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## Health care reform a state problem, too

By RICK WHEELER

Chris Christie is entering the governor's office with the \$8 billion hole in the state budget as the primary, ever-present and well-publicized concern. Yet, the governor-elect need do nothing more than look over his shoulder and he will find the issue of health care reform has been following right behind him.

While many perceive that health care reform is an issue that is working its way through Congress and the solution ultimately lies on the president's desk, the fact is that many facets of reform are relegated to the states. Here, the responsibility will sit squarely on Christie.

Our incoming governor will soon need to become a leading expert on health care issues — even at a time when tax cuts appear to be his talking point of choice.

As immediate past president of the New Jersey Association of Health Underwriters, which has been the leading proponent for responsible health care reform in the state, permit me to outline three key issues that Christie must soon address:

Review state mandates.

Reductions in health care premiums face an immediate roadblock in New Jersey because the state requires 45 mandates for care that health insurers must provide. Those requirements are computed into the final premium costs and are passed down to you and me.

While the mandates are well-intentioned and designed to protect the consumer, many of these requirements were adopted at a time when health care was considered affordable and accessible to the general public. It's time to conduct a sweeping review of the mandates and eliminate whatever is unrealistic in the current economy.

We recommend that Christie consider a "mandate lite," similar to Virginia, that allows insurance companies to offer plans without mandates. Christie has already expressed his interest in this concept. We urge him to move forward, undeterred.

Advocate for an opt-out of national reform.

Those who have been following the debate on Capitol Hill recognize that many of the reforms being considered already exist in New Jersey. If a national public insurance plan were enacted here, it would likely just duplicate services and not save any money in premiums.

Yet, if people switched to the public plan, many don't realize the state would lose millions of dollars in annual tax revenue generated from private insurance companies. To preserve this income stream, our cash-strapped state must seriously consider opting-out if we find the public plan doesn't work for New Jersey.

Prevent a "Race to the bottom."

There has been talk about allowing New Jerseyans and the rest of the country to purchase insurance plans across state lines. While it would certainly encourage competition, our concern is that it would also drastically reduce the level of health care in New Jersey, forcing our emergency clinics and hospitals to pick up where these health plans fall short.

Health experts have said that opening up our borders to competing health insurance companies would encourage out-of-state private carriers to offer the cheapest plans possible, with as little coverage as possible. New Jerseyans would believe they are "covered," but find the only way they can be treated is by relying on charity care, in which hospitals must treat all emergency cases that enter their doors, no matter the ability to pay. Those costs would ultimately be absorbed by the taxpayer.

As the incoming governor enters this thicket of health care policy, the NJAHU stands as a trusted, non-partisan resource. As professionals who guide employers and consumers through the complex labyrinth of insurance, NJAHU members are on the front lines every day. Our experience and knowledge is critically important to the incoming governor as national health care reform barrels toward New Jersey.

The stakes are high. The issues are maddeningly complex. The governor needs to know the consequences and the prudent options available to him before he makes health care decisions that can drastically affect every New Jerseyan.

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