

PRESCRIPTION FOR EMPOWERMENT

*We The People*

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**CARSON**  
FOR PRESIDENT 2016



It is time for a change, and as president, I will make it a priority to immediately repeal and replace Obamacare. My pledge is to return American health care to these principles:  
**more freedom & less government**  
resulting in lower costs and more access for consumers

DR. BEN CARSON

A PRESCRIPTION FOR

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I have spent nearly my entire adult life within the American health care system as a physician, a neurosurgeon and the chief of pediatric neurosurgery at Johns Hopkins Hospital in Baltimore.

Miracles happen, and not just in the operating room. Like every doctor, I am in awe of the new diagnostic tools and therapies available to patients today that could not have been imagined when I treated my first patient over three decades ago.

As a doctor for many years, I have seen that America can offer the best health care in the world. Cancer survival rates, treatment outcomes, diagnostic tests and high-quality patient care have flourished in our country, due to world-class doctors, nurses and other health care providers who have a deep commitment to their patients.

Yet, our health care system is complex beyond comprehension. The needs of each patient are as unique as their individual fingerprints, and any action on the part

of government — however well intentioned — is likely to set in motion a cascade of effects that reduces the quality of care patients receive. The best, most effective health care decisions are made at the granular level, between individual patients and doctors. The more distant the decision-making process from that relationship, the less predictable the outcomes will be.

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*I would return to an approach that places the relationship between patient and doctor at the forefront.*

Through the Patient Protection and Affordable Care Act (Obamacare), the heavy hand of government has intervened in the doctor-patient relationship as never before. Patients have lost control of their health care, as the doctor-patient relationship has taken a backseat to the dictates of a remote and cold federal bureaucracy. As a result, patients face exorbitant increases in premiums, deductibles and co-pays, less access to the doctors they trust and fewer plan options.

The harm of Obamacare became immediately apparent as patients learned that they could not rely on the promises President Obama made to them repeatedly — that if they

liked their existing health care plan, if they were satisfied with their doctors, they could keep both. In truth, the federal government now dictates the terms of health care plans — and providers find it increasingly harder to stay in the market.

The ill-considered Obamacare bill, passed in haste in 2010 without transparency on a straight party-line vote, has created a centralized, bureaucratic, Washington-based system of health care that is failing the American people. In its wake, the Obamacare scheme has given rise to a two-tiered system that has left the poor and older Americans on Medicaid and Medicare with fewer health care options, higher costs and lower quality of care.

**It is time for a change, and as President, I will make it a priority to immediately repeal and replace Obamacare.**

## Repeal and Replace Obamacare with Alternatives that Put Patients First

Instead of empowering distant government bureaucracies, I would restore trust in the individual patient. Instead of removing choices and restricting options, I would return to an approach that places the relationship between patient and doctor at the forefront.

My plan would let patients decide which coverage best suits them and their families; allows health insurance options tailored to the market; provides easy-to-understand options for those on Medicare; and empowers those on Medicaid instead of relegating them to a two-tiered quality of care.

**Health Empowerment Accounts (HEA)** - My plan expands the use of HEAs which will enable patients to have increased options and choices at lower costs.

**Medicare** - My market-based approach does not eliminate Medicare, but instead, will introduce competition among insurance companies, giving Medicare enrollees less expensive insurance options that are better tailored to their individual needs.

**Medicaid** - My plan will not eliminate Medicaid, but create a bridge that will enable enrollees to obtain the same private health insurance that other Americans enjoy, with the same choice of doctors and hospitals.

## Part I • Let the Patient Decide: Health Empowerment Accounts

Through Obamacare, the federal government of the United States has used its power to coerce American citizens to buy health insurance coverage they don't want — while restraining private insurance companies from offering policies that consumers demand.

Five million Americans were kicked off of the private health plans they had chosen because those plans did not meet the “minimal essential coverage” deemed satisfactory to Washington — coverage that required them to pay for things like marriage therapy and acupuncture, whether they wanted them or not.<sup>1</sup>

*Among the serious consequences of Washington's heavy-handed approach:*

### Fewer plan options.

According to a 2014 study, Obamacare exchanges offer 21 percent fewer plans than did the pre-ACA individual market.<sup>2</sup>

### Less access to specialists

**and hospitals.** Obamacare is eliminating access to many of the best specialists and hospitals. For example, in 2014, those specialists essential to diagnose and treat stroke were in severe shortage in several major cities under Obamacare insurance plans.

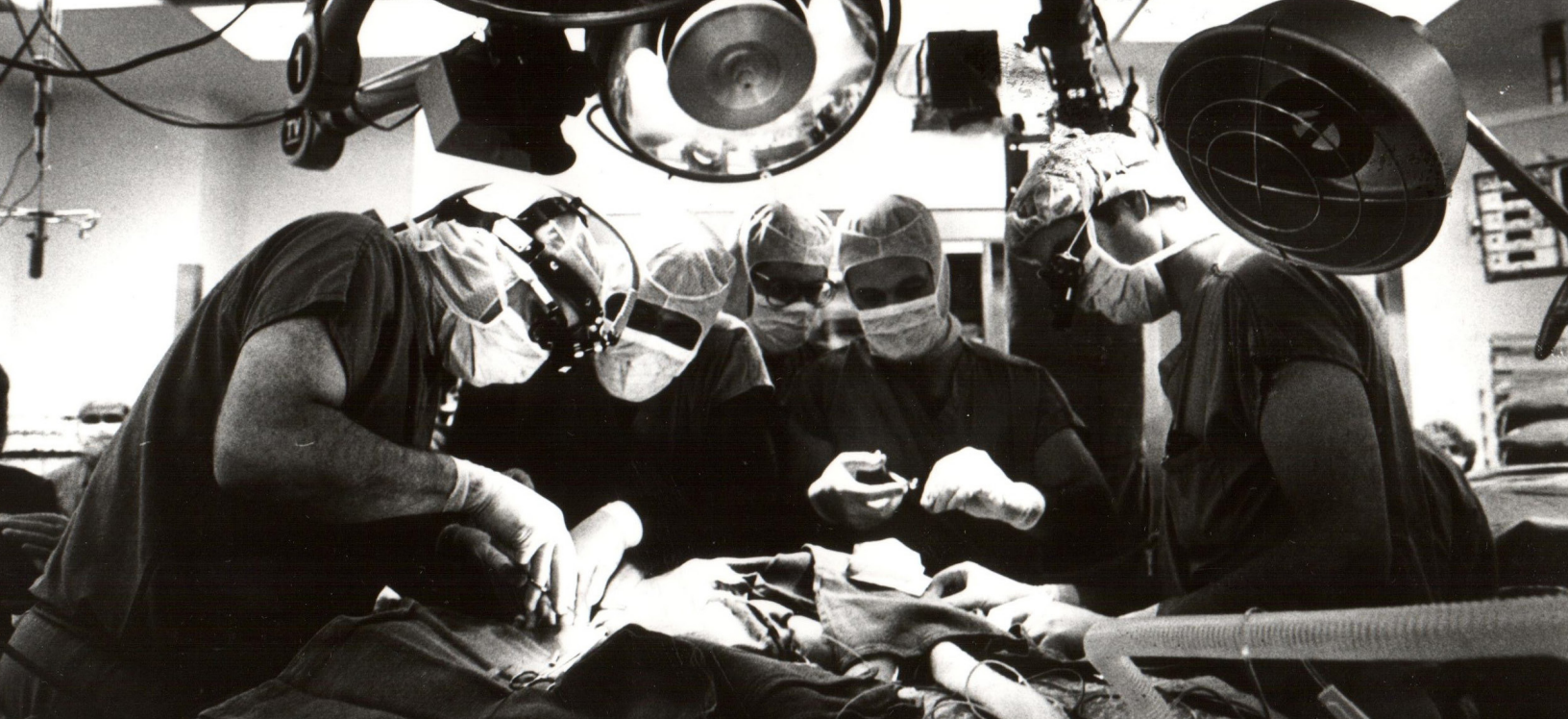
American consumers — not the federal government — should rightly be in charge of choosing which health services are essential to their needs.

My plan returns power over health care decision-making to individuals and families through the creation of HEAs. These individual accounts will utilize the marketplace to enable access to a wide and expanding array of health care options that reward healthy habits and rely upon competition and consumer choice to improve the quality of care and reduce costs.

**Built Over a Lifetime, for a Lifetime of Care.** By opening an HEA for every citizen at birth (upon obtaining a Social Security number), all Americans will be able to grow their accounts over a lifetime.

**Yours Wherever You Go in Life.** Your HEA belongs to you, whether you change employers or move across state lines.

*As a doctor for many years, I have seen that America can offer the best health care in the world.*



**Transferable between Family Members.** Because each family member has different health needs, HEAs will be freely transferable from one family member to another, across generations.

**A Market-Based Solution.** With broader competition and informed consumer choice, the quality of services will improve and prices will be brought under control.

**Protection from the Risk of Significant Costs.** HEAs will be paired with high-deductible major medical coverage, which allows individuals and families to have both first-dollar health coverage as well as protection from the risk of significant costs from major health problems and hospitalizations.

**Incentives to Grow HEAs over a Lifetime.** HEAs create incentives for individuals and families to save by allowing money to be set aside tax-free for: 1) uncovered expenses and 2) HEA contributions and distributions spent on health care.

Through the implementation of HEAs, we can eliminate the detrimental effects of Obamacare and begin empowering individuals and families to take control of their health care, in close conversation with their trusted health care providers.

## Part II • Medicare

For 50 years now, Medicare has met the health care needs of Americans over the age of 65. Subsequent expansions of the program have extended care to those

suffering from disabilities and certain debilitating diseases. More recently, Medicare coverage has been broadened to include prescription medicines. According to the 2015 Medicare Trustees' report, Medicare covered 53.8 million people: 44.9 million aged 65 and older, and another 8.9 million disabled in 2014.<sup>3</sup>

Over the past five years, however, Obamacare has created a medical environment that discourages doctors from treating Medicare patients. The Centers for Medicare and Medicaid Services (CMS) has reported that almost 10,000 doctors opted out of Medicare in 2012 alone — a figure that is triple the number that opted out in 2009.<sup>4</sup> Overall, the percentage of doctors who closed their practices to Medicare or Medicaid by 2012 had increased by 47 percent in just the four years since 2008.<sup>5</sup>

With the enactment of Obamacare, the “Independent Payment Advisory Board” (IPAB) was created to reduce payments to doctors and hospitals. Consequently, IPAB, when in place, will likely limit the care available to Medicare beneficiaries by reducing payment rates to levels so low that doctors and hospitals would be unable to participate in the program, which in turn could harm patients and health outcomes.

Meanwhile, Medicare has grown to unsustainable proportions, with expenditures now topping \$613 billion annually against income of \$599 billion.<sup>6</sup> Costs are universally expected to increase in the years ahead as people live longer and newer, more expensive medical advances emerge.





The Congressional Budget Office estimates that “the number of people who are age 65 or older will increase by 37 percent between now and calendar year 2025 and by 76 percent between now and 2040.”<sup>7</sup> At this rate, the Medicare Trustees have predicted that the Medicare Hospital Insurance Trust Fund will be depleted just 15 years from now, in 2030.<sup>8</sup>

### **Under my principled leadership, America will take a better path.**

If we are to keep our promise to current and future Medicare beneficiaries, we must modernize the system to reflect medical advances that have increased American lifespans and empower beneficiaries to choose which health options are best suited to their individual needs. Equally important, we must let the market, not a distant federal bureaucracy, decide which care options seniors want.

We must reform, NOT eliminate, Medicare to ensure that the current and future generations of seniors have a health care system that works for their needs – not the government’s.

### **My plan to save Medicare includes the following:**

- **First-dollar coverage for out-of-pocket expenses.** My plan will enable current Medicare beneficiaries to participate in HEAs that will provide first-dollar coverage for out-of-pocket medical expenses, deductibles and co-pays.

- **Putting Medicare beneficiaries, not Medicare bureaucrats, in the driver’s seat.** My plan allows Medicare beneficiaries themselves to choose the health insurance options that are best suited to their individual needs. Instead of a rigid, restrictive menu of services from Washington, my plan will ensure a defined, fixed contribution to the private health plan of a Medicare enrollee’s choice. If the plan’s premiums are less than the fixed contribution from Medicare, the entire difference will be paid directly into the individual’s HEA. Conversely, if the beneficiary chooses a private plan whose premiums are higher than Medicare’s fixed contribution, the individual will be allowed to use funds from his or her HEA, tax-free.

- **Modernization of Medicare to keep pace with advances in medicine.** To keep pace with innovation that has extended the average American lifespan, the age of eligibility will be increased over the next three decades by two months each year until it eventually reaches age 70, at which time it would be indexed to keep pace with life expectancy.

Unlike traditional Medicare, my plan is a market-based approach that will introduce competition among insurance companies, giving Americans more competitive insurance options that are better tailored to their individual needs.

Besides giving seniors and those with disabilities greater control over their health options, my plan will help beneficiaries allocate more savings to cover out-of-pocket expenses through tax-free HEAs.

This plan intends to lengthen and prolong the solvency of Medicare’s trust fund.

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***Medicare and Medicaid enrollees will have equal access to the same doctors and hospitals as the rest of the population***

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### **Part III • Medicaid**

When signed into law by President Lyndon Johnson in July 1965, Medicaid provided care to those solely receiving cash assistance.

It has since been expanded to include low-income families, pregnant women, persons with disabilities, individuals who need long-term care and uninsured children.

For its recipients, however, Medicaid has become a false promise. They find themselves relegated to a two-tiered health system in which doctors are harder to find and waiting periods grow longer every year. That’s because most doctors do not accept new Medicaid patients for the simple reason that they cannot afford to do so.<sup>9</sup>

With the expansion of Medicaid under Obamacare, the two-tier health care status of the program’s beneficiaries has only worsened — all at a cost that is expected to rise to \$890 billion in 2024.<sup>10</sup>

When government imposes a Medicaid system whose payment structure is so low that doctors cannot afford to participate, it creates a two-tiered health care system for the poor, who have access to fewer doctors and face longer (and in some cases, life-threatening) waits to see the ones that remain.

Instead of Obamacare's parallel, two-tiered system that channels low-income persons into substandard traditional Medicaid, my plan, while it does not eliminate Medicaid, creates a bridge that will enable enrollees to obtain the same private health insurance that other Americans enjoy, with the same choice of doctors and hospitals. It is long past time that Medicaid enrollees have equal access to quality medical care.

**My plan to improve, stabilize and equalize care under Medicaid includes the following:**

**First-dollar coverage for out-of-pocket medical expenses, deductibles and co-pays.** My plan will provide Medicaid beneficiaries with seed funding for their own HEAs that will allow tax-free withdrawals for uncovered medical expenses.

**The same health insurance other Americans enjoy.** Under my plan, Medicaid will include a private major medical insurance option for all enrollees, funded by Medicaid, through the states.

**Funding for patients, not bureaucracies.** Medicaid will provide fixed-dollar support to the states, which must use the funds for insurance premium payments and to seed HEAs — not inefficient state Medicaid bureaucracies.

Under my plan, Medicaid recipients will be empowered to purchase affordable private insurance coverage, just like every other American. For once, they will have equal access to the same doctors and hospitals as the rest of the population — all with a powerful incentive to build assets worth protecting in their HEAs.

<sup>1</sup> <http://finance.yahoo.com/news/policy-notifications-current-status-state-204701399.html>

<sup>2</sup> <http://www.heritage.org/research/reports/2014/12/measuring-choice-and-competition-in-the-exchanges-still-worse-than-before-the-aca>

<sup>3</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/Downloads/TR2015.pdf>

<sup>4</sup> <http://www.wsj.com/articles/SB10001424127887323971204578626151017241898>

<sup>5</sup> [http://www.physiciansfoundation.org/uploads/default/2014\\_Physicians\\_Foundation\\_Biennial\\_Physician\\_Survey\\_Report.pdf](http://www.physiciansfoundation.org/uploads/default/2014_Physicians_Foundation_Biennial_Physician_Survey_Report.pdf)

**My Pledge:**  
**Empower Americans to Ensure Access to High-Quality Care at Lower Cost**

Through Obamacare, the federal government has dramatically increased its authority over the health care industry to the detriment of "We the People." Americans have seen health care deductibles and premiums skyrocket, while simultaneously facing massive reductions in health care options. Medicare and Medicaid enrollees have lost access to the doctors and hospitals they actually want. This is not the American health care system that used to be the greatest in the world. We must repeal and replace Obamacare.

My pledge is to implement a plan to return American health care to these core principles: more freedom and less government, resulting in lower costs and more access for consumers. By expanding HEAs and high-deductible insurance coverage, my plan returns money and decision-making where it belongs — into the hands of American patients and their doctors. Consumers will have more choices, lower costs, and overall higher quality of care. Medicare and Medicaid enrollees will have equal access to the same doctors and hospitals as the rest of the population. My plan puts faith in Americans themselves, not the federal government, to make the best choices for themselves and their families.

**It is time to empower the American people with real access to high-quality health care.**



Dr. Ben Carson

<sup>6</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/Downloads/TR2015.pdf>

<sup>7</sup> <http://www.cbo.gov/sites/default/files/114th-congress-2015-2016/reports/50250/50250-breakout-Chapter3.pdf>

<sup>8</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/Downloads/TR2015.pdf>

<sup>9</sup> <http://www.merrithawkins.com/uploadedFiles/MerrithHawkins/Surveys/mha2014wait-survPDF.pdf>

<sup>10</sup> <http://content.healthaffairs.org/content/34/8/1407.full.html>



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PRESCRIPTION FOR EMPOWERMENT

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# We The People

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## Diagnosis: Patients and Their Doctors Have Lost Control

A lifetime in medicine taught me that the best health care decisions are made between patient and doctor. As decision-making moves further away from patients and providers, the medical outcomes become less effective.

Obamacare has upended the patient-doctor relationship, restricting our health care options and access to doctors and specialists. As a result, patients face exorbitant increases in premiums, deductibles and co-pays, less access to the doctors they trust and fewer health care plans to choose from.

## Prognosis: Spiraling Costs, Fewer Doctors and Choices

**Without immediate change Americans will face:**

**Fewer choices** — Already, 5 million Americans have been kicked off the private health care plans they depended on, with 21 percent fewer health plan options than before Obamacare.

**Fewer doctors** — Even now, specialists essential to diagnosing and treating stroke (America's 5th leading killer) are in severe shortage under the Obamacare insurance plans.

**Broken promises under Medicare & Medicaid** — Medicare and Medicaid beneficiaries face a two-tiered health care system, as many doctors can no longer afford to participate; meanwhile, both programs are unsustainable.

## Treatment Plan: Repeal Obamacare and Put "We the People" in Charge

**Health Empowerment Accounts to put patients in charge, with more choices at lower cost:**

- **First-dollar coverage** for out-of-pocket expenses and premiums to buy the insurance of your choice.
- **Your Money.** Your Account belongs to you, whether you change jobs or cross state lines.
- **Transferable** between family members, because each of us has different medical needs.

**Save Medicare and Medicaid by putting beneficiaries in control:**

- **Give Medicare beneficiaries a fixed contribution** to buy the health insurance they actually want and need.
- **Give Medicare and Medicaid enrollees HEAs** to cover first-dollar expenses and insurance premiums for coverage they get to choose.
- **Modernize Medicare** to keep pace with medical advances by gradually increasing the eligibility age (by 2 months each year) until it reaches age 70.
- **Treat Medicare and Medicaid beneficiaries like the rest of us.** Give Medicaid beneficiaries the same insurance coverage, doctors and choices that other Americans enjoy, with HEAs to provide first-dollar coverage, supplemented by a major medical insurance plan of the patient's choice.
- **Save Medicaid** by providing fixed-dollar support to the states, which must use the funds for premium payments and HEAs for beneficiaries — not wasteful state bureaucracies.



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