



Step-by-Step Guide to: Writing an Op-Ed

Drafting and Format

1. Pick a topic – something timely, compelling or even just reaction to a story you saw in the paper
2. Outline your thoughts – what is the issue at hand? What is your position? Why is it important?
3. Format of the actual piece – try to make your piece flow and follow this simple setup:

Intro Paragraph

Point 1

Point 2

Point 3

What it all means (1 to 2 sentences with a pithy closing)

4. Try to keep the original draft as close as possible to 800 words, or the length preferred by the publication you are submitting it to.

Editing your draft

The simplest way to make edits to your piece is to submit them to DFA HQ so we can help you polish your draft. We respond typically in 24 hours or less to the emails requesting edits and advice, so drop us a line at:

info@drsforamerica.org

How to submit

Typically – your newspaper will let you submit your piece by email or online. Go to the paper's web site, click on the "Opinions" section and follow the instructions there. Also, if you prefer, DFA HQ can help you track down that link.

The simplest way to find out how your newspaper takes submissions is to look at the directions in the print version of the Opinions page – or you can always call the opinions editor and ask.

Follow up

The last step of any solid earned media effort is follow up. Opinion pieces are no different.

Call the paper and ask if:

1. your opinion piece was received
2. if they think it may run in the near future
3. are there any other guidelines for opinion pieces you may have missed in doing your research on the editor's preferred stylistic touches for submitted content



Column: Health care plan saves money, lives

Dr. Lawrence P. Floriani

The prestigious *New England Journal of Medicine* examined the effects of Medicaid vs. no insurance on a Medicaid-eligible population and found that those with no insurance had a 6 percent higher early mortality rate than those with Medicaid. In Florida, that means at least three and possibly more premature deaths occur every day for lack of health insurance.

This is in addition to the poor health, loss of productivity, financial instability and the deleterious effects on our children that occur when low-wage working adults cannot afford health insurance.

In determining the cost of Medicaid expansion, the accounting firm of Deloitte certified that Kentucky saved \$26 million with Medicaid expansion in 2014. Also in 2014, Arkansas saved \$31 million, Michigan saved \$180 million and Washington state saved \$106 million. Florida, with almost twice as many uninsured patients, many of whom can be moved from high-cost state-funded programs to expanded Medicaid, would save even more.

Florida has actually suffered an enormous tax burden under our current state House leadership. The Florida Legislature crushed the citizens of Florida this year with a \$1.2 billion tax burden to pay for health care that could have been covered by the federal government through Medicaid expansion.

They have cost us \$100 million in excess insurance premiums to pay for uncompensated health care that could have been saved by Medicaid expansion. Kentucky saved \$1.15 billion in uncompensated care charges in 2014 with less than half the uninsured population of Florida.

Finally, they have hurt small businesses by exposing them to as much as \$125 million in fines for uninsured workers who could have been covered through the new health care program. Next year, when more businesses are affected, the amount will double.

When we are deciding whether we can count on the federal government to pay its share of cost for the new health program, keep in mind that the federal government supplies Florida with 25 percent of its total budget every year and funds 60 percent of our Medicaid spending every year without fail.

Physician participation in the new program will be insured by adequate funding. The new health care program is not an expansion of the current Medicaid program. It will be a private insurance program funded by the federal



government sufficiently to pay physicians Medicare rates, which will generate more than adequate physician participation.

A great deal of attention has been given to Direct Primary Care. But there is no such program as "Direct Primary Care" offered or funded by the state of Florida for its low-income uninsured adults. Direct Primary Care is a "concierge" out-of-pocket program for the very wealthy.

In those cases where monthly premiums are less than \$100 per month, these plans do not cover lab tests, medications, the use of specialists, emergency room care, hospital care, maternity care, mental health or rehabilitation.

In other words, they are not health insurance plans. Both state and federal law prevent them from being promoted or sold as health insurance plans because they do not cover you when you are sick. Direct Primary Care is absolutely not the answer to Florida's health care crisis.

To suggest that this is better than expanding Medicaid for 800,000 Floridians is disingenuous at best, and at worst it is taking advantage of our most vulnerable residents in their hour of greatest need.

The Florida Senate passed the Florida Health Insurance Affordability Exchange plan to expand Medicaid and accept federal funding. This is a private insurance program that provides low-income working adults with all the essential health benefits of any other private insurance plan and is funded by the federal government with tax money that has already been collected.

This is a win for uninsured Floridians, taxpayers and our businesses.

It is time to pass the Senate plan to expand health care in Florida.

Dr. Lawrence P. Floriani, who lives in Tarpon Springs, is deputy Florida director for Doctors for America. He wrote this exclusively for the Tampa Bay Times.

<http://www.tampabay.com/opinion/columns/column-health-care-plan-saves-money-lives/2244659>