



## ObamaCare Cronyism vs. the Free Market

Who will rescue the victims of ObamaCare and other government healthcare schemes? Not the legislators or regulators, but rather the growing free market.

Patients who learn that an ObamaCare or Medicaid card doesn't mean care are looking for a better way.

On the primary-care front are [Atlas MD](#), [Epiphany Health](#), and [MedLion](#), just to mention a few. In such subscription programs, a patient or family pays a small amount each month to cover primary-care needs. Small means less than what it costs just to administer Medicaid primary-care needs, or as Dr. Lee Gross, founder of Epiphany Health has said, "less than a cell phone bill each month."



The practice's websites tell what the subscription fee includes. Self-funded businesses are increasingly interested in this model for what it *doesn't* provide: entrance to the overpriced world of hospital-employed physicians and specialists.

What is the reaction of the healthcare industry to the efficient, fairly priced, high-quality solution to the delivery of primary care? Bureaucrats and legislators, as a favor to their corporate pals, want to regulate such practices out of business, treating them as "insurance." Several states (kudos to them) have passed laws specifically designating Direct Primary Care (DPC) practices as immune to these destructive regulatory attempts. The absence of crony-limiting laws invites the very orgy of bribery and corruption you would expect. While it is sad, it is not surprising that we have for some time been in a place where any oasis of liberty requires a statute protecting it from the predatory state.

The growth of DPC practices is key to the continued availability of care, particularly as the costs of federal intervention make basic care unaffordable. More basic needs are declared ineligible for payment every week while insurance deductibles and premiums mount.

We must understand, recognize, and support these tenacious underdogs who defy efforts of crony capitalists to devour an even greater percentage of GDP in the name of "healthcare." We need advocates like Oklahoma Council of Public Affairs President Michael Carnuccio to [appeal to the power brokers in the state house](#) to ensure that these DPC practices remain unmolested.

In Washington, D.C., the threat may be even greater. Every day, people go to Capitol Hill to rent or buy legislators. Legislators, like NASCAR drivers, should proudly exhibit their sponsors on their suits. Only the most naïve would believe that most legislation now oozing out of D.C. represents anything other than a purchased corporate favor. Even vote-buying welfare programs invariably line the pockets of those who administer these programs.

ObamaCare is no exception, all of the big corporate players having had a hand in crafting it. In order for



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the ObamaCare conspiracy to succeed, extending Medicaid “benefits” to folks with higher incomes was necessary.

The true beneficiaries of Medicaid expansion are not the folks with the new Medicaid (welfare) card in their wallet who will struggle to find a doctor who will see them. Like Canadians they will have “coverage” but little or no access to care. Like Canadians, they cannot legally pay a doctor directly for timely care in a mutually beneficial arrangement. Like Canadians, they will receive only the care the bureaucrats deem appropriate and only after waiting in interminable lines. They will have no choice and poor service. They will long for the days when they were uninsured, although the bayonet of the IRS will preclude this choice for many.

The true beneficiaries are those who want Medicaid expansion most desperately: big corporate players who will plug in to the taxpayer trough. The same big hospitals that claim to be going broke on Medicaid loot are leading the charge for the expansion of this program. Medicaid pays them more than the prices posted on the Surgery Center of Oklahoma website.

Enter one of the greatest political miscalculations of all time. The same bribes that were accepted in D.C. were refused by the states that declined to expand Medicaid.

As medical cronyism hits a brick wall, we need to thwart attempts to stop free-market competition and to drive ever more Americans into government dependency.

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