



Conservative Health-Care Reform Proposal: Part Two

By Don Racheter, PhD

Having explained in Part One of this series why conservatives are not supportive of so-called “reforms” which rely on coercion, control, and central planning, let us turn to reforms that rely on choice, competition, and consumer-driven health-care policies which will actually moderate costs, increase coverage, and improve overall health care in America. As noted previously, what is needed is not more government intervention in markets, but getting previous government interventions removed or changed to allow markets to actually work so that those additional individuals who become covered have someplace to go to get care.

And again, the answer is to strip away the mass of government laws, rules, and regulations which have been enacted which burden the market for health care and make it more expensive, if not impossible, to get affordable, quality care today. While liberals call for yet more rules, regulations, and programs to deal with the symptoms of our health-care problems, the conservative remedy for the health-care “crisis” in America is to deal with the actual cause of the problem – previous government distortions in the health-insurance and health-care markets.

One government rule which needs to be changed is the one against the “unauthorized practice of medicine” as it is applied to trained, qualified, and licensed physician’s assistants (PA), nurse-practitioners (NP), registered nurses (RN), midwives, etc. We need a ladder of health-care providers of different skill levels and prices, and more providers in small towns and currently underserved areas. When your child has what you think is either a cold or strep throat, you don’t need a high-priced pediatric specialist to do the throat culture – a nurse in a local clinic can do the test, and refer you to a doctor if your child’s condition warrants.

There will still be plenty of work for the doctors we have if we extend coverage to millions who don’t currently have any coverage, so we need to stop the American Medical Association (AMA) and their political allies from bringing charges against every PA, RN, NP, or midwife who tries to set up a clinic to help the underserved. Yes, the bureaucrats should protect us from quacks and charlatans, but not take sides in the turf wars among the various trained, qualified, and licensed medical professionals who want to make a living and in the process help Americans get quality, affordable health care.

Health-care reform should also include bringing anti-trust action against the AMA for their artificial restrictions on the number of students admitted to medical schools in America. As the long waiting lists at every medical school attest, there are many well-qualified applicants who would like to help solve the health-care crisis, but are being prevented from doing so by artificial restrictions designed by the AMA to restrict supply and hence competition and possible price deflation in the health-care area.

Every medical school in America should be allowed (and encouraged!) to increase their enrollment by up to five percent every year until health-care costs have held steady or declined for four years in a row, or be investigated as to why they are not doing their part to address the crisis we all face, and which is only going to get worse as our population expands, ages, and demands new treatments they learn about through improved communications. No student who is qualified and wants to enter a health-care field should be denied access simply to keep competition down and prices up.

If that doesn’t increase supply of health-care providers enough to drive down the cost of health care, government could set up health academies – like our military academies – where students could get a free-ride education in return for giving five years of service providing health care to those who can’t get coverage otherwise. After their tour was up, they could go into private practice or stay with the government clinics just as some pilots who graduated from the U. S. Air Force Academy stay in the USAF, while others go to work for American, Delta, or Southwest Airlines.

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Last, but certainly not least, the government must reform our tort system so that billions of dollars are not wasted while doctors prescribe unneeded tests defensively to cover themselves against lawsuits if something goes wrong, so the cost of malpractice insurance can come down to reasonable levels, and so that more areas of our nation are not without practitioners in high-risk fields like Obstetrics and Neurosurgery. In November of 2008 a survey was sent to 3,650 doctors practicing in Massachusetts. Of those who responded, 83 percent admitted that they practiced defensive medicine, and the authors of the study went on to calculate the hundreds of millions of dollars this added to health-care costs in just one state.¹ The Congressional Budget Office has concluded that nationally, tort reform would save billions of dollars every year into the future after it was enacted.²

Yes, tort reform will reduce the incomes of those lawyers who practice in this area, but American society has become so litigious in every aspect that such lawyers should be able to redirect their efforts without going hungry. Just as ordinary citizens are going to have to make do with less in order for us to accomplish meaningful health-care reform in America, so too are lawyers, doctors, politicians, lobbyists, and insurance agents. It is well past time for everyone to put aside their parochial interests and contribute to the solution of this national need.

Some sort of administrative process like worker's comp could be used to help those who do suffer from medical errors – which occur too often under the current system – without the added burden of fighting in court over who was at fault or many people not getting any relief at all if they don't want the hassle of a lawsuit. If, for example, after an operation you still have pain at the site, and when they open you up again they find a sponge in your body that should have been removed during the initial surgery, whether if it was Nurse A, or Nurse B, or Doctor M, or Doctor N who didn't take it out, the remedy needed is the same: it should not be there, you need to have the problem fixed at no cost to you, and it will be cheaper and better for society if everyone involved does not have to hire an attorney and go to court to fight about who was at fault.

Everyone seems in agreement that “this is the time” for health-care reform. If so, everyone reading these BRIEFS needs to tell our Congressmen – loudly and repeatedly – that we favor reforms that will work, reforms that involve choice, competition, and consumer-driven plans, rather than more coercion, control, and central planning. And let the states be “laboratories of democracy” which try different plans to see what works – and what doesn't – before we legislate a “one size fits all” plan from Congress.

Indiana seems to have had success with a reform plan which includes an insurance pool for small businesses, tax incentives for employers who offer health-care insurance, free preventive care, a health-savings account, and annual insurance coverage from a private company. Texas has been doing tort reform since 1995 which has resulted in lower medical malpractice rates and more doctors starting to practice in the state. Massachusetts, on the other hand, has had a plan in operation since 2006 which mandates everyone buy a state approved health-insurance plan or pay a fine. The Indiana and Texas plans seem to be accomplishing their goals, while costs in Massachusetts continue to rise without accomplishing universal coverage. So why are all the plans currently being considered in Congress using the latter approach rather than the former?!

Why do the “reformers” in Congress and the White House not mandate that they themselves will be subject to any reform plan they see fit to impose on the rest of us? Is this really about helping American citizens who can't get affordable, quality health insurance and health care, or is it actually about “growing government” and increasing control of our lives by politicians, bureaucrats, and special interests? Why are these plans being hammered out behind closed doors instead of in the open, given the promises of the current administration to be transparent? Americans need to demand answers to these questions before it is too late. They need to demand health-care reform that will actually help solve our problems rather than add to them. For more information on this issue, visit: <http://www.limitedgovernment.org/healthcare.html>.

Endnotes:

¹“Investigation of Defensive Medicine in Massachusetts,” Massachusetts Medical Society, November 2008, <<http://www.massmed.org/AM/Template.cfm?Section=Home6&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=27797>> (October 30, 2009).

² Congressional Budget Office, Letter to Senator Orrin G. Hatch, October 9, 2009, <<http://www.cbo.gov/ftpdocs/106xx/doc10641/10-09-TortReform.pdf>> (November 12, 2009).

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