

OP ED: Grocers Get It, Why Doesn't Government? Solutions That Work

How can we fix only the “flat tire” on the healthcare “vehicle” and NOT call the whole thing a “clunker”, sending it to the government-run junkyard to be destroyed?

Calling cars “clunkers” and sending functioning ones to a junkyard is one thing. Calling our medical system a “clunker” and destroying the private system because a few parts need fixing is quite another.

Destroying the most innovative and responsive healthcare system on the planet with government mandates, control and expansion of federally-run services in the name of “reform” is diabolical. People’s lives are at stake.

Americans have the best medical services in the world. No one is denied *medical care* for lack of *medical insurance*. Since 1986, Federal law has prohibited hospitals from turning away people without insurance. Taxpayers foot the bill to pay for those without insurance. It is dishonest to keep implying that lack of *insurance* means lack of *care*.

There is no logical reason we cannot fix the *payment and insurance* issues and do it relatively quickly. We don’t need to wait until 2013 when the “healthcare reform” bills are scheduled to take effect. Why not now?

The big Grocers –Safeway and Whole Foods – have done it already. The CEO’s of both companies have creatively used *common sense solutions* to “fix” what is broken in medical insurance issues.

Whole Foods and Safeway executives have succeeded in their reforms *in spite of the government’s interference* that prevent these companies from doing *more* to improve their employees’ medical benefits. Government regulations *prevent them* from giving additional financial discounts to people for healthy behavior. That makes no sense.

While politicians are *talking and obfuscating*, Whole Foods and Safeway CEOs have been *doing*. *They have already achieved the goals* everyone else wants:

- ❑ Affordable coverage for their employees
- ❑ Lower costs or keeping costs flat when others (Medicare included) have costs rising 15-40% a year
- ❑ Patient control and choices about how money is spent
- ❑ Employees satisfied with their medical insurance
- ❑ Employees actively doing engaging in healthy behavior
- ❑ Employees rewarded financially for achieving health goals.

To fix what is “broken” we do not need the federal government to take over and destroy medical privacy, create new bureaucracies, *increase* costs, impose new mandates, reduce current rapid access to diagnostic services, or decimate medical innovations for treatment. All of these inevitably occur under government run healthcare everywhere in the world.

The name you use doesn't matter: “single-payer” or “public option” or “co-op” or “nationalized” or “socialized” – they are all the same: government *controlled*.

When the government gets in the middle, it *always costs more*. Think hugely inflated prices for toilets when the Pentagon pays. Think high priced hams bought with “Stimulus” money. The government is buying? Triple or quadruple the price!

Healthcare examples abound. Government-run Medicare has a *40-year track record* of costing about *34% more* than privately purchased medical services. Government regulations in New York, New Jersey and Massachusetts make individual medical insurance premiums the most expensive in the entire country. The Wall Street Journal reported New Jersey's 2007 average premium for singles was \$5,326 compared to the national average of \$2,613. New York families in 2007 had average premiums of \$12,254 versus the national average of \$5,799.

Nine states have higher insurance premiums because of the same government rules and regulations that are now being proposed for all 50 states in the Democratic versions of healthcare “reform.” Republicans' lower cost alternatives are not allowed to see the light of day.

Government regulations cost people more money, time and time again. *Grocers get it*. Why can't the government bureaucrats “get it?”

Insurance horror stories we keep hearing from the Democratic leadership are due to problems in the *individual* private insurance market, primarily *caused by* government interference. These horror stories do not affect the nine out of ten Americans with medical insurance provided by their employers. Employer-based group plans don't get arbitrarily cancelled because one person at the company has a serious illness.

It is the *individual* medical insurance market that needs to be fixed first. We can rapidly make individual medical policies tax-deductible and competitive across state lines. That can be done *now*. To help more people afford coverage, we do *not* need to over-regulate or dismantle the entire health delivery system, or add more government intrusion just to fix the “broken.”

We need to get *government, private insurance companies, and lawyers out of the middle between patients and their health professionals*.

Get the *lawyers* out of exam room! THIS is the elephant in the room that no one in Washington is willing to talk about. Democrats fear alienating trial lawyers, a huge source of their campaign funds. Real tort reform has to be done in order for us to lower costs, reduce premiums for health insurance and malpractice insurance, and reduce the costs for to provide medical care.

If I just practiced in Texas and Virginia, my malpractice premiums would be cut to 1/3 of what they are with my having an Arizona-based practice. Why? Governor Napolitano, a lawyer, refused to consider any tort reform and vetoed every tort reform bill passed by our legislature. Higher malpractice premiums and the cost of practicing defensive medicine result in higher costs of medical care for all Arizonans, *and fewer options for health insurance plans.*

Let the free markets work. Let people decide how *they* will spend *their* money. We always search for better value when it's our own money. Put consumers back in charge of spending their own health care dollars. They will make wiser decisions than bureaucrats will.

These are the approaches that have been proven to lower costs, increase competition, improve *your* control over your healthcare choices, encourage healthier behavior, and drive treatment innovation:

- ❑ Reduce federal regulations that artificially increase prices.
- ❑ Give people tax credits for their private individual insurance, similar to tax credits for employer-based medical insurance policies
- ❑ Increase the caps on medical savings accounts so that people have more tax-free money that they own and control how they spend it.
- ❑ Reduce premiums for people who lose weight, stop smoking, exercise regularly, use alcohol in moderation, and don't use street drugs.
- ❑ Get the 50 different sets of state government regulations out of the way. Eliminate state mandates that increase premiums, as seen with new York, New Jersey, and Massachusetts now.
- ❑ Allow people to purchase *private* insurance across state lines, and own the policy, similar to car and homeowners policies.
- ❑ Get all third party interference (government and private insurers) *out of the physician-patient relationship* –
- ❑ Remove government restrictions that prevent physicians from offering sliding scale fees for patients
- ❑ Implement tort reform. Tort reform has resulted in lower malpractice premiums for physicians and reduction in costs of “defensive medicine” in every state it has been passed. Doctors can pass on savings to patients.

All of these strategies have worked in the past. They are working now in private businesses that implement them. They will work going forward, IF *we get government out of our way*.

People pay attention when they have skin in the game. When it's *your* money at stake, you are more careful how you spend it. Put the American people back in the driver's seat. As patients and savvy consumers, let them shop in a competitive national healthcare marketplace, as they do on the Internet today with everything else.

The Constitution does not give the federal government the authority to run healthcare. Capitalism and free markets lower costs, increase competition, create wealth, and grow the economy. It is the American Way and always has been. It works.

We need Common Sense. Healthcare can be "fixed" with American ingenuity, initiative, and free enterprise. Big Government will kill it.

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DISCLAIMER: Dr. Vliet speaks as an independent physician, not as an official spokesperson for any organization. Dr. Vliet has no financial ties to any health care system, pharmaceutical company, or health insurance plan. Her allegiance and advocacy is to and for patients.



Dr. Elizabeth Lee Vliet

Elizabeth Lee Vliet, M.D. is a women's health specialist who received her M.D. degree and internship in Internal Medicine at Eastern Virginia Medical School, then completed specialty training at Johns Hopkins School of Medicine. She received B.S. and M.Ed. degrees from The College of William and Mary in Virginia. Dr. Vliet is the 2007 recipient of The Voice of Women award from the Arizona Foundation for Women in recognition of her pioneering advocacy for the overlooked hormone connections in women's health. Dr. Vliet's books include: *It's My Ovaries, Stupid!; Screaming To Be Heard: Hormonal Connections Women Suspect-- And Doctors STILL Ignore; Women, Weight and Hormones; The Savvy Woman's Guide to PCOS*. Dr. Vliet is a seasoned expert

commentator and a passionate fighter against government takeover of health care in the proposed Health Care "Reform" that seeks to eliminate or penalize private options. Dr. Vliet's educational medical website is www.herplace.com.

For more information on healthcare reform, Dr. Vliet suggests two patient advocate Web sites on healthcare: www.JoinPatientsFirst.com, www.PatientsUnitedNow.com, or the Association of American Physicians and Surgeons at www.aapsonline.org.

To book Dr. Vliet on interviews, or for permission to publish, email [Rose Henning](mailto:rosehenning@herplace.com) rosehenning@herplace.com or call 520-797-9131 (MST).