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The real disease of the system

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As the presidential candidates discuss their plans for the American health care system, they point fingers of blame in several directions: toward insurers, employers and even overeaters and non-exercisers. But none of the leading candidates is pointing toward the main culprit: the government.

The federal and state governments have driven up the cost of health insurance and healthcare with Byzantine regulations, outdated tax policies and price-setting that distorts the marketplace.

States have piled on insurance mandates, artificially increasing the cost of insurance and skewing the concept of risk. Texas ranks among the top five most heavily mandated states with 52, requiring insurers to cover everything from alcoholism to in-vitro fertilization, acupuncture and marriage therapy. Lower-cost coverage sold in another state -- perhaps one with fewer mandates -- is not an option because only policies approved by Texas regulators are available here.

The federal tax code tethers insurance to employers by favoring employers that provide insurance and individuals who have employer-sponsored coverage. The results include needless periods of uninsurance coinciding with unemployment, limited insurance options that reflect the choices of employers instead of employees, and individuals who buy their insurance only after Uncle Sam takes the first bite from their paychecks. Texas even gives employers credit for providing insurance coverage in calculating their tax burden, but individual taxpayers paying for their own care see no such benefit.

Prices for healthcare services often are based on Medicare rates, which Washington sets. State and federal governments insulate public beneficiaries from the cost of their care, instead asking taxpayers to pay the full freight even as they work to provide for their own families. Federal laws create perverse incentives allowing people to receive treatment without paying. That sticks the tab to federal, state and local governments, and to those who have insurance.

If health insurance and healthcare are out of reach for people, it is because of government meddling in the marketplace and stifling competition.

Government regulations have given us this mess, so it is unlikely that government can lead us out. The stories of foreign heads of state coming to the United States for healthcare services, Canadians waiting in long lines for would-be lifesaving treatment, and Britain's willingness to ration care according to age seemingly fall on deaf ears.

It is hard to imagine that a government that addresses customer service complaints about long lines at the post office by taking the clocks off the walls can ever handle the complex and deeply personal healthcare decisions of more than 300 million people.

The differences among Republican and Democratic presidential candidates are not as sharp as most people believe. Candidates of both parties may differ on the specifics of their plans, but most envision an increasingly active role for government in regulating insurance and paying for healthcare.

Despite historically loud objections to establishing a single-payer health care system in the United States, decades of quiet and incremental government expansion have resulted in record levels of government involvement in healthcare -- everything from regulating what providers can do and what they are paid to actually writing the checks to pay for care.

Today, people are awake to the significant problems in healthcare, yet most have been duped into believing that the radical departure from the status quo is more government.Indeed, that might be the real granddaddy of healthcare myths.

A new direction in health policy would follow the path of competition with the goal of delivering Texans a great deal of choice in insurance and care, with both increasing quality and decreasing cost.