

ACA - Repeal and Replace

Repealing Obamacare to allow for proven and effective success with a capacity for love

A health care plan recipe has to have more than a political foundation, but one that parallels the astounding success of the American economy because of its Founding Principles. Obamacare can be replaced with a simple properly ordered system of health care that works best from the bottom up, not the top down where works of mercy begin.

The USA had the finest, most comprehensive health care system in the world. It started getting more complicated and expensive when the Federal Government started taking over the roles that are best left to the individual, the family and the local community – even to the state. Regulation piled on regulation until the very politicians and bureaucrats who caused the problem made more unattainable assurances. They say the only way to make health care more inclusive is to add more regulation and build more expensive and inefficient bureaucracies run from the top – taxpayer dollars and debt added to burden future generations.

There is an economic rationale for bottom up health care vs. top down Federal control. **Cost is a function of subsidiarity** where treatment and care is always initiated at the lowest, least costly level. An individual or family unit that spends a dollar for at home care gets a dollar's worth of value – plus a lot of the most important ingredient - LOVE. This is always the first line of defense against illness and mounting expense.

If the ill person needs financial help with care from sources in the local community, from the local doctor, clinic or hospital and volunteers, costs are contained within the community... even to some who may help pay the medical expenses – out of love and understanding of the corporal works of mercy. Churches, synagogues, fraternal groups organize fund raisers to cover costs of patient care and wider research such as St. Jude's Children's Hospital and Shriners' Children's Hospital.

\$1.25 to \$4 for every \$1 of service delivered¹ – Which is best for the Taxpayer?

1. When patient care is contained within the family, costs are contained at **\$1** for every **\$1** spent for care.
2. When needs are developed locally outside the immediate family, it costs the community about **\$1.25 for every dollar** that reaches the one in need. **\$1** for professional treatments and medicines, **\$0.25** for the overhead of the agency administering funds and services. Some charitable overhead costs are considerably less.
3. When the state becomes involved, it takes **\$2 in taxes** for every dollar that reaches the point of need. Bureaucracies tend to create higher overhead costs than private organizations and are less able to downsize when needed due to public employee tenure and perks.
4. Any program like Obamacare dominated by the Federal government, costs up to **\$4 in taxes and new national debt** for every **\$1** that reaches the one in need. Federal involvement adds another level of bureaucracy that cannot provide efficient, compassionate care from a distance.

¹ Study by National Association of Life Underwriters

ACA - Repeal and Replace

Eugenic solutions relating to the economic value of a given life are inevitable. The key architects of ACA are Eugenicists.²

Lawmaking and bureaucracy must incorporate “Subsidiarity” – personal responsibility (the opposite of entitlement) and “Solidarity” – together in the unity of “e pluribus unum.”

It will always be played out in the wonderful “Chaos” of human interaction with proper and minimal government oversight that leads to harmony. The American Way of Life in our Constitutional Republic allows all to have a chance to prosper - to try, to fail, to try again to rise above our personal poverty to dreams fulfilled – and to be healed or a healer in a modern health care system.

Five important questions should be consistently asked, truthfully answered and applied with integrity when writing legislation and running any resulting bureaucracy:

- *Will this new law help or hurt initiative or personal responsibility while respecting the sanctity of life at all stages?*
- *Does the legislation or the bureaucracy it authorizes equally benefit the wider community?*
- *Will this legislation put people or regions in a creative or entrepreneurial strait jacket or against one another?*
- *Will the legislation encourage and maximize private enterprise and employment without requiring major government oversight?*
- *Is the legislation less than 100 pages in length, devoid of selective privileges and unrelated attachments and riders?*

The following summarizes a complete health care plan

It can be easily fleshed out in less than 100 pages.³

- 1) Mandates. All Federal requirements for inclusion in health care policies are hereby repealed.
- 2) The decision to purchase health insurance is an individual choice and purchase of same shall not be compulsory nor may the lack of health insurance be punished.
- 3) Employers may not be compelled to provide health insurance as part of employee benefit programs, nor shall they be discouraged from offering cost shared health plans to employees as part of a benefits program.
- 4) If an employer engages in a shared cost health insurance program with employees, the employer and the employee shall bear no tax liability for the costs it benefits received thereof.

² E.g., Ezekiel Emanuel, Dr. Peter Singer, perhaps Dr. Jonathon Gruber

³ This segment is the work of my colleague James Coles III

ACA - Repeal and Replace

- 5) The cost of health care insurance shall be treated as a post income tax expense. Benefits provided to policy holders shall be exempt from taxation of any kind.
- 6) The provision of health insurance is a commercial activity to be managed by the individual states with these exceptions:
 - a) Reciprocity. Each state must recognize insurance policies purchased outside of its jurisdictional boundary.
 - b) Citizens/residents of any state may purchase health insurance in any state.
 - c) The US Department of Commerce shall coordinate processes and procedures for the interstate sale of health insurance policies but shall not regulate the processes and procedures.
 - d) The Department of Commerce shall serve as the binding arbitrator in disputes among the States concerning the interstate sale and implementation of health insurance policies.
- 7) Options for kinds of covered care in health insurance policies.
 - a) Types of care formerly mandated by Federal law or regulation may be treated as suggestions by the States and insurance companies chartered in the several States.
 - b) States may treat as individual elements in a health insurance policy program from which consumers may choose in ala carte fashion; and costed-out⁴ on an individual basis.
- 8) Types of health insurance policies.
 - a) Minimal insurance to cover emergency medical treatment.
 - b) Well care plus emergency medical care.
 - c) Basic general plans to cover well care, emergency medical care and routine ongoing medical treatments including doctor office visits, testing, and follow up care.
- 9) The Federal Government may offer a limited, temporary insurance role at the major and catastrophic care level.
- 10) Americans longing to return to excellence, accessibility, and affordability in health care will emulate the positive effects tort reform has on malpractice liability in the state of Texas.
- 11) The regulatory process is a state, not a Federal responsibility.
 - i) Major medical hospitalization
 - ii) Catastrophic medical care

⁴ "Costed-out" means setting a price for the coverage based on actuarial projections of liability to return in investment.

ACA - Repeal and Replace

- 12) Federal funding of medical care cannot constitutionally, efficiently, compassionately or economically accomplish optimum care of the individual except as a last resort under major medical and catastrophic care.
- 13) The uninsured can range from indigent, unemployed, self-employed or independent contractors young and healthy or lacking resources required to pay insurance premiums.
- 14) The patient shall be fully responsible to pay for compensating the health care provider for services rendered.
- 15) Hospitals and emergency rooms, industrial health clinics, commercial health care-health service providers and publicly operated, government run/owned health care facilities shall provide lifesaving treatments in emergency situations whether the patient has health insurance or not.
 - a) Medical professionals and institutions along with family or community care givers may not be prohibited from providing pro bono services to the helpless and indigent.
 - b) Religious and fraternal institutions will not be discouraged from covering such treatment costs, including paying for such services to a third party provider.
- 16) Individuals and families benefiting from emergency and healing care paid by others will be encouraged/required to compensate or “pay it forward” to the benefit of others in a like situation.
- 17) Matters of faith
 - a) No health care provider, and no resident of the United States shall be compelled to provide services or to participate in a health care program that the individual says violates his or her beliefs.
 - b) No individual or institution shall be required to violate their respect for or belief in the sanctity of human life from conception to natural death.
- 18) Alternatives to commercial health insurance
 - a) Communal, religious affiliated, specialized group, or collective assurance associations may develop and operate membership health care programs, as allowed by laws of the state wherein formed.
 - b) These plans shall have the same force and full reciprocity among the States.

Medical care functions best with a philosophy of love and responsibility for the welfare of others.

- 1) Health care must always be structured from the bottom up – not top down.
 - a) The capacity for love and consistent care occurs first at the family level, then the community, the state and lastly in catastrophic care, the Federal Government.
 - b) The higher up the care and treatment level the shorter the time the higher entity must be involved.
- 2) Medical liability must be constrained to where its insurance costs are within the norm of any other risk insurance. Certain risks are anticipated when a person accepts treatment for an ailment.

ACA - Repeal and Replace

- 3) Quality facilities based on religious or fraternal foundations are better able to function as their internal motivations give a definable quality to their work.
- 4) State or Federal assistance is a function of specific major medical or catastrophic cases that would otherwise overwhelm local resources.
- 5) State and Federal agencies can provide a clearinghouse for new advances in treatment without mandating treatments that violate religious or personal freedom.
- 6) Innovation almost always comes from the grass roots level and works its way up as its utility is proven and is broadly applied in a capitalistic system through the free market system.
- 7) The true definition of Capitalism is in High-Finance's role as the servant of Science, Commerce, Investment in vision and courage; in personal and family savings and philanthropy.
- 8) Medical Science can advance when a Capitalist is motivated to invest for profit and the common good not demanding pre-conceived quasi-scientific conclusions.
- 9) Medical personnel must be free to work in volunteer roles along with lay volunteers doing pro bono treatment without fear of bureaucratic or union retaliation.
- 10) Employers and unions are part of the community which works at a subsidiary level and therefore have the privilege to offer perquisites such as health care for employee and member retention. Plan transfer options will always be available as the individual moves on.
- 11) State and Federal governments have short term roles in catastrophic care while assuring operations and services fall within the dictates of the Constitution and Bill of Rights.

"It will be of little avail to the people that the laws are made by men of their own choice, if the laws be so voluminous that they cannot be read, or so incoherent that they cannot be understood; if they be repealed or revised before they are promulgated, or undergo such incessant changes that no man who knows what the law is today can guess what it will be to-morrow." --James Madison, Federalist No. 62, 1788

⁵**The principle of subsidiarity** is particularly well-suited to managing health care and directing it towards authentic human development and prosperity. In order not to produce a dangerous universal power of a tyrannical nature, the governance of health care must be marked by subsidiarity, articulated into several layers and involving different levels that can work together – starting at the individual and working up. The higher up the subsidiarity ladder, the less time the serving entity is involved. It goes away once the patient is healed or otherwise needs no further help at the highest levels.

The principle of subsidiarity must remain closely linked to the principle of solidarity and vice versa, since the former without the latter gives way to social privatism (ELB)⁶, while

⁵ Paraphrased from "Caritas in veritate" encyclical letter by Pope Benedict XVI.

⁶ ELB and LEB are orders of the normative sciences of philosophy (Beauty, Ethics and Logic) which priorities tend to define one's world view. BEL is the unassuming childlike sought after ideal. REF: Guide to Effective

ACA - Repeal and Replace

the latter without the former gives way to paternalist social assistance that is demeaning to those in need (LEB). This general rule must also be taken broadly into consideration when addressing issues concerning any kind of aid. Such aid, whatever the promoter's intentions, can sometimes lock people into a state of dependence and even foster situations of localized oppression and exploitation.

Government can and should support basic research, development of vaccines. This also provides the ideal setting for catastrophic care when needed. Research grants should never be based on the political goals of those in power. It undermines the integrity of science and becomes a vehicle for control of the citizenry.

Gerald V. Todd
Bakersfield, CA
661-213-6288
Toddyo1935@att.net