

In 2004, the revised 10-year estimate for the recent legislation that overhauled the Medicare would actually cost between \$500-billion to \$600-billion, a lot more than the \$395-billion price tag presented by the Bush Administration. The Medicare system would really have to be "*reinvented*" in order for it to survive and progress on a long-term basis.

Here are my other suggested ways of "reinventing" the Medicare:

F irstly, there should be a law authorizing the Medicare to import drastically-lower priced non-generic and generic drugs. These imported drugs would come from foreign pharmaceutical firms that have proven track records in matters of quality and affordable pricing. The Medicare would be mandated to work with existing pharmacies, so as not to "**reinvent**" the wheel in the distribution of medical supplies. This practice can easily be justified because in most cases the pharmaceutical firms in a lot of countries are actually subsidiaries or affiliates of American drug-manufacturing companies. Importation is a must because the same drugs manufactured abroad by the same American pharmaceutical companies cost a lot less than those made in the United States.

The second step is to mandate that all Medicare members who suffer injuries resulting from car accidents or other misfortunes such as slip-and-fall cases go back to their original Medicare providers. These providers may be the HMO to which these Medicare members belong. Any award resulting from these injuries suffered under any of the stated accidents or misfortune should also be done in the same suggested manner as the MML-based awards are given. The very least is for the financial award in such accidents to be added to the cash value or benefits of the accident victim's ADIP.

Another (third) step is to authorize American citizens who are members of the Medicare to seek treatment in their original native countries in cases where they have been diagnosed with serious or terminal ailments. This provision may in reality allow the said Medicare patients to die in their own country of birth if they so choose. As normally foreign-hospice charges are way below the rates in American hospitals, then the Medicare would be able to cut down the cost of providing care and comfort to the said patients. Additional safeguards may be provided such as requiring the foreign-based hospital to have medical staff members who have worked previously in an American hospital. Why? Because these foreign workers would have been licensed before by an American state in their chosen medical field or area of specialization. The Overseas-Filipino Workers Net Foundation, under the chairmanship of Eddie del Rosario, M.D., has a pending proposal similar to this suggested step.

Lobbying Needed

The American hospital industry can become a major source of economic activities, as many well-to-do foreigners like to come to the United States for medical treatment and other hospital needs. Addressing the "reinvention" of some of the practices for the American medical industry and the Medicare is needed if the leadership of the United States in the field of health care is to be maintained.

A Filipino-American Crusader for Healthcare Reforms

Dr. Nelson A. Paguyo is the Filipino-American author of the book, "***Healthcare for All Americans: Healthcare Crisis USA - a Comprehensive Solution***"

He identified the various problems the present American healthcare system has and offered specific solutions. His proposed healthcare plan according to those who read the original thesis is simple to implement and is not government-run or a single-payer program. It provides uninterrupted healthcare coverage to all Americans [wherever they are in the world] with freedom to choose their health provider, easy access, unfettered freedom of their chosen provider to practice his/her profession and uses the dynamic forces of a market economy to determine the true value of health services and health-related products.

The book was published to reach a critical number of Americans who are willing to call their legislators in Washington, D.C., to reform the system. If the present healthcare trend is allowed to continue by 2015 (eight years from now) the national health expenditure will rise to 5-Trillion US dollars or around \$16,000.00 per person in the United States – based on a population

Reinventing the American Healthcare Industry (Part II) - MabuhayRadio

Written by Bobby Reyes

Saturday, 01 September 2007 18:01 - Last Updated Friday, 18 September 2009 11:12

of 325-million people. According to Dr. Paguyo, reforming the healthcare is URGENT or else the American people won't be able to afford it. To contact Dr. Paguyo or obtain a copy of his book, please e-mail him at nestland@msn.com .

(To be continued . . .)

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