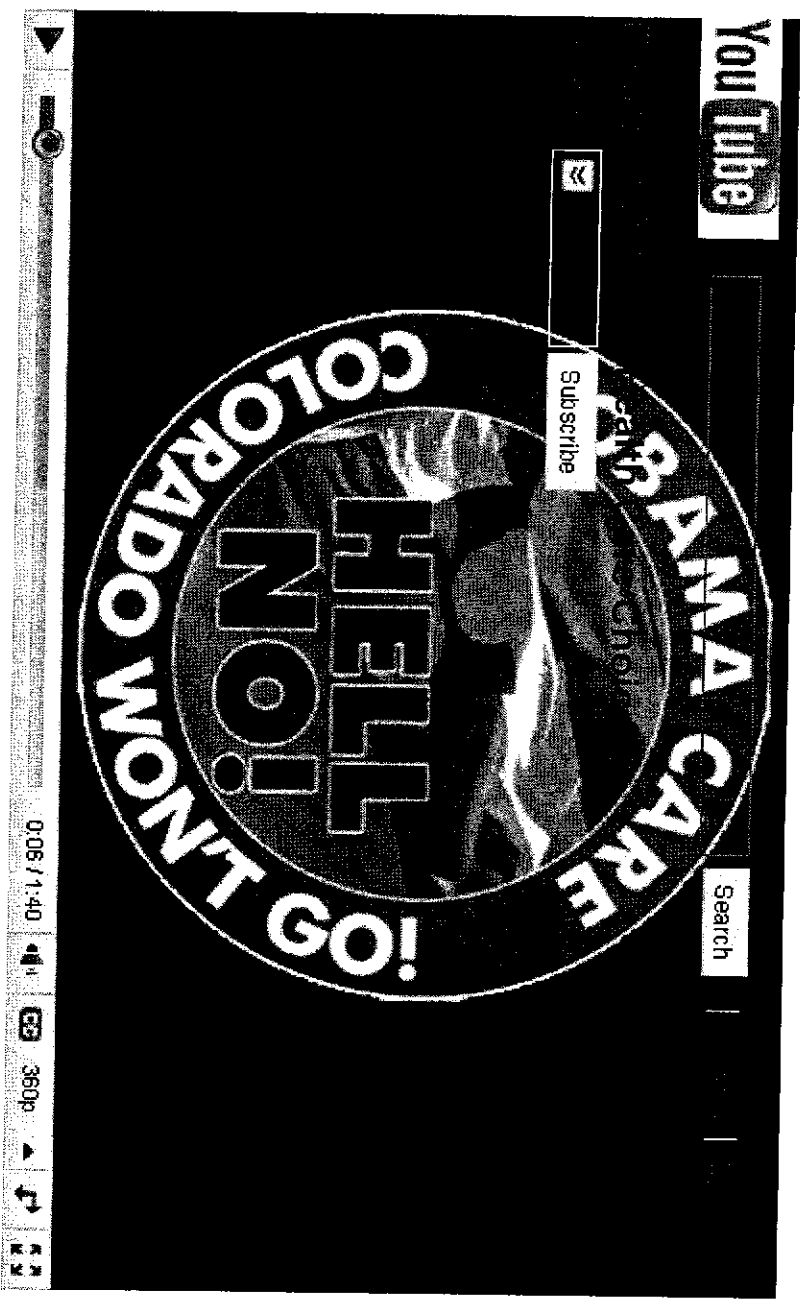
*Filed by
Mark
Grushkin*

1. <http://www.youtube.com/watch?v=jnnSymnbno0>
2. <http://www.chcchoices.org/about.html>
3. <http://www.journalgazette.net/article/20090814/EDIT05/308149932/1147/EDIT07>
4. http://www.aurorasentinel.com/articles/2010/01/29/opinion/letters_to_the_editor/doc4b6337200ed28406162129.txt
5. http://www.youtube.com/watch?v=pDfMHA_K39A&feature=player_embedded
6. http://www.youtube.com/watch?v=i9UT9hRN8m0&feature=player_embedded
7. <http://www.factcheck.org/2009/06/more-health-care-scare>
8. http://www.salon.com/news/politics/war_room/2009/05/06/luntz
9. <http://wonkroom.thinkprogress.org/2009/05/26/luntz-does-not-matter/>
10. <http://wonkroom.thinkprogress.org/wp-content/uploads/2009/05/frank-luntz-the-language-of-healthcare-20091.pdf>

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CHCC Staff

Scandlen, Greg
Founder and Director

Knox, Robin
Liaison/Assistant



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About Consumers for Health Care Choices

Consumers for Health Care Choices (CHCC) is a national nonprofit organization devoted to empowering health care consumers to preserve individual freedom and the quality of care in America's health care system. CHCC brings doctors, insurers, privacy advocates, health care entrepreneurs, and consumers together in a single organization that communicates effectively to policymakers, civic and business leaders, opinion leaders, and the general public.

CHCC was founded in 2005 by Greg Scandlen. In 2008 it merged with The Heartland Institute, a national nonprofit organization founded in 1984 with a long-standing interest in health care policy. It was a merger of strengths--CHCC's grassroots base, weekly e-newsletter ([Consumer Power Report](#)), and Scandlen's expertise, writing, and speaking abilities as a health care expert, and Heartland's national monthly outreach publication, [Health Care News](#), and fully staffed public relations and government relations staffs. [Contributions](#), made payable to The Heartland Institute, are tax deductible.

It's Our Money. It's Our Health!

We Americans have long relied on institutions to organize and administer our health care. We have turned our money over to government, insurance companies, and our employers in the form of taxes, premiums, and lost wages, in the belief that they would do a good job of managing that money to deliver affordable quality health care services to our families. But they have made a mess of it.

Today, we have a health care system that is bureaucratic, inefficient, inconvenient, of questionable quality, and far too expensive. Our trust has been misplaced.

It is time to take our money back so we can spend it on the services and products that will deliver the most value. The institutions we once trusted cannot be trusted to reform themselves. We need to build a system that delivers quality care, conveniently, in keeping with our personal values. No one else cares about the well-being of our own families as much as we do.

Put the Consumer in the Driver's Seat!

Consumers for Health Care Choices is a national grassroots organization of men and women who are dedicated to putting consumers in the driver's seat of the health care system, as we are in all other aspects of our lives. We are small business owners, physicians, insurance brokers, patient advocates, economists, and just plain health care consumers who are united by the urgency of transforming health care -- NOW!

How Do We Go about It?

Change can come only through education based on sound principles and actionable ideas. This is not directed just at politicians, but at all Americans to create a new way of thinking about health care. It relies on consumer choice in a competitive market, as we have in all other areas of our lives. This means:

- The tax code should be neutral on how we finance our health care.
- We should be able to choose the coverage we prefer.
- We should own our own insurance coverage and take it with us when we

Three Ways to Give!


If you have any questions about membership, please contact **John O'Hara**, membership manager, at 312/377-4000.

Mail or Fax -- Click [here](#) for a printer-friendly membership form


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PayPal -- To use your PayPal account or credit card, specify below a one-time or monthly donation

One-Time Donation

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ex 7

change jobs.

- There should be a wide variety of services for consumers to choose from.
- We should know exactly what the prices are of the services we buy.
- Innovation and convenience should be encouraged and rewarded.
- Subsidies should be targeted only at people with special financial or medical needs.

Much of this Is Already Underway

- Insurers are offering Health Savings Accounts and other policies that put consumers in control of their health care choices and spending.
- New ways of delivering care are entering the market, including retail clinics, concierge medicine, specialty hospitals, and even medical tourism.
- Price transparency and information services are growing throughout the system.

The Revolution Has Begun!

But we aren't out of the woods yet. Many politically influential people hate the whole idea of consumer choice. They believe a committee of experts should make all health care decisions, including exactly what services you should be allowed to have, when you should get them, and who should provide them. These "experts" don't trust you to make decisions, even on your own health or how to spend your own money. They believe the problem in health care is not that there isn't enough choice, but that there is too much choice. These people are well organized and very well financed.

This will be the biggest battle of the twenty-first century -- the struggle over who controls health care: you and 300 million other American consumers? Or a small privileged elite of academics and bureaucrats?

Which Side Are You On?

If you believe in freedom and personal empowerment, join us!

Your active support is critical to the success of this revolution in health care. Consumers for Health Care Choices is only as strong as we have members to support us. We often call on our members to speak at events, write letters to the editor, attend hearings and conferences, and provide us with information and intelligence on what is and is not working out in the real world.

We are no mere policy shop, but a national grassroots network of people who are dedicated to restoring freedom of choice and market dynamics to our health care system.

[Click here to see a summary of benefits](#)

Contact Us!

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Proposed overhaul would kill health care choice

Peter Ferrara

President Obama says a cornerstone of his health care overhaul plan is that if you like the health insurance you have today, you will be able to keep it.

But if you now have employer-provided insurance, the Obama health plan provides plenty of incentives for your employer to dump you into the proposed public option, government insurance plan, and pay the 8 percent payroll tax for that instead. If the employer's workforce averages \$50,000 a year in wages, the payroll tax will cost the employer only \$4,000 per worker per year, which may be considerably less than the health coverage he or she currently provides employees.

In addition, the health choices commissioner may decide your employer's plan is not "qualified" under the government standards because it doesn't cover all mandated treatments and procedures or requires too much cost-sharing by the employee. Your employer could be fined for every day the "violation" continues and be prohibited from enrolling new employees. This would encourage your employer to dump your coverage.

Even if you purchase health insurance directly on your own, you won't be able to keep it if your insurer is driven out of business by the government health plan. A big reason that will happen is that the government has the power to dictate what it will pay doctors and hospitals. Medicare now pays doctors almost 20 percent below market rates, and hospitals more than 30 percent below market. Medicaid pays 30 percent to 40 percent less than Medicare.

The health reform bills now pending in Congress allow the government public option to pay doctors and hospitals under the Medicare rates to start, and the government is expressly given the power to change that over time and pay even less.

Private health plans will not be able to compete with a government public option plan that has lower costs because it dictates lower payment rates to doctors and hospitals. In addition, the experience with Medicaid and Medicare has been that these government plans drive up the cost of private health plans as doctors and hospitals underpaid by the government plans try to recover the losses by charging more to privately insured patients.

That would further aggravate the competitive disadvantage imposed on private health plans forced to compete with the government plan.

The Lewin Group, an independent health care consulting firm, estimates these factors would push up the cost of private health insurance for family coverage under the House bill by \$2,148 a year in 2010 as compared to the public option. That's a competitive disadvantage of almost 25 percent.

Obama's health plan also will greatly restrict choice, because the government will force you to buy the health plan it decides you must have. That plan would reflect

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the lobbying of many special-interest groups insisting on coverage for the services or payments they help to produce or that may benefit them financially. That means you will have to pay for all the benefits the government decides to require even if you don't want them.







Obama also repeatedly says that under his health plan, if you like your doctor, you will be able to keep him or her. But the question is whether under his plan, with the government so sharply underpaying the doctors, your doctor will be willing to keep you.

You'll also lose the choice of any health care the new government bureaucracy decides is waste, or not cost-effective, or that the market no longer provides because the government won't pay enough for it, including new cutting-edge, restorative, pain-relieving or life-saving miracle drugs.

The reality is that the Obama health plan would be the death knell for consumer choice in health care.

Peter Ferrara is director of entitlement and budget policy at the Institute for Policy Innovation in Texas and author of a new Heartland Institute policy study, "The Obama Health Plan: Rationing, Higher Taxes, and Less Care." He wrote this for selected newspapers throughout the country.

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Other Voices: Why we're 'crazy' about health care choice

By LINDA GORMAN AND BRIAN T. SCHWARTZ

Published: Friday, January 29, 2010 12:47 PM MST

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Why we're "crazy" about health care choice

The *Aurora Sentinel* Editor Dave Perry dismisses the Colorado Right to Health Care Choice Initiative as "crazy" and says its supporters "clearly have lost" their minds (Opinion, January 21).

The Initiative would prohibit Colorado government from requiring you to purchase health insurance.

Mr. Perry thinks that mandatory insurance is justified because "those without health insurance are driving up the cost of health care for every American." But these added costs are trivial compared to the amount that mandatory insurance would increase premiums and taxes.

According to a 2008 Urban Institute study, "Private insurance premiums are at most 1.7 percent higher because of the shifting of the costs of the uninsured to private insurers." In Colorado this was about \$85 annually per insured person in 2008. "Uninsured patients actually pay a higher proportion of their emergency department charges than Medicaid does," says Renee Hsia, an ER doctor and co-author of a 2007 peer-reviewed study.

To provide mandatory coverage, ObamaCare expands Medicaid. Medicaid already increases your insurance premiums. "Inadequate reimbursements by programs such as Medicare and Medicaid increase the annual cost of covering a family of four by \$1,788," reports Bloomberg.

Mr. Perry says ObamaCare would benignly "require everyone in the country to sign up for either free Medicaid, cheap Medicare," or "a cheap or expensive private policy."

Mr. Perry's "free Medicaid" costs \$3 billion each year, more than \$850 per Coloradoan filing a tax return. Under ObamaCare, Medicaid spending would increase by an estimated billion dollars from 2014 and 2019.

Nor is Medicaid "free" for recipients. Its reimbursements are so low and its regulations so burdensome that doctors are five times more likely to refuse seeing new Medicaid patients than privately-insured patients. Medicaid also ensnares recipients in a poverty trap, Working toward higher-paying jobs can make them ineligible for "free" benefits and negate any increased income.

As for Mr. Perry's "cheap Medicare," its hospital fund is on track to be insolvent by 2017, according to the 2009 Medicare Trustees' Report. Sustaining solvency for the next 75 years would require the payroll tax to more than double, from 2.9 percent to 6.8 percent, or an immediately cutting benefits by 53%.

Mr. Perry's "cheap private policy" would not exist. Cheap policies become illegal under mandatory insurance. In Massachusetts politicians have so warped health insurance by using it as a vehicle of forced charity, that a policy costing \$308 per month in Ft. Collins costs \$862 a month in Worcester, Massachusetts. Massachusetts has banned individual policies with deductibles exceeding \$2,000. They are not "credible coverage." "More than 200,000 people with health insurance would have to buy additional coverage to meet proposed minimum standards," reports the Boston Globe.

Mr. Perry does not mention that ObamaCare would force young people to pay higher premiums so that older people — who are often wealthier — can pay less. WellPoint estimates that the Senate Bill would increase premiums for younger healthy people by 123 percent and those in average health by 41 percent.

Finally, Mr. Perry claims that the AARP and AMA's endorsements of "reform" demonstrate its merit. A more astute observer would note that both groups have government as their major customer. AARP sells insurance that plugs the holes in Medicare. By killing Medicare Advantage, ObamaCare will increase demand for AARP products.

The AMA enjoys substantial revenues from publications that show people how to bill Medicare. Fewer than three in ten American physicians are members. Three past AMA presidents and eleven state medical societies oppose the Senate Bill, as do professional societies representing neurological surgeons, breast surgeons, and general surgeons.

Along with stopping mandatory insurance purchase, the Right to Health Care Choice allows people to buy more affordable policies sold in other states. Thirty states have less expensive small-group premiums than Colorado. If governments did not shield insurers from interstate competition, "12 million previously uninsured" Americans would have coverage according to University of Minnesota economists.

You have the right to buy the best available insurance policy for you and your family. You also have the right to donate to charities of your choice. The Health Care Choice Initiative would protect you from politicians who want to deprive you of choice and increase your insurance premiums and taxes.

What is so crazy about that?

Linda Gorman directs the Health Care Policy Center at the Independence Institute, and Brian T. Schwartz writes for the Institute's PatientPowerNow.org blog.

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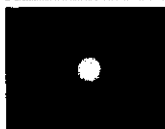
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Ex 5

"Old Joke"
YouTube
Posted June 16, 2009

Audio

It's an old joke: "I'm from the government, and I'm here to help." But applied to health care, it can mean taking away your choice.

Some want the government to offer a health insurance plan. But experts say, a government plan could result in 119 million Americans coming off their existing coverage.

They'd end up on a government-run plan, leaving no choice. And that's no joke.

Tell Congress, any plan that takes away your choice in health care is not an option.

Visual

Talking head, Rick Scott, Conservatives for Patients Rights (CPR)

Newspaper article, highlighting "The End of Private Health Insurance" and "119 million coming off coverage" in yellow.

Stamp of "No Choice" in red box.

Rick Scott; background says, "Tell Congress: Any Plan That Takes Away Your Choice is Not an Option. 202-224-3121
CPR logo
Paid for by Conservatives for Patients Rights"

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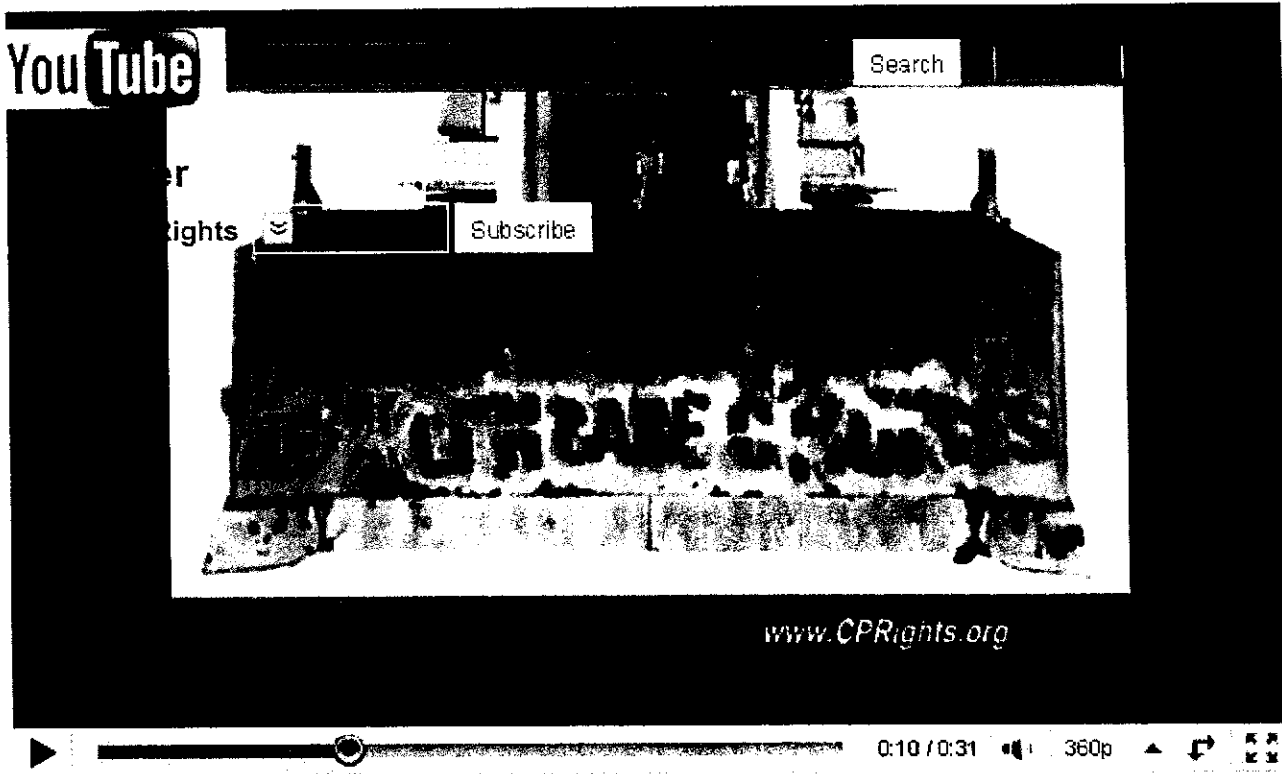
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www.CPRights.org

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45
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EX 6



45
Me

"Bulldozer"
YouTube
Posted June 4, 2009

Audio

There are hundreds of choices in health care plans today.

But imagine this as the massive, government-run insurance plan some in Congress want.

This government-run plan could crush all your other choices, driving them out of existence.

Resulting in 119 million off their current insurance coverage.

Leaving no choices in health insurance.

And government in control of your health care.

It's not too late. Protect your health care choices. Tell Congress to say "no" to a government-run plan.

Visual

"HEALTH CARE CHOICES"
in blue

Bulldozer with words,
"GOVERNMENT-RUN
INSURANCE PLAN"
written on the side

Bulldozer destroys words,
"HEALTH CARE CHOICES"

Bulldozer pushing words,
"119 Million OFF Coverage"

Bulldozer pushing words,
"Leaving NO Choices"

Bulldozer pushing words,
"GOVERNMENT Control"

Rick Scott; CPR logo
Background that reads:
"Tell Congress: No government-
Run Health Care
202-224-3121
Paid for by Conservatives for
Patients Rights"

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More Health Care Scare

Could a public insurance plan spell the end of private insurance companies?

June 11, 2009

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Summary

A new ad from Conservatives for Patients' Rights says that a public health insurance plan now being proposed in Congress "could crush all your other choices, driving them out of existence, resulting in 119 million off their current insurance coverage."

That's misleading. The 119 million figure comes from an analysis of a plan that would mirror Medicare and be open to every individual and business that wanted it. But that's not the type of public plan President Obama has proposed. Nor is such a plan gaining acceptance on Capitol Hill.

The author of the study says that while some have backed the Medicare-like proposal, using the 119 million number "overstates the impact of what now is being considered."

The ad also falsely cites the *New York Times* as the source of a statement that what's being proposed would leave no consumer choices and "government in control of your health care." The *Times* didn't say that at all. The newspaper was just quoting claims made by insurance companies and members of Congress.

Analysis

The group Conservatives for Patients' Rights is spending money on the airwaves again, this time warning Americans that the ability to buy health coverage through a public plan — an idea being debated on Capitol Hill — would leave them with "no choices in health insurance." We wrote about one of CPR's ads in April. The new TV spot is a step up from the last effort, but still misleading.

The ad, which began airing this week on CNN and Fox News, asks viewers to "imagine" that a bulldozer is "the massive, government-run insurance plan some in Congress want." Citing a study by the Lewin Group, it says: "This government-run plan could crush all your other choices, driving them out of existence, resulting in 119 million off their current insurance coverage."

CPR Ad: "Bulldozer"

[Click to expand/collapse the full transcript](#)

The study does include the 119 million number, but "this government-run plan" that the ad refers to is one of six possibilities the Lewin Group analyzed, and the most extreme version of a public plan at that. The type of public plan necessary to cause 119 million people to move from private insurance to a considerably cheaper public option doesn't appear to be gaining traction in Congress. And it isn't what President Obama has proposed. It's certainly true, as the ad says, that "some" legislators have backed a Medicare-like public plan that could undercut private insurers, but casual viewers could easily miss that qualification. As John Sheils, senior vice president of the Lewin Group, says of using the 119 million figure, "In a sense it overstates the impact of what now is being considered on the Hill. But at the same time, it would be really disingenuous for people to say, well, we never meant to do that."

The Lewin Group is part of a subsidiary of UnitedHealth Group, which owns the insurer United Healthcare. It says it operates with "editorial independence," and we've often referred to its studies. This report, published April 6, looked at several options for a public plan, including one that would pay health care providers at Medicare-level rates (i.e., a plan that would pay doctors and hospitals less and have much cheaper premiums than private insurance) and be open to all individuals and all businesses. The Lewin Group said such a plan "would enroll about 131.2 million people (includes some uninsured who become covered). The number of people with private health insurance would decline by about 119.1 million people." Attracted to a less costly insurance plan — premiums would be about 30 percent less than those offered by private insurers — businesses, and individuals, would make the switch first, then some private insurers could go out of business, not the other way around, as the ad says. But the study looked at several variations in how a public plan could be structured — at the low end, one type of plan would cause only 10.4 million to move off their current coverage.

The report prominently notes that the type of public plan President Obama proposed on the campaign trail would be available only to individuals, the self-employed and small employers — not

FACTCHECK RADIO

In **Episode 5** of our podcast, we look into Republican claims that the new health care law will require the IRS to hire 16,500 agents — and GOP Rep. Ron Paul's claim that they'd all be carrying guns. We also discuss health care ads from liberals and conservatives, and claims about the federal student loan program.

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In view of today's date, we'd like to pay tribute to the longest-running and most successful...Click to read the full post »

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Q: What are the facts regarding the new health insurance law's federal funding for abortion, or lack of it?

A: The law says individuals who get federal subsidy dollars must use their private money to pay for coverage of abortion except in cases of rape, incest or to save the life of the mother. Claims that the new law will lead to a large increase in the number of abortions lack support.

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FactCheck Mailbag, Week of March 23-March 29

“I am sure we can all agree that exposing hypocritical demagogues is ultimately a good thing.”

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to everyone — and therefore, wouldn't pull anywhere near as many people off private insurance. The Lewin Group estimated that if payment rates were like Medicare, a detail Obama didn't specify in his campaign proposal, 42.9 million would enroll in Obama's type of public plan and 32 million would move off of private coverage. The numbers are lower for plans using different payment rates to medical providers.

The study finds that the more like Medicare a public plan is, the cheaper it would be and the more people and businesses it would attract. Medicare reimbursement rates are significantly lower than what private insurers pay health care providers. Conversely, a public plan that was modeled on private insurance — an idea being pushed by Sen. Charles E. Schumer of New York — wouldn't be that enticing and wouldn't cause much of a shift in the way workers are covered. "That's an area you might get 10 to 12 million," moving off private insurance, Sheils says.

Sen. Ted Kennedy, meanwhile, has drafted a health care proposal with a public plan that would pay providers at Medicare rates plus 10 percent. The Lewin Group study didn't specifically look at that option, but it did analyze the effects of a plan paying rates midway between Medicare and private coverage. That would be close to Kennedy's idea. (The Lewin Group study notes that Medicare payments to hospitals are 30 percent less than what private insurers pay and payments to doctors are 20 percent less.) Under the midpoint scenario, the number with private insurance would drop by between 21.5 million and 67.5 million, depending on who would be allowed to buy into the public plan.

Conservatives for Patients' Right's ad doesn't make clear that the government would have to institute the most generous public plan in order to have the estimated 119 million move off of their current plans, according to the study.

One final point on the Lewin study: The ad may well give some the impression that the 119 million people that are "off their current insurance coverage" are simply losing their insurance plans altogether. That's not the case, as all would still have coverage through their employer, who decided to switch to the cheaper, public alternative.

It's also worth noting that this number comes from one analysis, and some researchers haven't predicted such a damaging effect on the private insurance market from the introduction of a public plan. A 2008 report by the Urban Institute said in general terms: "We think that a public plan would not drive out private competitors. ... Private plans that offer better services and greater access to providers, even at a somewhat higher cost than the public plans, would survive the competition in this environment. It is also conceivable that private plans offering a lower cost option—for example, lower premiums than the public plan, say by exploiting care management innovations, and network and payment rate limitations—could stake out a separate competitive niche in some markets." The authors said there were constraints on the ability of the government to set very low payment rates.

New York Times Didn't Actually Say That

The ad goes on to say the public plan would "leav[e] no choices in health insurance and government in control of your healthcare," while citing the May 5 *New York Times*. But that's not the *Times*' analysis of what a public plan would do.

We've seen this type of newspaper endorsement technique before in political ads, where the credibility of a publication is used to bolster the claims. In this case, the *Times* didn't say that a public plan would leave "government in control of your healthcare." Rather, a May 5 article by reporter Robert Pear said that this was the view held by Republicans and insurance companies.

New York Times, May 5: But insurance companies and Republican lawmakers say a government-run plan could drive private insurers out of business and eventually lead to a single-payer system run by the government.

The article also mentioned a quote from Democratic Rep. Jan Schakowsky of Illinois, who said that a public plan could "put the private insurance industry out of business" because of the public plan's "superiority."

Interestingly, the May 5 article is about Schumer's proposal to make a public plan closely resemble private ones. As Sheils told us, if that type of public plan is established, it would mean 10 million to 12 million wouldn't keep their current insurance, according to Sheils' analysis — not the 119 million figure the ad touts.

— by Lari Robertson

Sources

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BETA



WAR ROOM

WEDNESDAY, MAY 6, 2009 08:00 EDT

GOP pollster Luntz plans talking points against healthcare reform

The famous language specialist is giving congressional Republicans tips on how to win a tough fight, and if they listen, it just might work.

BY ALEX KOPPELMAN

It's a tough time to be a Republican who opposes Democratic healthcare reform efforts. President Obama is popular, Americans are still hurting due to country's economic woes and just about everyone is fed up with the current system. Fortunately for the GOP, they're getting advice from their old master of language, Frank Luntz -- and he's still got his old skills.

Politico's Mike Allen got a look at a memo Luntz penned for Republicans on the Hill in which the veteran consultant outlines the debate and the ways the GOP can score points. Most importantly, he says, "You simply **MUST** be vocally and passionately on the side of REFORM... If the dynamic becomes 'President Obama is on the side of reform and Republicans are against it,' then the battle is lost and every word in this document is useless."

Much of the language Luntz proposes is familiar to anyone who's heard arguments against further government involvement in health insurance, but it's still pretty powerful. These kinds of tactics did work, after all, during the Clinton administration, and if Democrats aren't careful, they could find that their efforts are in trouble this time around as well.

Via Allen, some key points from Luntz's memo:

(1) Humanize your approach. Abandon and exile ALL references to the "healthcare system." From now on, healthcare is about people. Before you speak, think of the three components of tone that matter most: Individualize. Personalize. Humanize.

(2) Acknowledge the "crisis" or suffer the consequences. If you say there is no healthcare crisis, you give your listener permission to ignore everything else you say. It is a credibility killer for most Americans. A better approach is to define the crisis in your terms. "If you're one of the millions who can't afford healthcare, it is a crisis." Better yet, "If some bureaucrat puts himself between you and your doctor, denying you exactly what you need, that's a crisis." And the best: "If you have to wait weeks for tests and months for treatment, that's a healthcare crisis."

(4) The arguments against the Democrats' healthcare plan must center around "politicians," "bureaucrats," and "Washington" ... not the free market, tax incentives, or competition. Stop talking economic theory and start personalizing the impact of a government takeover of healthcare...

(5) The healthcare denial horror stories from Canada & Co. do resonate, but you have to humanize them. You'll notice we recommend the phrase "government takeover" rather than "government run" or "government controlled" It's because too many politician say "we don't want a government run healthcare system like Canada or Great Britain" without explaining those consequences. There is a better approach. "In countries with government run healthcare, politicians make YOUR healthcare decisions. THEY decide if you'll get the procedure you need, or if you are disqualified because the treatment is too expensive or because you are too old. We can't have that in America."

(10) It's not enough to just say what you're against. You have to tell them what you're for. It's okay (and even necessary) for your campaign to center around why this healthcare plan is bad for

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Ex 8

America. But if you offer no vision for what's better for America, you'll be relegated to insignificance at best and labeled obstructionist at worst. What America is looking for in healthcare that your "solution" will provide is, in a word, more: "more access to more treatments and more doctors...with less interference from insurance companies and Washington politicians and special interests."

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The Work Room

Health Care

By Igor Volsky on May 26th, 2009 at 6:30 pm

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Frank Luntz: It Doesn't Matter What Obama's Health Care Plan Says, We'll Still Call It 'Government Takeover'

In an [interview with the New York Times](#), GOP wordsmith Frank Luntz — who recently [penned a health care messaging memo](#) instructing Republicans to attack President Obama's health reform efforts by criticizing the deficiencies in foreign health care systems — concedes that Republicans will label Obama's reform effort a "government takeover" of health care, [regardless of the actual proposal](#):

Is it a correct description of the president's plans for reform?

We don't know what he is proposing. We want to avoid "a Washington takeover."

But that's not at issue. What the Democrats want is for everyone to be able to choose between their old, private health-insurance plan and an all-new, public health-insurance option.

I'm not a policy person. I'm a language person.



Indeed, "rather than challenging the tenets of American reform proposals, Luntz establishes a [straw man argument](#) against a non-existent health plan." As Democratic strategist Paul Begala observes in a recent retort to the Luntz memo, "Because [they know they cannot win the argument honestly](#), Republicans are resorting to mendacity."

Comments: 6



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6 Responses to "Frank Luntz: It Doesn't Matter What Obama's Health Care Plan Says, We'll Still Call It 'Government Takeover'"

1. [stateofthedivision](#) Says:

Frank Luntz—"Ignorance is bliss"

Forrest Gump (also a language person)—"Stupid is as stupid does"

May 26th, 2009 at 6:37 pm

2. [mickster](#) Says:

Take 2: Lets clear something up quick. A poet or novelist is a wordsmith. Luntz is a propagandist pure and simple. Lets not demean poets and novelists by putting Luntz' manipulation of language to create fear (amongst other negative emotions) as some kind of artful crafting of prose, verse, or rhyme by honoring him with the title of "wordsmith". Consider partisan hack though. It's certainly more accurate. Please.

May 27th, 2009 at 12:44 am

3. [stateofthedivision](#) Says:

"For-profit is as for-profit does"

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RT @theprospect: Denying you're a maverick is "just" the kind of thing a maverick does! <http://tinyurl.com/y89ob2w> #everol! 43 minutes ago from TweetDeck

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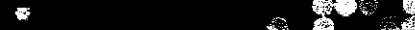
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<http://stateofthedivision.blogspot.com/2009/05/for-people-health-care-reform-club.html>

May 27th, 2009 at 10:02 am

4. [stateofthedivision](#) Says:

Some people practice their trade badly. That includes wordsmith's. The political kind are also base and venal.

May 27th, 2009 at 10:03 am

5. [mickster](#) Says:

stateofthedivision: I have no give on not using wordsmith on luntz. People who get called wordsmith practice their trade well and deserve the title. If they didn't they would be called wordsmiths. I would agree to calling Luntz word weasel or weaselworder. He's a propagandist pure simple why not call him what he is. He uses fear, lies, etc to get people to act out of fear and preys on their worst sides. Thats a wordweasel.

May 28th, 2009 at 2:22 am

6. [mark](#) Says:

goods idea

May 29th, 2009 at 5:28 pm

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THE LANGUAGE OF HEALTHCARE 2009

THE 10 RULES FOR STOPPING THE "WASHINGTON TAKEOVER" OF HEALTHCARE

- (1) **Humanize your approach.** Abandon and exile ALL references to the "healthcare system." From now on, healthcare is about *people*. Before you speak, think of the three components of tone that matter most: *Individualize. Personalize. Humanize.*
- (2) **Acknowledge the "crisis" or suffer the consequences.** If you say there is no healthcare crisis, you give your listener permission to ignore everything *else* you say. It is a credibility killer for most Americans. A better approach is to define the crisis in your terms. "*If you're one of the millions who can't afford healthcare, it is a crisis.*" Better yet, "*If some bureaucrat puts himself between you and your doctor, denying you exactly what you need, that's a crisis.*" And the best: "*If you have to wait weeks for tests and months for treatment, that's a healthcare crisis.*"
- (3) **"Time" is the government healthcare killer.** As Mick Jagger once sang, "*Time is on Your Side.*" Nothing else turns people against the government takeover of healthcare than the realistic expectation that it will result in delayed and potentially even denied treatment, procedures and/or medications. "*Waiting to buy a car or even a house won't kill you. But waiting for the healthcare you need – could. Delayed care is denied care.*"
- (4) **The arguments against the Democrats' healthcare plan must center around "politicians," "bureaucrats," and "Washington" ... not the free market, tax incentives, or competition.** Stop talking economic theory and start personalizing the impact of a government takeover of healthcare. They don't want to hear that you're opposed to government healthcare because it's too expensive (any help from the government to lower costs will be embraced) or because it's anti-competitive (they don't know about or care about current limits to competition). But they are deathly afraid that a government takeover will lower their quality of care – so they are extremely receptive to the anti-Washington approach. It's not an *economic* issue. It's a *bureaucratic* issue.
- (5) **The healthcare denial horror stories from Canada & Co. do resonate, but you have to humanize them.** You'll notice we recommend the phrase "government takeover" rather than "government run" or "government controlled" It's because too many politician say "*we don't want a government run healthcare system like Canada or Great Britain*" without explaining those consequences. There is a better approach. "*In countries with government run healthcare, politicians make YOUR healthcare decisions. THEY decide if you'll get the procedure you need, or if you are disqualified because the treatment is too expensive or because you are too old. We can't have that in America.*"

- (6) **Healthcare quality = "getting the treatment you need, when you need it."** That is how Americans define quality, and so should you. Once again, focus on the importance of timeliness, but then add to it the specter of "*denial*." Nothing will anger Americans more than the chance that they will be *denied* the healthcare they need for whatever reason. This is also important because it is an attribute of a government healthcare system that the Democrats CANNOT offer. So say it. *"The plan put forward by the Democrats will deny people treatments they need and make them wait to get the treatments they are allowed to receive."*
- (7) **"One-size-does-NOT-fit-all."** The idea that a "*committee of Washington bureaucrats*" will establish the standard of care for all Americans and decide who gets what treatment based on how much it costs is anathema to Americans. Your approach? Call for the "*protection of the personalized doctor-patient relationship*." It allows you to fight to protect and improve something good rather than only fighting to prevent something bad.
- (8) **WASTE, FRAUD, and ABUSE are your best targets for how to bring down costs.** Make no mistake: the high cost of healthcare is still public enemy number one on this issue – and why so many Americans (including Republicans and conservatives) think the Democrats can handle healthcare better than the GOP. You can't blame it on the lack of a private market; in case you missed it, capitalism isn't exactly in vogue these days. But you *can* and should blame it on the *waste, fraud, and abuse* that is rampant in anything and everything the government controls.
- (9) **Americans will expect the government to look out for those who truly can't afford healthcare.** Here is the perfect sentence for addressing cost and the limited role for government that wins you allies rather than enemies: *"A balanced, common sense approach that provides assistance to those who truly need it and keeps healthcare patient-centered rather than government-centered for everyone."*
- (10) **It's not enough to just say what you're against. You have to tell them what you're for.** It's ~~okay~~ (and even necessary) for your campaign to center around why this healthcare plan is bad for America. But if you offer no vision for what's *better* for America, you'll be relegated to insignificance at best and labeled obstructionist at worst. What Americans are looking for in healthcare that your "*solution*" will provide is, in a word, more: *"more access to more treatments and more doctors...with less interference from insurance companies and Washington politicians and special interests."*

You simply MUST be vocally and passionately on the side of reform. The status quo is no longer acceptable. If the dynamic becomes "*President Obama is on the side of reform and Republicans are against it*," then the battle is lost and every word in this document is useless. Republicans must be for the *right kind* of reform that *protects the quality of healthcare for all Americans*. And you must establish your support of reform early in your presentation.

THE BIG PICTURE: AMERICA'S HEALTHCARE CLIMATE

This document is based on polling results and Instant Response dial sessions conducted in April 2009. It captures not just what Americans want to see but exactly what they want to hear. The Words That Work boxes that follow are already being used by a few Congressional and Senatorial Republicans. From today forward, they should be used by everyone.

But don't expect to reach everyone. More than one quarter of the population will back significant government involvement in healthcare and a third support "universal" care. The primary message of this document is to focus on the persuadables and generate support among wayward Republicans and conservatives. Here's how.

- (1) **Acknowledge the crisis or risk the consequences.** Fully 70% of Americans consider our healthcare system to be either in a state of crisis or seriously troubled and requires significant reform. While it is true that the "crisis" response has dropped significantly in the past 15 years, the percentage of Americans who think the system needs significant reform has soared. So you say there is no healthcare crisis, you are telling those 70 percent that you are ignorant of their fears and concerns.

How would you define the state of the healthcare system in America today?

It is in crisis and needs a total overhaul.	12.0%
It is seriously troubled and needs significant revisions.	57.5%
It is adequate but still needs tweaks.	15.1%
It is a good system and only needs minor changes.	13.3%
It is one of the best systems in the world and doesn't need to be changed.	2.1%

The best approach is to empathize with the fear, anxiety and financial pain people are clearly feeling right now. So instead of dismissing their concerns, acknowledge them – up front – and then pivot to your solution. Some conservatives will undoubtedly find this distasteful. But failure to connect on a personal level at the beginning will lead to communication failure at the end.

WORDS THAT WORK

If you can't get the treatment you need, when you need it, there is a crisis.

If you are denied the ability to choose the doctor or hospital that's best for you, then it is a crisis.

If you can't afford the coverage you need for you and your family, then you have a crisis.

We need to stop looking at it from a global perspective and restore the humanity to healthcare. We need to focus more on people and less on the system.

This is the single best approach to the crisis language because it *individualizes* and *personalizes* healthcare – and shows empathy for anyone and everyone struggling right now. This plays into more favorable Republican territory by protecting individual care while downplays the need for a comprehensive national healthcare plan.

- (2) **You simply MUST be on the side of "the right reform."** The status quo is no longer acceptable. The overwhelming majority of Americans believe significant reform is needed – and they see Republicans (and the insurance companies) as the roadblock. If the dynamic becomes "*President Obama and Congressional Democrats are on the side of reform and Republicans are against it,*" -- which is exactly what Obama has already started to promote -- the public will side with the Democrats and you will lose both the communication and the policy.

WORDS THAT DON'T WORK

We don't need a complete overhaul of our health sector. We need to support what works and change what doesn't.

The language above from a conservative website doesn't work for two reasons:

- 1) **It starts out with a negative.** Unfortunately, that's how most conservatives begin the healthcare discussion, and then they're surprised when only the most ardent followers agree with them. Start by telling them what you are for, not what you are against.
- 2) **It talks about the system, not about the individual.** Healthcare is *personal*, and so your opening statement should be personal.

Republicans must be for the *right kind* of reform that promotes “*protection*” of what Americans want and demand most:

WORDS THAT WORK A LOT BETTER

We need to carefully address America’s healthcare challenges. Let’s find immediate, measurable ways to make it more accessible and affordable without jeopardizing quality, individual choice, or personalized care. And let’s protect the doctor-patient relationship

Be sensitive to the anti-Washington bias ingrained in *both* parties. President Obama has already begun to employ an “*us vs. them*” context to the debate – hinting that those who *oppose* his reforms *support* the “*special interests*.” You need to be very careful to be seen as challenging the “Washington special interests” rather than defending them.

OBAMA WORDS THAT WORK

Now, I know people are skeptical about whether Washington can bring about this change. Our inability to reform health care in the past is just one example of how special interests have had their way, and the public interest has fallen by the wayside. And I know people are afraid we’ll draw the same old lines in the sand and give in to the same entrenched interests and arrive back at the same stalemate that we’ve been stuck in for decades.

– President Obama

- (3) It’s not enough to just say what you’re *against*. You have to tell them what you’re *for*. Overt attacks against the Democratic proposals will fail if they aren’t balanced with your solutions. It’s okay (and even necessary) for your communication effort to center around why the Democratic-supported “*government takeover of healthcare*” is bad for America. But if you offer no vision for what’s *better* for America, you’ll be relegated to insignificance at best and labeled obstructionist at worst.

Later in this document I offer the best language to talk about the proper role of government, but it is important to note in this opening section that Republicans who simply run against Washington-run healthcare will lose the healthcare debate. It may be accurate, and it may be ideologically sound, but a campaign against government healthcare has left the GOP at least 20 points behind on the issue – perhaps more. There is a far better approach. Here is the perfect passage for articulating the Republican agenda of opposing the Democratic plan while remaining positive about your principles:

WORDS THAT WORK

Whether you call it a crisis, a problem, or a challenge is less important than tackling the real challenges to expand healthcare availability, lower costs, and ensure quality of care.

As our first priority, we need to preserve what works in America, protect the sacred doctor-patient relationship, and allow people to choose the personal care that suits their individual needs.

We should be cautious of proposed government fixes that increase taxpayer costs and shrink personal choices. And we should avoid government intrusion that decreases quality and increases bureaucracy.

We need targeted reform with measurable results that improves patient care – not a politicized, special interest-driven radical restructuring.

In the five sentences above, you have redefined the issue, personalized it, told people what you support, articulated what you're against, and offered a vision of healthcare reform that everyone – including most Democrats – can eagerly embrace.

- (4) **It's about \$\$\$: cost and profit.** Your solution HAS to address the financial component of healthcare. It's on people's minds and so it must be in your approach.

Which of the following is the American healthcare system's single biggest problem?

Too profit-driven	59.9%
Too bureaucratic	38.5%
Too inaccessible	20.5%
Too complicated	19.3%
Too restrictive	12.6%
Too confusing	12.4%
Too limited	10.5%
Too unsafe/intimidating/unpredictable/ insensitive	Less than 10 %

- (5) **The availability and bureaucracy of healthcare causes significant frustration.** A quick scan of the polling data below shows that there is no love lost for insurance companies – primarily because of their perceived profitability, a lack of accessibility, their lack of accountability, and an excess of bureaucracy. In fact, notice how many of the top complaints involve health insurance in some way.

We suggest ratcheting up the rhetoric against insurance companies to almost the same degree as you do against Washington bureaucracy. Call the Democratic plan a “*bailout for the insurance industry*” – both because it *is*, and because it will build lasting credibility by going after the two things the American people hate most: Washington bureaucracy and insurer greed.

Which of the following is the greatest short-coming of America's healthcare system?

Not having health insurance	49.8%
Dealing with the insurance companies	43.0%
The lack of focus on preventative medicine	39.6%
That healthcare is not yet universal	34.5%
Inflexibility of healthcare plans	30.9%
Insurance companies' refusal to cover preexisting conditions	30.9%
Too many frivolous lawsuits	30.4%
Too much gov't regulation/intervention	11.3%
Not enough gov't regulation/oversight	5.9%
Poor quality of care	5.8%

Very few Americans are complaining about “*not enough general practitioners,*” “*not enough specialists,*” or “*too unsafe.*” In fact, only 6% say “*poor quality of care*” is one of their three top concerns. The lesson is this: people do believe that American healthcare TODAY offers good quality and the doctors we need. *Use this to your advantage.* Raise the prospect of what happens when – with all the *other* problems we have in healthcare and with everything we *already* know about government – we follow the Democratic proposal and jeopardize our quality of care and access to good doctors by putting politicians in charge of *your* healthcare.

- (6) **Your political opponents are the Democrats in Congress and the bureaucrats in Washington, not President Obama.** Every time we test language that criticized the President by name, the response was negative – even among Republicans. Americans want solutions, not politics. Here is a better approach:

WORDS THAT WORK

Now is not the time to play politics with healthcare. Now is the time for everyone to work together to achieve what matters most: more affordable, more accessible, more individualized and personalized healthcare.

Therefore, we ask the President to commit to the principle that the government that can't even run a company should not be running healthcare.

We ask him to commit to the principle that doctors and patients should be making healthcare decisions, not some Washington bureaucracy.

And we ask him to commit to patient-centered, not government-centered healthcare. In turn, we commit to working with him on his stated goals of increasing efficiency and lowering healthcare costs for all.

If you make this debate about Republicans vs. Obama, you lose. But if you make it about Americans vs. politicians, you win. When asked directly what would be the best reason to oppose what President Obama is trying to do regarding healthcare, Americans gave us two clear winners:

- 1) *"It could lead to the government setting standards of care, instead of doctors who really know what's best."*
- 2) *"It could lead to the government rationing care, making people stand in line and denying treatment like they do in other countries with national healthcare."*

And if you find that you must challenge the president, we suggest the following.
"President Obama wants to put the Washington bureaucrats in charge of healthcare. I want to put the medical professionals in charge, and I want patients as an equal partner."

A BALANCED APPROACH: “AFFORDABILITY, QUALITY, & ACCESS”

OVERVIEW

Cost remains king of the healthcare crisis. Americans of all political stripes and demographic backgrounds will agree that their number one complaint about healthcare today is how much they have to pay for it and how profit-driven it has become.

However, if you ask a certain question a certain way, you change the game entirely:

THE QUESTION YOU MUST ASK EVERY HEALTHCARE TOWN HALL FORUM

Would you rather...

“Pay the costs you pay today for the quality of care you currently receive,”

-- OR --

“Pay less for your care, but potentially have to wait weeks for tests and months for treatments you need.”

Their Answer:

OVERWHELMINGLY KEEP THE CURRENT ARRANGEMENT

Put slightly differently, here are the results from our national survey:

And if the federal government were to offer a healthcare plan that was 20 percent less expensive than what you probably pay now and gives you many but not all the benefits and choices you have now, would you be more likely to sign up for the cheaper government plan or pay for the more expensive private plan?

More expensive private plan	63.0%
Cheaper government plan	37.0%

Note: Even the most liberal Obama voters narrowly preferred the private plan by 51%-49%. As you move across the spectrum, preference for the more expensive private plan grows exponentially: 54%-46% for moderate Obama voters, 71%-29% for moderate McCain voters, and 86%-14% for conservative McCain voters.

Americans will prioritize cost over quality right up until the moment they realize that it's *their* quality that they are sacrificing. So put it these terms, because this is exactly the choice that the healthcare legislation is putting before Americans today. Here's the best way to do it:

WORDS THAT WORK:

THE PERFECT PLATFORM FOR HEALTHCARE REFORM

"As a matter of principle, Republicans are firmly committed to providing genuine access to affordable, quality healthcare for every American. The time has come to create a balanced, common sense approach that will guarantee that Americans can receive the care they deserve and protect the sacred doctor-patient relationship. We will oppose any politician-run system that denies you the treatments you need, when you need them.

TALKING ABOUT AFFORDABILITY

When it comes to healthcare costs, the biggest cost concern among all cost components is the threat of catastrophic expenses. "*The potential costs I would be responsible for in a catastrophic situation*" is the first or second biggest fear among two-thirds of Americans, followed by "*the monthly premiums that I have to pay*" at just over 55%. Co-pays, deductibles, out-of-network costs, and even prescription medications barely register.

- (7) WASTE, FRAUD, ABUSE & MISMANAGEMENT are your best targets for bringing down costs. Make no mistake: the high cost of healthcare is still public enemy number one – and the hardest for Republicans to attack. Republicans are currently blaming the lack of real competition, but in case you missed it, capitalism isn't exactly in vogue these days. Moreover, fixing the problem utilizing the tax code sounds disingenuous to some, dangerous to others, and ineffective to almost everyone. But the combination of *waste, fraud, and mismanagement* along with the consequences of the ongoing *lawsuit abuse* is both credible and accurate.

WORDS THAT WORK

As a matter of principle, every American should have access to affordable, quality healthcare. How? By ending all the waste, fraud, abuse, and mismanagement in the system -- and by eliminating all the unnecessary tests and procedures that are being imposed on patients by doctors practicing defensive medicine rather than preventative medicine.

We need to keep healthcare patient-centered rather than government-centered. With a greater focus on preventing waste, fraud, abuse and mismanagement, and by promoting greater access to information, prevention, and wellness for all Americans – we can do it.

- (8) Shift the healthcare focus to “preventative treatments” and “early detection.” Tell people that the single best way to reduce healthcare costs is to promote “wellness.” Wellness emerged from our research as one of the four most important core values for American healthcare. Apply the principle to lower costs and you have a solid answer for cost-conscience Americans.

WORDS THAT WORK

We have a system that rewards insurance companies for insuring people who are not sick and are not going to get sick, and then we penalize companies that insure people who are sick. Five diseases account for 75% of all healthcare dollars in this country – five preventable diseases. Prevention is the key for us if we want to control healthcare costs.

– Senator Tom Coburn

WORDS THAT WORK

The earlier we detect, the more options we have. The better we educate, the better prevention works. And consequently, the less expensive healthcare is for the American family.

– Senator Richard Burr

TALKING ABOUT QUALITY

- (9) Healthcare quality = “getting the treatment you need, when you need it.” That is how Americans define quality, and so should you. The key opportunity here is that **this commitment goes beyond what the Democrats can offer.** Their plan will deny people treatments they need and make them wait to get the treatments they can actually receive. This is more than just rationing. To most Americans, rationing suggests limits or shortages – for others. But personalizing it – “delaying your tests and denying your treatment” -- is the concept most likely to change the most minds in your favor.

- (10) **"One-size-does-NOT-fit-all."** The idea that a "committee of Washington bureaucrats" will establish a single standard of care for all Americans and decide who gets what treatment based on how much it costs is an anathema to Americans. There are a number of ways to attack this:

- Demand the ***"protection of the personal doctor-patient relationship."***
- Compare the personalized relationship with their doctor to the distant, cold, calculations of a federal medical panel.
- Utilize examples of medical breakthroughs that would be undermined or jeopardized.

WORDS THAT WORK

The problem with federal standardization is that one size doesn't fit all.

It's true that research can tell us what usually works best, and doctors use that research all the time. They rely on *The New England Journal of Medicine* and other studies to develop a set of best practices.

But they also know that healthcare is very personal, so doctors combine that knowledge with the essential freedom to tailor care to the individual. This has lead to some exciting advances, like in genomics research, which allows doctors to prescribe medications that are designed to suit your individual body.

So one size definitely does not fit all, and we should never allow a federal panel of bureaucrats to erase these great gains in personalized care.

– Senator Jon Kyl

FEDERAL BUREAUCRATS, WASHINGTON LOBBYISTS & OUT-OF-TOUCH POLITICIANS: REFORM AMERICA DOESN'T WANT

"No Washington bureaucrat or healthcare lobbyist should stand between your family and your doctor. The Democrats want to put Washington politicians in charge of YOUR healthcare. We can and must do better. Say no to a Washington takeover of healthcare and say yes to personalized patient-centered care."

The best anti-Democrat message

Americans of all political stripes agree on this: the government does a poor job regulating healthcare today. Even if they disagree on *why* it does a poor job, they all share a distrust of mixing Washington with their healthcare. Consider:

How effective is the government at regulating healthcare in the U.S.?

Extremely Effective	0.6%
Very Effective	3.1%
Somewhat Effective	21.6%
Somewhat Ineffective	19.3%
Very Ineffective	32.4%
Extremely Ineffective	20.5%

Surprisingly, there was little difference between Democrats and Republicans; people from both parties skewed heavily towards the "ineffective" answers. This sets the context for the entire message campaign that follows.

- (11) The arguments against the Democrats' healthcare plan must center around politicians, bureaucrats, and Washington... not the free market, tax incentives, or competition. Simply, healthcare is too personal and vital to Americans to put a price tag on it. They don't want to hear that you're opposed to government healthcare because it's too expensive or anti-competitive. But they are deathly afraid that government will lower their quality of care – so they are extremely receptive to the anti-Washington approach.

Allow me to shout, for I fear conservatives will continue to make this mistake if someone doesn't stand up and shout out:

Healthcare is NOT an *economic* issue. It's a *personal* issue.

Let me be as clear and definitive as I can about this assertion. Every message by every Republican speaker that delved into an economic argument about healthcare was poorly received. Every polling question that asked about the economic (private sector, free market, competition, etc.) component of healthcare failed. Consider the following:

*Which healthcare system would you most like to see
America adopt in the coming years?*

Patient-centered Healthcare	61.8%
Free Market Healthcare	20.3%
Private Healthcare	9.3%

If you're still not convinced, consider the following:

*Who or what would you say is most to blame
for the high cost of healthcare today?*

Waste, fraud & abuse	47.5%
Insurance companies	42.5%
Mal-practice lawsuits	31.5%
Pharmaceutical companies	26.3%
Lack of regulation & oversight	13.8%
Lack of private competition	6.5%

Nobody is asking for "*private healthcare*" or "*free market healthcare*." There is no demand for more "*competition*." Those are economic terms. They want patient-centered healthcare – healthcare that's individualized, personalized and humanized. So if you want to demonstrate to Americans that you understand and empathize, stop bringing in economic terminology into a debate about healthcare.

- (12) **What Americans do care about: *"denial"* of care.** It is essential that *"deny"* and *"denial"* enter the conservative lexicon immediately because it is at the core of what scares Americans most about a government takeover of healthcare. Then add to it the source of that denial and you have the perfect anti-government, anti-Washington and anti-Democratic message:

*What would you be most concerned about
if the government were to further regulate healthcare?*

Being denied a procedure or medication because a Washington bureaucrat says no	33.1%
Quality of care going down	24.6%
Putting special interests' needs before the public's needs	23.4%
Getting in the way of the doctor-patient relationship	22.3%
A longer list of regulations will lead to longer lines and longer waits for care	20.8%

Note: ALL of the more abstract or economic arguments like *"inhibiting research into new cures"* *"forcing doctors to study regulations instead of medicine,"* or *"increasing the national debt"* failed to make the list above. Why? Because they aren't *personal*.

WORDS THAT DO NOT WORK

There's another thing that Americans should be concerned about if we are going to have government run healthcare: 75% of all the innovations in healthcare in the world come out of this country.

There's a reason for that. It's because even though we don't have a good market, the market we still have generates entrepreneurship, invention, advancement, and excellence in terms of new ideas and new cures and new treatments in healthcare. That will go away under government run healthcare, and with it tons of jobs.

- (13) Maximize your attacks on the Democratic plan by choosing the BEST words. For instance, calling it the “*Democratic plan*” isn’t your best bet; doing so makes it political in the *wrong* way. It makes the issue Republicans vs. Democrats – which doesn’t favor you. The issue needs to be Americans vs. Washington. So here are the words to use:

- “This plan puts *politicians* in charge of your healthcare” is even better than “*bureaucrats*.” Bureaucrats are scary – but at least they are professionals. But politicians? They bring *all* the wrong things to something as vital as healthcare. Both words do damage to the Democratic plan, but “*politicians*” does the most.
- “*Washington*” beats “*Government*.” Washington has all the problems of every other level of government, and more.
- “*Washington Takeover*” beats “*Washington Control*.” Takeovers are like coups – they both lead to dictators and a loss of freedom. What Americans fear most is that *Washington politicians will dictate what kind of care they can receive.*

- (14) Americans believe and fear that if the Washington gets involved in their healthcare, quality of care will greatly diminish. Most agree that if the government runs healthcare, it will take longer to get the care they need – if they can even get it at all. The point here is to remind people *why* they should oppose the Washington-centric, politician-based healthcare system by personalizing the harm:

“YOUR quality of care will go down if THEY in Washington make YOUR healthcare decisions for you.”

WORDS THAT WORK

This plan may sound good rhetorically, but at the end of the day, we are moving very swiftly towards a Washington-engineered, bureaucratic controlled, healthcare system. And we all know that when the government gets in the middle of anything, the quality can quickly diminish.

– Eric Cantor

Note that in this case, saying healthcare *system* is actually okay – because you are using the word as a weapon to describe what the Democrats are trying to do.

- (15) **ISSUE: Federal Standardization.** Oppose this policy idea by attacking bureaucrats in the name of protecting the doctor-patient relationship. Polling reveals two attacks that work best against the creation of a federal panel that would determine a standardized approach to medical care.

- *"It would have federal bureaucrats determining healthcare standards rather than the doctors who are actually providing the care."*
- *"It will take the power away from patients and doctors to choose what treatment the patient receives and give it to the politicians in Washington."*

WORDS THAT WORK

Science and research should be used to enhance and improve healthcare quality, not limit a patient's choices or options. We should encourage doctors and healthcare professionals to share best practices and learn from each other's experiences, but we need to recognize that every patient is different and every illness needs an individualized, personalized approach. Statistical analysis can help, but healthcare requires a human approach, timely decisions, and the right of patients to try an innovative approach if everything else has failed.

A federal panel that looks at healthcare from a national perspective will not be flexible enough to react to individual patient needs. The ultimate power to decide the best treatment needs to remain with the patient and the doctor.

There are specific words here that are particularly effective:

- *"Every patient is different"* because it's as truism we already believe. Similarly, *"a human approach"* puts the humanity back into healthcare.
- *"Healthcare by committee"* because it suggests an impersonal approach to important decisions;
- *"Inefficiency"* because it suggests more waste, fraud and mismanagement.
- *"Letting doctors make the decisions"* because we believe they are the most qualified, capable, and have our best interests at heart.

The following Words That Work box puts it all together:

WORDS THAT WORK

Federal standardization is healthcare by committee – and we don't need the inefficiencies of government committees making healthcare decisions.

Doctors are our true experts. The best system is where a patient and a doctor make the decisions about care. Doctors have to go through a pretty rigorous plan to get "Dr." next to their name, and the overwhelming majority of them are great doctors.

We don't need some committee rationing care and telling people what they can and can't have. We need to give patients the best choices of health plans and doctors and let them make their own decisions.

– Senator Jim DeMint

- (16) The cure rate differentials between the United States and countries with government-run healthcare is a powerful weapons. You need to assemble a list of the five most staggering facts that show better cure rates in the United States than our neighbors in Canada and our cousins in Great Britain. Focus on the kinds of diseases that touch the most people in the most personal ways, like cancer and heart disease. The facts *must* be accurate – because our research indicates that this kind of information really will move people. It personalizes the harm of government-run healthcare in a powerful way.

WORDS THAT WORK

Why is it that we have a 50% higher cure rate in cancers that anybody else in the world? And why is it if you get breast cancer in America, you are into your treatment within three weeks and in the rest of the world it's four months or six months or nine months?

– Senator Tom Coburn

PERSONALIZE, HUMANIZE, AND EMPHASIZE THE DOCTOR-PATIENT RELATIONSHIP

OVERVIEW

Notice how the highest priorities below are highly personalized – and none is more important than the personal doctor-patient relationship. It's not about healthcare in general. It's about MY doctor and MY choice – without any interference.

Which TWO concepts or phrases do you AGREE with the MOST?

Decisions about my healthcare should be between me and my doctor and no one else	58.3%
I should have the right to choose the healthcare that's right for me	52.5%
Healthcare dollars should follow me, the patient, not lobbyists and special interests.	41.8%
Everybody is different. My healthcare should reflect those differences.	26.5%
The right to spend my own healthcare dollars must be protected and preserved.	11.8%
My healthcare belongs to me.	9.3%

There's a message in all this: humanize your approach. Abandon and ALL references to the “*healthcare system*.” This entire issue is about *people*. Individualize. Personalize. Humanize. Talk about *health* and *care* as distinct qualities, values, and objectives ... rather than a massive system. Americans think about their care as a highly personal issue. So should you. It's not about the *public healthcare system*. It's about personal health.

- (17) **STOP talking about “consumers” and START talking about “human beings.”** The term consumer reeks of the economic arguments about competition, free markets, and private insurance companies – none of which gets you anywhere with persuadables. Talking about “*patients*” ... or better still “*human beings*” ... casts the whole discussion in the humanized approach we strongly advocate. In fact, this is exactly what Americans *want* to be called:

Which of the following best describes the way in which you WANT to think of yourself when you use the health care system?

A Human Being	32.5%
A Patient	26.8%
A Person	14.5%
A Customer	8.8%
A Consumer	7.0%
The Boss	6.5%
A Client	4.0%

- (18) Call for a creation of a “patient-centered” approach to healthcare. What the Democrats offer is a “Washington-run healthcare system”. What you advocate is a patient centered approach. The rhetorical value of emphasizing this difference is immense.
- (19) Always place protecting the doctor-patient relationship an essential priority for any healthcare initiative. Your three most powerful phrases are:
- “No Washington politician or bureaucrat should stand between you and your doctor.”
 - “Decisions about you and your healthcare should be between you and your doctor and no one else.”
 - “Let your doctor decide.”

WORDS THAT WORK

Government should not stand between the patient and the physician. The government should not be able to tell you how much care you can get. Nobody in the government should tell you that you can’t get a medication that’s going to help prolong your life or a treatment that’s going to make it easier for you. Imagine needing a new hip that will make it easier to get around, but just because you’re over 75, the government denies you that surgery. We can’t allow that to happen in America.

– Senator Jon Kyl

WORDS THAT WORK

The axiom in medical schools all across this country is "if you will listen to the patient, they will tell you what is wrong with them."

We've had a shift in our country, as physicians have tried to keep up with the declining reimbursements: they can't listen as well. The practice guidelines they have to follow totally disregard the *art* of medicine.

I can give you example after example of people who I've diagnosed with diseases that don't fit in the guidelines. In these situations, diagnosing through the *art* of medicine has saved their life. And the guidelines would have never captured what was needed to save their life.

Under this approach we ignore 40% of the physician's capability to actually make a difference in somebody else's life because we force them to practice cookie cutter medicine that a bureaucrat in Washington decides on.

-- Senator Tom Coburn

- (20) Personalizing the issue isn't just about the individual. It's even *more* about their *children and their families*. For the parents we talked to, the idea of waiting in line for the treatment they need -- or being flat-out denied that treatment -- was deeply worrying. But the idea that their *children* might not get life saving treatment in time? Unacceptable. And yet this is exactly what can happen under the Democrats' proposed plan. Children will not be immune from waiting lines and rationing -- and parents need to be aware of this fact.

Most parents said they could tolerate waiting and enduring for certain treatments for themselves. They acknowledge that they often put off going to the doctor for their own treatments because of cost or a lack of time, but they don't hesitate to take their children in right away. The urgency to get *the care you need when you need it* is significantly heightened when it becomes *the care your CHILD needs when he or she needs it*.

Similar feelings apply to *elderly parents* who in many ways are equally vulnerable as children. Appealing to the *family* of persuadable middle age voters must be a key part of your approach.

- (21) A perfect way to articulate this parental concern is to talk about your desire to protect your own family. It takes the discussion out of the political realm and puts it where it belongs – with the people most impacted by the policy. Below is more than just good language – it's perfect.

WORDS THAT WORK

Other than my freedom, the most important thing in the world to me is my family's health. And I think that's true with most people. I am going to fight as hard as I can for a system that enables me to take care of my family as best I can.

I don't want somebody telling me that I can't have good healthcare for my family. I don't want a government bureaucrat telling me that I can't have some medication or procedure that's going to prolong my life or my mother's life. And I fear that the kind of rationing that's involved in the planning that's being done right now is going to prevent me, or at least my children, from having the same kind of high quality healthcare that I've had.

– Senator Jon Kyl

RATIONING

"We should be very skeptical of government control of healthcare. With government run healthcare, federal bureaucrats make coverage decisions. They decide what you get for what you're charged. They also decide when you can't have certain coverage because it's too expensive or because you are disqualified based on criteria like age.

Other countries with government healthcare can and do deny treatment for hip replacement or knee replacement based on age. We must never get to the point in our country where some bureaucrat in Washington is telling us what we can or can't have for ourselves or our families."

-- Senator Jon Kyl (the perfect anti-rationing language)

"Rationing" is one of the rare examples when the word itself is a less powerful concept than the meaning. Put simply, while Americans would oppose the concept (and reality) of healthcare rationing, it is the impact of rationing – the long waits for tests, the denial of care, the thousands of people fleeing to America to get the care they can't get in their own countries – this is what truly frightens the public more than the word rationing itself.

- (23) The healthcare horror stories from Canada & Co. do resonate, but you have to humanize them. It's not enough to say "we don't want a government run healthcare system like Canada or Great Britain." That assertion itself doesn't pack much of a punch. Instead, you have to attach the human element to it:

-- "With government run healthcare, politicians and bureaucrats make your healthcare decisions for you."

-- They decide if you are eligible or disqualified because a treatment is too expensive or you are too old. Imagine being turned down – and no way to appeal.

- (24) The word "rationing" does induce the negative response you want, but what you really want audiences to focus on is the "consequences of rationing." As you can see, "rationing" tests very well against the other healthcare buzzwords that frighten Americans:

Which TWO concepts or phrases would FRIGHTEN you the most?

Healthcare Rationing	43.9%
One-size-fits-all Healthcare	36.3%
Healthcare by Lobbyist	34.9%
Socialized Medicine	26.4%
Politicized Healthcare	25.6%
Nationalized Healthcare	17.4%
Hilary-Care	10.1%

However, when asked which of eight different consequences would “scare people more” about the future of American healthcare, “rationing came in 7th at just 14%. In first place by far was “the government will decide what treatment I can or can’t have” at 43%. Yup, that’s rationing – only by a better name.

A better approach than simply saying “rationing” is to personalize just what that means. The three best lines? See below.

**WORDS THAT WORK:
THE BEST WAYS TO PERSONALIZE “RATIONING”**

Top Ranked Answers:

That the government will decide what treatment I can or can’t have.

That it will be government-run, bureaucratic-controlled, and special interested driven.

That healthcare will become a “one-size-fits-all” system that takes my options and choices away.

- (25) “Delayed care is denied care.” While this comes towards the end of the analysis, it may well be the single most important language finding in our work to date. Of the roughly 30 distinct messages we tested, nothing turns people against what the Democrats are trying to do more immediately and intensely than the specter of having to wait for tests and treatment thanks to a government takeover of healthcare by nameless, faceless bureaucrats. The polling data is conclusive:

*Which consequence of government involvement in healthcare
would anger you more?*

Waiting weeks or even months to get the procedure or treatment you need	44.4%
The rationing of healthcare which limits your choices and options	26.3%
That America's seniors may be denied some treatments based on their age	19.1%
Interference in the private doctor-patient relationship	10.3%

The choice that *personalized* the harm the *most* is the one that *won*. And as people emphasize in dial sessions, delayed care is denied care – a genuine a life and death decision. In fact, when asked which was a higher priority – spending less on healthcare or being treated in a timely fashion – timely treatment beat cost almost unanimously. Add to it the inability to appeal the government decision and you have the single strongest argument against the Democratic proposal.

WORDS THAT WORK: PUTTING IT ALL TOGETHER

As a matter of principle, America should strive to offer the most people the best quality, most timely healthcare in the world. What does that mean?

First, Americans should not have to wait weeks for the tests they need or months for treatment.

Second, no one should be denied the healthcare they need because of government limits, restrictions, or rationing.

Third, no government bureaucrat should interfere in the doctor-patient relationship.

And forth, we have the right to know all the information about our condition and our treatment options.

As we prepare for much needed healthcare reform, let's learn form the mistakes of Canada and Europe and not repeat them.

THE HEALTHCARE GLOSSARY:

WORDS THAT WORK & WHAT NOT TO SAY

NEVER SAY	INSTEAD SAY
<p><u>Most important healthcare values.</u></p> <p>Hopeful (1.0%) Less stress (2.5%) Personal Security (5.1%) Security (6.5%) Valued (6.8%)</p>	<p><u>Most important healthcare values.</u></p> <p>Informed (23.4%) Peace of Mind (21.6%) Wellness (21.0%) In Control (20.6%) Hassle-free (15.8%)</p>
<p><u>The state of healthcare in America is...</u></p> <p>Healthcare in America a good system but still needs tweaks (15.1%)</p> <p>Healthcare in America is one of the best systems in the world and doesn't need to be changed (2.1%)</p>	<p><u>The state of healthcare in America is...</u></p> <p>Healthcare in America is seriously troubled and needs significant reform (57.5%)</p>
<p><u>Healthcare is...</u></p> <p>Too Unsafe (1.5%) Too Intimidating (1.8%) Too Unpredictable (6.8%)</p>	<p><u>Healthcare is...</u></p> <p>Too Profit-driven (59.9%) Too Bureaucratic (38.5%)</p>
<p><u>When it comes to healthcare, people should treated like...</u></p> <p>A Client (4.0%) A Consumer (7.0%) A Customer (8.8%)</p>	<p><u>When it comes to healthcare, people should treated like...</u></p> <p>A Human Being (32.5%) A Patient (26.8%)</p>
<p><u>Which of the following scares you the most?</u></p> <p>It will become unfriendly to patients like Canada and Great Britain (9%)</p> <p>Healthcare rationing (14.4%)</p>	<p><u>Which of the following scares you the most?</u></p> <p>The gov't will decide what treatment I can or can't have. (42.8%)</p> <p>It will be gov't run, bureaucratic-controlled and special interest driven (38.8%)</p>

NEVER SAY	INSTEAD SAY
<p><u><i>Whom do you blame for the cost of healthcare?</i></u></p> <p>Hospitals (4.0%) Doctors (5.0%) Lack of private competition (6.5%)</p>	<p><u><i>Whom do you blame for the cost of healthcare?</i></u></p> <p>Waste, fraud & abuse (47.5%) Insurance companies (42.5%) Lawsuit abuse (31.5%)</p>
<p><u><i>What concerns you most about gov't regulation?</i></u></p> <p>It will get in the way of research & development for new and advanced treatment options (7.1%)</p> <p>It will increase generational debt that our children will have to pay (8.4%)</p> <p>Doctors will have to be more concerned about learning and practicing regulations than they are about learning and practicing medicine (9.3%)</p>	<p><u><i>What concerns you most about gov't regulation?</i></u></p> <p>We will be denied a procedure or medication because a Washington bureaucrat says no (33.1%)</p> <p>The quality of care will go down (24.6%)</p> <p>It will put special interests' needs before the public's needs (23.4%)</p> <p>It will get in the way of the doctor-patient relationship and decision-making (22.3%)</p>
<p><u><i>What would anger you more?</i></u></p> <p>That America's seniors may be denied some treatments based on their age (19.1%)</p>	<p><u><i>What would anger you more?</i></u></p> <p>Waiting weeks or even months to get the procedure or treatment you need (44.4%)</p> <p>The rationing of healthcare which limits your choices and options (26.3%)</p>
<p><u><i>The most important part of access is...</i></u></p> <p>Access to non-traditional therapies, such as acupuncture, chiropractic care, etc. (9.0%)</p> <p>Access to full and complete information about your healthcare choices and options (10.4%)</p> <p>The ability to buy as much or as little coverage as you want for your own needs (10.8%)</p>	<p><u><i>The most important part of access is...</i></u></p> <p>The ability to see the doctor of your choice when you want (40.8%)</p> <p>Complete access to healthcare and medical specialists (38.9%)</p> <p>Access to the most advanced medical technology, procedures and medications (32.9%)</p>

NEVER SAY	INSTEAD SAY
<p><u>Which healthcare system do you want most?</u></p> <p>Private healthcare (9.3%) Free market healthcare (20.3%)</p>	<p><u>Which healthcare system do you want most?</u></p> <p>Patient-centered healthcare (61.8%)</p>
<p><u>Which healthcare policy do you want the most?</u></p> <p>My healthcare belongs to me (9.3%) The right to spend my own money for my own healthcare must be protected/preserved (11.8%)</p>	<p><u>Which healthcare policy do you want the most?</u></p> <p>Decisions about my healthcare should be between me and my doctor and no one else (58.3%) I should have the right to choose the healthcare that's right for me. (52.5%)</p>
<p><u>Which healthcare statement do you agree with?</u></p> <p>Government-run healthcare will be too impersonal, too bureaucratic and too uncaring (11.3%) It's my life. I want complete control over my healthcare. (13.3%)</p>	<p><u>Which healthcare statement do you agree with?</u></p> <p>Freedom and flexibility matter most. The freedom to choose the doctor, hospital and plan that's best for me, and the flexibility to change my mind and change my plan. (46.8%) Everybody is different. Healthcare should have the flexibility to fix my health problems. (30.8%)</p>
<p><u>Which healthcare "right" matters most?</u></p> <p>The right to take your healthcare coverage with you when you change jobs or move. (6.5%) The right to know what your policy does and does not cover in plain language. (11.1%)</p>	<p><u>Which healthcare "right" matters most?</u></p> <p>The right to choose the doctor, hospital and policy that fits your individual needs, not a set of government mandates. (43.5%)</p>
<p><u>Which is the best reason to oppose Obama?</u></p> <p>It will cause America to lose its position as the world leader in developing cures for diseases. (5.1%) It will put private healthcare providers out of business so that everybody will eventually be in a lower quality gov't program. (15.5%)</p>	<p><u>Which is the best reason to oppose Obama?</u></p> <p>It will lead to the gov't setting standards instead of the doctor who really knows best. (38.9%) It will lead to the gov't rationing care, making people stand in line and denying people treatment like they do elsewhere. (33.1%) There is no good reason (30.9%)</p>