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## Health Care in America

It seems that everybody has an opinion on what should be done with the healthcare system in the United States and who should be in charge of doing it. Most seem to be lead by their party of choice, political leanings or their personal requirements for health care when forming these opinions. It seems most of us have seen billing problems, overpayments, waste and outright fraud over the years as we've witnessed the cost of insurance spiral out of control. We also have all witnessed the lower mortality rates associated with heart disease, cancer and other leading killers when diagnosed and properly treated. Life expectancy has continued to rise as our medical community has learned new treatment methods, gotten more technologically advanced diagnostic equipment and seen the development of new drugs. This ever-expanding arsenal of treatment devices, drugs and procedures certainly comes at a cost and has been a major contributor to the rise of medical treatments and insurance costs. As these costs have grown at a pace greater than inflation for many years, we have found ourselves with lower take home pay and less disposable income.

These perceived shortcomings have lead us to the precipice of a massive federal healthcare bill that nobody really likes or thinks will work including those who are voting for it. They figure they can tinker around with it on the fly and make it better as we move forward. The real issue here is that it never addresses what the problems are with our healthcare system directly. The fact of the matter is that the closer the doctors and healthcare workers are to the patients, the better the service and lower the price. Insurance companies have become a necessary middleman that places a gap between the doctors and the patients. By keeping this gap small we can help to minimize the cost of healthcare. Since our federal government generally does nothing efficiently or in a cost effective manner, it is not an advisable solution to have them replace the private insurance companies with what will ultimately become a government ran single payer system. The gap I mentioned before would ultimately become a gulf.

So what other solutions are there to the insurance problem? Well for starters the American way in the past has always been the free enterprise solution with capitalism and the spirit of entrepreneurialism leading the way to efficiency and technological advances. It has worked well since the founding of the United States in solving our problems and evolving our society. This American system should also be given the first chance to cure our ills now. We certainly are not practicing this now with our federal, state and local government involved in Medicare, Medicaid, workers compensation, insuring millions of government employees and also covering millions of uninsured patients who walk into our emergency rooms. With so many laws affecting how insurance companies can do business in different states and a lack of liability limitations for medical care our healthcare system is heavily burdened. We need to cast off these burdens to make the system more efficient and have more competition. That always brings down the price of any service, which is exactly what we are looking for.

The first step is to remove some of the insurance regulations related to different plans in different states and selling health insurance directly across state lines. When we the consumers can shop



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for our providers from anywhere in the country, the insurance business will become more competitive and force them to wring out wastes, be more efficient and accept smaller profit margins. Furthermore, the reining in of liability limits through tort reform will allow doctors to drop the overly burdensome costs of medical malpractice insurance, which get passed onto the consumer anyway. At the same time it will allow doctors to make better judgments on their own and prescribe testing and treatments that they feel are in the best interest of their patients. Currently they have to prescribe many added diagnostics and treatments just because their insurance company requires it to limit the chance of lawsuits from patients. Both of these items will cut the cost of healthcare, one by cutting doctor and treatment fees and the other by cutting the cost of the insurance man in the middle. Neither of these solutions requires a big federal health plan to implement them.

Once the insurance side of healthcare is opened up, then the government can lead by example and place all federal employees into the private pool in a whole new way. With an announcement that as of 1/1/2012 all employees will be given 90% of the equivalent cost of their healthcare in their salary compensation package after purchasing their insurance directly on the open market. All federal employees would have 12 months to enter their new plans at which time their pay would increase. This will cause a surge in the business of providing health insurance directly and the competition for these millions of customers would cause fierce competition. In the end the healthcare solution for these employees would be like them purchasing their home, auto, life and disability insurance on their own. It would now be effectively portable and they could change their plan as needed by their family circumstances by talking to their insurance agent directly. The private sector businesses of all sizes would ultimately start migrating to this new approach also. Company insurance benefits would start to die, but the previous costs of these benefits would largely be passed onto the employees.

The notion that we all are entitled to great healthcare in an equal manner is preposterous when viewed in the light of the principles our nation was founded on. Just like a wealthy man can eat caviar and drive a BMW, the poorer man eats hamburger and drives a Chevy. Healthcare is no different and the insurance companies would offer multiple tiered plans such as bronze, silver, gold and platinum. The higher level plans will cost a lot more, but also cover a lot more state of the art treatments and drugs. The lower level plans could cover the generic drugs, standard medical technology and basic hospitalization. When one loses their job they could always talk to their insurance agent and cut their plan down a level to save money until they are back to work.

So what are some of the other most identifiable root causes of this problem we find ourselves in? After all, I hear lots of ideas, plans and mounds of data thrown around, but none of the major players in the fray seem to be focusing on the root cause to start with. It seems that most parties want to simply implement their agenda and solutions regardless of whether or not they really address the inherent problems the system is experiencing.

1) Price setting is certainly an issue and it started with Medicare / Medicaid. Some negotiated fees are too high and cause tax dollars to be wasted, while other fees are too low and hurt the healthcare providers working mostly in those areas. We should let the healthcare providers set the prices in a competitive market and we will see each procedure priced at the right level and



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falling prices on a lot of items. After all, the hospitals know what it cost to do and x-ray, MRI or put a cast on a broken arm.

2) Technology is expensive and new diagnostic equipment, drugs and procedures have pushed healthcare costs up. This has led to longer lives, but that also adds even more costs to the equation. The newer technology is a good thing, but there is no reason to over use and prescribe it where it is not needed.

3) The general health of the citizen's of our nation is not good and continues to deteriorate. Too many people are obese, eat unhealthy foods, have deficiencies in their diet and don't get enough exercise. Better preventive maintenance health care has the potential to save huge sums in our country once we get serious about making America healthy.

4) State of the art facilities and Care flight services all are indispensable in some cases, but are expensive and need to be used only as truly needed. Specialty clinics should not automatically be covered in the lower level health plans. The old saying still applies that you get what you can pay for.

5) Illegal immigrants have taken advantage of our "free" service in emergency rooms across our nation and are a real cost to the industry. Ultimately the working citizen's who are paying for insurance and healthcare as well as all U.S. taxpayers cover this cost. We must start reigning in this free ride for all that want to invade our nation and use our institutions without paying into them.

6) The auto industry got into trouble offering lifetime health care to retired workers without ever capping the service that it entailed after retirement. If these retired employees had only been offered the plans they had at their times of retirement, then the cost escalation for their coverage wouldn't have gotten out of hand. Later offerings that included more up to date services, drugs and technology could have been offered to older retirees as a supplement that they could pay for themselves. The real problem was that these retirees were getting the ever-evolving medical technologies even though the premiums they payed or that were set aside for them when they were working weren't enough.

#### In summary:

I will not vote for anything resembling the current health care package in congress now. This approach is 180 degrees from the direction our nation should be taking. Working to increase efficiency and competition in the existing insurance industry is the American way. Opening up competition across state lines, limiting liability in lawsuits and decreasing the gulf between doctors and patients is the way to go. Insurance should ultimately be purchased directly by the consumer just like we buy our car, home, life and liability insurance today. With this approach employers could turn the benefit cost into salary and let the workers buy the insurance plan that fits them directly. Portability would then be achieved and insurance would not be tied to ones employment. Insurance agents could offer varying levels of plans to fit a wide range of needs from only catastrophic up to 100% full reimbursement. The consumer can then buy what they can afford and adjust it with their agent when needed.

On the positive side there are many great things that the American healthcare system have given us that we should not forget and should be thankful that they are available to us as Americans. Remember that when we always focus on the bad things it leads us to not being thankful for the



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many blessings that are good about our system. The fact is that life expectancies in our nation have continued to increase. This is due to several things such as better nutrition, availability of healthcare and for a large part simply better more advanced healthcare. There always seems to be a new medical device for diagnosing problems, a new drug to treat previously untreatable conditions or to treat them with fewer side effects. We also have seen many new organ transplant procedures, new ways of treating cancer coming out and new preventative measures being communicated to lesson ones chances of contracting many different conditions nearly every year. Everybody, right or wrong, has had healthcare available to them by showing up at a hospital's emergency room to seek treatment. We have more diagnostic equipment, Care flight helicopters and hospital / clinic locations than any other country per capita. Our facilities our conveniently located, up to date and staffed by professionals with extensive training backgrounds. So let's all be thankful that if we ever need treatment, that state-of-the-art facilities and personnel are available for us as Americans.

Eric Deaton  
The Common Sense Solutions Candidate



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