

An Analysis on American Health Care

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I. Introduction

In American Society today we have come to a critical debate on healthcare. With the 2020 election around the corner, we have seen most Democratic candidates talking about how healthcare should be planned out. Bernie Sander's plan for government monopoly of healthcare, through his "Medicare for All" program is nothing more than a recipe for disaster. As it will only make the wellbeing of American citizens worse than before. The best results that anybody can find for the general healthiness of society is allowing social cooperation between the doctor and patient without any forms of intervention or coercion used against two. I want to present not only the economically best scenario for free-market competition handling out the best results in the field of medicine but also the historical evidence for what was and can be the best plan for healthcare. Since the inception of United States healthcare was not interfered with in anyway. Not until the 1960s, did the government intervene into healthcare and here we shall see then the root cause of where the healthcare problems rose in America. The United States is in a critical moment as the future of healthcare policies will be determined by this year's election.

II. The basic terminologies

For Economics there is a general consensus for what economics is which primarily derives from the British Economist Lionel Robbins definition of it. Lionel Robbins defined economics as being the "science of which studies human behavior as a relationship between ends and scarce means which have alternative uses" (Robbins 1932). Or another way it can be defined as the study of the allocation of scarce resources that have alternative uses. To look at the economy in a positivist or praxeological viewpoint is not of importance, but what is important is that there are two ways in which resources can be allocated. There is the method of exchange or trade, which has been the way human societies have allocated resources for many years and is

one of the main reasons why societies have prospered. And then there is the method of force which is usually done by the means of coercion (Academic Agent 2018).

Now whenever politicians like Bernie Sanders are discussed, we talk about people who discuss politics. There is however no general consensus of what politics is defined as. It can relate to power, policy, polis, or polity. So for the sake of trying to bring a definition of it, politics should be as the American political scientist Harold Lasswell defined it as. For Lasswell politics is the study of “who gets what, when, how, and why” (Laswell 1936). Through Lasswell’s definition it is most certainly the study of power and how social institutions, like governments, or people deal with power.

Combining the definitions of economics and politics naturally leads to an area of study called the Political Economy. The Political Economy is where the relationship between humans in society allocate resources and how they are influenced by the social institutions or people in power to allocate the resources. For resources to be safely distributed in the political economy, there would have to be a state which makes sure that the exchange is handled correctly. There are three types of policies in which the state may be followed out in the political economy, and that would be: by free exchange also called the free market, by using both trade and force or also called interventionism, and by the use of force alone called control or centralization (Academic Agent 2018). Under these policies, they are given some ideological names. Like the method of free exchange given the names of Free Markets or Laissez-Faire Capitalism. Interventionism can usually be named under policies like Social Democracy, Keynesianism, Welfare Statism, or the ‘Third Way’. Finally, through control, we have the names of Socialism and Communism.

The reason I mention the way in which we as people exchange resources and how it is handled out throughout policy is that it all ties into how the handling of the healthcare policies.

In the same sense that humans follow out the transaction of resources, it would be equivalent to mention out how a healthcare plan can be planned out. There are three ways that society can follow out the general policy of healthcare. There is the method of allowing free exchange between the doctors or pharmacists' with the consumers' or patients. Intervention in the area of voluntary exchange between the doctors and patients, which has been the main policy the federal government has been taken as of now. Or finally, government monopoly on medicine in which bureaucrats are the doctors that sell patients on what is best for them.

Now, with all the ideas and terminology discussed the history of healthcare in the United States can be looked at. The history of healthcare shall be divided into two parts. The first part I shall introduce is healthcare in the United States before the introduction of interventionism in the healthcare market. The second part will observe the origin of the Federal Government intervening in the field of medicine and to where those policies have led to today. Each part will analyze the influence that social institutions had on healthcare. Like what laws the national, state, and local governments enforced in the healthcare economy. As wells as other institutions like trade associations, hospitals, political parties, universities, and any other institutions that had a large impact in the healthcare economy.

III. History of Healthcare before Interventionism

Before the beginning of the 20th century healthcare was handled more by State and Local Governments instead of the National government. There has been some exceptions such as when the Federal Government intervened to help pay for the compensation of wartime veterans when it came to them needing healthcare. The policies mainly focused on was health insurance and not on hospital services. For example, the State of Virginia in 1866 introduced insurance laws prohibiting the operation of insurances prior to obtaining certain licenses from the state. This was

common practice for states to do this as this was a period in American politics where the states had a lot more power than the federal government (Texas Public Policy Foundation 2019). Note that medicine before the dawn of the 20th century was not seen as a reliable science by everyday Americans or even amongst the academia. So most Americans decided to receive their own treatment at home rather than at the hospital (Texas Public Policy Foundation 2019). When looking at the role the federal government had on healthcare it was a very laissez faire approach on healthcare. Even the state and local municipalities did very little in the field of healthcare. Other than limited government intervention policies in the field of healthcare because most people cared for themselves rather than relying on a social institution like the hospital or government.

The beginning of the 20th century however is when it changes a little. The Federal Government and other social institutions tried to intervene in the healthcare market although with no success was made. The American Medical Association, an association where medical research is done by physicians to promote better health for its people, would be one of the first to start pushing for compulsory medicine although most people were not very keen for this. The American Association of Labor Legislation would be one of the first involved in drafting legislation for universal healthcare insurance for those in the middle class and low-income brackets who might not have healthcare. The AMA did favor the bill at first over though the AMA would have to step down as the bill did not look like doctors would be profitable for doctors than they would by the free market paying for doctors. Private Insurance companies even opposed the bill on the grounds that public monopoly on insurance would undermine these companies by indirectly causing them to cut costs and profit. In the end there wasn't enough support for universal healthcare of any sort to be passed (Griffin 2017).

During the Roaring 20s, healthcare began to be treated by many as a field of science-based researched that could be dealt with by healthcare institutions (Texas Public Policy Foundation 2019). So more people decided to rely on these organizations so they can be given a healthcare service that they might need. But the problem was the cost of healthcare as the average person could not afford to get these services. This is when a new program developed by a group of teachers from the Baylor University Hospital. These teachers would come along and cover hospital services for American citizens that couldn't afford to pay for hospital services. The program made it easier for patients to actually get healthcare they needed as well as provide hospitals reliable revenue to use (Texas Public Policy Foundation 2019).

Then the creation of another non-profit organization, Blue Cross by the American Hospital Association, came along during the Great Depression. Blue Cross gave patients an affordable way to pay for healthcare services which would hugely benefit the patient. Blue Cross even provided patients a choice of doctors and hospitals which would hugely benefit both sides of exchange between the doctor and patient. Plans by both the Baylor University Hospital Blue Cross were facilitated by state legislators around the country. That would allow these organizations to organize more effectively by allowing them to have periods of tax exemptions or avoid regulations that would be applied to these organizations. Blue Cross would also operate in the least regulated states which would allow them to expand its healthcare coverage around the country. Thanks to the accomplishments of Blue Cross and even the Baylor University Hospital, health insurance in the Market would drastically increase as by 1950, 57% of Americans would have health insurance and this would play a huge role on how the US healthcare policy is determined to this day (Texas Public Policy Foundation 2019).

Franklin D. Roosevelt however tried to push for universal health care insurance for the majority of his presidency. Even though the Democrats' Conservative wing and Republicans would prevent him from doing so with the advancement of socialized medicine. Even then FDR couldn't do much since the Great Depression changed the subject of what should be done with healthcare market as the public opinion was based on policy ideas of unemployment and "old age" benefits. FDR would also have to deal with other social institutions like the AMA which would still be defiant of their opposition of any type of legislation aimed at nationalized healthcare (Griffin 2017). FDR did go as far as to put universal healthcare in his proposal of a second bill of rights where he declared Americans were guaranteed "Medical Care" in FDR's seven-point proposal of economic rights. So the idea that healthcare should be dealt with by the National Government would be a legacy staple for the Democratic Party's agenda.

His successor Harry Truman would go beyond FDR's plan and try not only to include working class and the poor healthcare alone but universal coverage for everyone. The plan however would be smacked down by the Republican led Congress when he first became President after the 1948 election. The AMA yet again even went hard on this plan and tried to apply its own private insurance options that would oppose third-party options in healthcare (Griffin 2017). Public interest for the plan was gone afterwards as more attention was taken on to the Korean War. Congress did however allow for the passing of the Hill Burton Act, which would allow public spending be reigned into the construction of new hospitals as well as improvements of worn out hospitals through loans and grants (Moseley 2008).

IV. History of the Interventionism of Healthcare

The Postwar Period would see some great advancements in the field of medicine. Like the discovery of Penicillin, the first organ transplant, and a vaccine for Polio. Even with these

advancements in the medical field, there was still a problem with the price for health care spending doubling (Griffin 2019). Additionally the National Health Care Expenditure, the official estimates of health care spending in the United States, making up about 4.5% of the GNP. The NHE plays a fundamental role on how much spending is used for each type of healthcare product or service like hospital care services, prescription drugs, dental services, private health insurance, Medicare, Medicaid, and any spending that relates directly to healthcare (CMS 2019).

The problem of healthcare prices continued onto the 1960s as the unemployed, most notably the elderly, had difficulty paying for health insurance (Moseley 2008). President John F. Kennedy proposed a form of universal healthcare for the elderly called Medicare in his legislative agenda the New Frontier. JFK, however, had a hard time getting most of his legislative agenda, including Medicare, passed through Congress. Things would change as soon as Lyndon B. Johnson stepped into the White House. As LBJ was able to push through Congress and get most of his Legislative Agenda. For the Great Society, was put into law. With this, he was able to push through Congress and pass Medicare as well as Medicaid, which is health insurance for the very poor. This is when federal government intervention started to impose onto the healthcare market as the States still played more of a role on healthcare policy before LBJ brought in Medicare and Medicaid.

The following decade would see the NHE accounting for 6.9% of GDP due in part with the costs by the recently created Medicare (Griffin 2017). Yet again, this would be another decade where the Legislative and Executive Branch as well as other social institutions would interfere in the healthcare market. Senator Ted Kennedy even proposed a single-payer healthcare plan that is funded through taxpayer-funded money (Griffin 2017). President Nixon was able to

intervene in healthcare in two different ways. The first was an expansion of Medicare through the Social Security Amendment of 1972 and the Health Maintenance Organization Act of 1973. HMOs are providers of insurance that offer medical coverage within the network of healthcare providers (Texas Public Policy Foundation 2019). The HMO Act encouraged HMOs to grow in the healthcare market, removed state restrictions on HMOs, and funded HMOs through public loans and grants (Griffin 2017). What has been argued about the HMO act is that healthcare insurance companies became more like the for-profit organizations that everyone talks about. Even though the practice of healthcare organizations or insurances denying people healthcare, based on certain circumstances of the patient, had existed for years before the 1970s.

During the late 1980s and 1990s, healthcare spending increased further with the NHE accounting for 8.9% of GDP by 1980 and 12.1% of GDP by 1990. The 1980s would see deregulation across the board for the healthcare market by the Reagan Administration. As the Reagan signed the Deficit Reduction Act of 1984 which limited Medicare costs for a set amount of time, although the NHE still did increase (Texas Public Policy Foundation 2019). In addition, President Bill Clinton tried to introduce his plan for universal healthcare coverage the following decade. However, the plan never reached a vote in Congress. Clinton would however, expand Medicaid through the Balanced Budget Act of 1997, which provided the Children's Health Insurance Program (Griffin 2017).

By 2010, the NHE accounted for 17.4% of GDP, and by this time, President Obama would sign the Affordable Care Act into law on March 23, 2010 (Griffin 2017). The ACA introduced numerous objectives and policies. Policies such as the infamous individual mandate, which forced Americans to get health insurance, or they would have to pay a tax penalty. Federal government subsidies to pay for health insurance premiums that made sure insurance companies

would not deny patients because of a preexisting condition. The employer mandate being introduced, as well as children being allowed to be on their parents' healthcare plans until they are 25. The whole program had a shaky start at the beginning as the website for the program crashed numerous times when it was being set up. And overall, accordingly to many Americans, including the Republican Party, the ACA was seen as a government failure. Even with the Republicans taking over the white house and Congress coming into 2017. Their promise of a repeal was forced in the end to only go through with a partial repeal in the summer of 2017 (eHealth 2017). The following chart examines differences between Obamacare and the partial repeal.

THE AFFORDABLE CARE ACT (AKA Obamacare)	VS.	THE AMERICAN HEALTH CARE ACT (AKA Trumpcare)
KEY POLICY DIFFERENCES		
Yes	Is there a federal tax penalty for not having health insurance?	No
Yes	Does the federal government provide subsidies or tax credits to pay for health insurance premiums?	Yes
Yes For 2016 returns, the limits for the continental US were (approx.): - \$47,080 for an individual - \$97,000 for a family of 4	Are there income limits on those tax credits?	Credits are Based on Age But they begin to phase out at \$75,000 for an individual They begin to phase out at \$150,000 for a family
There is no fixed dollar limit.	What is the maximum tax credit or subsidy amount that the government will pay?	The credit ranges from \$2,000 per year (for a young, single adult) up to \$14,000 per year (for a family that includes older adults.)
No All qualified health plans must cover Obamacare's "10 essential health benefits"	Can I buy a plan that doesn't cover benefits I don't want (like mental health and substance use disorder services)?	Yes if your state receives a special waiver from the federal government
Yes	Can parents keep their adult children on their health insurance plan until age 26?	Yes
No	Can my application for health insurance be declined if I have a pre-existing condition?	No
Yes	If I have health insurance without a recent break in coverage, can I generally change my plan during the normal enrollment periods without paying a penalty just for having a pre-existing condition?	Yes

Source: eHealth Insurance. "Trumpcare (AHCA) vs. Obamacare (ACA)."

The partial repeal by the Republican-controlled Congress only further antagonized the Left Centre Democrat wing of Congress to gain ground by winning back the House in the mid-

term elections of 2018. Some of the new House Democrats even pushed for the Medicare-for-All proposal that was pushed by Senator Bernie Sanders during the summer of 2017 healthcare debate. The most notable of the House Democrats being Alexandria Ocasio-Cortez. Finally it brings us to the upcoming Presidential Election of this year where most of the Democratic Candidates are pushing for government action on healthcare.

Now before I go over on what I would call the Hayekian solution to the last sixty years of American policy on healthcare, it is important to note the crucial tradeoffs between the three government policies be examined closely. As well as the two free-market views on why government intervention fails in the long run and to see which one applies the best to the solution.

V. Trade Offs when it comes to the Policies

Referring back to the mentioned Congresswomen, Alexandria Ocasio Cortez pushing for Medicare for all. Her committee hearing with the CEO of Gilead Sciences Inc. Daniel O'Day was extremely interesting. The committee at the House Oversight and Reform was about the high price of Truvada. Cortez compared the price of medicine or the elasticity of a pure commodity like an iPhone are different from each other since "people's lives are not a commodity."(QuickTake by Bloomberg 2019)

What the Congresswoman was trying to get to was that the nationalization of medicine would play a vital role on lowering the costs of healthcare drugs and services. This is since people's lives are more at risk with what is going on with healthcare right now. To be Objective it is important to go over what the Congresswoman gets right and wrong with her hearing. As she happens to make some fair points. However she can also be wrong when you listen to her and

you verify what she is saying is correct. Cortez is correct that most nations with single payer health care systems do have lower costs of drugs and services for patients to pay. As almost all these countries provide lower prices of drugs and services than the US does, as can be seen by the chart below (OHE 2012).

Bilateral comparisons of ex-manufacturer prices (2011)

	2011	2011 indices using five-year average exchange rate
Australia	143	120
Austria	115	112
Belgium	123	119
Finland	103	100
France	104	101
Germany	153	148
Ireland	123	119
Italy	101	98
Netherlands	117	113
Spain	101	98
Sweden	134	123
UK	100	100
US	331	313

Source: OHE Consulting calculation using source data from IMS Health AG

With the case of life-saving drugs, Cortez is correct, that there is an incentive for pharmaceutical producers, as of now, to increase the prices of certain medications. Now it all depends on the conditions of this happening since there could be laws created that might indirectly cause this increase in prices. Or, almost by her thought process, the free market made these producers decide to finally act as cartels. For if free market competition was present in the healthcare market, it could be different. Firms in the market looks at the patients as a consumer who needs a drug or service for the sake of voluntary exchange. This changes when for example, bureaucrats look at the patient as a waiting list for an objective to be done. Rather than someone who is in some need of healthcare drugs or services and would do anything to get it. Therefore, competition between firms would most likely lower the price of certain drugs and services to the

market level where it's most competitive for firms to compete. As well as to bring out cheap drugs and services for consumers to buy.

It is common knowledge that interventionism, the policies that the federal government has conducted since the 1960s, has for the most part created more harm than good. Interventionism is the reason why these big pharmaceutical companies have become cartels because the Keynesian approach used to keep funding these companies through the Hill Burton Act or the HMO Act. These laws increased public spending to help fund companies to become big where they don't have to compete, they just have to operate like a cartel. Then there is the creation of Medicare and Medicaid and the ACA which made it hard for some drug companies to pay their workers a good amount. When they could not pay them a good amount it only distorted the market with irrationality. This includes shortages on resources, the misallocation of these resources, and the companies still around go so far as to act like for-profit organizations.

Now this gets into the problem that Cortez does not get right or is not informed enough to mention. The tradeoff between what the free market, the mixed economy, or the command economy can bring out in terms of production outcome will all have different results. Although I will note, that the intervention and centralization policies do have a lot in common. And it is best to put both in the same category in terms of outcome of production. For one is creeping socialism and the other is full on socialism.

For example, in a socialist or welfare state, the monopolization of the resources of a particular industry, will be decided by the state to ration the factors of production (Academic Agent 2019). As oppose to the producers' distributing it in the market economy more effectively than the state would. The producers' in a free market are more likely to care about the patient's life rather than screwing their patient off. Also, the producers are using their own resources and

when they use their own resources, they use it more effectively than when someone else uses someone else's resource (Friedman 1980). Even if the free market can provide for a higher quality of results when it comes to medical care and the tradeoff is having higher costs, the consumers are more likely to pay the higher costs of service rather than not getting what they want (Academic Agent 2019). Now it all depends if the price is near impossible to pay for even with help. But most likely it can be paid for with help.

Even if the very poor can't afford the new drugs or services because it wasn't affordable when they wanted it, it will be made cheaper as time goes on. That's the hard truth that Ludwig von Mises mentioned in Liberalism's "The Inequality of Wealth and Income," where he states:

"Most of us have no sympathy for the rich idler who spends his life in pleasure without ever doing any work. But even he fulfills a function in the life of the social organism. He sets an example of luxury that awakens in the multitude a consciousness of new needs and gives industry the incentive to fulfill them. There was a time when only the rich could afford the luxury of visiting foreign countries. Schiller never saw the Swiss mountains, which he celebrated in Wilhelm Tell, although they bordered on his Swabian homeland. Goethe saw neither Paris nor Vienna nor London. Today, however, hundreds of thousands travel, and soon millions will do so" (Mises 1927).

When it comes to what the state can do, it can lower the prices of certain drugs and services, but that doesn't mean the state could effectively allow for better outcomes in the industry of healthcare. Bureaucrats can care less about someone's life. The bureaucrats are more concerned about getting the main objective done. Rather than trying to bring out the new life-saving drug or service that can help millions from suffering pain. After all, the main objective of universal healthcare or any intervention policy is to lower the healthcare costs for the citizenry.

So, the bureaucrats maintained the purpose of keeping costs down, but it comes at a cost of slowing down the innovation of the quality of the drugs and services (Academic Agent 2019).

Now when looking at what policy should be approached at; I think the most preferable results would come from the free market handling out healthcare. The reasoning behind this is that better outcomes are more preferable to the consumer, even if the costs are high in the free market. There is more likely to be innovation under the free market. As well as the other two policies lacking the incentive to care about the consumer other than the lowering prices. With the understanding of what should be approached when examining the tradeoffs of these policies it is understood why the government would fail in its outcome of production. As one might say “the road to hell is paved with good intentions.”

VI. The Misesian vs the Hayekian approach

There are two approaches in the Austrian School tradition that explain why these production outcomes occur from government policies of centralization.

The first is the Misesian perspective developed by none other than Ludwig von Mises. The Misesian perspective focuses on the economic calculation problem developed in the article “Economic Calculation in the Socialist Commonwealth.” Mises described that every economic system involves economic calculation or “monetary calculation,” and capitalism is the best system that can calculate. This is because the price system is present. With presence of the system subjective values would be translated into objective information for the allocation of scarce resources which would be done effectively (Mises 1920). The price system allows individuals to look for what they think in terms of what they value for particular goods and

services since the means of production is privately owned. This is all thanks to the Subjective Theory of Value developed by the Austrian Founder Carl Menger.

Socialism however, cannot calculate economically because the price system is not present. The Single Entity that owns the Means of Production in a Socialist economy, would not be able to make rational prices for capital goods. Without achieving that objective, they for cannot use the goods as “objectives of exchange” (Mises 1920). For then it would be impossible to figure out what the value of specific capital goods and services are and to allocate the resources effectively. With Socialism being inefficient to calculate the prices, it will only make the final goods of production go behind in terms of quality of output. So, if the final goods lack in terms of quality, then it can be best concluded that the industry of healthcare will also be inefficient as well. This would then explain why most commonwealths with universal healthcare are inefficient in terms of quality of the final drugs and services.

The second perspective is the Hayekian perspective, developed by Friedrich A. Hayek. The Hayekian viewpoint focuses on the knowledge problem most notably in the article “The Use of Knowledge” which can be found in “Individualism and Economic Order.” The Knowledge Problem is nothing more than an extension of the calculation problem. The problem of centralization is that not only does a single entity fail at making rational prices in the market but, it also fails by lacking the knowledge to coordinate all the resources in the economy. Hayek called it the “Division of Knowledge,” a tie into Adam Smith’s “Division of Labor,” where prices in the economy signal out the important information for Individuals to look at and make decisions when allocating resources in the Market (Hayek 1945). For knowledge to be dispersed, power over the economy has to be decentralized since each individual has different fields of expertise of knowledge. This allows for resources to be allocated efficiently.

Centralized economies lack the knowledge to comprehend since no single entity, no matter how big, can comprehend all the knowledge that is important to make decisions in the economy. Since each individual in the market has potentially vital information to hand out for the exchange of resources. Only then the economy can follow out important calculations in specific industries. Only decentralized entities or individuals can follow out their plans for running an economy. Note that the knowledge for individuals to make decisions change as well since it's all thanks to the changing of time and interest in the market (Hayek 1945).

VII. Why Hayek and Not Mises?

Out of the two perspectives of the Austrian thought on why centralization fails at allocating resources effectively, I believe the Hayekian approach is the best perspective at looking at the problem of centralized planning. The Misesian approach was close to getting to the very root of the problem. The view acknowledges that the state has the knowledge to comprehend the time and places of decisions to be made. The problem is the state cannot calculate like an entrepreneur because of the lack of prices for the exchange of resources to happen (Salerno 1990). What this approach does not acknowledge is that knowledge changes over time, and the single entity, cannot comprehend all the changes since it is hard even for one individual to embrace all the knowledge in an economy.

However, what this approach doesn't mention is that, each individual in an economy can understand vital bits of information to handle out the allocation of resources. This is since the knowledge is dispersed through the market. This helps each individual to make crucial decisions on how to calculate market exchanges as well as essential choices on how to adapt to the changes of knowledge over time. That is why the Hayekian approach goes beyond the Mises view and even acknowledges that the price system signals out knowledge that is vital on the economic

decision making process of time and interest but also necessary calculations on how to handle out exchanges in the market.

Since we know why the government will ultimately fail to allocate its resources effectively in the economy, the question that should be asked is what should be done to solve the problem created by the federal government? As well as to identify the some of the fundamental laws that help the government to misallocate its resources when it comes to healthcare?

VIII. What should be done?

When going through the question on what should be done to fix the broken healthcare system America has, the simple answer is power over healthcare should be decentralized to the smallest entity. If the government is to handle healthcare it would be better to handle power through the state level and if not the state level then the local level. If not the local level then the individual should wield power over healthcare plans. For this is the beauty of federalism and constitutionalism when it comes to handling out issues in the US. Since there might be certain knowledge that the national government might know how to handle like how to protect the country from invaders, create treaties between nations, to conduct foreign policy, to coin money, or regulate trade that goes beyond state borders (Interstate Commerce). Then there is certain knowledge for state governments to handle like conducting out elections, issuing occupational license effectively, establishing local governments, or regulating trade within state boundaries.

States can comprehend certain bits of knowledge of time and interest for action to be followed out more effectively since they know their own constituency lands allot more than the disgruntled bureaucrats in Washington. Moreover, if each state competed when it comes to handling out healthcare policies, then there could be a better way of making sure that the

competition coordinates for better life-saving drugs at a lower price. Let's say for example, there are doctors that don't like how much they are paid at one state. They can decide then decide to move to another state where their occupation has better pay for doctors. This allows for better incentives to be handled out for these doctors to produce some of the best life-saving drugs or procedures in the market. There is nothing wrong with allowing power to be decentralized like this. Not one central entity has to deal with the handling out of specific policies that require the comprehension of vital information but rather fifty different entities around the country handle out the policies for healthcare. If these fifty state governments cannot handle out these policies effectively, then there are always the 89,004 local entities or governments or more to handle out healthcare, as stated by the Census Bureau as of 2012. Or if the local governments can't handle out the policies, then there are the millions upon millions of individuals who could handle out their own policies on healthcare.

Ultimately, there are plenty of plans that can be conducted. But people should switch their mentality on how these plans should be handled out. Instead of letting the few in the national government try to handle out healthcare policies, it should be the many who handle out the policies. The many being the 50 state governments and the 89,004 local governments who are more representative to each individual concern when compared to the Federal Government. As well as the millions of individuals who can handle out their own policies. What shouldn't be asked is, "What should the federal government do to solve the problem of healthcare?" Rather we should ask ourselves, "What can I do to deal with the issue of my medical bills" or "Can my local or state government do something that could help me? Surely, they could know something that I would otherwise not know." The mentality should really change when solving the issue of

healthcare. As power must be decentralized so the problems can be solved more efficiently. Each individual should cooperate with each other as well so these problems can be solved.

IX. Conclusion

This is a critical moment in history. The United States is the only fully developed country without universal healthcare, and it must stay like this. After all, the United States is supposed to be the superpower of the free market. If we do not live up to the height of what other countries should think about us as a nation, that allows the free market to flourish in the political economy, then we will be looked at as fools. I would like to see every other country decide to pull back on the government monopoly of healthcare. However, it can only happen if other countries can still look at the US as the freest market when it comes to healthcare. The problem of prices can be solved through social cooperation and the decentralization of power. Not control over healthcare market. If Bernie Sanders becomes President of the United States, in his first 100 days, he will introduce the Medicare for All legislation and if it passes the healthcare system will only be made worse. But the US should not stop there as the US should remove its most essential barriers, which would allow prices to below and let perfect competition flourish. When those barriers are removed spontaneous growth and order will take hold in the field of healthcare. Other countries could be influenced and then look at the US policies and do the same.

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