

Prescription for a Cure: A Patient-Centered Approach to Fixing America's Health Care System

Within the health care debate, there are striking differences in the solutions proposed by the various participants. Everyone agrees there are problems that must be addressed—access, cost, and quality—but then the road splits in opposite directions. One road leads to government-controlled health care, and the other to patient-controlled health care. The important thing for the American people to understand is that all of the proposals on the road to government-controlled health care have been tried—both in this country and around the world—and have universally failed to deliver on the goals of lower cost, higher quality, and better access.

Alternatively, a patient-centered approach will accomplish those goals. But what will it take to create a health care system in this country that puts patients—not the government—in control of their health? The following measures are important first steps toward achieving increased access, lowered costs, and improved quality.

- **Use Health Savings Accounts (HSAs) so individuals can see how much their health care costs and have an incentive to use only those services that are necessary.** Consumer power is unleashed when individuals are encouraged to be judicious with their day-to-day decisions but have protection against emergencies through a high-deductible policy. HSAs are proven to lower health care costs by 12-20 percent in the first year of use, with premiums increasing half as fast as traditional health insurance in subsequent years. Patient satisfaction is high, and care is equal to or better than traditional health plans. Remove the onerous restrictions that Congress has placed on HSAs and the results will be even better. The government-run plan, on the other hand, will result in an estimated additional 5.2 percent in the rate of insurance cost inflation.
- **Reduce the number of mandated benefits insurers are required to cover, giving the consumer a better opportunity to afford quality health care plans.** Mandated coverage for certain medical conditions can be expensive and the coverage of these conditions is something the vast majority of patients will never need, such as in-vitro fertilization. Why not let consumers decide which benefits they need and are willing to pay for?
- **Allow interstate purchasing of insurance.** Policies sold in some states are much more affordable because insurance providers in those states are not mandated to cover various medical conditions that most consumers do not need. Removing barriers to interstate purchasing of health insurance would allow consumers to purchase plans in other states that are cheaper and better fit their individual needs.
- **Reallocate the majority of Medicaid spending into a simpler voucher for low-income individuals to purchase their own insurance.** The voucher would be income-based on a realistic sliding scale. A massive bureaucracy is needed to implement today's complex and burdensome Medicaid system; a voucher program would eliminate much of that bureaucracy and produce considerable cost savings.
- **Eliminate networks in managed care insurance.** Networks make the delivery of health care more complex, and thus contribute to higher costs rather than control them.
- **Allow non-physician health care professionals to practice to the extent of their education and training by eliminating unnecessary scope-of-practice laws.** The patient should decide from whom to receive their care. Safety has been proven and authority given to state licensing boards, with legislative oversight, that would allow these professionals to keep up with advances in care. Retail clinics have proven that increasing the provider pool increases both competition and access to care. ★