Statement from Democratic Nominee for Congress Michael A. Chiaradio on a Comprehensive Framework for American Healthcare

The federal government has two distinct responsibilities in our healthcare system.

The first, protecting consumers and making healthcare financially accessible, is what most Americans typically think about when discussing healthcare reform.

But we would be making a fundamental mistake if we subsidized demand without also addressing the second component, expanding America's capacity to deliver care.

On the consumer side, for working-age Americans, I would introduce legislation expanding premium assistance, reducing high deductibles through mandatory cost sharing, expanding Medicaid eligibility, and eliminating or nearly eliminating coinsurance liability.

One proposal I am prepared to pursue would allow coinsurance obligations to be documented through the federal tax system rather than paid directly by patients. The federal government could verify those obligations against insurer data and settle them on the patient's behalf.

This approach could substantially reduce the financial risk associated with becoming sick or injured without requiring us to dismantle the systems that already exist.

For Americans 65 and older, I support eliminating out-of-pocket prescription drug costs for seniors on Medicare and making Medicare substantially more comprehensive by eliminating most out-of-pocket expenses. Seniors should be able to receive healthcare without requiring families to exhaust a lifetime of accumulated assets.

I also support substantially expanding home healthcare so more seniors can age in place when medically appropriate.

But lifting the cost burden for consumers without addressing our capacity to deliver care would be like treating the symptom without solving the underlying problem.

On the supply side, I would group our needed investments into two distinct categories: human capital and physical infrastructure.

First, we need a major expansion of our healthcare workforce. America already faces shortages of healthcare professionals and those shortages are expected to become more serious as our population ages.

I would substantially expand federally supported graduate medical education and also provide forgivable tuition and other educational assistance in exchange for service commitments.

But we also need places for those professionals to actually deliver care, which brings us to physical infrastructure.

We should finance the construction and modernization of hospitals, outpatient facilities, skilled nursing facilities, and other needed healthcare infrastructure.

And if federal capital is invested directly into private, revenue-producing healthcare enterprises, taxpayers should receive securitized financial interests in return. I have proposed this principle more broadly as part of my economic platform, and healthcare infrastructure provides a great opportunity to use the model. Federal capital could help accelerate construction of needed facilities while experienced private operators manage the assets.

Rather than having the federal government permanently accumulate those interests in something resembling a sovereign wealth fund, those interests could ultimately be securitized and distributed directly to Americans through the federal tax system. The objective is to allow the American people to participate financially in some of the productive assets public investment helped create.

Over time, these investments, paired with other measures that improve public health, can help stabilize the real cost of delivering healthcare.

But none of this changes the difficult financial reality in front of us.

Fixing our healthcare system will likely impose significant near-term costs on the American economy no matter what we do. There is no policy that makes that reality disappear.

Personally, I am agnostic about what we do as long as we actually do something.

I have no interest in deciding whether an idea is liberal, conservative, progressive, or anything else before deciding whether it works. The problems we face are already hard enough without intentionally limiting the solutions we are willing to consider.

We owe it to our people to devise a functional system, not pretend we can solve the problem simply by reducing access to care.

That is the direction I believe America should take, and if elected, I will work to turn these proposals into policy.

Sincerely,

Michael A. Chiaradio

Democratic Nominee for Congress, MS-03