How to Fix Health Care – Free the Market and Give Individuals Control – Part VI

Why Government Control is not a Solution,

but a Certain Path to Catastrophe

Market-Based, Non-Government Solutions That *Actually* Work

Forty-seven percent of U.S. health care is already controlled by the government. Despite the inefficiencies and burdens of that existing government intrusion, and while subsidizing it, our private insurance and medical system still gives us the best health care in the world. In direct, substantive comparisons to countries with government-run medical systems, the U.S. medical system stands alone.

- Medical care is immediately accessible and of far higher quality in the U.S. than elsewhere.
- It is the highest quality, and the most available. When American billionaires become seriously ill, they secure their medical treatment here at home because they can't find anything better elsewhere.
- Our innovative medical technology, while expensive to develop, saves millions of lives, dramatically simplifies medical procedures, and brings treatment and surgery costs down.
- We also rank No. 1 in life span among developed nations (as a measure of national health) when homicides and accidents are factored out, according to Economists Robert L. Ohsfeldt and John E. Schneider in their 2006 book *The Business of Health* (defeating Democrats' bromide about our shorter life span being evidence of a failed system, and proving that there are many factors other than medical care that govern a nation's mortality rate).[1]
- Out of 18 countries studied, Americans have the best survival rates for lung, breast, prostate, colon, and rectum cancers according to Samuel Preston and Jessica Ho of the Population Studies Center at the University of Pennsylvania.[2]

"They that can give up essential liberty to obtain a little temporary safety deserve neither liberty nor safety."

--Benjamin Franklin

"What we have in Canada is access to a government, state-mandated wait list. . . . You cannot force a citizen in a free and democratic society to simply wait for health care, and simply outlaw their ability to extricate themselves from a wait list."

Brian Day, former director of the Canadian Medical Association

We have more individual control over our own health care than anywhere else in the world, though not as much as we should. The key to our system's success is that, by and large, the individual is still in control and still making individual decisions, albeit under heavy regulation of the insurance providers. Keeping individuals in charge and permitting them to freely pursue value is the best way to reduce costs (the only other way to reduce costs is government rationing). Only free markets assure reasonable access to resources according to individual priorities. The free market works very well, and our objective must be to preserve and expand these aspects of our medical system, not extinguish or stifle them.

Almost everything wrong with health care in the United States is rooted in existing government interference in the free market. Every one of the 50 states presently has its own unique stranglehold on who can buy and who can sell what insurance in that state – essentially 50 different health-care systems. As a direct consequence of these widely varying regulatory regimes the cost of health insurance varies *dramatically* from state to state.[3]

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The more mandates and regulations a state imposes on the insurance providers (like guaranteed issue and community rating), the higher consumers' health insurance premiums become. In many states, these politically motivated regulations make insurance unaffordable for many consumers, without providing any improvement in health-care outcomes. The Manhattan Institute estimates that New York's mandates cause insurance rates to be 42% higher than they would be otherwise.[4] When the insurance becomes too expensive because of the mandates, the states don't remove the mandates to bring the cost down, they subsidize the high premiums at taxpayer expense. Some states wisely allow insurers to offer low-cost, high-deductible plans for as little as $1,000 per year, but most states don't. The fact is that state regulatory policy renders the free market dysfunctional by dictating what insurers must offer to everyone, whether they want or need it, or not. This state regulation is what causes premiums to rise. And now, if Pelosi and Reid pass ObamaCare, the entire nation will be just as bad off as the worst of these states, and you won't even be able to move to avoid these high costs, unless you want to move out of the country.

Individuals cannot be their own advocate or freely pursue value when government dictates the health-care system. Individuals can't advocate proactively for their own health care when they have no freedom to choose a physician, or to seek out a specialist, or to decide what medical tests they will pay for, or what coverage is appropriate for them. Only when patients are true consumers of health care, paying directly out-of-pocket for at least a meaningful portion of their medical costs, and medical providers are competing against each other for the consumer's dollar, will true reform and cost reduction occur. This open market competition is what drives prices down and quality up.

> "*Government has laid its hand on health, housing, farming, industry, commerce, education, and to an ever-increasing degree interferes with the people's right to know. Government tends to grow, government programs take on weight and momentum as public servants say, always with the best of intentions. But the truth is that outside of its legitimate function, government does nothing as well or economically as the private sector of the economy.*"
>
> - President Ronald Reagan

This debate is fundamentally a battle of principles regarding the role of government in America. In America we ardently believe that individuals are best able to make decisions about their life, and that no one, including the government, has any business or right interfering with those decisions. This is central to what has made this country, and its health-care industry, prosper. As Americans then, the true test of any health-care reform is this: does it empower individuals to control deeply personal decisions, or does it diminish that power?

The Democrat approach is to take the worst features of failed state regulatory schemes and nationalize them, rather than fixing the existing system. Their programs are fundamentally anti-individual, and contrary to the concepts underlying American self-governance. Democrats are placing their bets on a government that has never delivered economic success – because their *real* aim is to redistribute wealth and expand government control; the uninsured are just an excuse. Any legislative remake that puts our health sector under *more* government and political control will likely be rejected by the public, if not first by Congress. What shining example of efficiency and success in socialized medicine do Democrats point to? They can't, because none exists.

State controlled industries inevitably fail. Government can't even count votes accurately, but we're to believe that anointed bureaucrats can run one-sixth of the economy? Democrats' belief in government's ability to deliver what they so earnestly seek is delusional, especially given the clear experience of states like Maine, Massachusetts, Oregon, West Virginia, and Tennessee (and Canada and the UK) with government-run health care, all of which are plagued with problems and have failed miserably.[5] In Canada a grass-roots effort is rising to *privatize* health care because Canadians are sick (literally) of routinely driving across the border to get immediate medical treatment that their system forces them to wait months and years for.[6] Because Canada's public system

fails to meet patient demand and places lives at risk, private health clinics are springing up in defiance of, and in an effort to change, the law. This eviscerates any suggestion that the Canadian system works just fine.

Yet Democrats are embroiled in an excessively ambitious effort to massively transform the relationship between Americans and their government, rushing *backward* to socialized medicine. Their prescriptions of government spending and bureaucratic controls in response to health-care problems haven't worked elsewhere, aren't necessary, and won't work this time either. While they call it reform, it is *not* progress. What president, government, or "czar" is *capable* of managing something as complex as our health-care system? Government is not *competent* to run one-sixth of the economy, and doesn't become so merely because some suggest it is a moral necessity to provide health coverage to those who don't have it. (It is not a moral necessity for government to provide health insurance; it *is* a moral necessity for government to ensure the conditions necessary to a vibrant free market capable of providing free people sufficient choices to fulfill their needs). Why are we allowing congressmen who have *no idea* about the practice of medicine make decisions about how to run the incredibly complicated medical services industry? It's like saying the government can manage all of the country's food production, distribution, and retail systems to ensure everyone gets three healthy meals a day. It simply can't be done, nor should it. (Imagine the daily meal choices that would be available if government was responsible for ensuring we were all eating properly.)

Congress debases the constitution by enacting extra-constitutional empowerments of the government to appease special constituencies and perpetuate their office. Congress' stimulus bill was a pay-off to politicians, not an engine of economic growth; it was a betrayal. Why should any American trust these same politicians with their health care? Aside from the issue of Constitutionality, this is why government shouldn't be in the medical care business. That democrats *believe* they can do it is itself cause for alarm (that they believe the public will buy into their charade is cause for more alarm). Worse, they believe that *they* (the government) must manage things precisely because the system is so complex. The answer is *not* more government.

What does history tell us about the success and failure of governments running such things? What does the government run well? Postal service? This government-run outfit had a $7 Billion loss in each of last 2 years. Public Schools? They always require more money, and produce worse results. Social Security and Medicare are bankrupt! These public-run failures are highly centralized. Does any rational person trust the government that gives us the compassion of the IRS, the efficiency of the Post Office, and effectiveness of Katrina response to manage health care for 300 million people? What is Congress doing?

Whether or not to let the Federal Government create a universal health insurance plan (or any regulatory scheme intended to lead there), when they cannot adequately run almost any federal agency is a pertinent discussion, but the left and Ms. Pelosi never want to discuss or analyze what works best, what doesn't work, what history shows, and why. Congressional Democrats have systematically excluded non-government (conservative) solutions from the dialog, choosing instead to use hardball tactics and false promises, all while accusing those who advocate for less government (and individual liberty) of wanting a presidency to fail, or not wanting to help those who need health care.

Reducing the cost and inefficiencies of health care, increasing its availability, and providing medical coverage for those who truly cannot get it on their own are legitimate "reform" objectives. Our nation's health and our health-care system have problems in need of solutions, and there are many ways to "reform" health care to accomplish these objectives without government usurpation of the entire existing system, higher taxes, and more bureaucrats. The first rule of medicine is: do no harm. Politicians would be wise to apply this rule when attempting to fix our highly complicated medical system.

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Conservatives and Republicans have proposed many solutions to systemic problems, but they are ignored by Democrats who control Congress and the Executive Branch, and by the media (see, accompanying list). There is no mystery about what these solutions are. Real market competition and freeing the medical community of costly, government-created systemic encumbrances are the only way to ensure sustainably lower costs. Solutions lay in unleashing market forces, not in strengthening government's tyrannical hand.

Remarkably, despite offering practical alternatives for years, and numerous bills introduced by conservatives (in 2009 the GOP proposed more than 30 health-care bills in the House alone, including the 219-page "Common Sense Health Care Reform and Affordability Act," offered by House Republicans on November 3, 2009 as an amendment to Pelosi's monstrous 1,990-page H.R. 3962), President Obama and Nancy Pelosi declare repeatedly that Republicans offer no ideas, and that the only choices are ObamaCare or the status quo. Democrats falsely protest that Republicans have no ideas because they don't want discuss those ideas. They want the debate to be about who has ideas rather than *what the ideas are*. The many real, serious solutions proposed by conservatives and Republicans are of no use to (and actually threaten) Democrats because they don't empower the Democrats, enlarge the role of government, or cater to or expand their dependent constituencies (their essential power source). Liberals never agree to market-based solutions for these ideological and tactical reasons. Republican bills, which cover many issues, haven't seen the light of day in this Democrat Congress.

This is why liberals like Nancy Pelosi, Harry Reid, and Barack Obama must be removed from office. They stand in the way of "actual" solutions to real problems. Democrat proposals don't "reform" anything. They just throw more money and mandates at the health-care sector, without fixing its underlying problems. Access will improve if costs are brought down, but Democrats are focused only on mandating access under government control. Democrats' policies will increase costs, which will reduce access. Americans want lower health-care costs; they don't want a government-run system.

Congress and President Obama say they want to make health care more efficient and increase competition in health insurance markets. Who doesn't? There are policy options that will *actually accomplish* these objectives, but H.R. 3200 and the other bills being pushed through Congress in July 2009 don't include them. None of what is called for in Democrats' attempted takeover is necessary to address or solve known systemic problems. In fact, their prescriptions will exacerbate systemic problems. Democrats' stated goal of covering the uninsured is not some insurmountable problem requiring draconian takeover measures. They just want the public to think it is.

For information about common-sense health care reforms proposed by Republicans, please visit the links below. The Republican health care substitute to be offered during floor debate on Speaker Pelosi's government takeover of health care will incorporate all or part of the following bills:

- Common Sense Health Care Reform and Affordability Act (House GOP Bill offered as an amendment in the nature of a substitute to H.R. 3962, introduced November 3, 2009)
- Empowering Patients First Act (Republican Study Committee Health Care Reform Bill, introduced July 30, 2009)
- Improving Health Care for All Americans Act (Shadegg Health Care Reform Bill, introduced July 14, 2009)
- Medical Rights & Reform Act (Kirk-Dent Health Care Reform Bill, introduced June 16, 2009)
- Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act (Gingrey medical liability reform bill, introduced June 6, 2009)
- Small Business Health Fairness Act of 2009 (Johnson small business health plans bill, introduced May 21, 2009)
- Promoting Health and Preventing Chronic Disease through Prevention and Wellness Programs for Employees, Communities, and Individuals Act of 2009 (Castle Wellness & Prevention Bill, introduced July 31, 2009)
- Improved Employee Access to Health Insurance Act of 2009 (Deal auto-enrollment bill, introduced October 15, 2009)
- Health Insurance Access for Young Workers and College Students Act of 2009 (Blunt bill to improve health insurance coverage of dependents, introduced October 21, 2009)

Source: http://www.gop.gov/solutions/healthcare

Conservatives have different ideas. In late May 2009 Senators Tom Coburn (R-Okla.) and Richard Burr (R-N.C.), and Representatives Paul Ryan (R-Wis.) and Devin Nunes (R-Calif.) introduced The Patients' Choice Act of 2009. In

mid July 2009 Rep. John Shadegg's (R-Ariz.) introduced his Health Care Choice Act, which removes barriers to purchasing health insurance across state lines. Republican Study Committee Chairman Tom Price has introduced H.R. 3400, the Empowering Patients First Act. Each of these, and over 30 other bills, contain many of the ideas detailed below. We urge you to review this proposed common-sense legislation, none of which requires wholesale takeover of the economy.

Conservatives want time-tested, "patient-centered," market-driven solutions, that *actually* reduce costs and expand access and choice, without raising taxes, and without more government spending or control. States have tackled these issues and hold the lessons of success.

Consumers need (and want) more freedom to shop for value in medical care and insurance coverage. Informed consumers knowledgeable about costs and quality make wise decisions and reward value. Government can provide incentives for consumers to be knowledgeable. Government coverage mandates destroy this process by limiting consumer options (by preventing the market from responding to consumer needs).

The answer is individuals directly buying their insurance policies, personally managing their risks, and individually selecting the coverage that is most appropriate for them, from among choices offered by private insurers (not coverage mandates prescribed by government bureaucrats). Government can be effective in resolving health insurance and health-care problems by reducing barriers to choice and giving consumers the incentives and knowledge to make wise personal health-care decisions.

Medical innovation requires free markets – and lots of experimentation, in lots of different environments, the type that only free markets can offer. Regional variation ensures more innovation. Prescriptions from Washington D.C. that homogenize the country's medical services will be a death blow to innovation. Any long-term solution to our health-care problems requires the decentralization fostered by the conservative ideas outlined below.

Clear Steps to Better Health Care

We have many ways to deliver discrete solutions to particular problems with distinct reforms that encourage competition, innovation, and freedom, rather than remaking the entire health-care system. Here are a variety of very straightforward steps to creating a system that puts individuals in charge, and delivers more choices of higher quality health care at lower cost:

1. **If Democrats really wanted to provide everyone medical insurance coverage,** they could do it by just buying that coverage for those who truly need it through the use of direct and indirect subsidies or tax credits or vouchers. The cost would be: $36 billion per year. The Swiss government provides direct cash subsidies to those for whom health insurance exceeds 8% of income (35 to 40% receive some subsidy).

   This would be far cheaper for the government than commandeering one-sixth of the U.S. economy. With such vouchers, the 10 – 12 million who truly can't afford coverage are enabled to select the plan that best meets their needs, and those patients would be forced to be judicious in how they spend their voucher dollars, which would in turn result in much better and cost-effective care.

A 2008 publication "Consumer Response to a National Marketplace in Individual Insurance," (Parente et al., University of Minnesota) estimated that if individuals in New Jersey could buy health insurance in a national market, 49% more New Jerseyans in the individual and small-group market would have coverage. Competition among states would produce a more rational regulatory environment in all states.

-- **Wall Street Journal**, "The Competition Cure," August 23, 2009

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Fund High-Risk Insurance Pools – To allow those with preexisting medical conditions to purchase coverage more readily, increase federal funding for high-risk pools that offer affordable coverage, or establish a risk-adjustment or re-insurance mechanism to reimburse insurers willing to cover high-cost patients.[7] Congress should create incentives for state experiments that succeed in covering high-cost individuals without coercion or choice reduction for low-cost patients. These approaches will encourage insurers to offer coverage to those often excluded from private insurance pools, and would limit the need to exclude those with high risks, without corrupting the feasibility and success of lower cost insurance pools. State-based high-risk pools were authorized by Congress in 2006 to spread the cost of care for those with chronic diseases among all insurers in the market, but many states still do not have them.

2. **Deregulate the insurance markets.**

    a. **Permit high-deductible plans** – which create incentives for patients to ration health-care expenses themselves. Unfortunately, the government now restricts the use of such plans, and the bills in Congress will cap the percentage of medical payments that patients can make directly to their doctor, further entrenching the insurer's power and diminishing the consumers'.[8] To control costs, we *need* high-deductible insurance, not low-deductible comprehensive insurance. Covering everybody for every imaginable medical need only helps the government get votes by pandering to the needs (wants) of all constituencies. It is pathetic political practice that defies economic logic and experience.

    People want private care. Controls on doctors impair their ability to deliver the care they deem proper, necessary, and appropriate. When doctors don't take insurance, the patients privately figure out how to pay for it. They work something out with the doctor, or they find the resources. When doctors take money from the insurance companies or the government, what the doctors provide is dictated by who is paying the bill. Everything is questioned. Every payment decision is based on factors *outside* the doctor-patient relationship. Doctors make treatment decisions based on what will be approved by the third party payer, not based on what they think is necessary. Patients are not in control. Doctors are not in control. It's senseless.

    b. **Permit Nationwide Access to all Health Insurers Regardless of Where a Citizen Lives** – One of the only 17 constitutionally stated functions of the Federal Government is regulating commerce among the states (which meant ensuring the free flow of commerce between the states). So maybe the feds ought to just do their actual constitutional job and immediately *remove* all barriers to interstate competition among insurers. By repealing all state laws that prevent insurance companies from competing across state lines, we stop protecting insurance companies from real competition. There is no good reason to prevent consumers from buying insurance from any company in any state, except to protect the insurance industry. It's a government-sponsored racket. All should have the legal right to purchase health insurance policies from the provider of their choice anywhere in the country and use that insurance wherever they live. When there are 1,300 health insurance providers in the country, why should a business owner in California only be able to choose from 6 insurance providers?

    This simple change would dramatically and immediately increase policy choices, increase competition among insurers, and immediately lower costs for consumers. In New Jersey, a heavily regulated state with very burdensome coverage mandates on insurers, the annual cost of an individual plan for a 25-year-old male in 2006 was $5,880. In Kentucky, a state without such mandates, an annual plan for a 25-year-old male cost less than $1,000 in 2006.[9] Let consumers vote on state mandates with their feet, and we'll quickly see whether "the folks" think these lobbyist-driven add-ons are worth the price. Permitting consumers to shop across state lines would quickly end state-imposed coverage mandates.

c. **Allow employees to choose among several insurance policies** like federal workers can (instead of only the one offered by their employer), thus permitting them to tailor policies to their needs, instead of forcing them to accept a one-size-fits-all policy.

d. **Repeal (eliminate) all state and federal government mandates** defining what and who insurance companies must cover. For decades, politicians have imposed ridiculous, anti-competitive mandates on insurance companies. There are now approximately 2100 state-based one-size-fits-all coverage mandates, requiring that things like wigs, acupuncture, and in vitro fertilization be covered.[10] It is this political mandate meddling that is largely responsible for the skyrocketing cost of insurance. Such mandates have increased health insurance costs by billions of dollars. Individual customer needs and preferences must be permitted to determine what is covered and what is not covered, rather than political preferences. Lobbying by special interests should have no role in determining what insurance policies cover. Removing such mandates will permit individuals and providers to tailor policies to individual needs, enabling them to pay only for what they need or want. It's simple, if you want competition, restore free-enterprise right now.

e. Allow individuals and small businesses to join together in negotiating and purchasing insurance coverage through risk pools across state lines.

f. **Enable (Legislate) the portability of insurance coverage, so that it goes with the individual, not the job.** This will encourage greater stability by making insurance coverage belong to the individual, staying with them if they switch employers or lose a job.

3. **Stop Paying Criminals Gaming the System**. Deliberately, systematically, and dramatically eliminate fraud within the health-care system– saving $70 to $120 billion per year, or $700 billion over the next decade. Outright fraud – criminal activity – accounts for about 10% of all health-care spending. Medicare alone accounts for as much as $40 billion a year, according to Newt Gingrich's Center for Health Transformation. CHT's latest book, *Stop Paying the Crooks*, edited by Jim Frogue, extensively details the nature and extent of the systemic fraud problems and outlines real solutions. Congress must focus on solving this pervasive problem *first*, before launching more government programs that will assuredly spawn more of the same waste and abuse. Moreover, the savings realized through shutting the criminals down could be used to provide tax incentives and vouchers that would help cover those Americans who currently can't afford coverage.

4. **Move from a Paper-based to an Electronic Health System**. It's impossible to manage and eliminate fraud with the current paper-based system. An electronic system would reduce medical administrative costs dramatically, reduce medical errors, minimize duplication, and free tens of billions of dollars to invest in the kind of modern medical records and communication system that will transform health care. In addition, it would dramatically accelerate the adoption of innovations and breakthroughs, enhance price and quality transparency, and enable the creation of standardized reimbursement forms for all insurers.

5. **Develop a more efficient health-care delivery system** by increasing both hospital integration and collaboration between hospitals and physicians. Physicians order the most tests and procedures, and it's difficult to control costs unless physicians participate in delivering efficient care.

6. **End the tax penalty for purchasing health coverage outside the employer system** – The U.S. tax code rewards employer-provided health care, insulates health insurance companies from accountability, and penalizes those without employer-provided care. Employer health insurance benefits are fully tax deductible to the employer and are excluded from employees' taxable income, but individual health insurance costs are not tax deductible and must be paid with after-tax dollars. This disparate tax treatment has single-handedly fostered the perverse situation in which the vast majority of Americans are forced to depend on their employers, and having that job with that employer, for health-care coverage;

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it's wrong and discriminatory, and has created additional problems – people can't take their insurance with them when they leave an employer or lose a job, and insurers aren't meeting individual needs, but employer needs. The tax laws must be equalized so that employer-provided health insurance and individually-owned health insurance have the same tax benefits.

- Individuals should have the right to accept or reject their employer-provided coverage, and be free to buy the insurance they choose without a penalty.
- **This could be done by extending a tax credit to individuals** to purchase health insurance that they would own, control, and carry with them. (Oklahoma Republican senator Tom Coburn, M.D., has proposed the Patients' Choice Act, which would make insurance more affordable via tax credits worth up to $2,300 for individuals and $5,700 for families.) Doing so will build a genuine individual health-insurance market, enable informed consumer choices, and trigger the provider competition essential to reducing costs.
- Those with incomes too low to pay federal taxes would receive "refundable" tax credits to finance coverage, distributed in a manner to permit low-income Americans to exercise their choices, not government's.

7. **More Tax Reform Ideas –** The tax code acts as a barrier preventing people from purchasing insurance they can afford. Removing its obstacles is as simple as the ideas below:

   - Incentivize private underwriters to accept uninsured individuals with pre-existing medical conditions by making the premiums they receive from such individuals tax free to the underwriter. Relieved of a 35% corporate tax to the government, the underwriter's bottom line increases making it more feasible to insure those who are more of a financial liability.
   - Reward doctors who donate their services to needy, uninsured patients by treating the value of their time as a charitable deduction. If you want more care for the uninsured or those who can't pay, incentivize doctors and other health-care providers to supply that care by reducing their taxes for doing so. The same incentives could be given to medical supply, device, and equipment manufacturers.
   - Enable individuals to make voluntary, tax-deductible donations to help those who can't acquire insurance and aren't covered by Medicare, Medicaid, or the State Children's Health Insurance Program. Improve tax forms to highlight this option.
   - Expand tax incentives for small employers and the self-employed to procure insurance. One way to do this is shield the premiums from the 15.3% payroll tax for sole proprietors. If Mr. Entrepreneur spends $5,000.00 per year on health coverage, he could save $765.00 if his premiums were exempt from payroll tax. This enables him to lower his cost or buy more insurance.
   - Eliminate capital gains taxes for investments in health-solution companies. This will dramatically advance the development of medical solutions that lead to better health and lower costs by increasing access to capital.

8. **Create a Health-Based Health System**. Our health-care system must focus on improving individual health by determining what solutions actually work, save lives, and save money. Public policy should then incentivize (not mandate) the widespread adoption of such solutions. Medicare could save 30% of its spending every year if all 6,000 U.S. hospitals delivered the same standard of care as that found at the Intermountain or Mayo health clinics, according to the Dartmouth Health Atlas. Best practices need to be widely known before they can become the established standard, and public policy should encourage the wide dissemination of medical innovation and success.

We need the federal government and other health-care stakeholders to consistently migrate to privately-established best practices that ensure quality, safety and better outcomes. Government, however, should not be in the business of dictating what best practices are (that should be left to the private sector).

9. **Reform Our Health Justice System**. The worst source of waste in American medicine is the massive cost and arbitrary rewards of the U.S. civil justice (malpractice / tort) system – it's twice as expensive as the average of other industrialized nations. Medical costs can't be controlled without reducing the cost of medical liability. The sad facts include:

   - About 10% of medical service cost is attributable to medical malpractice lawsuits, according to the accounting firm PricewaterhouseCoopers; 2% is caused by direct lawsuit costs, and 5% to 9% is due to defensive medicine expenses.[11] Despite this cost, the U.S. tort system doesn't effectively compensate persons injured by medical negligence (some get millions, others get nothing), it fails to reduce medical errors, and it funnels huge sums of money to lawyers.
   - A 2006 Harvard School of Public Health study found that 40% of U.S. medical malpractice lawsuits are "without merit,"[12] which means the ridiculous sums spent to defend them is utterly wasted.
   - A Massachusetts Medical Society survey of 900 Bay State doctors in November 2008 found that up to 28% of tests, procedures, referrals, and consultations and 13% of hospitalizations were ordered to avoid lawsuits.[13]
   - The U.S. Department of Health and Human Services reports that high litigation costs contribute to declines in health-care quality.[14]

   Physicians and hospitals fearful of predatory malpractice claims engage in "defensive" medicine, which is now pervasive (80-90% of doctors practice defensive medicine). Defensive medicine is redundant, wasteful treatment and tests designed to defend against and avoid lawsuits, not treat the patient, and which do nothing to improve Americans' health or improve doctors' diagnostic capability, yet adds significant costs for every patient. This increases demand for medical services, which causes prices to go up. Doctors engaging in defensive practices are simply protecting themselves from an aggressive (and abusive) medical malpractice lawsuit industry that frequently delivers outrageous jury awards. Responding to this increased risk, doctors' malpractice insurance premiums can be extremely high (e.g., over $200,000.00 per year for some), before they even turn on the lights or hire an assistant. Patients pay for this in higher doctor fees. When health insurance companies pay these higher doctors fees, they pass it on to consumers in higher health insurance premiums.

   State workers' compensation laws are a form of tort reform. There the state has capped workers' claims against employers for workplace injuries and established special forums for claims resolution. If the workers' compensation fund and employers don't have unlimited liability, why do doctors and private insurers?

   On Oct. 9, 2009 even the Congressional Budget Office concluded that the government could save about $54 billion in health-care costs over 10 years from sensible medical liability reform. Tort (medical malpractice) reform could save $150-175 billion per year, according to American Solutions.[15] A study cited by the American Academy of Orthopedic Surgeons puts the cost of defensive medicine at $100 billion to $178 billion per year.[16] The libertarian-conservative Pacific Research Institute estimates that defensive medicine wastes more than $200 billion a year. With just half that sum the government could issue $5,000 health insurance subsidies — $20,000 for a family of four — to those ineligible for other government health assistance.[17] In 2008, Peter Orszag, the current director of the Office of Management and Budget who once headed the CBO, estimated that up to $700 billion is spent

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each year on defensive medicine (roughly 30% of all health-care costs).[18] With these kinds of savings the government and private insurers could pay for a lot of health care (without increasing taxes or burdening the economy).

There are many good, proven, and effective tort reform ideas. They include:

- Capping non-economic damages (e.g., pain and suffering) in malpractice awards, and limiting punitive damages to twice the amount of economic damages, reduces medical costs by controlling arbitrariness and unpredictability.
- Replacing lay juries with medical experts, special health courts, and safe harbors for doctors whose conduct complies with evidence-based clinical guidelines.
- Requiring actual-cost accuracy in medical expense claims, not just speculation or estimates.
- Circumscribing "joint and several liability" laws reduces lawsuits by ensuring that deep-pocket defendants are only liable for their own conduct, not that of others (this reduces the incentive to sue everyone in sight even when their involvement was trivial).
- Statutes requiring that all plaintiffs file expert's reports with the court at the outset confirming that the doctor being sued committed a medical error (instead of leaving the need for such reports up the judge) discourages many frivolous lawsuits.
- Reducing court awards for medical malpractice by the other insurance benefits Plaintiffs have received as a consequence of the incident.
- Imposing shorter statutes of limitations on the permitted time for filing medical liability claims. This imposes a duty on plaintiffs to promptly file claims and ensures that evidence (records) and witnesses are accessible and reliable.

"I doubt whether there are many Americans who think Congress has either the right or competency to choose where they live, what clothes they wear or what cars they drive. Yet many Americans stand ready to allow Congress to decide what doctors they go to and what treatments they receive. We forget that once we have government-sponsored health care, it can be used to justify almost any restraint on liberty."

--economist **Walter E. Williams**

In all 25 states that have implemented some form of medical malpractice reform, costs have declined, the number of doctors has risen, and services have improved.[19]

Texas may soon have the best health care in the nation. Why? Doctors are flooding into the state in reaction to the legislature's successful tort reform program implemented just 6 years ago. Reform in Texas has cut the number of medical malpractice lawsuits in half.[20] According to Texas Gov. Perry, doctors' insurance rates have declined by an average of 27% while the "number of doctors applying to practice medicine in Texas has skyrocketed by 57%."[21] While doctors are fleeing many states, Texas has added 16,000 doctors in the last 6 years.[22] According to a study produced by the Perryman Group, as a direct result of comprehensive reforms governing medical liability litigation enacted in Texas in 2003 Texans have better access to high-quality medical care, and the medical industry is using their liability insurance savings to expand services and innovate; Texas hospitals have expanded charitable care by 24%. Even better, the study also concluded that lawsuits against hospitals dropped by 70%, medical liability insurance rates dropped by an average of 21%, and 430,000 more Texans have health insurance today as a result of the medical liability reforms.

Mississippi has also demonstrated the dramatic success of medical liability reforms. Once known as a judicial hellhole of lawsuit abuse, the state enacted tort reform including caps on non-economic and punitive damages in 2004. One year later, medical liability lawsuits against the state's doctors fell almost 90% and its leading medical malpractice insurer dropped premium rates for doctors by 42%.[23] A side benefit: the state also began drawing major investment from non-medical industries.

Where sensible tort-reform has been implemented, medical costs have measurably declined because doctors are liberated to focus on patient needs rather than the threat of lawsuits. Support for these reforms is widespread, yet the federal government deliberately fails to look at clear successes in various states, like Texas and Mississippi, and follow their proven paths to success. Democrats aren't leading on this issue; as servants to the trial bar, they're stonewalling any discussion of legal "reform."

Reducing the actual number of suits to those with meritorious claims fosters a more equitable system of justice. Tort reform doesn't protect bad doctors; it controls costs, and provides patients with a better, more reliable and consistent mechanism for legitimate claims resolution (i.e., medical courts with specialist jurists and advocates assessing claims and evidence). Right now patients must rely on a lottery system, including the lotteries of whether their lawyers and the jury are competent (most juries and many lawyers are not competent due to medical malpractice complexities). The lawyers are the only participants in this unpredictable process who benefit. All the rest of us pay.

Justly compensating real victims of medical malpractice doesn't warrant unjust enrichment through judicial lotteries and frivolous lawsuits presented to illiterate jurors so that John Edwards can live in an 80-room house.[24] There is no legitimate reason for this ridiculous nationwide jackpot justice and its related costs to persist when the country pays for it directly in the price of medical services and related health insurance. If Democrats really want to reduce medical care and insurance costs, they have no excuse for failing to include tort reform. Alas, because 95% of trial lawyers' political contributions go to Democrats,[25] Democrats are dependent on plaintiffs' lawyer lobbies. Senators are in rich lawyers' hip pockets, and don't dare do anything to interfere with the jackpot revenue stream. This is why we don't find tort reform addressed or even raised in their "reform" bills.

To implement any "reform" that doesn't address this pervasive issue is dishonest in the extreme, and another reason why this entire legislative exercise is an insult to the American people. How can Democrats be trusted to do what's right to reform health care when they unapologetically refuse to stop enabling the one interest group that is the root of a significant part of the health-care "crisis?"

10. **Expand Investment in Scientific Research and Breakthroughs**. Create financial incentives to drive capital into medical research and innovative technologies with the aim of eliminating diseases, not just treating them. We must accelerate and focus national efforts in this regard to permit our private sector to harness the resources needed to accomplish these missions, re-engineer care delivery, and ultimately prevent diseases such as Alzheimer's disease and diabetes which are financially crippling our health-care system. Actually *solving* (ending) persistent medical problems like these will dramatically reduce the amount of health care needed and its costs, without requiring government's permanent expansion.

11. **Pay for performance, not volume.** Payment systems that compensate medical providers based on results rather than on the number of procedures (value vs. volume) are also capable of reducing costs, provided they don't discourage necessary or appropriate procedures.

12. **Incentivize healthy self-governance** to modify unhealthy habits; and free the private market to establish wellness programs and incentives to have better health and reduce health costs (like cost-sharing). Encourage companies to adopt the Safeway model, which rewards employees for healthier lifestyles by charging lower premiums to those who exercise and don't smoke. Employee premiums vary based on smoking, weight, blood pressure, and cholesterol levels — all risk factors for high-cost chronic diseases. This has cut Safeway's medical insurance costs by 40%, and 76% of Safeway's employees are asking for more such cost-cutting incentives.[26]

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Remarkably, when 80% of medical problems are related to lifestyle choices, individual responsibility for one's medical condition is not part of the discussion in the halls of our Democrat Congress. The government currently limits the use of these incentives, and the Senate bill would ban the practice of charging lower premiums to those proactively managing their own health. Here, discrimination in favor of healthy lifestyles is a good thing that has proved to lower health-care costs, but Senate Democrats apparently can't abide disparate treatment of any kind. But by banning this prudent discrimination Democrats insulate those with unhealthy habits from the consequences of their conduct, and guarantee more of the same unhealthy conduct and its attendant costs.

13. **Widely disseminate (publish) information** about the costs of medical services to all consumers of medical services. Consumers need to be able to see prices in order to be informed about medical decisions. Patients must be involved in both medical decisions *and* financial decisions.

14. **Ensure health-care competition by increasing transparency**:

    - Require that hospital and doctor performance ratings be publicly available.
    - Reveal comparatively which insurance companies and policies provide what medical-care benefits and outcomes per dollar, which offer highly-rated doctors and hospitals, and which best accommodate insureds when they're sick.[27]

15. **Reduce the Role of Third-Party Payers** – The third-party payment structure, driven by the dominance of employer-provided health care, divorces the consumer (patient) from the real cost of services, which encourages excessive spending, and discourages responsible consumption of medical services. Many doctors view the third-party payer system as "horrible." Consumers today have no reason to demand medical procedures, checkups, or drugs at reasonable prices. If costs are going up, consumers don't notice it because their employer is paying the increasing premiums (with a downward effect on salaries that employees also don't notice). When consumers pay their doctors directly out-of-pocket they're in control, and they directly feel the pinch; when they don't pay their costs directly, it leaves the insurers (and the government) in charge of what is paid for and how much is paid. Most consumers manage very little of their health-care money directly; they used to pay much more of their medical costs directly, but that percentage has declined dramatically in correlation with rising costs. The dramatic increase in both government and private third party payment over the last four decades coincided with a quadrupling of health-care costs.[28] (New individual coverage mandates and subsidies will only exacerbate the problem). In 1970, consumers paid out-of-pocket for 62% of all privately purchased health care. Today that percentage is just 26%.[29]

    The evidence that costs come down when consumers pay out of pocket is more than clear, it's compelling. Both Lasik and cosmetic surgery are medical services not commonly covered by health insurance policies, and so consumers have had to pay out of pocket directly to the medical provider. Over 10 years the cost of Lasik surgery has dropped precipitously from $3,000 per eye to $500. That's an astonishing example of what happens when the free market is permitted to function properly.

16. **Health Savings Accounts** – There are now about 7 million of these accounts,[30] contributions to which are tax deductible, are tied to and encourage the creation of high-deductible health insurance plans. They create incentives for individuals to spend very wisely on health care, and their use has been growing steadily, because they work. The less HSA holders spend, the more they save tax free. They're designed to reward patients who make price-conscious decisions regarding their medical care. They focus on cheap, basic plans that cover just the big costs and require policyholders to pay out-of-pocket (out of the HSA) for routine care and drugs up to the amount of their deductible. HSA-linked coverage is much less expensive than conventional plans, and Kaiser

> [Obama's press secretary Robert] Gibbs outdid himself when he was unable to name a solitary nation that has benefited from a single-payer health care system. While Obama steadfastly maintains he is not angling for a public monopoly, everyone knows that is the inevitable result -- and intent -- of his plan.
>
> – Columnist **David Limbaugh**

Family Foundation surveys indicate that HSA costs grow at a markedly slower rate than the cost of health plans overall.[31] By empowering individuals and permitting private management of personal needs, and reducing the role of 3rd-party payers, HSAs have succeeded in bringing down the cost of medical care, and should be encouraged and expanded. The government should *increase* incentives for and expand health savings accounts.

Democrats have sat on Republican proposals in recent years to increase the number HSAs because HSAs put patients in charge of their own medical care and make government much less involved in and relevant to the process (something Democrats just can't abide).

17. **Reform Medicare and Medicaid**, our existing single payer public options, first, and make that process a laboratory for reform. Give Medicare money directly to seniors for the purpose of buying their own insurance from the insurance provider of their choice; this will encourage seniors to be more cost and value conscious within a limited budget. This has worked very well in Medicare Advantage and should be expanded. Increasing the government's role in providing medical care in new programs, whether a public option or "co-ops," will just replicate existing systemic shortcomings in publicly administered programs.

While the U.S., long the bastion of free-market capitalism, slides so quickly leftward, Europe seems to be moving right. While many Americans still hang their hats on the pipe-dream socialism of the Obama regime, European voters are protesting these same socialist ideals, due to their experience with decades of socialism's failures.

-- Patriot Post June 12, 2009

18. **Supporting *independent* research and assuring the wide dissemination and availability of useful, reliable medical industry information** is a useful government function. But, the government should not be able to use that information as a basis for prescribing what health-care options are available. The government's interest in cost control would corrupt its decisions about what research to fund and what medical practices to pay for through its programs. The information (about best practices – what works and what doesn't) should inform private decisions about care made by doctors and patients – who are motivated first by the health of the patient and second by costs.

"Governments can't even count votes accurately -- or deliver the mail efficiently. Yet now, somehow, government will run auto companies and guarantee us health care better than private firms? And the public seems eager for that!" --"20/20" co-anchor **John Stossel**

"The first thing is not to call it socialized medicine. Reform is much easier on the ear. The second thing is to get it enacted fast. The third thing is to call opponents naysayers. The fourth thing (although not officially recommended) might be to regret the first three things. But then it will be too late." -- columnist **Jack Markowitz**

"The size and scale of what they're trying to do [with health care legislation] is mind-boggling. It's the greatest threat to the American health care system we've ever seen. They don't want you to know (about what's in it)." – former U.S. Senator **Rick Santorum** (R-PA)

Individuals and doctors must have the knowledge and incentives to make wise private choices – government can foster such an environment, not by being in control, but by getting out of the way. Government should reward private mechanisms that advance best practices, prevention, health, and wellness. Government should not be in the business of *mandating* these things. It should incentivize innovative systemic efficiency, challenging participants to innovate with the aim of reducing costs while simultaneously increasing private choices. A free market already rewards such innovations, but the government could sweeten the pie.

There are many organizations devoted to *actually solving* the real problems that do exist within the US health-care system, and many resources that explain what can be done and why it will work. They don't prescribe government takeover of the health-care system. The fact that these widely endorsed solutions to specific problems are not what Congress has chosen to implement now is clear evidence that this Democrat-controlled Congress' "reform" has nothing to with health care, and everything to do with government empowerment and control.

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Individual Liberty and Privacy – Incompatible with "Government" Health Care

The health-care debate is at its core about the choice between individual liberty, privacy, and choice on one hand, and government control and socialism on the other. We're talking about freedom or force. It's a choice between a health system that creates jobs, revives the economy, and improves health, or a government-run system that destroys our economy and our health. Americans all want the best health care they can get. They don't just want whatever health care some bureaucrat tells them they can have.

Make no mistake, the Democrat bills let bureaucrats, not individuals, decide the value of life in old age. Bureaucrats will also decide what insurance citizens can buy, which insurers are acceptable, what services are covered, what doctors they can see, what procedures doctors can perform and which drugs they can prescribe, and what treatment options are permitted. How dare these legislators *presume* to tell Americans what is best for them, and deny their freedom to choose these insurance and treatment details?

Those who slough this off as "extreme" are in denial. For those who would be free, government control over the most fundamental of private matters, health-care decisions, is the denial of freedom. What is more fundamental to individual liberty than private individual control over one's personal health-care decisions? Who is best able (and ought) to provide for our needs? Is it the individual in conjunction with trusted private providers, or is it the detached, unaccountable government? It's laughable to even pose the question, for it is inarguable that individuals are best able to make such decisions, and that government is incapable of doing so. Top-down bureaucratic decision making will slow delivery of services to a crawl and increase costs.

Worse, if the government controls our health-care decisions, it controls us. The notion of systematically stripping health-care choices from individuals and passing them to bureaucrats makes Americans sick. As long as individuals and their private insurers are paying for what they consume in medical care, the choices are theirs, and what their medical expenses are is no one else's business, including the government. But once the government is involved in this realm every aspect of these private choices becomes its business. That this debate is even possible in "the land of the free" spells trouble for the future of our country.

What Happens to Privacy? - Once ObamaCare is implemented private citizens will never have the opportunity to purchase health insurance from any provider in the country. Those who once had the option to exit one private plan and enter another, or choose low-cost less-comprehensive coverage, will be stuck with whatever programs the government mandates – insurance options will be closed off as the mandates put a stranglehold on the insurance industry's ability to tailor policies to consumer needs. Policies will now be tailored to government demands only. Under ObamaCare the government bureaucrats (the same people who have so little respect for human life that they advocate taxpayer funded abortions) will have the power to decide who gets government medical care and when. They will be able to access the records of individuals and businesses any time without cause. The government can investigate the affairs of any provider, just because they're the government. Where are all those privacy advocates (a la abortion) when you need them.

ObamaCare discourages personal ambition. The proposed reforms will institute a set of government mandates, price controls and other strictures that will make highly trained specialists, drug researchers and medical device makers less valued now and in the future. Americans understand that when you take away the incentive to make money while saving lots of lives, the cures, therapies and medical innovations of tomorrow may never be discovered.

Crass materialism is indeed a tyranny that can lead to personal misery. But most Americans believe it's up to individuals, not a nannying government, to decide what constitutes too much income and too much ambition.

Columnist **Arthur C. Brooks**

Our focus must be on "who makes the choices" about what care an individual gets. If ObamaCare takes choices away from "free" individuals, we must say no! If we don't say "no," we are surrendering our God given liberty. Who's going to be making the choices?

Fundamentally, individual choices about what care they get and when will be eliminated, which means that individual liberty and autonomy are being radically undermined. People need the freedom to choose their insurance, their doctors, and the treatments they need – if they have this freedom the market will meet their needs. If you take that freedom away and replace it with government direction and mandates you risk destroying the miracle of innovative modern medicine we know – and you take away the *hope* of millions waiting for the next development in medical science that may save their lives.

ObamaCare gives away personal, private, maybe embarrassing medical information. In the newly released ObamaCare plan, section 3102 titled "Financial Integrity" provides that state and federal governments can investigate any medical care provider at any time. This provision gives government the right to look at *any* record that a doctor has in his files, which means private, individual medical information. They may do so without court approval, without a warrant, with no cause stated.

Liberal dogma declares of abortion that "government has no business making that choice for a woman." It's the woman's choice. Period. It's their body, they control it. But now, suddenly, liberal dogma on national health care is that government making, directing, and influencing private medical decisions *for everyone* on any medical subject is okay. It's a sickening intellectual inconsistency.

Even the administration's defenders admit the government is cumbersome, sluggish, and inefficient. They use this as an excuse to explain why stimulus money is being deployed so slowly. In the face of the admission and well-known ongoing government management failures like Amtrak, the Postal Service, and Medicare, Democrats nonetheless insist on *enlarging* governmental control of health care, energy, finance, education, etc. They just won't grasp the lessons of experience (because it interferes with their power expansion imperative).

Given these U.S. policies to increase taxes, energy costs, and debt, *and* increase the debt further with health-care spending, which clearly diminish America's comparative advantages, what person or institution looking for a place to invest capital will seek opportunities in the United States, when its economic growth is shackled for the foreseeable future? They won't, but will instead look to high-growth economies elsewhere.

Insurance plans designed by a "Health Choices Commissioner" deny individuals the right to choose how much medical insurance coverage and who they want to contract with to provide that coverage. It denies those who are sick the ability to enforce a private contract with a reputable insurer, forcing their dependence on whatever uniform benefits the government decides it can afford to dole out.

Americans are by nature and Constitution independent; they are expected, and have the right, to pay their own way. They make their own choices about what is best for them and what they are willing to pay for those choices. They're not going to give these precious rights up easily. People who pay their own way are in control of their destiny; Americans like it that way, especially when it comes to the life and death matters of health care. Democrats ought to wise up.

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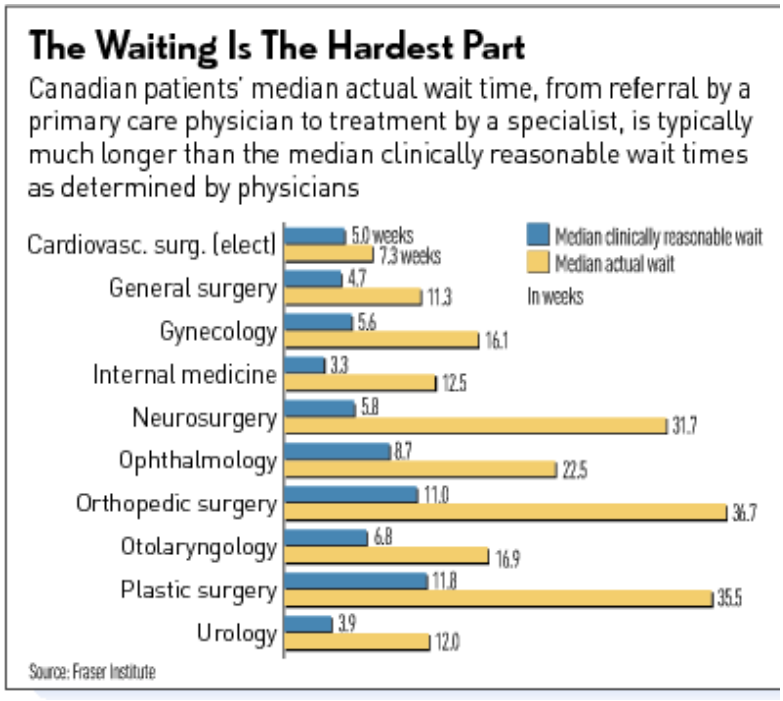
The Actual Experience of Other "Government Run" Health Care Systems (The Democrats' Dream)

Democrats who say the government must run health care for everyone in order to attain their dream of "fairness" would be wise to closely examine the pitfalls and cautionary tales of other countries' and certain U.S. states' government-run systems before repeating their folly. The countries and U.S. states that provide "universal insurance" make themselves feel good by "covering everyone," but they all deny critical procedures to patients who need them. What they deliver is not access to on-demand health care, but access to a government-mandated waiting list. When nationalized health care forces rationing, and patients wait 4 months for an MRI, and then 9 months to see a specialist, and then 2 years to get surgery (as people in Canada do now) – where will U.S. citizens go for quicker service? Right now, we *are* where everyone else goes when they need quick service. Once our system is nationalized and rationed there will be no alternative for us, or for those who are coming here now. Then *everyone* is stuck with what government can manage to get them, and the history and evidence of *real* quality medical care will be lost.



Source: Investors.com 10-22-09

None of the facts listed below should come as any surprise to informed readers cognizant of history's lessons. Only Democrats who slavishly adhere to party dogma may be shocked at the evidence of daily horror in government-run health systems; but even they will deny these truths are rooted in government control and its unavoidable limitations.

1. The not-so-conservative Canadian Supreme Court issued a bombshell ruling in June, 2005 declaring that Canada's single-payer government-run health-care system produces intolerable inequality.[32] The decision struck down a law banning private health insurance, declaring "Access to a waiting list is not access to health care," and essentially found that the public system fails to deliver reasonable services. This is quite an indictment of Democrats' dream.

2. Brian Day, former director of the Canadian Medical Association, has said that it's outrageous that the Canadian government actually forces "a citizen in a free and democratic society to simply wait for health care, and outlaw[s] their ability to extricate themselves from a wait list."[33]

3. Daniel Hannan, a British member of the European Parliament, has called the UK's National Health Service a "60-year mistake" and encouraged Americans to "ponder our example and tremble." When asked about ObamaCare on Fox News, Hannan said: "I find it incredible that a free people living in a country dedicated and founded in the cause of independence and freedom can seriously be thinking about adopting such a system."

4. Thousands of United Kingdom rheumatoid arthritis sufferers face unending agony because the government-run National Health Service does not treat them quickly enough, according to a new report by the National Audit Office. Average wait for treatment is nine months.[34]

5. Britain's National Health Service (NHS) budget has tripled since 1997, yet the U.K. still lags behind Europe and the U.S. in treating chronic disease. In 2007, *The Lancet Oncology* reported that England's cancer-survival rates were among the worst in Europe: They were equal to Poland's, despite the fact that England spends at least three times as much on health care as Poland does. For women, England was sixth worst out of 22 countries surveyed.[35]

6. German health-care costs are exploding too: "Everything has gone downhill," one German nurse recently told *Deutsche Welle*. "We all have less time, there are so many cuts, patients are dissatisfied, especially the elderly ones." German doctors spend less time with patients, and rely increasingly on private patients to cover their costs. (Just 10% of German patients are privately insured.) Nearly 60% of physicians "had thought about walking out on the public health sector in favor of a job in private health care," and 62% of the population "did not have a good impression of the health-care service."[36]

7. A Massachusetts hospital serving thousands of indigent residents is suing the state (July 2009) alleging that the state's universal health-care program fails to pay the reasonable costs of care, forcing the hospital to pay too much of indigent medical care.[37]

8. Massachusetts, to close a growing budget deficit, is canceling coverage for 30,000 legal immigrants.[38]

9. RomneyCare in Massachusetts, like current House and Senate bills, gave government the power to regulate all aspects of medical practice and insurance and also made access to care subject to political calculations. The result was predictable: waiting lines and expenses have gone up. After passage of its 2006 law mandating coverage for nearly everyone Massachusetts now has the most expensive family health insurance premiums in the country, according to an analysis by the Commonwealth Fund, a nonprofit health-care foundation.[39] Since 2004, average wait times in the U.S. to see a specialist fell to 21 days, but in Boston they increased to 50 days under RomneyCare, despite more doctors per resident than any other state.[40]

10. A study conducted by private insurer Harvard-Pilgrim exposes Massachusetts' insurance plan -- similar to Democrats' proposal – as a disaster. That plan, like Democrats' plans, also requires residents to purchase insurance. Because they can't be discriminated against for a pre-existing condition or the state of their health, people wait until they are sick or about to go into surgery to buy coverage. Many buy coverage, get treated, run up big bills, and then cancel the coverage.[41]

11. Catherine Midkiff, RN RSN, has been a nurse since 1979 and lived in the UK in 1991 and 1992. She earned $10 per hour there, compared to the $22 per hour then being earned by nurses in the US. As an agency night-shift nurse she earned *more* than staff nurses. Those women had to live in a dormitory on site as their pay would not afford them private residences. She said at St. George's Hospital she worked on a seniors ward where 23 elderly men and women shared the same room. When she asked where the code card was, her British counterparts laughed, saying, 'Oh you must be from America...' For non-seniors, most British hospitals put six people in a room. Wait lists are extremely long. An elderly British citizen she knew came to the US to get heart surgery after waiting a full year in the UK system. Others weren't so lucky. She said for many years, British hospitals had no trauma centers and thousands died as a result.[42]

12. Data from the Organization for Economic Cooperation & Development, not a conservative organization, show that the U.K.'s heart-attack fatality rate is about 20% higher than America's, and that in Britain angioplasties are only 21.3% as common as they are in the U.S.[43]

13. Compared to the U.S., breast cancer mortality is 52% higher in Germany,[44] 88% higher in Britain and 9% higher in Canada, and prostate cancer mortality is 604% higher in Britain, 184% higher in Canada,[45] and 457% higher in Norway.[46]

14. More than 70% of adults in Britain, Germany, Australia, New Zealand, and Canada (countries with government-controlled health care) complain that their systems need either "fundamental change" or "complete rebuilding."[47]

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15. Access to lifesaving drugs is much better in the U.S. 56% of Americans take statin drugs to reduce cholesterol and protect against heart disease; but only 36% of Dutch, 29% of Swiss, 23% of Britons and 17% of Italians do.[48]

16. Investors Business Daily[49] also reports the following disturbing facts:

    - In March 2009, the U.K.'s National Institute for Health and Clinical Excellence (NICE) ruled against the use of two drugs, Lapatinib and Sutent, that prolong the life of those with certain forms of breast and stomach cancer.
    - In America breast cancer has a 25% mortality rate, but in Britain it's almost double at 46%. Prostate cancer is fatal to 19% of American men who get it; in Britain it kills 57%.
    - Betsy McCaughey, former lieutenant governor of New York and an adjunct senior fellow at the Hudson Institute, wrote on Feb. 9 on Bloomberg.com that in 2006, a U.K-based board decreed that elderly patients with macular degeneration are forced to wait until they went blind in one eye before they could get a costly new drug to save the other eye. It took three years to get that outrageous decree reversed.
    - National Review Online's Deroy Murdock notes, the Orwellian-named NICE just unveiled plans to cut annual steroid injections for severe back pain from 60,000 to 3,000, which will increase opiate use and the need for spinal surgeries, which have a 50% failure rate.
    - According to Hoover Institution Fellow and chief of neuroradiology at Stanford University Medical Center Scott W. Atlas, British patients wait about twice as long as Americans — sometimes more than a year — to see a specialist, have elective surgery such as hip replacement or get radiation treatment for cancer. In Britain, nearly 1.8 million people are waiting for a hospital admission or outpatient treatment.
    - The U.S. has 34 CT scanners per million citizens compared with eight in Britain. The U.S. has almost 27 MRI machines per million compared with about six per million in Britain. The mortality rate for colorectal cancer among British men and women is about 40% higher than in America.
    - David Gratzer, a physician and senior fellow at the Manhattan Institute, says the difference is that in the U.S., internists recommend that men 50 and older get screened for colon cancer. In the National Health Service in the U.K., screening begins at 75.
    - Avastin, a drug for advanced colon cancer, is prescribed more often in the U.S. than in the U.K., by some estimates as much as 10 times more.
    - Gratzer notes that a clinical oncology study of British lung cancer treatment found that 20% "of potentially curable patients became incurable on the waiting list."
    - Up to 1/3 of Britain's health-care trusts import foreign doctors from Poland, Lithuania, Germany, Hungary, Italy and Switzerland because Britain lacks doctors willing to work evenings and weekends; an increasing number of British patients are treated by exhausted foreign doctors with a poor command of English. A German doctor brought in with very little sleep had two patients die on his first shift in Britain.[50]
    - The Daily Mail reports that thousands of British women are forced to give birth outside maternity wards due to a shortage of midwives and hospital beds. Some 4,000 women last year, up 15% from the year before, gave birth in places like elevators and toilets, putting mothers' and babies' lives at risk.[51]

17. Canadian Supreme Court Justice Marie Deschamps wrote in her 2005 majority opinion in Chaoulli v. Quebec: "The evidence in this case shows that delays in the public health-care system are widespread, and that, in some cases, patients die as a result of waiting lines for public health care."

"The American people must regain the ability to distinguish between wants and needs and must shed the ridiculous notion that government exists to provide either. Our Constitution -- drafted by men well acquainted with the abusive capacities of a centralized government -- limited the roles and responsibilities of the federal government in order to allow the principle of self-government to flourish in the new nation. Government exists to preserve and protect the sphere of civil freedom within which we can work to meet our needs and our wants. Government does not exist to provide them."

--columnist **Ken Connor**

18. In 2008 the average Canadian waited 17.3 weeks from the time his general practitioner referred him to a specialist until he actually received treatment.[52] Canadians wait an average of 17.9 weeks for surgery and other therapeutic treatments, according the Vancouver-based Fraser Institute. In Canada, wait times for surgery are dangerously long; patients wait an average of 37 weeks for orthopedic surgery, and they wait 31 weeks for neurosurgery (which doctors surveyed say should occur within 11 weeks and 5.8 weeks, respectively).[53]

19. 66-year-old Lindsay McCreith was told he had a brain tumor but that he would have to wait 4.5 months to get an MRI to rule out the possibility that it was cancerous. Unwilling to risk his life, Mr. McCreith got an MRI in Buffalo, which revealed the tumor was malignant. Returning to Canada with this diagnosis, he was told the wait for brain surgery would be 8 months - enough time for the cancer to worsen, spread, and progress to an irreversible stage.[54]

20. Britain's National Health Service has reported that, at any given time, nearly 900,000 Britons are waiting for admission to National Service hospitals and shortages force the cancellation of more than 50,000 operations each year. In Norway, with a population of only 4.6 million, an estimated 280,000 Norwegians are waiting for care on any given day, the average wait for hip replacement surgery is more than 4 months, and 23% of all patients referred for hospital admission wait more than three months to be admitted. [55]

21. Dr. Anne Doig, the new president of the Canadian Medical Association, says it's clear Canadians are getting less than optimal care. "We all agree that the system is imploding. We all agree that things are more precarious than perhaps Canadians realize," she told the Canadian Press.[56]

22. In Britain under the National Health Service, where local health-care "trusts" supervise medical delivery, about 1,000 victims of rare forms of cancer were denied drug treatment the past three years, according to an analysis by the Rare Cancers Forum printed in the London Telegraph.[57]

23. The Vancouver Coastal Health Authority will close nearly a quarter of its operating rooms starting next month and to cut 6,250 surgeries. They include 24% of cases scheduled from September to March and 10% of all medically necessary elective procedures this fiscal year. The plan proposes cutbacks to neurosurgery, ophthalmology, vascular surgery and 11 other specialized areas. Brian Brodie, a Canadian doctor and president of the British Columbia Medical Association, has called the proposed surgical cuts a "nightmare."[58]

24. Dick Morris in his book "Catastrophe" has noted that:
    - Canada has a 16% higher cancer death rate.
    - Canada has an 8-week wait for radiation therapy.
    - 42% of Canadians die of colon cancer vs. 31% in the U.S.
    - The best chemo-therapies are not available in Canada.
    - Too few doctors cover too many patients in Canada, and doctors leave medicine as incomes decline to save the government money.

25. The States of Maine, Massachusetts, Oregon, Tennessee, and West Virginia have all adopted some form of government control of health care. According to Investor's Business Daily those states have not solved their health-care problems, but now suffer the following significant problems as a result.[59]
    - They are stuck with enormous new bureaucracies that further separate patients and doctors.
    - They have shut down or disabled market forces.
    - They dictate what can be spent on new technologies, and what treatments are available. They ration care, and waiting lists are common.
    - Insurance and other costs have increased dramatically.

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- Doctors and insurers are leaving the states in droves.
- The systems are broke, and have only insured a fraction of those they intended to insure.
- The states have cut and capped benefits and raised taxes to keep the system alive.

In government-run medical systems like in Britain or Canada, people die on waiting lists and a person's quality of life is assessed to determine if they are worth treating at all. If the U.S. government runs our medical care system, it will have disastrous consequences for patients and taxpayers alike.

Closing Thoughts

WE ARE ON THE BRINK of government's tragically flawed takeover of the health-care industry. The magnitude of Congress' health-care monstrosity is staggering – the federal government will soon dictate Americans' behavior regarding their intimate health (life) choices. All participants in the medical care economy will be in a government mandate stranglehold. Countless aspects of the economy will be affected negatively. The bills proposed in 2009 by Democrats clearly demonstrate that the federal government has *no idea* how to reform its existing insolvent health-care programs, much less how to properly ensure coverage and access.

The health-care debate is nothing less than a moral struggle over the survival of our free enterprise system. Apparently Congress will summarily disregard the majority of Americans who do not want government in control of health care. Congress will stop at nothing to acquire and ensure the growth of government control.

There is NO constitutional authority for this vast intrusion into the private sector, yet advocates proceeded apace confident, despite widespread protests, that no one would notice. Congress summarily ignores the issue of whether it has the authority to nationalize the health insurance industry (by mandates and dictates) or go into the insurance business (the public option) under the Constitution. There will be no inquiry into this issue by Congress or the executive branch, because they no longer feel duty-bound to self-regulate the constitutionality of their acts. So it will be left to private citizens and the courts to hold Pelosi's Congress and President Obama accountable to the constitutional limits of their authority.

There will be constitutional challenges to this legislation, especially the part where the government forces everyone to buy health insurance, but unfortunately they will be mounted only after the legislation passes. The absurdity of government *forcing* individual Americans to *buy* insurance becomes clear when the notion is applied to other commonly used products or services. The Constitution doesn't come close to authorizing such individual mandates.

Americans seek access to more treatments and more doctors, with *less* interference by insurance companies and government bureaucrats. A centralized health-care system can't deliver this. Intrusion by the government is not reform. Americans are not interested in a "government-knows-best" health-care system because it's clear that such plans will increase insurance premiums and taxes, and decrease health care.

"Ultimately, the Left's 'scaled back' version of health-care reform will sprout other ominous features. For starters, we'll need armies of federal bureaucrats to draw up and enforce thousands of pages of new insurance regulations. And then we'll need some government muscle to enforce the individual and employer mandates -- everything from penalties, fees, and fines to the use of collection agencies and garnishment of wages. As candidate Obama himself said: 'Without an enforcement mechanism, there is no mandate. It's just a political talking point.' So there we have it: the slippery slope of health reform."

--Heritage Foundation vice president **Michael G. Franc**

The U.S. medical industry has produced the vast majority of all health-care innovations in the world, and has earned more Nobel Prizes in medicine or physiology than all other countries combined (since the 1970s).[60] That *private* health system (which Democrats demagogue as "unsustainable") creates nearly all of

the successful treatments, drugs, and medical equipment in use worldwide (try to name one useful medical treatment or technology ever developed by a government). If Washington takes control of it, we'll see a long and irreversible deterioration in health-care quality, less innovation, and more government-driven rationing. America will soon have a Third World health-care system. Then *who* will innovate in medicine?

Health care in the U.S. is the best in the world, and that quality will only remain if Democrat "reform" proposals are *defeated*. Pelosi, Reid, and Obama are attempting to create a new America distinctly different than the America known for centuries for a brand of individual freedom generations have found worth fighting and dying for. To attain their egalitarian objectives they must dramatically expand government power and destroy freedom. The only thing that will stop this takeover attempt in its tracks is *action* by the American people. The great mass of Americans who love and understand freedom must *defend* it. Americans must stand up, act *now*, voice their outrage, and resoundingly say "NO!" Otherwise, brace yourself for individual liberty's inevitable decline.

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