



Fix U.S. Healthcare by Dislodging Washington

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Abstract

Fifty years of Washington “fixes” for healthcare have made care unavailable and unaffordable. The way to make healthcare work for We the Patients (all Americans) is to take healthcare authority away from third-parties, government and insurance, and restore the direct doctor-patient connection with no bureaucrat in between. This “cure” for healthcare is called StatesCare combined with market-based medicine. Financial models confirm this approach will make care both affordable and accessible in a timely manner.

Keywords: Healthcare; Washington; Patient Care

Introduction

After fifty years of federal fixes-that-failed-or-backfired, U.S. healthcare has reached a tipping point. Americans and America are both spending money they can't afford. Despite spending twice what others are expending on healthcare, Americans can't get the care they need and die while waiting [1,2].

Financial failures

Within five years the U.S. will be spending \$5.5 trillion on healthcare [3], 20 percent of our GDP, which nearly equals the entire 2018 GDP of Japan, \$5.2 trillion. The Medicare-for-All plan touted to solve all our healthcare problems is estimated to cost \$30-40 trillion [4,5]. For perspective, the combined GDP of all nations on planet earth is \$87 trillion.

Keep in mind that at least 34 percent of healthcare spending goes to federal BARRC: bureaucracy, administration, rules, regulation, and compliance [6,7], not to patient care. As the U.S. spent \$3.6 trillion on healthcare in 2018, that means Washington diverted no less than 1,220,000,000,000 patient care dollars to pay itself.

According to actuaries for the Medicare Trust Fund, Medicare will be insolvent by 2026, at which time seniors will be unable to obtain hospital care because there will be no money [8].

In 2018, the average American family spent \$28,166 [9] 39 percent of their total income, on healthcare, mostly for insurance premiums. Despite its title, the Affordable Care Act (ACA) more than doubled the cost of insurance premiums [10].

Inadequate care

According to a Merritt Hawkins survey [11], the average maximum wait time in 2007 to see a primary doctor was 100 days: ten years later due to the Affordable Care Act, it was 176 days. Before Obamacare, the national acceptance rate by physicians of new Medicaid patients was 74 percent. Now, it is 55 percent.

Both our veterans [1] and Medicaid enrollees [2,12,13] are experiencing death-by-queueing: literally dying while waiting in line for care.

Americans are asking why they can't find a doctor and can't get care in time so they don't die when they could be saved [14,15]. The answer is U.S. healthcare has cancer. Location of the primary malignancy is Washington, which has metastasized diffusely.

There is extensive evidence that proves the cancer is the federal take-over of healthcare. Following are three examples

- Example #1: Drug prices are soaring and Washington is talking about further regulation, i.e., price controls. Yet Washington regulations are the primary reason for high prices. The FDA protects monopolies [16], restricts innovation [17] and its approval process adds \$2.4 billion to the cost that patients must pay [18]. Federal insurance regulations protect the pharmacy rebate structure that greatly increases the cost of drugs [19]. If Washington truly wanted to lower the cost of pharmaceuticals, it must look to itself and deregulate.
- Example #2: Spending on Medicaid is either the largest or second largest budget item in every state budget. Accord-

ing to Section 1801 of the original 1965 Medicaid law, programs are supposed to be “administered by the state” [20]. Every management expert knows that lower level decisions, i.e., closer to the value adders, tend to be more efficient and effective than blanket mandates from headquarters (Washington). Yet federal mandates administer (control) all state programs—Washington decides where state money goes, not the state residents through their legislators.

- Example #3: With federal healthcare comes federal bureaucracy and its insane complexity, such as the International Code of Diseases–10 code book. There are approximately 1400 ailments and injuries that befall humans. The code book to bill for care contains more than 68,000 codes, such as W55.21 (bitten by a cow), W61.33 (pecked by a chicken), V00.01 (pedestrian on foot injured in collision with a roller blader), and Y92.146 (injured at a swimming pool within a prison).

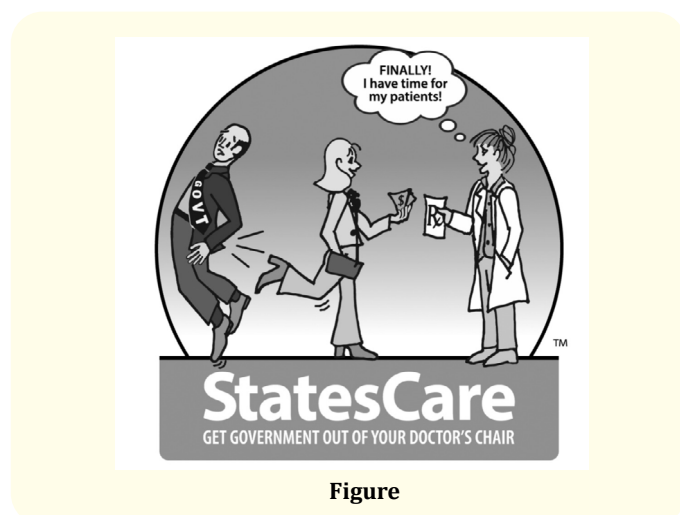
The cancer in healthcare is a bipartisan affair. Both Republicans and Democrats are guilty of poisoning patient Healthcare. To be fair, the Democrats’ Affordable Care Act spread the cancer. Medicare-for-All plan, H.R. 1384, would put healthcare and Americans in a coffin [21].

Expecting Washington to fix healthcare is waiting for cancer to cure cancer [22].

The way to cure all forms of cancers is the same: excision. The scalpel might be stainless steel, chemicals, radiation, or biologics. When the malignancy is Washington, the scalpel is votes. The surgeons are We the People. The curative procedure for patient U.S. healthcare is StatesCare.

StatesCare

There are no less than eight reasons why StatesCare, withdrawing federal controls from healthcare, is the right, the curative, approach.



Figure

Constitutionality of StatesCare

Excision of Washington from healthcare is consistent with the Constitution, which precludes federal authority in healthcare. The Tenth Amendment to the Constitution reads as follows. “The powers not delegated to the United States [federal government] by the Constitution, nor prohibited by it to the states, are reserved to the states respectively, or to the people”. Healthcare was never “delegated” to the federal government. With five doctors as signatories to the Declaration of Independence and many more physicians as members of the Constitutional Convention, the founding fathers did not simply forget about healthcare. StatesCare is constitutional. Federal control is not [23].

Who practices medicine on you?

By law, only licensed care-givers such as doctors and nurses are legally allowed to provide medical, surgical and mental healthcare treatments to patients. Yet at present federal bureaucrats and insurance executives are dictating to care-givers what they can and cannot do for their patients. Pharmacy benefit managers are a prime example, as they restrict what medications are available for doctors to prescribe [24].

Legally, only physicians can practice medicine on patients, yet physicians do not have requisite authority. They often must practice in accordance with requirements of an insurance company, a pharmacy benefit manager, or federal guidelines. This produces inferior and sometimes avoidably erroneous patient care. The authority-responsibility imbalance is a source of extreme frustration among clinicians [25].

Practicing good medicine on patient healthcare

Optimal treatment of any patient, human or system, requires the removal of the root cause of illness. Patient Healthcare has a cancer. The primary is situated in Washington and it has metastasized diffusely. StatesCare excises the malignancy wherever it exists and is therefore optimal therapy for patient Healthcare. As written by management guru Russell Ackoff, “dissolving” or excising the root cause assures that the problem, whatever it is, can not recur [26].

Track record

Over more than fifty years, Washington has promised to fix healthcare history. Note what they have accomplished. Medicare will go broke shortly [8] Americans with government-provided insurance, such as Tricare and Medicaid, die waiting in line for desperately needed care [1,2,15]. EMTALA’s unfunded mandate is forcing rural hospitals to close [27]. The ACA doubled cost of insurance and reduced access to care [28]. Medicare-for-All would bankrupt the nation [4,21].

Healthcare is like a football team whose head coach, Washington, who has lost every game for 55 years. It is time for a new coach called StatesCare.

One size does NOT fit all

Rhode Island and Montana have the same populations, one million residents each. Rhode Island has 5146 physicians within its 1212 square miles. There are three world famous medical centers less than one hour's drive of Providence, R.I. Montana has 1100 doctors scattered over 145,000 square miles. From the capitol in Helena, Montana, the nearest major medical and trauma center is more than eight hours away in Salt Lake City, assuming the roads are passable. Despite these differences, Washington mandates a one-size-fits-all approach in both states.

It makes no sense to expect that what works for healthcare in Rhode Island will also work in Montana. Central (federal) control produces uniform policy, a one-size-fits-all approach that does not work. Washington's track record amply proves this.

Financial gains

Excising Washington from healthcare would also remove its massive and costly bureaucracy. Evidence-based estimates of the cost of the federal bureaucracy indicate no less than 34 percent of healthcare expenditures go to BARRC [6]. Since the U.S. spent \$3.5 trillion on healthcare in 2018 [29], our own government took away from the American people \$1,400,000,000,000 worth of patient care to pay itself.

With StatesCare, Americans can recoup most of that money and either leave it in taxpayers' pockets or spend it on doctors and nurses instead of wasting healthcare dollars on bureaucrats.

American ethos

The over-arching American principle is freedom. By the Constitution and its Amendments, Americans are protected from control by a central authority and from the constraints of a structured class system. With that freedom comes the right to choose, the potential for individual success or failure, and the responsibility to accept the consequences of personal choices.

In 1776, Americans freed themselves from a tyrannical aristocracy. Today, by accepting government entitlements, we are drifting back toward a new tyranny, this time by the professional political class.

Being free means Americans can choose their care providers, can decide their own medical care, and are willing to accept the consequences both medical and financial. Americans should be free to control their own spending without a third party, govern-

ment or insurance, dictating where patients' money goes and how much of taxpayer dollars the third parties pay themselves.

If Americans are free, they are responsible. If they accept federal entitlements, Americans transfer responsibility to Washington and give away their freedom. One can be free or entitled, not both [32]. By rejecting Washington and by "not yielding to federal blandishments" [33], StatesCare can reassert Americans' independence and freedom.

Healthcare system (s) with StatesCare

After gaining freedom from federal healthcare domination, what type of system should the U.S. adopt? There is a two-part answer. First, it is not necessary or even optimal for the U.S. to have only one system for 327 million people with a wide variety of healthcare issues spread out over 3.8 million square miles. As the Rhode-Island/Montana example demonstrates, different needs and diversity of resources dictate different systems.

Second, We the People in our states, singly or in groups of states, are the best people to decide what healthcare will serve us best. And by the Constitution and Bill of Rights, We the People are the only ones who should decide.

If 39 million Californians want single payer [34]; if 28 million Texans want market-based medicine [35]; and if 6 million residents of Washington state want their version of universal healthcare [36]; by what authority does the District of Columbia deny 73 million Americans the right of self-determination?

When a resident of one state is visiting another state and needs care, reciprocal arrangements should be in place. This is a matter of negotiation that Americans would expect their states to accomplish. Furthermore, if a resident in one state strongly objects to the system chosen there, he or she is free to move elsewhere. People are already relocating because of state tax rates [37].

Healthcare simplified

Providing health care is not inherently complex. In fact, it is simplicity itself, or should be. A patient selects a doctor and makes an implicit service contract. Doctor provides service. Patient pays for service. Period. It is the incursion of the third-party as payer and decision maker that disconnects patient (buyer) from doctor (seller). Such disconnection turns a simple contract into an insurance nightmare with an incomprehensible, ever-changing structure of rules and regulations for coding, billing, review, and compliance that allows bureaucrats to practice medicine. Instead of being protection against financial disaster, insurance has become the arbiter of healthcare decisions, both financial and medical.

To solve this problem, simply reconnect patient and doctor: cut out the third-party payer as decision maker and return insurance to its original purpose.

Whether the name is single payer, Obamacare, universal health care, Medicare-for-All, or National Health Service in Great Britain, these are all systems where government controls healthcare. Government first determines how much to pay itself and what remains is available for patient care. Government strictly rations the care with resultant avoidable deaths (by-queueing) [1,38,39]. To quote Winston Churchill, government healthcare results is the “equal sharing of its [socialism’s] miseries”.

If Americans want healthcare that works for them, if they want the freedom to make their own medical as well as financial decisions, they must reject Washington’s false promises in favor of personal choice and personal responsibility. If Americans want doctors who know them by first name, who have studied their medical history, who will see them tomorrow not in six months, and who will spend time talking with them, then We the Patients must control their own spending. That is called market-based medicine or direct-pay health care [22].

High deductible, catastrophic insurance? By all means. Insurance that makes medical and financial decisions for patients? Absolutely not! Patients should have large HSAs that they control with no time limit for use. Patients shop for providers and care, and pay from the HSA. Providers would compete for buyers’ (patients’) dollars. Just like buying a car, patients would require not only prices but also various outcome metrics in forms they can understand. That is sellers’ job. If they want to stay in business, i.e., to have customers, they will compete for patients’ dollars, not for contracts with insurance companies as they do now.

Responses to nay-sayers

Here are some opposing arguments and rebuttals.

Impossible, unrealistic

To those who say StatesCare is unrealistic, impossible, can’t be done, the best response is: Do you want to create a self-fulfilling prophecy? History is replete with fulfilling impossible dreams. In 1960, President Kennedy told his advisers he wanted Americans to go to the moon. The experts all said, “Impossible! We don’t have the knowledge or technology!” On July 20, 1969, Neil Armstrong took, “One small step for man, one giant leap for mankind”.

StatesCare can only come into being if Americans believe they can do it and use their power.

Politically nonviable

Some might chant, Washington is too strong. StatesCare is impossible, a political non-starter. Proper response is a reading of the Constitution. We the People elect them to office. We have the power and delegate it to them. If we wish to take back our power and freedom, Americans need to commit to voting into office only those who will pass a StatesCare approach to healthcare.

Since at least 70 percent of Americans disapprove of congress [30], it is easy to imagine a groundswell to elect new people in congress who promise to pass StatesCare.

Medically fragile Americans

Opponents might point to the disabled, aged and blind and say, they will die for lack of care when StatesCare eliminates all federal mandates, including Medicaid.

States can choose to create medical safety nets for their medically vulnerable residents. The safety net could be a high-risk pool [40] or a state-supported HAS [22], or whatever structure will work best for their population. They know best their local needs and resources and can protect those who need medical support.

“If not me...?”

Another response to the StatesCare doubters is a paraphrase of Rabbi Hillel’s words from the book, “Ethics of the Fathers”, written shortly before the common era. President Kennedy also recited this aphorism. “If not me, who? If not now, when?”

Finally, care-givers have an important role in fixing our critically ill healthcare system. In addition to accepting responsibility for the individual patient before us, clinicians should recognize their responsibility to patients at large, to We the Patients. For their welfare as well as our own, care-givers at all levels need to begin educating, enlisting, and energizing patients to demand StatesCare.

Conclusion

Washington is the problem in U.S. healthcare and can never be the solution. Per the Constitution, Washington should not control healthcare, which is “reserved to the states respectively, or to the people”. Two actions by American voters will fix healthcare so that people can get the care they need when they need it at an affordable price.

The first step is called StatesCare, repealing all federal healthcare laws, regulations, and mandates. This returns authority where it belongs: in the hands of We the People (We the Patients) in their states. StatesCare also allows the public to recoup more than a trillion “healthcare” dollars a year wasted on bureaucracy.

The second step is choice of healthcare structure (s) by Americans, not by federal politicians. There need not be only one structure for the whole country. States or groups of states can decide what approach will work best for their residents. Past experience shows that government-controlled healthcare fails to produce timely care and is overly expensive. The optimal structure for healthcare—offering timely, affordable care and restoring personal autonomy—is a market-based system with a safety net for medically vulnerable individuals.

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