

Date: 1-6-2021

TRUMAN-CARE-2021 - by USA "ordinary" citizen

An update to Susan's original "ordinary citizen" PLAN created (in 2017)

TEXT Summary **Truman CARE** - as proposed by Susan

AS INVITED BY SENATOR BERNIE SANDERS CIRCA 4-10-2019

[<http://hansandcassady.org/Bernie-Medicare-for-all-2019-financing.pdf>]

Please see his last paragraph – for the “invitation” An IDEA (for USA Federal legislation) - Proposed by an "ORDINARY" USA citizen :: Ms. Susan Marie Cassady-Neuhart.

Susan is a "constituent" of [REPUBLICAN Congressman Michael Turner's District \[OH10\]](#) :: located near Dayton, Ohio.

The "ideas" represented - in this draft presentation - require a " Noble Champion" - who will use their access to the Congressional "hopper" ([A](#)) to



posit this idea .

< “hopper”

My Congressman - has chosen (thus far) NOT to be my "champion" – thus far. This may be – because he is a REPUBLICAN; However, Mike Turner OH-10 did previously “stand up” to current US President Donald J. Trump.

[“ [cowards](#)” need not apply.]

FUNDING: This Bill's objectives would be funded by a NEW fair tax - on ALL Americans; Which, they [all Americans] will gladly pay - in the same manner they do pay a modest Social Security tax; because all Americans will YES - have "Health-Care" - and, they will not have to pay *Private Insurance Companies* - a dime - in premiums.

All USA businesses will welcome this idea: because, THEY will not have to provide Health Insurance benefits - for their employees anymore.

Notes:

1) "Unions" may oppose this idea – because "Employee Health CARE" – is one of the easiest benefits -they- provide to members.

2) As a former business owner - Susan knows (In fact), "EMPLOYEE HEALTH CARE" is one of the largest expenses - that USA businesses are forced to pay (on a "global playing field") - to retain qualified and reliable employees.

SHORT TITLE: The American Health Act [**AHA -Truman CARE**]

This bill: Summarized herein [...] - has **32 main legal implications**. Thus, USA laws will need to be changed and passed.

Inspiration & Precedent: 1945-Harry-Truman-calls-for national-health-insurance-program :: **PBS Quotes:** "...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. ... " Then, 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. ..." ” **SOURCE:** <https://www.pbs.org/newshour/health/november-19-1945-harry-truman-calls-national-health-insurance-program>

SUMMARY PRESENTATION: This Bill: Has 2 main objectives:

[1] One 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 - throughout 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 "Truman CARE".

TO ACCOMPLISH ITS OBJECTIVES THE BILL - details a set of criteria and conditions (**drafted below**) that each state - in our Union of 50 States - must follow in order to receive Federal Transfer Payments (FTPs).

At the highest level the "criteria and conditions" may be summarized as:

- A) Public Administration - by States - 4 new laws
- B) Comprehensiveness & Universality - 8 new laws
- C) Portability - 2 new laws
- D) Accessibility - 6 new laws
- and E) Penalties - 12 new laws

The criteria -AND- conditions - to be met by each state AHA "Truman CARE" provider are as follows:

A) Public administration

1. All AHA "Truman CARE" 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 "Truman CARE" 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 sufficient proof they are necessary - for any practical reason. Which, any "presentation" to "retore" must be supported by "Science".

(That is, no one - on earth - should benefit from the pain and suffering - of an American citizen.)

B) Comprehensiveness - & -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.

[SPECIFICALLY: NO "MEDICAL PROFESSIONAL" SHALL BE PAID MORE ANNUALLY - THAN, THE PUBLIC UNIVERSITY PROFESSORS [THAT] TAUGHT THEM EVERYTHING THEY

KNOW HOW TO DO. - EXAMPLES INCLUDE: "SURGERY", PHARMACOLOGY, PATIENT INTERACTION, COLLEAGUE INTERACTION, APPLYING WHAT THEY LEARNED, ETC.]

NOTE: **Professionally Active Physicians** in USA (January 2021) > number = about 1,006,000

[Professionally Active Physicians "2020" kff < Google : [result](#)]

If each "Active Physician" worked for a "hospital" AND was paid **\$200,000**. annually - then that's : **\$ 201,059,000,000. Billion US dollars – required for annual payroll.**

Note: At Ohio State University – some Medical Professors are paid less – a few are paid more.

For comparison calculations:

USA Business Owners “budget” – for Bank loans, etc. (that) Each "person-year" in the USA = 40 hours x 52 weeks = 2,080 hours;

As members of Congress suggest: \$15 per hour = \$31, 200.

annually [Thus, the currently discussed “minimum wage is nearly 7 times less – than the “Truman CARE – average Doctor would be annually paid.]

3. All AHA "Truman CARE" services shall be provided in "World Class" American Medical Facilities - as required and needed - with no apportionment -

related to a State's individual wealth or population.
NEW FACILITIES SHOULD BE BUILT - IF
NEEDED.

4. The AHA "Truman CARE" shall cover all health services provided by Medical Professionals in these facilities (in every state) - including (as needed) psychiatry and dentistry.

5. NO ADDITIONAL FEES may be charged - by Medical Professionals - RELATED TO CARE OF PATIENTS.

6. "Medical Professionals" - THAT ARE EMPLOYEES - OF STATE AND FEDERAL HOSPITAL FACILITIES MAY NOT PROVIDE private (PAID) business SERVICES – to any entity.

7. No Medical Professional (employed to provide services - under the AHA "Truman CARE") - shall be permitted to simultaneously provide "private" business services.

8. The states are permitted, to offer additional "distinguishing" medical and dental services -THAT ARE SUPPORTED BY SOUND MEDICAL SCIENCE; however, these "additional services" shall be paid for exclusively by State Transfer Payments (STPs). These STPs shall be administered by the States - and, they may not be made fungible - or, made a part of the "Truman CARE" (FTP) funds - in any manner.

C) Portability

1. States shall be responsible for their “resident” 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. "Truman CARE" shall provide Medical Professionals with the means to provide uniform "reasonable access" to services offered for USA citizens - using all modes of public USA transportation systems (including trains, planes, 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 "Truman CARE" services shall be provided in similar and comparable "World Class" medical facilities - located in every state in America. Such that, a “medical professional” operating on one “Truman Care” facility – can be immediately effective – in another “Truman CARE” facility: that is – no

specialized (localized) “jargon” – shall be permitted; thus, an “X-ray” is an “X-ray” ([definition](#))

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

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

6. "Truman CARE" Medical Professional day-to-day travel expenses shall **not** be reimbursed – through "Truman CARE" funds. This is to encourage employed "Truman CARE" Medical Professionals, to 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 public-ally view-able documents - modeled after modern transaction receipts (on state web sites, etc.)

2. States shall provide information to appointed

AHA "Truman CARE" officers as requested. The AHA "Truman CARE" shall mandate a Director - with "officers" and staff.

3. The size and scope of the AHA "Truman CARE" "directorship" shall dictate its annual budget.

4. The AHA "Truman CARE" Federally designated Director and their "staff" is entitled to request and receive specific information related to a state's AHA "Truman CARE" health care services.

5. This "information" shall be used in drafting AHA "Truman CARE" annual reports (to Congress) - which shall be made available and presented to the American people - regarding how each state has administered its AHA "Truman CARE" health care services over the previous year.

6. This information shall be provided on a timely basis (to the AHA "Truman CARE" staff) - on a level of detail – as requested by the AHA "Truman CARE" Federally designated "staff".

7. The AHA "Truman CARE" "Director" shall be appointed by the current President of the United States (during her or his term) - and, yes confirmation (by the US Congress) is required.

8. Each AHA "Truman CARE" Director (so confirmed) - 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 "Truman CARE" services) in public documents and in any advertising or promotional material, relating to Federal AHA "Truman CARE" 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.

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 be permitted to:

a) organize "unions",

b) go on "strike" -

or, c) take actions to undermine the intent of the AHA "Truman CARE" - without risk to their State and Federally granted medical licenses.

Specifically, Due to previous (1945) "bad behavior history" - the American Medical Association [[AMA](#)] shall come under immediate review - regarding its still existing

[at enactment]

ability, motives and plans to subvert the success of this legislation.

[end of idea - as proposed by an "ordinary" USA Citizen]

SOURCE:

https://en.wikipedia.org/wiki/American_Medical_Association [Note: cites [number] may be accessed at the Wikipedia article].

"... AMA – "...Policy positions ... The AMA has one of the largest political lobbying budgets of any organization in the United States. Its political positions throughout its history have often been controversial [subversive]

In the 1930s, the AMA attempted to prohibit its members from working for the [health maintenance organizations](#) established during the [Great Depression](#), which violated the [Sherman Antitrust Act](#) and resulted in a **conviction** ultimately affirmed by the [US Supreme Court](#).^[79]

The American Medical Association's vehement campaign against [Medicare](#) in the 1950s and 1960s included [Operation Coffee Cup](#), supported by [Ronald Reagan](#). VIDEO <https://www.youtube.com/watch?v=Bejdhs3jGyw>

"... Operation Coffee Cup was a campaign conducted by the American Medical Association (AMA) during the late 1950s and early 1960s in opposition to the Democrats' plans to extend Social Security to include health insurance for the elderly, later known as Medicare. As part of the plan, doctors' wives would organize coffee meetings in an attempt to convince acquaintances to write letters to Congress opposing the program. The operation received support from Ronald Reagan, who in 1961 produced the LP record Ronald Reagan Speaks Out Against Socialized Medicine for the AMA, outlining arguments against what he called socialized medicine. This record would be played at the coffee meetings. ..."

Since the enactment of Medicare, **the AMA reversed its position** and now opposes any "cut to Medicare funding or shift [of] increased costs to beneficiaries at the expense of the quality or accessibility of care".

[Understand the role that the AMA plays in current Medicare "RUC"]

<https://www.americanprogress.org/issues/healthcare/reports/2018/07/13/453159/rethinking-the-ruc/>]

However, the AMA remains opposed to any single-payer health care plan that might enact a National Health Service-style organization in the United States, such as the United States National Health Care Act. In the 1990s, the organization was part of the coalition that defeated the health care reform advanced by Hillary and Bill Clinton.

The AMA has also supported changes in medical malpractice law to limit damage awards, which, it contends, makes it difficult for patients to find appropriate medical care.

In many states, high risk specialists have moved to other states that have enacted reform. For example, in 2004, all neurosurgeons had relocated out of the entire southern half of Illinois.^[80]

The main legislative emphasis in multiple states has been to effect caps on the amount that patients can receive for pain and suffering.

These costs for pain and suffering are only those that exceed the actual costs of healthcare and lost income. At the same time however, states without caps also experienced similar results, suggesting that other market factors may have contributed to the decreases. Some economic studies have found that caps have historically had an uncertain effect on premium rates.^[81]

Nevertheless, **the AMA believes** the caps may alleviate what is often perceived as an excessively litigious environment for many doctors.[□]

A recent report by the AMA found that, in a 12-month period, five percent of physicians had claims filed against them.^[82]

The AMA sponsors the [Specialty Society Relative Value Scale Update Committee](#), which is an influential group of 29 physicians, mostly specialists, who help determine the value of different physicians' labor in Medicare prices.

Collections of the association's papers dating from the late 1860s to the late 1960s are held at the National Library of Medicine.^{[83][84]} ...”
