Over the past several weeks, thousands of Nebraskans have shared their views with me regarding the health care proposal in Congress. I have hosted a public field hearing on "Addressing the 'Health' in Health Care," held personal meetings with constituents, conducted town halls, and received numerous emails, letters, and phone calls.

While these forums have demonstrated a diversity of thought and opinion, including discussion about the challenges of affordability and the need for reasonable reforms, many Nebraskans have expressed serious concerns about the government-run public option plan before the House of Representatives. I take these concerns very seriously, and believe that Americans deserve a thorough policy debate that is focused on strengthening the best aspects of our health care system.

As you know, the massive health care overhaul which was crafted by some members in the House of Representatives was delayed. I was very concerned with the speed and forcefulness by which this bill was being rushed. In its current form the bill is over 1,000 pages long with a cost of more than $1 trillion over 10 years. The size and scope of this proposal, and its central components, demand more thoughtful deliberation as there are many elements of concern to many Americans.

I believe that Congress should be focusing on one essential question: how do we improve health outcomes and reduce costs while protecting vulnerable persons? A thorough policy debate must be grounded in these cornerstone objectives to effectively improve the quality of and access to health care for all Americans, rather than simply developing a new government financing mechanism without regard to unsustainable cost projections.

As I continue to emphasize, building a culture of wellness, strengthening the best of patient-centered care, and creating new insurance models may help meet these goals. Seventy-five percent of our nation's current $2.2 trillion overall health care expenditure is spent on the treatment of chronic lifestyle- and obesity-related diseases, much of which could be prevented or managed more responsibly, saving perhaps hundreds of billions of dollars. Right now, our doctors are paid to cut, fix, or prescribe. An essential component of health care should be prevention. We need a better approach to chronic disease management and must change our focus to one that is patient-centered rather than system-centered. The August congressional field hearing I hosted at Madonna ProActive in Lincoln examined the extraordinary opportunities to improve outcomes and reduce costs through wellness initiatives centered on prevention and good nutrition. You can view the hearing and read witness testimony on my official website, http://fortenberry.house.gov.

We must also address more cost-effective avenues of health care delivery for our most vulnerable individuals, such as strengthening community-based safety nets that provide such care less expensively—for instance, Community Health Centers. Nearly 40 percent of patients who access community health centers are uninsured, and sadly, many are children. Similarly, home health services can provide care management to the chronically ill and disabled in the comfort of their homes, while significantly lowering the costs of care.

It is also imperative to have a creative discussion about new insurance models that, among other things, address portability and allow for the purchase of insurance across state lines. There should be flexibility for organizations and businesses, individuals and families, and nonprofit entities to associate and operate nimbly in a free and informed marketplace with added choice of insurance coverage options. In addition, we could expand subsidies for high risk insurance pools for those who are priced out of normal rates due to chronic illnesses or pre-existing conditions and those who are having affordability problems. Medical liability reform, the elimination of excessive testing due to the practice of defensive medicine, a potential expansion of Health Savings Accounts, as well as team care coordination for complex medical difficulties are other important considerations.

Health care policy is complex. Washington should take the time to get the necessary reforms right. These policy suggestions are only a few components of the necessary tasks at hand, but help optimally answer the fundamental question of how to improve health care outcomes and reduce costs. Clearly, if we incentivize wellness, and expand and promote a culture of health with a true paradigm shift to prevent rather than simply treat diseases, we will succeed in tackling one of the primary drivers of health care costs for families and small businesses, while strengthening the health of Americans.

I appreciate the many constructive discussions I have had with Nebraskans over the past several weeks. Together we have the opportunity to do something good and right for the American people, meeting the critical objectives of improving our health, reducing the costs of care, and protecting vulnerable persons.