

February 2, 2011

To the Editor:

In spite of the failure of the amendment in the Senate to repeal ObamaCare, these votes in Congress are more than symbolic. They serve to highlight what is in the bill and why it must be repealed. There is general consensus that our present system needs reform. However, in my view ObamaCare does not reform our system but rather deconstructs it while taking over 17% of the private sector economy under the false promise of affordable healthcare for all. Charles Krauthammer said it best when he stated that reform begins with repeal (of ObamaCare), National Review, January 23, 2011. However, what will fill the “void” if repeal is successful?

As a practicing physician, I offer the following reform ideas for the current healthcare system to illustrate that sustainable reform is possible. However, sweeping Federal legislation by politicians who do not understand the current healthcare system is catastrophically worse than no action at all. Of necessity, there must be a concerto of change by all segments of our healthcare system orchestrated by those who have lived their professional lives devoted to the art and science of practicing medicine. These are my suggestions:

1. Shift tax advantages to individuals, allowing health insurance as a tax deductible item. Promote health savings accounts.
2. Get employers out of the health insurance business. Have them add the healthcare money they would have spent to the paycheck (with proof of insurance) so that individuals and families can buy their own insurance that is portable. Patients would no longer be handed over in bulk to an insurance company. The insurance industry would respond with a robust offering of menu priced individual policies that would pool risk based on real actuarial considerations rather than volume based contracts with third parties.
3. Medicaid could temporarily serve as the stop-gap for those between jobs who could not afford to continue their insurance, much like unemployment. It would continue to be the safety net for all ages, and could serve as a one year rider for pre-existing conditions.
4. Encourage states to eliminate insurance mandates for non-essential non-medical coverage (acupuncture, therapeutic message, etc.) to lower costs.
5. Return to a major medical model with no first dollar coverage. Insurance is for unanticipated medical expenses after a certain deductible is met. Routine care is not covered in return coverage of a major medical or surgical event.
6. Allow purchase and portability across state lines. This would increase competition and spawn the type of innovative insurance solutions that are seen today in Utah and Indiana.

7. Encourage states to hold healthcare summits to include all segments of the healthcare industry to elucidate what the problems are, possible solutions, and what each part of the system can contribute to decrease cost, promote transparency in pricing, and promote personal responsibility within the framework of the traditional doctor and patient centered system.
8. Allow 65 year and older individuals to opt out of Medicare in return for a stipend check and selection of a private healthcare policy like the rest of the population.
9. Each physician should develop one fee schedule for all of his or her patients, including Medicare, Medicaid, and any other insurance. This could be available through a designated state official website. Patients could compare. No contracts between insurance companies and physicians would be made unless discounts were disclosed on the website. Allow balance billing to the Medicare patient, i.e. Medicare would list what they will pay but not what the physician may charge.
10. Apply the same transparent public fee list requirement to hospitals, laboratories, pharmaceuticals, and medical device companies. This would eliminate cost shifting, burdensome and dollar wasting administrative requirements, and would allow physicians and patients to make informed choices.
11. Enact tort reform to reduce the estimated 20% healthcare and drug costs related to fear of litigation. Texas is a model state where tort reform has reduced costs of malpractice premiums and allowed scarce specialties back to areas that drove them away with bogus litigation.
12. Finally, allow the cost of charitable care to be deducted by the physician from income tax by using the usual and customary fee for service. Most physicians would be willing to assimilate the uninsured amongst us in return for deducting the cost of service.

These are starting points for reforms that would capitalize on existing infrastructure and therefore not add to the Federal deficit. These strategies would set the stage for states to begin to craft sustainable healthcare systems. ObamaCare is not fixable. It was voted upon under duress and by admission without anyone but the unknown authors having read it. Everyone who voted for it has a face saving exit. They should admit that they hadn't read the bill, and now that they have read it, admit that repeal and replace makes sense.

Jane Lindell Hughes, M.D., F.A.C.S.

San Antonio, Texas www.usaHealthalert.org