There used to be a television program called "Dragnet," about a Los Angeles police detective named Joe Friday and played by actor Jack Webb. Friday was an intense interrogator when interviewing a person concerning a crime. When the person questioned was a woman who veered off the topic, he was famous for saying, "Just the facts, ma'am."

The same could be said about the healthcare reform debate. Before a healthcare overhaul of $800 billion to more than a trillion dollars is passed, we, the American people, need to have all the facts and nothing but the facts, not platitudes, not demagoguery, not a political agenda.

Several health care reform bills are currently floating in Congress. Perhaps the most prominent is House bill H.R. 3962, about 2,000 pages long, which hardly anyone has read or understands. This is unacceptable. No wonder there is mistrust of the politicians and their lawyers who wrote this labyrinth of complexity and confusion. If there is ever a final bill for both the House and Senate to vote on, it needs to be pared down to a readable length and simple enough for Americans to understand. Nothing less is good enough for legislation and spending of this magnitude.

Here are some questions that we Americans need to see clearly answered before a final bill is voted on:

- Is there a public option or government-run plan? How will it work? If not, what will be the cost, both short- and long-term? How much will it add to the deficit or national debt?
- How will it be paid for? Higher taxes? If so, who will pay them? Would there be a tax on employees for the health premiums currently paid by their employers? Or savings on other government-run health coverage? For example, in a speech before a Joint Session of Congress, President Obama said we could save about $600 billion on Medicare and Medicaid by cutting waste, fraud, and abuse. With all due respect, Mr. President, I don't think so. And even if it could be done, why haven't you and the Congress already done so?
- Will those currently without health insurance be forced to get it? If so, will there be fines or taxes to pay if they still refuse?
- What will happen to people who lose their current coverage?
- Will pre-existing health conditions be covered under the new plan?
- Will seniors lose any of their current Medicare coverage?
- Will end-of-life counseling be required? If so, by whom, a government official or the patient's own doctor?
- Will abortions be covered? If not, would there be exceptions for rape, incest, and life of the mother?
- How will the new plan promote competition and lower healthcare costs?
- Will there be limits placed on medical malpractice lawsuits, enabling doctors to practice less defensive medicine such as an over-abundance of tests, thereby lowering costs?
- What will be the impact of adding coverage to millions of Americans? Will there be enough doctors to handle them? Will rationing of healthcare be inevitable?
- How many additional people would be covered? Would illegal immigrants be covered, or what measures would be necessary to prohibit them from being covered, e.g., some sort of verification process? In the speech before the joint session of Congress, Obama said more than 30 million American citizens are currently without health insurance; yet, for a long time, it has been contended that 47 million people in American are not covered. What happened to the additional 17 million people? Are any of them illegals?
- Will the new plan impose new costs on TennCare, Tennessee's Medicaid plan? If so, where will we find the money in light of an already stressed budget because of severely slumping sales tax collections?

Healthcare reform is really needed. But the above questions, among perhaps others, need to be answered. Let's get it right. So, for now, Mr. President and members of Congress, just the facts, please!

—Horace Johns, executive editor, professor of business law, MTSU