

From: Victoria Bramley <victoria@insurancestores.com>
Sent: Thursday, August 24, 2017 3:24 PM
To: DCBS 1332 Comments * DCBS
Subject: Comment on historical success of public/private partnerships

Hello,

This would be an excellent opportunity to prove what President Kennedy had started with the FEB Federal Executive Board; public and private entities working collaboratively to solve social problems. We so applaud this direction

Strong evidence of some previous successful public and private collaboration success stories:

Medicare when joined with private insurance carriers many many years ago developed the Medicare Supplement plan market only to solve a problem. This enabled the consumer to be able to pay for care expenses through private insurance that was not covered by original Medicare. The program was and still is overseen by the government. This collaboration not only relieved the consumer, but took a massive financial burden off the government, and the tax payer who would have had to pay for the care anyway for the people who could not afford this 'gap'. More people would have eventually shifted onto Medicaid.

And like Medicare Supplements above..these below were offered all year long so no rush to get the masses in a plan change in just 45-60 days.

OMIP Oregon Medical Insurance Pool was a program in Oregon to help those with pre-existing conditions at at time when health underwriting was the only way to get private health insurance. With a partnership between the public and private sectors again this OMIP program helped many gain quality plans and care not available to them beforehand. Although a higher premium....this was often paid for the consumer by FHIAP.

FHIAP Federal Health Insurance Assistance Program. This program, collaboratively managed with carrier support, helped cover the premium cost for those who were on OMIP but could not afford a health insurance plan. These plans were the exact same anybody could choose from. Up to 95% of a consumers premium was paid based on their income so often someone with limited income chose the top of the line plans offered by all the carriers.

There are others.

I as an agent came into my healthcare planning career like most agents due to personal family healthcare issues. In the mid 1990's after caring for numerous very ill family members and struggling with how to pay for care, while raising my family, I myself witnessed it often came down to who had money for elder care and who didn't. Today not just in elder care but in health care in general for young and old, with today's cost of premiums, and other out of pocket cost, people are now more than ever not going to the doctor. This whole experience of cost of care led me to becoming a health insurance expert.

In my work, health insurance agents in the field, not a carrier agent or government employee or non agent, meet daily with people from all backgrounds in their particular communities and represent all races, ethnicity, religious or not affiliations, and all genders and immigrants or not etc. Field agents are often the first to meet people who are in pain, physically, mentally and or emotionally and financially and seeking help with care. Agents without pay or compensation often do pro-bono work and refer people to the resources they know will gain them healthcare as quickly as possible such as emergency services, food sources, shelter, low or no cost medical clinics, aging and disability resources, Meals on Wheels, and much more more.

For some time the public and private world in the not too distant past, under the direction of Mark Jungvert and others such as SHIBA, in Oregon historically, recognized that the health insurance independent agent who under a brokerage hierarchy could and did reach more people statewide to provide more care, quickly spreading any new state or fed or carrier program, and save the state, federal government and carrier financially by doing so.

An agent in the field does not cost the state or federal government or even the carrier anything to be the messenger and saves the cost of employee benefits and massive overhead of public or carrier call centers etc. We as agents are ONLY paid if and when we sign a client up for a plan. Agent have a fiduciary responsibility to do the right thing in order to keep their clients happy and thus retain their client. And with the majority of agents welcoming government oversight of agents, agents are trained, experienced, licensed, meet E and O, have multiple annual certifications, take required CE courses, follow strict carrier, state and federal compliance laws, all appreciated and combined to protect the consumer. The result is working collaboratively public and private entities save money while solving our countries problems.

I applaud the move towards working together and the understanding how carriers and states must be able to financially cover the cost of care by doing so. Whether public or private, if not enough money comes in then taxes and or premiums must go up to do so hurting everyone and dividing us even more.

Encouraging state employees, social workers and state volunteers to partner with local professional agencies and visa versa benefits all our communities.

Thank you.

Victoria Bramley

President

Victoria Bramley CLTC CSA

Healthcare Planner

Insurance Consultant

The Insurance Store, Inc. The Insurance Store NW

252 A St Suite 200

Lake Oswego, Oregon 97034

Office: (503) 693-1186

Cell: (503) 544-3829

Fax: (503) 675-4321

Visit us online:

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