

SENT again – date = 10-2-2017

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CONGRESSMAN
MIKE TURNER
PROUDLY SERVING OHIO'S 10TH DISTRICT

Congressman Michael Turner

Representing the 10th District of Ohio

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The following information has been submitted:

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Issue: WEBHEA

Message Text:

Constituent - Susan Marie cassAdy -Neuhart OH10

Dear Mr. Turner. YOU are my USA Congressional Representative.

PLEASE SUBMIT MY IDEA TO THE usa CONGRESS - AND, MR. TRUMP - FOR CONSIDERATION.

MY idea is YES published on my web site AND was previously sent to Mr. Trump - in April 2017.

Mr. Trump has never responded [YET].

IN Fact, I think - because he has so much money - that HE may not "fear" the AMA or the USA Health Insurance industry.

Thus, he may be able to accomplish something - that NOT even FDR or Truman could do (in the 1940s) AMA -AND - former USA President Truman < 1946 HISTORY on the same issue – is very important – to be aware of: SEE: wwwDOTpbsDOTorg forward slash”

newshour " program 1945-harry-truman-calls-for-national-health-insurance-program PBS Quote: "Almost as soon as the ... bill was announced, the ...-powerful American Medical Association (AMA) capitalized on the nation's paranoia over the threat of Communism and, despite Truman's assertions to the contrary, attacked the bill as "socialized medicine." Even more outrageous, the AMA derided the Truman administration as "followers of the Moscow party line."

[NOTE: THIS IS WHAT MR. TRUMP WOULD NEED TO BE ABLE TO STAND UP TO.]

During congressional hearings in 1946, the AMA proposed its own plan emphasizing private insurance options, which actually represented a political shift from its previous position opposing any 3rd party members in the delivery of health care. "

My USA Congressional Rep. is: OH10 Congressman - Mike Turner. To my knowledge, Mr. Turner is well aware of my "idea"; AND, he has the guts to get it introduced into the 115th USA Congress – should HE choose to do so.

The Ohio Governor, also knows of my idea: **John "Kasich hints** GOP might not be his future" See Columbus, Ohio Dispatch Newspaper My former "Office Building" is near his house in Westerville, Ohio

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Key features of the American Health ACT [AHA]: < Susan's DRAFT idea > follow 1. The primary objective of the Act is to protect, promote and restore the physical and mental well-being of citizens of the USA - and, to facilitate reasonable access to health services - through out America - without financial, physical or other barriers. We are all Americans! And, America is a great country. This ACT takes a step to re-claim our international heritage - as a world-leader in all things. 2. Another objective of the American Health Act is: continued access to quality health care without financial or other barriers - for all Americans; as this will be critical to maintaining and improving the health and well-being of all Americans - during any transition from "Obama Care" to "Trump Care". 3. To do so, the AHA shall list a set of criteria and conditions (drafted below) that each state - in our Union of 50 States - must follow in order to receive Fed. Transfer Payments (FTP's). They are - briefly: A) Public Administration - by States, B) Comprehensiveness & Universality, C) Portability, D) Accessibility - and E) Penalties. 4. Additional criteria and conditions - extending and altering this AHA - may be introduced into the US Congress (after May 31, 2017) for voting upon by the elected representatives of the American people - as conditions and experience - with the enacted AHA - warrant. The criteria -AND- conditions - to be met by each state AHA provider are as follows: A) Public administration 1. All AHA medical and health related services and entities must be "administered" and "operated" on a non-profit basis by licensed Medical Professionals - responsible (only) to US State governments and their medical peers. 2. The "entities" administered and operated are subject to audits of their records, accounts and financial transactions - by State Government and AHA officials. 3. Elimination: All so-called and in reality "Private Insurance Companies -AND Carriers" shall be eliminated (by this ACT) - until time and experience provides

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sufficient proof they are necessary - for any practical reason. That is, no one should benefit from the pain and suffering - of an American citizen. 4. An ACT of the US Congress - shall be necessary to reverse the previous provision of "elimination". B) Comprehensiveness - AND -Universality 1. There shall be no such entity - in the United States of America - as a "noninsured citizen". 2. That is, every United States citizen (born and living) shall be covered and cared for – by reasonably re-numerated Medical Professionals. 3. All AHA services shall be provided in excellent "World Class" American Medical Facilities - as required and needed - with no apportionment - related to a State's individual wealth or population. www.hansandcassady.org AmericanHealthAct-4 7 2017 pdf < Susan's DRAFT idea 4. The AHA shall cover all health services provided by Medical Professionals in these facilities (in every state) - including (as needed) psychiatry and dentistry. 5. The fees (for AHA services) that may be charged - by Medical Professionals - are as described and stated in the current published USA Medicare program documents (2017). 6. If Medical Professionals wish to offer services - that are not currently described by USA Medicare program documents - they may do so; however, those "additional services" shall be provided on a private business basis - and, not covered or administered by the AHA; however, all FDA -AND- USHHS rules and regulations shall apply -AND- be enforced. 7. No Medical Professional (employed to provide services - under the AHA) - shall be permitted to simultaneously provide private business services. 8. States & territories are permitted, to offer additional "distinguishing" medical and dental services; [Similar to Mr. Sander's Plan] however, these "additional services" shall be paid for exclusively by State Transfer Payments (STPs). These

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STPs shall be administered by the States - and, they may not be made fungible - or, made a part of the AHA (FTP) funds - in any manner.

C) Portability 1. States shall be responsible for their state citizens - who are temporarily in another state - for purposes of work, travel, visiting, etc. 2. "Temporary" from more "permanent" relocation status shall be determined - using 90 days as a standard maximum - to make the distinction (of permanent versus temporary resident) at the program's start.

D) Accessibility

1. The AHA shall provide Medical Professionals with the means to provide uniform "reasonable access" to services offered for USA citizens - using all modes of public www.hansandcassady.org AmericanHealthAct-4 7 2017 pdf < Susan's DRAFT idea USA transportation systems (including trains, plains, buses, taxis, etc.) on uniform terms and conditions.

2. Medical Professionals (after licensure) shall be at liberty to "move about" in America - and, subsequently licensed in other US states.

3. All AHA services shall be provided in similar and comparable "World Class" medical facilities - located in every state in America.

4. There shall be no "extra-billing" - of any American citizen - for any AHA services rendered.

5. Specifically, Medical Professionals in every American location - which, they choose to be located in - shall be re-numerated - at the same AHA rate (per specialty) – adjusted only for provable State "cost-of-living" differences - which, are not "controllable" by other means - such as, medical facility offerings. (For example, AHA Medical Facilities may provide Medical Professional dormitories, meal rooms, laundries etc.)

6. AHA Medical Professional day-to-day travel expenses shall not be reimbursed – through AHA funds. This is to encourage employed AHA Medical Professionals, to

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live near - where they choose to work - which, will result in improved inner-city areas.

E) Penalties

1. The states shall ensure recognition of the Federal Transfer Payments (FTPs) by publicly viewable documents - modeled after modern transaction receipts (on state web sites, etc.)
2. States shall provide information to appointed AHA officers as requested. The AHA shall mandate a Director - with staff.
3. The size and scope of the AHA "directorate" shall dictate its annual budget.
4. The AHA Federally designated Director and their "staff" is entitled to request and receive specific information related to a state's AHA health care services. www
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5. This "information" shall be used in drafting AHA annual reports (to Congress) - which shall be made available and presented to the American people - regarding how each state has administered its AHA health care services over the previous year.
6. This information shall be provided on a timely basis (to the AHA staff) - on a level of detail – as requested by the AHA Federally designated "staff".
7. The AHA "Director" shall be appointed by the current President of the United States (during her or his term) - and, no confirmation (by the US Congress) is required.
8. Each AHA Director (so named) - shall offer their resignation - at the end of the "appointing President's" term.
9. Each state must "give recognition" to the USA federal government (as the "ultimate provider" of AHA services) in public documents and in any advertising or promotional material, relating to Federal AHA health services in the state.
10. For non-compliance - with any of the criteria listed above - the federal government (upon proof) shall withhold all or a part of the Federal Transfer Payment.

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11. The federal government shall actively enforce these criteria - utilizing all eligible enforcement capabilities of its departments: DOJ, etc.
12. Specifically, in recognition of the "status", "privilege" and "honor" that American society confers on "licensed Medical Professionals", no Medical Professional shall
 - a) organize "unions" or
 - b) go on "strike" - or, c) take actions to undermine the intent of the AHA - without risk to their State and Federally granted medical license.

[end of idea]