**HEALTH CARE BY THE PEOPLE, FOR THE PEOPLE**

by

Dr. James Veltmeyer

No issue touches our lives more directly than our health and health care. It’s

an issue that touches us and our families more directly and more deeply than

taxes, immigration, or civil war in Syria. It is profoundly personal because it

deals so clearly with matters of life and death.

I should know. I’m a doctor.

Thankfully, Americans continue to be blessed with the best health care system

in the world. We live longer and healthier than our parents and grandparents

because of innovation, technological breakthroughs and advances in the treatment of deadly diseases, new life-saving drugs, and better diets and lifestyles.

Yet, things are not working exactly the way they should, at least not in our medical delivery system. Costs are exploding. Insurance premiums are skyrocketing. Deductibles are through the roof. Many people – especially those on Medicaid – receive sub-standard treatment. Doctors are buried in paperwork and regulations which take time away from patients. Sometimes, it seems like our parents and grandparents actually *did have* it better, with $10 for an office visit, house calls, and not spending hours on the phone fighting with insurance companies over coverage of some medical procedure.

Health care reform has been part of our nation’s ongoing political debate since

the late 1940s when President Truman first proposed national health insurance.

This was on the heels of World War II when employer-paid health insurance first

became widespread as a substitute for higher wages which were then under wartime controls.

Prior to World War II, almost every American paid for his or her routine health care out-of-pocket. They might carry a catastrophic insurance policy in the event that the unthinkable occurred – an accident, heart attack or cancer, requiring hospitalization. Costs were stable.

By the time the mid-1960s arrived, President Johnson was in the midst of

building his “Great Society” and government-paid health care was part of his

program. That’s when we saw the introduction of Medicare for senior citizens

and Medicaid for the poor. And, since the mid-1960s, we have seen nothing but

a continuous upward spike in medical costs compared to the stability we enjoyed

for years when the role of insurance companies and government was limited.

As we progressed through the 1970s, 1980s, and 1990s, medical costs continued

to climb as government benefits became more generous and government mandates forced insurance companies to cover more and more medical procedures. Many insurance companies left the market ( as they are currently

doing with the Obamacare exchanges ) and more and more Americans were

left with fewer choices and less competition. The federal government’s solution,

both with the failed “Hillarycare” of 1993-94 and with the enactment of the

Affordable Care Act in 2010 was that more government mandates, subsidies, and

regulations could solve the problem.

Yet, how could you cure the disease with what caused the disease in the first place?

Let’s think for a moment about your car or house insurance. Do you rely on your

employer to provide it? Of course not. Does it cover oil changes and tune-ups?

Of course not. Are your premiums and deductibles relatively stable? Probably so.

The same model applies to health care. Once the consumer was divorced from the cost of his own care, it became “something for nothing.” Someone else was

paying for it, the insurance or the government. So, why not run to the doctor for

every case of the sniffles? And, for the providers, it became a gold mine. Since

the patient isn’t paying for it, let’s just bill Blue Cross or Medicare for anything we

think we can get. Maybe $400 for an aspirin or $1,000 for an enema!

What I propose is a return to basics, the fundamentals that are time-tested that

worked before and can work again.

What I propose is a system where doctors and patients are again in charge, not

the government, insurance companies, drug companies or hospital billing bureaucracies.

What I propose is “The Medical Association Membership” plan dedicated to

giving people of all ages and backgrounds prompt access to a quality doctor at

truly affordable prices.

The fundamental goals of MAM are simple:

1. Health care by the people and for the people ( vs. rationed care )
2. Encourage individual Americans to manage their own health care
3. Preventive and maintenance medicine access for all

MAM is a variation of the direct primary care option that is being increasingly used across the country with successful results. Direct primary care involves direct payment, usually in the form of a low monthly fee, by the patient to a doctor of his or her own choosing. The patient receives unlimited office visits, same day appointments, 24/7 access to their physician, routine care, basic tests at no additional charge and in some cases more services, like free EKGs and/or medications at negotiated or wholesale cost. Medicaid and Medicare patients could access the same service with a voucher provided by the government.

No government or insurance bureaucracies to deal with. Less paperwork and

forms to complete. Just the doctor and patient.

Beyond primary care, when we are dealing with catastrophic health issues,

hospitalization, MRIs, the need to see specialists, etc., patients can purchase a basic catastrophic or “wraparound” insurance policy at premiums that are a fraction of what a present-day comprehensive policy costs.

At the same time, “The Medical Association Membership” unburdens doctors

from the stifling regulations and restrictions that make it more and more difficult to practice medicine. Diagnostic codes are eliminated, state and federal regulations on providers are pared back, and malpractice reform becomes a

reality. We can also do away with the restrictions placed on importing cheaper

drugs from abroad.

In conclusion, the MAM offers Americans a third way. An alternative to the left’s

goal of single-payer and the current hodgepodge of various third-party payers,

control by giant insurance companies or unaccountable government bureaucracies. MAM eliminates the “middleman,” the biller and collector, and

provides a health care system independent of government, insurance companies, Big Pharma, hospital CEOS, and the grossly expensive layers of bureaucratic meddlers who should not be interfering in the doctor-patient relationship. By

allowing patients to pay fees to providers directly, it will enhance competition, thus driving down the cost of health care.

As individual Americans and medical professionals, we can again take charge of this critical and profoundly personal aspect of our lives. Let us take back health

care and join together to build a healthier world for our children and grandchildren.

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