Stanford Dale Woodson's Healthcare Plan for America

April 10, 2019

A mixture of the "Stanford Dale Woodson Version" (big lawyerly-sounding stuff)
and the "Dale Version" (same info, but easier for a regular citizen to understand)

[1] Insurance Coverage Needs to Get Rid of State Lines (interstate commerce)

This was one of Donald Trump's key points when he was asked about how he would improve healthcare in the 2016 presidential debates. His critics made fun of him because they said "that sounds stupid and simple". But the truth is it is a very sound idea and his "critics" in the media just had no experience or understanding with how the health insurance system actually works on a day-to-day basis.

Currently you can only buy insurance from the state that you legally live in. This allows each state some flexibility in necessary coverages, but more than anything else challenges its own constitutionality based on interstate commerce laws that were run by the ICC from its inception in 1887 to its replacement by the NSTB in 1995. While these laws were mostly about trucking and interstate physical commerce of products, I don't see why insurance isn't also considered a product. [see reference #1] I think the ICC was probably doing a fine job, but I don't personally know as I was 9 years old at the time they were disbanded. I loved politics even back then, but not enough to do the research of the agencies (plus, the internet did not "exist to me" at that point in my life).

Now back to the current topic at hand.

Not all people stay and live in their "home" state their entire lives like people did in the past. Jobs change, people move, air travel is safer and more accessible, etc. Yes, we all can agree that the entire world is becoming a more globalized place, but we haven't even let our insurance companies become nationalized yet? That sounds a little ridiculous to me personally.

We should allow people to purchase an insurance plan from whatever state they like that provides them the best service for the best price. There would have to be a bit of work on connecting all the insurance companies to the behemoth hospital companies that are buying up all our local hospitals at an alarming rate. However, all that would take was either making more locations "in-network" or simply making "out-of-network" costs slightly higher but still an affordable option to people. Much of our healthcare industry is controlled by large conglomerate hospital companies. That's not ideal in my opinion, but it's the system we currently have. It's much easier (and exponentially cheaper) to work on fixing the current system than to throw everything away and start from scratch.

Yes, there will likely be a few states that end up controlling most of the market as they provide the lowest rates for healthcare companies. However, this isn't really a problem. It can be a good solution where states that are desperate for new jobs and employment opportunities can provide insurance companies with lower tax rates or other perks for coming to their state. (This already exists in things like banking where a certain few states control a majority of the market. I believe that Delaware is a huge national headquarters for banking because of the tax breaks they offer to the companies.)

Example of possible economic stimulus to a state: Let's take a state that needs an influx of jobs at all levels like West Virginia. We are clearly moving toward a future of renewable-energy, so they probably won't truly make enough money off of the mining of coal either now or in the upcoming years. However, maybe they could provide low tax rates for insurance companies to move there and provide jobs to the public at all levels (from global headquarters, to salesperson jobs, to management jobs, to local small call center jobs, to mail-handling of the old paper claims that some companies still use).

[2] Simplifying Medicare

In simple terms, it should be set up in a way where older people go to whatever doctor, show their Medicare Card, pay like a $20 copay, and get treated.

While they don't need to be completely gotten-rid-of or outlawed, secondary and tertiary insurances for Medicare plans are completely unnecessary and only cause confusion for older patients and their families. Medicare is supposed to be there to take care of those citizens that have already worked their whole lives and been paying into this very system.

Why are we trying to force an 80-year-old retiree to understand how to do triplicates of paperwork when all they wanted to do was go to the doctor to get something to help them get over for the flu. Also, if the elder person can't do the confusing paperwork, then their children are forced to try to learn, research, and understand the confusing system for them. This replication and confusion places unnecessary burdens on both Medicare recipients and their families/case-workers.

[3] Lowering Prescription Costs (via re-allocation of certain military funding)

I believe that far too much of the world's medical research is funded by the prescription drug consumers in our nation. While many countries in the world do put money and royalties toward drug research, those nations have that money built into their budgets and taxation rates. Yes, most of the world has socialized medicine, and many of those countries do it in a very fair and good way that I believe the US could possibly emulate in the future. With current DC politics, a truly socialized option is currently a complete impossibility and the current emphasis on it by Democratic candidates is simply a political facade. (see [4]) However, I do not believe we should simply increase our tax rate to pay for medication research, as I believe there is already enough money in our federal budget to pay for the research.

I personally believe we should re-prioritize and fund the particular parts of the military that are the most useful and cut many of the military programs that may have been useful in the 20th century, but play very little role in modern 21st century warfare. Some examples that should have increased funding: space research/travel, intelligence collection, heroic hacking, drone technology, robotics. Some examples that should have decreased funding: any and all programs that involve a large number of "boots on the ground". (If we need to show an enemy we have 5000 tanks ready to come at them tomorrow, just built twenty high-tech top-of-the-line tanks and we can "photoshop" the rest into the picture. I'm 100% serious. Walk softly and carry a big stick.)

I believe it would be fine if a small percentage of research costs could still be recouped through the sales of prescriptions. That small percentage must be spread over a large number of drug sales, not simply charging extremely high and unaffordable rates for certain medications while others are dirt-cheap.

The vast majority of research for drugs (especially the life-improving and cancer-curing drugs) should be covered by the money saved by shrinking the massive and unnecessary overspending we see in our federal military budget.

[4] Socialized Healthcare ("the public option")

There are lots of people that are out there fighting for full socialized medicine, but those people need to face the facts of today's reality. The Republicans party holds the Presidency and the Senate. They are said to prefer market-based solutions to problems as opposed to increasing the size of the federal government. There is literally no way that a socialized healthcare plan could pass under this administration. So shut up about it, because it's not going to happen. It is a political impossibility at this current moment in time. The candidates running for the presidency in 2020 on this idea are useless and are simply pandering to their audience. Don't trust a single one of them. They can "promise this", but politically there is no way it could ever currently pass. They are lying to you to try to get your vote, with full knowledge that they will not stick to their promises once elected.

No more promising a "pie in the sky" idea and doing absolutely nothing while making people suffer until you can "get the right people in". Make some concessions now and allow healthcare to at least improve slightly. Any person helped a little bit is a whole lot better than nobody being helped at all.

[4-sjw] How to actually implement Socialized Medicine in the USA

The first step is to stop using the "S" word. Don't use the word "socialized" when referring to it, because that word scares a lot of people. Adolf Hitler and the Nazis were socialists and so were some other bad guys back before most of us were born. That doesn't make a difference to young people, because that is ancient history to us, whatever. But remember that there are still people alive from back them, so it's a politically suicidal word that instantly scares off a possible part of your voting block (especially since old people, unlike young folks, actually get out and vote consistently). If you scare them unnecessarily with the wrong word usage, you've lost a potential supporter that you might've had as a hardcore door-knocking volunteer if you'd simply used a different word.

From this point forward, simply refer to socialized healthcare as "the public option" and that will make right-leaning folks not turn into your arch-nemesis at the first mention of the word.

There is one way that "the public option" could take place in the USA very easily and without anybody putting up much of a fight. It would have to be state-run operations (i do not mean "nation-state" as in federal, but as in one of the fifty states + territories of the USA). All of our states (and territories) have the right to put a public initiative on their ballots that would allow the citizens to vote on having a "the public option" healthcare system. I believe that the state of Hawaii has been doing something similar for decades and it has worked out well for them.

Allow any state that wants to try "the public option" system to do that for themselves without national-level interference (I would assume more left-leaning areas would experiment with it first). While the lack of national interference is crucial, I do propose a tiny citizen-run federal-level oversight/regulation committee to make sure that every state remains honest and straightforward with their system). If a certain state's system works well, provides good coverage, and cuts costs, then other states will "borrow" their ideas and then the country will naturally move that direction on a state-by-state basis.

If a true national system is desired, then we will have a large number of experiments to draw data from to properly design a system that would be able to serve the vastly diverse areas and populations that make up our very large nation. (I suggest that introduction of "the public option" programs could be done in a similar way to the recent wave of marijuana legalization. It began only in some states, but has slowly been fanning out to other states as it slowly becomes nationally legalized.)

At some point in the future, we may likely face a few states that would be adamant about not joining a national system. When that time arrives, those states and the federal government can calmly speak together and come up with a rational and agreed-upon compromise to satiate both parties legally and peacefully.

[5] Veteran's Association Benefits

Many of the current Veteran's Association hospitals should likely be shut down or be changed to public/private hospitals. However, the Veteran's Association should retain a select few of its facilities as long as they are appropriately set up to specifically help veterans more than a regular facility and create a warm and loving environment to support our nation's heroes. They could still be crucially important for issues that affect the military population more than most, such as Resettlement Issues and getting through the fear and pain of living with Post-Traumatic Stress Disorder.

However, for standard procedures and medication, Veterans should be given a healthcare card just like a Medicare, an Optima, or a United Healthcare card where they can go to any available doctor's office and have their normal medical needs taken care of without the need to drive extra hours away to find a Veteran's Administration facility.

The simplest option would be to put all Military Veteran's on the new standard Medicare plan (see [2]) while also providing them with the extra access to facilities and contacts specifically designed to aid Veterans.

[6] Connected Records

To someone that is not in the healthcare and software industry, this may seem like the easiest part to take care of. Technically it is, but many unnecessary business-wise barriers have been put into place as this should have been working seamlessly 20 years ago.

With so many different available practice management and electronic medical record systems, it is not currently very simple for one system to send the medical info to another system. Yes, that is why you annoyingly have to fill out every single form every time you go to any different doctor, dentist,

optometrist, et al. This is a problem that must be fixed. Not only will offices be able to streamline their care and more easily transmit data from one to the other, but it will dramatically help in cutting down overprescribing and medically unnecessary treatments. For example: A person wouldn't have to remember if they got a certain vaccine or shot 5 years ago; it should just show up in the record at their new doctor's office once they transferred to their new practitioner.

This does not mean that we need one large national database that contains everyone's medical records. However, when you go to a doctor's office and request your records from another office, there must be a simple way to electronically transmit the records from the first office's system to the new office's system.

The systems do not need to be the same system as medical coding data has already been standardized for decades and already can easily be transferred between systems. The issue is not the transference of data, as the data is incredibly small in size. The issue is simply getting the different healthcare software companies to offer "data bridges" that will transfer info from one system to another. With the system we offer at our company (Health Data Services in Charlottesville, Virginia), we have built the applications to send patient data in the prescribed format from our system to larger hospital and prescription systems. We are a small company, so if our company can do this ourselves, I guarantee that the giant and expensive national Practice Management and Electronic Health Records companies have the ability to easily do that.

Why do they not already? Well, I believe that is because of the corporate greed and large takeovers of medical facilities and systems that we have seen in recent years. While one hospital's system could easily send info and talk to another's system, that ability is not allowed by the large software vendors as a way to force other offices and systems to switch to their higher-priced systems. They do this because they are trying to create a monopoly on the healthcare software systems that doctors and hospitals use. Simply put, they do it to make more money.

If we can convince/force the larger healthcare software vendors to play by the same rules that the smaller companies play by, then we would already have the required "data bridges" to make medical data transference between systems almost seamless. The technology to do this properly has already been standardized for at least 20-30 years, but has been kept from working properly as the large companies continue to attempt their monopolistic takeover of the industry.

Sincerely & With Love,

-Stanford Dale Woodson

(Written April 10, 2019)

Vote 4 Dale 4 Some Political Position

($Vote^4$ $Dale^4$ = PP)

[reference #1]

Reference:

https://definitions.uslegal.com/i/interstate-commerce/

Definition:

Interstate commerce refers to the purchase, sale or exchange of commodities, transportation of people, money or goods, and navigation of waters between different states. Interstate commerce is regulated by the federal government as authorized under Article I of the U.S. Constitution. The federal government can also regulate commerce within a state when it may impact interstate movement of goods and services and may strike down state actions which are barriers to such movement.

History:

Historically, interstate commerce was regulated by the Interstate Commerce Commission (I.C.C.) under authority granted by the Interstate Commerce Act, first enacted by Congress in 1887. However, most ICC control over interstate trucking was abandoned in 1994, and the agency was terminated at the end of 1995. Many of its remaining functions were transferred to the new National Surface Transportation Board.

Legal Precedence:

Example of a Federal Statute defining interstate or foreign commerce

According to 18 USCS § 921 the term "interstate or foreign commerce" includes commerce between any place in a State and any place outside of that State, or within any possession of the United States (not including the Canal Zone) or the District of Columbia, but such term does not include commerce between places within the same State but through any place outside of that State. The term "State" includes the District of Columbia, the Commonwealth of Puerto Rico, and the possessions of the United States (not including the Canal Zone).