

Ideas and Innovations for a Healthier American Future

Some believe fixing our nation's health care system requires expanding the size of the federal government and extending its reach further into hospitals, doctor's offices and the marketplace.

At WellPoint we believe health reform based on ideas and innovations, not ideology, will light the path to high-quality, affordable health care for all Americans. We know it because America's private health care marketplace is already driving important progress to improve quality, safety and accessibility.

It's unacceptable when medical errors and drug safety events cause patients to spend up to two million extra days in the hospital each year and lead to as much as \$9 billion in additional costs. That's why WellPoint is expanding use of e-prescribing and health information technology to make health care safer and more cost-effective.

Today, 30 cents of every health care dollar goes toward redundant or inappropriate care. We're researching the effectiveness of treatments and technologies to ensure that patients are getting the right care, at the right time and at the best value. And we're using innovative pay-for-performance initiatives to make positive health outcomes the highest priority.

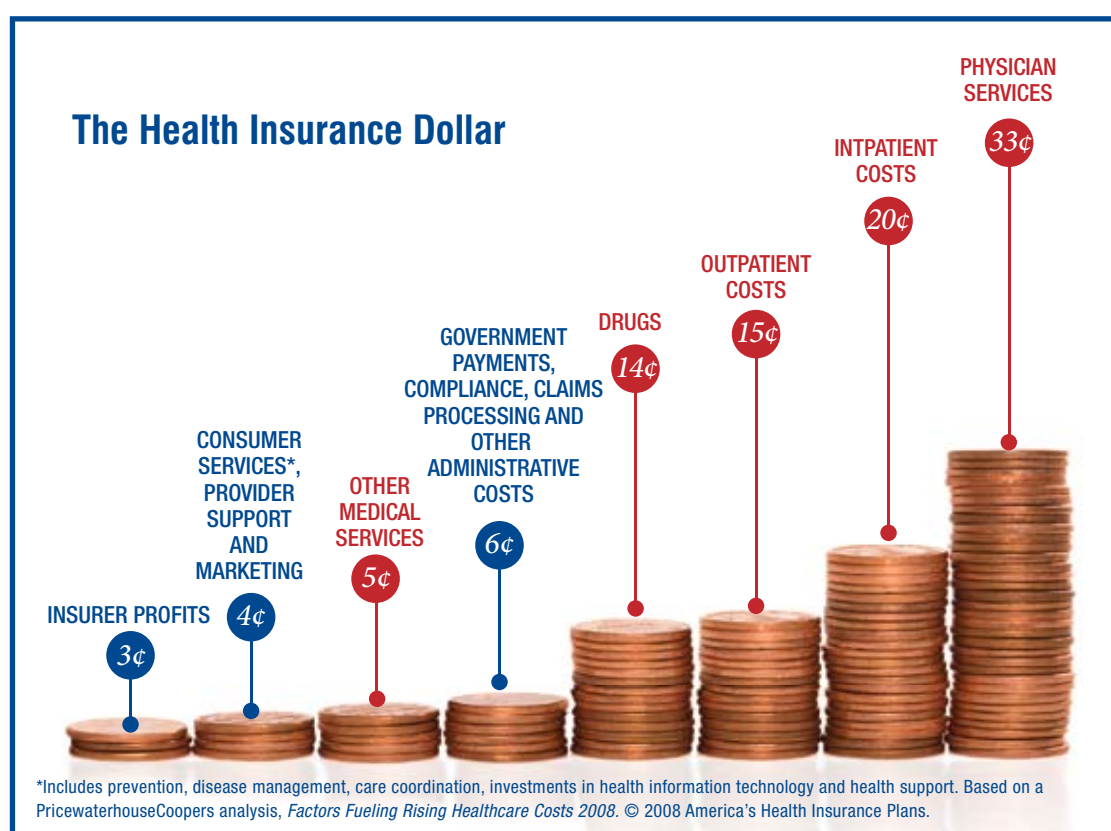
We believe a health care system in which 46 million of our fellow citizens are uninsured is not acceptable for Americans. WellPoint is a principle advocate of reforms leading to universal coverage, including insurance market rules that, if structured carefully, would guarantee that every American be issued affordable health insurance and no one would be denied coverage for pre-existing conditions.

These progressive principles and innovations can help lead American health care into a brighter future. But instead of focusing on improving the health care delivery system to address quality and cost issues, and allowing all Americans access to leading edge medical and scientific advances, some policymakers are advocating a thinly disguised shift to government-run health insurance.

Today, the average family of four pays an extra \$1,800 each year for health care because of cost-shifting – under which the privately insured bear the burden of Medicare and Medicaid paying doctors and hospitals less than the actual cost of care. Driving more patients into publicly funded care would increase cost-shifting, making health care more expensive for working families and disrupting the progress the market is already driving.

It is time to share new ideas and discuss innovative approaches to improving health care quality, reducing costs and making coverage available and affordable for everyone who needs it. Congress has a unique opportunity to pass bipartisan reform driven by these principles.

We look forward to discussing these ideas in this space in the months ahead. As the national health reform discussion continues, WellPoint remains committed to leading the way toward the answers our country needs.



**Excess Length of Stay, Charges, and Mortality Attributable to Medical Injuries During Hospitalization," Journal of the American Medical Association: 2003;290:1868-1874.

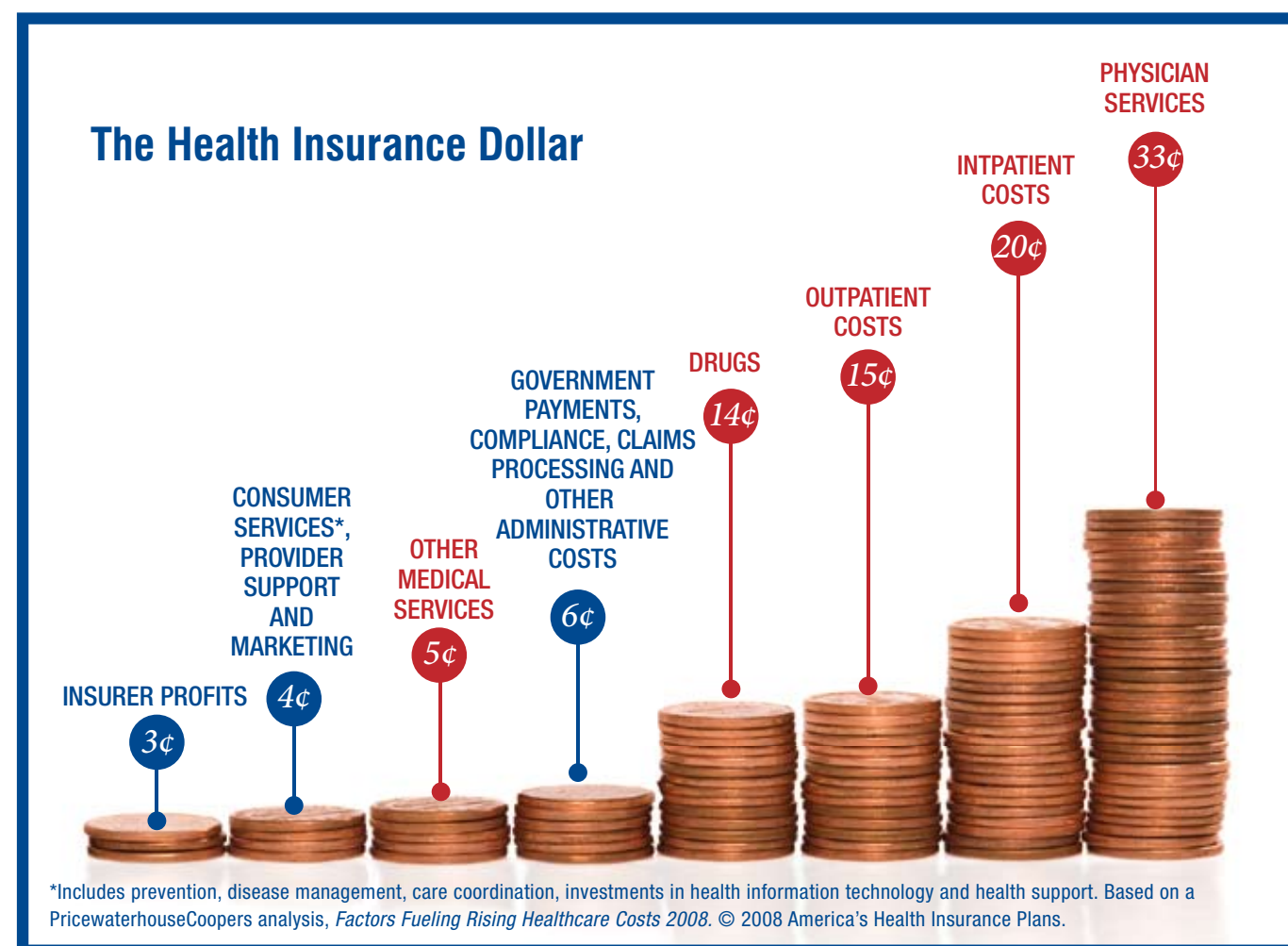
*Fisher, E., Wennberg, D., et al., "The Implications of Regional Variations in Medicare Spending: Part 2, Health Outcomes and Satisfaction with Care," Annals of Internal Medicine; Vol. 38, Issue 4, February 2003.

*Hospital and Physician Cost Shift: Payment Level Comparison of Medicare, Medicaid, and Commercial Payers. Milliman. December 2008.

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