

Blue Cross Blue Shield of Michigan

2010 Election Cycle Candidate Questionnaire

Candidate Name: Rick Olson

House/Senate Legislative District: 55

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Phone Number: 734-944-0794 Fax: 800-794-1346

Email Address: OLSON48176@COMCAST.NET

Name and Address of Campaign Committee: SAME ADDRESS

Rick Olson - The Voice for the People

Treasurer: Rick Olson

Occupation prior to Candidacy: AGRICULTURE + SCHOOL BUSINESS MANAGER
CERTIFIED FINANCIAL PLANNER, ATTORNEY

Educational Background (please include year of completion and level of degree(s)
or certificate(s) received):

STANFORD LAW SCHOOL, J.D., 1978, + MUCH MORE

Public offices held or for which you were a candidate for (please include years of
service): DOUGLAS COUNTY, WA PROSECUTING ATTORNEY CANDIDATE IN 1982?? LOST
NARROWLY IN PRIMARY TO INCUMBENT REPUBLICAN

Memberships and affiliations: MICHIGAN STATE BAR, WASHTENAW COUNTY
REPUBLICAN PARTY EXECUTIVE COMMITTEE (PR COMMITTEE CHAIR)

Endorsements received: MANY PENDING

Affiliation with any Health Care Insurer or Provider: NONE, OTHER THAN INSURED THRU BCBSM

Signature: Richard Olson

Please return completed form to:

Blue Cross Blue Shield of Michigan
Office of Governmental Affairs
602 West Ionia Street
Lansing, MI 48933

Phone: 517-371-7910
Fax: 517-371-7979

Deadline: June 15, 2010

Legislative Priorities

If elected, what are the top three issues or legislative priorities you intend to pursue?

1. IMPROVING BUSINESS CLIMATE IN STATE TO CREATE JOBS
2. CONTROLLING PUBLIC SECTOR EMPLOYEE WAGES & BENEFITS TO AVOID TAX INCREASES
3. REDUCE OR ELIMINATE MBT

Issue: Insurance Mandates

Background: Access to health care coverage is an extremely important issue to the residents of Michigan. The cost of coverage is a determining factor in whether or not an employer or an individual can afford to offer or purchase a health insurance policy. Mandated benefits - the requirement that specific benefits be included in any health insurance policy - add to the overall cost of health care, making it increasingly more difficult for employers and individuals to access affordable health care coverage in Michigan. The type of coverage an employer or person selects should be their decision.

Mandates can include anything from contraceptive coverage options to a wide range of mandated benefits for things like autism spectrum disorder, mental health, or substance abuse services. Employers and individual subscribers, today, can choose to purchase this coverage through the addition of riders on their current policies. It does not have to be mandated.

When state or federal governments pass laws mandating specific types of coverage must be offered, regardless of whether they are desired benefits, it drives up the cost of the premiums that everyone must pay. In the end, consumers generally lose because they can no longer access affordable health care coverage.

Questions:

Do you believe employers/employees should have a choice as to which benefits are included in their personalized health benefit plans?

Yes

No

Comments:

Do you believe that mandated benefits increase the overall cost of health care coverage?

Yes

No

Comments:

Do you believe that mandated benefits unfairly limit access to health care coverage?

Yes

No

Comments:

Higher cost policies price some consumers out of the
MARKET.

Would you oppose legislation that mandates that a specific benefit be included in health care coverage?

Yes

No

Comments:

Issue: Contract Regulation

Background: Some legislation has the potential to interfere with a private company's ability to engage in normal commerce by statutorily dictating what is generally currently either negotiated in private business contracting or through the bargaining process. One example of this is legislation that modifies the scope of practice and/or licensing for a specific group of health care providers. Many argue that legislation should allow for the continuation of private negotiation and contracting relative to the reimbursement of these providers' services, rather than *requiring* reimbursement statutorily.

Legislation must maintain a fair and reasonable degree of competition in order to achieve the most cost-effective solutions for consumers.

Questions:

Would you support legislation that would dictate aspects of contract negotiations between health care carriers and providers?

Yes

No

Comments:

Do you think that employers should be allowed to work with health care carriers to determine the best methods of keeping costs down for their group?

Yes

No

Comments:

Issue: Long Term Care Insurance

Background: Over the next 40 years, the over-65 population in the United States is projected to balloon to over 80 million people. With over one-third of the Michigan's Medicaid budget going toward funding long term care, the State is looking for ways to reduce its reliance on Medicaid to meet the long-term care needs of its residents.

Long term care insurance is different from regular health care coverage. While health coverage deals with acute care provided by doctors and hospitals, long-term care helps with services and other expenses not covered by Medicare, Medicaid, or other health insurance like assistance with basic activities of daily living when a person is unable to care for himself/herself. BCBSM's long term care insurance subsidiary, LifeSecure, seeks to help individuals plan for long term-care expenses associated with an extended chronic condition. This type of coverage often picks up where traditional health care coverage leaves off.

LifeSecure is also helping to play a role in relieving the pressure on Michigan's Medicaid program by encouraging individuals to purchase long term care insurance and avoid spending down their assets to qualify for Medicaid.

Question:

Would you support legislation that provides incentives toward the purchase of long term care insurance as a way to help protect individuals, as well as decrease dependence on Michigan's Medicaid program?

Yes

No

Comments:

Open to the idea of INCENTIVES. UNSURE OF WHAT INCENTIVES
I should or would support. Interested in learning more, as this
is an important issue -

Issue: Increased Access

Background: A key component of BCBSM's commitment to helping the uninsured access health care is our participation in MICHild, Michigan's health care coverage program for uninsured children under the age of 19. BCBSM's large statewide network of quality providers have served to provide the greatest access for participants in the MICHild program. Additionally, BCBSM continues to provide MICHild coverage for 28,000 of the 32,000 children currently enrolled in the program and contributes more than \$15.5 million in annual costs that it does not bill back to the state.

The state has considered converting this program to a Medicaid managed care arrangement, which would provide much lower reimbursement rates to physicians - who may then opt not to

participate in the program – and result in decreased access to low-income children in need of coverage. BCBSM has a vast coverage network, operating in all 83 counties and accepted by more providers than any other health insurance carrier. Also, a recent CHRT survey found that thirty-five-percent of those covered by Medicaid or Healthy Kids reported difficulty in locating providers who would accept their coverage. Conversely, eighty-eight percent of those covered by the MICHild program reported NO difficulty in locating providers who would accept their coverage.

For over 70 years, BCBSM has maintained a strong commitment to health care coverage for Michigan residents, and is especially committed to increasing the number of children who have access to affordable health care coverage.

Question:

Do you support the continued involvement of BCBSM in the MICHild program in order to ensure access for children and its continued success?

Yes

No

Comments:

Issue: Reforming Health Care for Individuals

Background: In 2003, the Michigan Legislature changed the laws that regulate insurance coverage for people who work for small business and receive their health insurance through their employers. These laws have been effective in improving the security and affordability of health care coverage by holding down the annual rate of premium increases and creating healthy competition among insurers--prompting them to offer more coverage options. Unfortunately, there is no such security today for anyone in Michigan seeking to purchase insurance on their own in the “individual market.”

As the economy changes, more and more employers are opting not to offer employer-sponsored coverage, sending their employees to the individual health care market in search of coverage. Michigan does not have the necessary regulatory structure currently in place to adequately protect people.

The recent passage of National Health Care Reform will change the insurance landscape on health care financing, delivery and regulation. Within six months, there will no longer be lifetime limits, no unreasonable annual limits, no rescissions except in the case of fraud, no cost sharing for certain preventive services and coverage will be extended for dependant children to age 26.

It is important to understand, however, that passage of the federal legislation does not mark the end of the process to reform health care. It is just the beginning. For example, much more must be done to control ever increasing health care costs. National Health Care Reform does require that all Americans obtain coverage in 2014, and consequently Michigan will experience tremendous growth in the individual insurance market. Expansion of coverage also comes with challenges that will require innovative approaches and an unending pursuit of continuous improvement to stave off increased costs. In addition, Michigan’s outdated health insurance regulatory system is

in need of changes that will immediately level the playing field in our state and facilitate a more competitive environment among insurers.

Questions:

Do you support reforms that would put many of the same protections enjoyed by Michigan small employers in place for individual purchasers of health insurance?

Yes

No

Comments:

Michigan's current regulatory system allows commercial insurers to make sure that they only insure the healthy. These insurers are able to set prices with such a wide disparity that the prices are low for the young and healthy, encouraging them to buy, but very high for any individuals they consider "at risk." This phenomenon is called "cherry picking." Because of it, high risk individuals are much more likely to purchase insurance from BCBSM – which drives prices up for all BCBSM customers. Would you support efforts to curtail "cherry picking" and establish a level playing field for insurers?

Yes

No NOT SURE. NEED MORE INFO.

Comments:

OPEN TO HEARING ALTERNATIVES. I UNDERSTAND POSITION
BCBSM IS IN, REQUIRED TO COVER ANYONE. WISH TO MAINTAIN
A COMPETITIVE MARKET, HOWEVER.

Do you support codifying Michigan insurance laws to put basic consumer protections in place that ensure people get fair and competitive rates and maintain access to coverage regardless of their health status?

Yes

No NOT SURE

Comments:

ALL WORTHY GOALS. NEED MORE INFO, AS THE DEVIL IS IN
THE DETAILS.

Do you believe a level regulatory playing field should exist where all health insurance carriers play by the same rules and are responsible for assuming some risk in covering those who are elderly or have costly health conditions?

Yes

No NOT SURE.

Comments:

SEE ABOVE, PRINCIPLE SEEMS CORRECT
BUT DON'T LIKE MORE REGULATION + LESS CHOICE

Blue Cross continues to face a regulatory burden that no other insurer in Michigan— including out-of-state, for profit insurers, has to face. Would you support legislation to streamline the rate filing process for BCBSM?

Yes PROBABLY No 7

Comments:

DETAILS, DETAILS

Issue: Enabling Subsidiaries to Offer Multiple Lines of Insurance and Grow Michigan-Based Jobs

Background: BCBSM operates subsidiaries, including Blue Care Network, LifeSecure, and the Accident Fund Insurance Company of America (AFICA). AFICA serves as Michigan’s largest Workers Compensation insurer.

BCBSM subsidiaries provide a stabilizing influence on BCBSM health insurance rates for our more than 4.6 million members in Michigan. They also enable BCBSM to operate on a financial health care margin of one-tenth of one percent, annually. The Accident Fund’s growth, nationally, has returned hundreds of new high-paying, Michigan-based jobs and economic growth to the state. The strength of BCBSM subsidiaries enables us to keep insurance increases lower, and to subsidize care for seniors, low income children, and others in need of access.

Currently, the Accident Fund is statutorily prohibited from engaging in any line of insurance other than workers compensation. Enabling subsidiaries like AFICA to engage in multiple lines of insurance will help to grow Michigan-based jobs, adding to the state’s tax base during tough economic times.

Questions:

Would you support statutory changes that enable BCBSM’s tax-paying subsidiaries like the Accident Fund Insurance Company of America to engage in multiple lines of business if they were required to operate under the same tax and regulatory structure as all other commercial insurers?

Yes ✓ No

Comments:

Do you believe that statutory changes should be adopted, allowing BCBSM’s Michigan-based subsidiaries to expand in Michigan as long as they are prohibited from utilizing the Blues provider networks or hospital discounts to their competitive advantage?

Yes ✓ Although I don't see the need to restrict BCBSM from accessing its network to lower costs to consumers No 7

Comments:

Some elected officials have proposed selling health insurance across state lines as a way to increase competition and help control health insurance prices. Others argue that this proposal would just allow out-of-state insurers to sell insurance here without obeying Michigan's consumer protection laws. This would not only potentially harm individuals then, but also in-state insurers who play by the Michigan rules, and provide high quality jobs here. Do you support selling health insurance across state lines?

Yes Yes, if companies follow Michigan Laws _____ No _____

Comments:

I support CONSUMER CHOICE. I WOULD WANT TO HEAR TESTIMONY REGARDING "CHERRY PICKING" PROBLEM, HOWEVER, IS THIS COULD INCREASE THAT ISSUE.

As you are well aware, the cost of health care continues to rise. What do you believe is contributing to these cost increases? Please rate each of the following entities and factors as to how they contribute to health care cost increases on a 1 to 5 scale, with 1 being no impact, and 5 being a major driver of increasing health care costs.

- 1 Health Insurance Companies
- 1 Hospitals
- 1 Doctors
- 5 People are living longer, and able to overcome illnesses like never before in our history, so naturally prices will go up.
- 5 Unhealthy Lifestyles
- 3 State Mandates
- 5 Other third party payor system, with 1 party paying costs & recipients deciding which & how much services to use

Comments:

I like MORE CONSUMER DRIVEN HEALTH CARE PLANS, e.g., HSA's with high deductibles MAJOR MEDICAL INSURANCE. We must make people more accountable for their own health & more ACCOUNTABLE & KNOWLEDGEABLE ABOUT THE COST OF THE SERVICES They purchase.

THERE IS NO INCENTIVE FOR DOCTORS TO AVOID DEFENSIVE MEDICINE (expensive, unnecessary tests) IF SOMEONE OTHER THAN the patient is paying the bill, regardless of Michigan's Tort Reform Law which is better than most states!

Rick Olson – Ready to Serve as Your Voice for Jobs

Have they heard us yet?

Are you one of the many people frustrated with the bank bailouts, huge budget deficits and government takeovers in Washington AND the budget gridlock and lack of leadership in Lansing? Are you tired of the partisan political games?

I will give us a voice!

I know how to get things done.

We need experienced, knowledgeable people in the legislature to meet our serious and complex challenges. With term limits, we don't have the luxury of electing someone who is going to have to learn on the job. I have worked with a legislature. And, with a lifetime of financial, legal, both public and private business management and leadership experience,

I can hit the ground running.



(The way we were – 27 years ago)
Michigan Natives, met at Michigan State
Married, 39 years to Linda
Father to Brad and Kirk (ages 34 and 31)

We must improve the state's business climate to create jobs.

Innovation and entrepreneurship in small businesses will create jobs and grow our way out of the economic mess our state is in. Ranked 48th out of 50 is NOT acceptable!

Experienced and Knowledgeable

Michigan State University Graduate, 1970
Stanford Law School Graduate, 1978
Attorney, Washington State Legislature -1981-1983
Attorney, WA Governor's Office – 1983-84
Washington State Bar Association - 1978-97
Passed Michigan Bar Exam, 2009
Certified Financial Planner - 1984-1989
Private Business Manager – 15 Years
Public School Business Manager – 7 Years
Corn Grower Cooperative President
Agricultural Economist – 1970-1975



Rick
OLSON
for State Representative

Republican Candidate, 55th District

<http://voiceforthepeople.net>

<http://rickolson.blogspot.com>

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