



In the Oath of Hippocrates, physicians promise to work for the *good of their patients*, according to *the best of their ability and judgment*, and to *do no harm*. We support a return to this ethic in American medicine, and oppose policies that harm patients by subjugating care to the interest of the government and third parties.

**Reform Issues:**

- Overregulation and mandates restrict access, stifle innovation, impede transparency, block competition and raise costs.
- Fraud and waste is rampant because of third-party payment.
- Employer-based and government-run insurance discourages rational insurance practices.
- Medicare and Medicaid are bankrupting the federal government, states, and doctors.

**Proposed Solutions:** to increase options, encourage competition, and unwind unsustainable spending.

1. **End regulations blocking alternatives** to ACA, employment-based, Medicare, and Medicaid plans, while allowing those who wish to keep their current government plan to do so.
2. **Encourage Price Transparency.** Health care entities receiving taxpayer-subsidized funds from any source must disclose all prices that are accepted as payment in full for products and services furnished to individual consumers.
3. **Decouple Social Security benefits from Medicare Part A.** Citizens should be permitted to disenroll from Medicare Part A without forgoing Social Security payments. This would immediately decrease government spending and open the potential for a true insurance market for the over-65 population.
4. **Repeal Medicaid rules that decrease Medicaid patients' access to independent physicians.** ACA requires physicians ordering and prescribing for Medicaid patients to be enrolled in Medicaid. This creates barriers for Medicaid patients who seek care from independent physicians but wish to use Medicaid benefits for prescriptions, diagnostics, and hospital fees. This is a particular problem for Medicaid patients seeking treatment for opioid addiction.
5. **Explicitly define direct patient care (DPC) agreements as medical care** (instead of insurance) so patients can use their HSAs, HRAs and FSAs for DPC.
6. **Expand Health Savings Accounts (HSAs).** (1) repeal the requirement that an individual making a tax deductible contribution to an HSA be covered by a high deductible health care plan; (2) allow members of a health care sharing ministry to participate in an HSA; (3) increase the maximum HSA contribution level; (4) allow Medicare eligible individuals to contribute to an HSA; (5) allow HSAs to be used to purchase health insurance; (5) fund HSAs through tax credits; (6) Roth-style HSAs.
7. **End Restrictions on Health Sharing Ministries.** Open the door for secular charitable sharing plans. Health Care Sharing Plans engage in voluntary sharing and are not a contractual transfer of risk.
8. **End Tax Discrimination.** Individual's payments for premiums and medical care should not be taxed differently than payments made by employers.
9. **Encourage indemnity insurance** instead of plans with limited networks of physicians and facilities.
10. **Increase options for addressing pre-existing conditions.** Invigoration of competition, by implementing the above changes, would bring a variety of products for patients with pre-existing conditions and most importantly lower overall cost of care.

**Conclusion:**

Congress has passed law after law that disrupts the patient-physician relationship, corrupts medical decision making, and increases costs. AAPS members believe that harmful laws cannot be fixed by adding new regulatory burdens. True reform starts with repealing laws and correcting errors, restoring the freedom, under constitutionally limited government, that made America great.