



Written by [Bob Adelman](#) on December 26, 2013

Free Market Options to ObamaCare Already Exist

More than a year ago, Dr. Barbara Bellar, a medical doctor with a JD degree, was running for office as an Illinois state senator, and [provided a sound byte](#) that continues to reverberate across the Internet, having been viewed as of this writing some 3,675,000 times. The clip lasts less than two minutes, including laughter and applause from her audience, to whom she said:



So let me get this straight. This is a long sentence:

We are going to be gifted with a healthcare plan that we are forced to purchase, and fined if we don't, which reportedly covers 10 million more people without adding a single new doctor, but provides for 16,000 new IRS agents, written by a committee whose chairman doesn't understand it, passed by Congress that didn't read it but exempted themselves from it, and signed by a president who smokes, with funding administered by a treasury chief who didn't pay his taxes, for which we will be taxed for four years before any benefits take effect, by a government which has bankrupted Social Security and Medicare, all to be overseen by a surgeon general who is obese and financed by a country that is broke.

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And then she asked, "So what the blank could possibly go wrong?"

Little did she know at the time just how much would go wrong: the chaotic rollout, the website's disasters, the millions of policy cancellations, the administration's backpedaling, the increasing number of Democrats who voted for it now distancing themselves from the catastrophe, the dropping poll numbers, and on and on.

And that doesn't include the new ObamaCare taxes and fees, direct and indirect, [that are coming on January 1, 2014](#).

Kaiser Health News provided just one single example: Starting in January, a customer with Blue Cross Blue Shield of Alabama is going to see his monthly premium jump from \$322.26 to \$345.40, an increase of \$23.14 a month. This includes the two-percent federal levy on every health insurance policy along with the \$2 fee per policy that goes to a medical research fund. This includes the fee every insurance company must pay just to sell its plans on the exchanges.

But it doesn't cover the indirect charges that will eventually show up later, such as the 2.3-percent medical device tax, and higher income taxes as the threshold for deducting out-of-pocket medical costs will jump from 7.5 percent of annual incomes to 10 percent. And then there's the added 0.9-percent tax to be levied on those earning more than \$200,000 individually or families with more than \$250,000 in income. Plus there'll be the 3.8-percent tax on unearned income, such as dividends, rental income, and capital gains.

After taking all of this into account, the Congressional Budget Office reported that there will still be 30 million people uninsured in 2016 and thereafter. It's no wonder that poll numbers are dropping.



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On December 23 a [CNN/ORC poll](#) showed that support for ObamaCare dropped five full percentage points in just the last month, with only 16 percent estimating that their families will be better off after the law takes effect. Sixty-three percent of those polled think their medical care costs will rise thanks to ObamaCare. A week before Christmas a [Fox News poll](#) showed that a majority say they wish that the law had never been passed and would vote to repeal it if they could. Even the number of those who think the law will survive is shrinking. Forty percent of those polled think the law will either be repealed or defunded — up 13 points since October.

And when the presently uninsured — those ObamaCare is targeting — were asked [in a New York Times/CBS News poll](#), a majority said they disapprove of the law itself and an astonishing 77 percent responded that they don't like the federal government's demand that they must purchase health insurance for themselves. And when asked about whether they would purchase the mandated insurance or pay the fine instead, 35 percent said they would just pay the fine.

Even liberal economist [John Cochrane](#), professor of finance at the University of Chicago, [thinks ObamaCare is going to crater](#), leaving millions without insurance or other options. He believes the worst is yet to come, with the new taxes and enrollments falling far below estimates. He also predicts that “the individual mandate is likely to unravel when we see how sick the people are who signed up.”

Cochrane makes the case that the free market, if it were allowed to, would provide all the health care that people want or need, at prices they can afford, without government pressure or mandates:

There is an alternative. A much freer market in health care and health insurance can work, can deliver high quality, technically innovative care at much lower cost....

Health insurance should be individual, portable across jobs, states and providers ... [policies] should protect wealth against large, unforeseen, necessary expenses, rather than be a wildly inefficient payment plan for routine expenses.

The professor really ought to get out more. At the very least he should read Sean Parnell's new book, [The Self-Pay Patient: Affordable Healthcare Choices in the Age of ObamaCare](#) in which Parnell reviews numerous options for those wanting coverage but not wanting ObamaCare. [Some of those options include](#) joining health care cost-sharing ministries, such as [Samaritan Ministries](#) or [Liberty Healthshare](#), which operate outside of ObamaCare and cost about half of those that are being offered on the exchanges, according to Parnell.

In addition, there are short term health insurance policies that aren't regulated under ObamaCare as well as alternative policies that pay cash in the event of certain events happening: cancer, accidents, or other specific events.

There are doctors who accept cash only, there are tele-medicine services, pre-packaged plans for medical services, and even medical bill negotiation services to keep costs down. Parnell explains about [how retail health care clinics operate](#), noting on his website that they are staffed primarily by nurse practitioners, who are able to diagnose and prescribe for such relatively minor conditions such as strep throat, pink-eye, ear infections, and the like, as well as monitoring chronic conditions such as diabetes and asthma.

At present there are nearly 1,300 such clinics operating across the land, often inside Walgreen's or Walmart stores. Parnell quotes a recent study about such clinics:

[They are] commonly located inside pharmacies, supermarkets or “big box” retailers ... [and]



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usually offer extended hours on evenings and weekends ... charge relatively low prices for services, and display prices prominently so consumers are aware of the costs before receiving care.

What Parnell is describing is the free market's response to the need for healthcare on an affordable, convenient basis just like that dreamed of by Professor Cochrane.

If ObamaCare does either crater, get defunded, or get repealed, millions will discover to their delight that the free market already has alternatives in place, costing less, providing more, and all without government demands, mandates and interference.

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