

America Must Cut Healthcare Costs to Protect Families and Manufacturing

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By Roy J. Meidinger | Opinion |

America faces a financial peril that reaches far beyond the hospital bill. Healthcare is consuming resources that families need to live, employers need to compete, and government needs to maintain a solvent nation. We cannot keep accepting rising costs as inevitable while asking working Americans to absorb the consequences. The people own this country. Its government must work for them.

Federal figures put national healthcare spending at \$5.3 trillion in 2024—18 percent of the entire economy, or \$15,474 per person. That is spending across the system, not a bill charged equally to every citizen. But every dollar ultimately comes from households, employers, taxpayers or other sources of national income. The burden cannot be escaped simply by moving it to another payer. [1]

Healthcare costs do not stop at the hospital door. They enter the cost of employing people and can move through the prices of goods and services. A manufacturer pays for coverage, but so do many of its suppliers, transport companies and distributors. Rising benefit costs can put pressure on prices at several points along the way. Families then face both the medical expense itself and the wider cost pressures it helps create.

That is why I regard excessive healthcare spending as a major structural source of pressure on America's cost of living. Rising medical prices contribute directly to inflation; rising employer premiums can also squeeze wages and margins or encourage higher selling prices. These channels matter, even though their effect varies. Healthcare has not been established here as the single leading cause of national inflation, which also reflects energy, housing, supply conditions, demand and monetary policy.

Official inflation statistics and the national healthcare bill measure different things. The Bureau of Labor Statistics explains that employer-paid premiums and fully tax-funded care are excluded from the spending used to weight the medical-care Consumer Price Index. A family's economic exposure therefore reaches beyond what it pays directly at the doctor's office. Employer healthcare costs remain part of compensation and business expenses. [8, 9]

For manufacturing, the burden can deter hiring and expansion. A factory deciding whether to add a shift must consider the full cost of employment, including benefits. Money absorbed by rising healthcare expenses is money unavailable for new machinery, training or product development unless the company finds financing elsewhere. Competitors abroad also finance healthcare, often through taxes or social insurance. America's advantage must come from lowering the total burden and improving productivity—not pretending other nations receive care for free.

Cutting unnecessary healthcare costs can ease cost pressures throughout the economy. Lower benefit expenses can reduce the cost of making products, moving freight, constructing homes and delivering services. Strong competition can encourage businesses to pass savings to customers; some savings may instead support higher wages or investment. The opportunity is broad, but the outcome depends on actual cost reductions, market conditions and the taxes used to finance reform.

The distinction matters: a one-time saving can lower a cost level or slow a price increase. Sustained cost control can reduce continuing inflation pressure. Neither guarantees that every price will fall. The practical promise is stronger purchasing power and less pressure to raise prices across many businesses. To make that promise real, Congress must protect competition so savings reach the public instead of becoming another protected margin.

The preceding articles traced the problem from the frightened patient to the financial arrangements surrounding treatment: who receives care, who finances it, how competition can weaken, what accounting labels conceal, what tax exemption requires, and how healthcare costs affect American industry. Their central question now demands a national answer: are we paying for better health, or supporting a structure that takes more than the value it returns?

Doctors, nurses and other caregivers perform essential work. They deserve fair compensation, adequate staffing and the freedom to exercise sound medical judgment. The concern is the economic power around them. When a comparatively small group of powerful institutions can collect excessive payments through market leverage, complexity or barriers to competition, the rest of society bears the cost. Rewarding useful work strengthens capitalism. Allowing extraction without corresponding value weakens it.

A nation undermines itself when private advantage becomes more important than the public welfare. That is the philosophical warning at the heart of this debate. No society can remain secure indefinitely if its institutions consume the strength of the people they are supposed to serve.

The federal government bears a central responsibility. Congress writes the laws, finances major health programs and oversees agencies charged with enforcing the rules. Administrations carry those responsibilities into practice. In my judgment, Washington has failed to bring healthcare costs under adequate control or provide the coordinated scrutiny these financial arrangements deserve. That failure is not the only cause of high costs, but it is one voters can demand that their representatives correct.

This does not mean no enforcement has occurred. In 2018, the Justice Department and North Carolina announced a settlement with Atrium Health addressing allegations that contractual restrictions prevented insurers from directing patients toward more cost-effective care. The agreement targeted restrictions that undermined competition. It was a settlement of allegations, not a verdict condemning the entire industry. But it demonstrates that healthcare contracts are subject to antitrust scrutiny. [2]

The laws reviewed in this series establish real boundaries. Section 1 of the Sherman Act prohibits unlawful agreements restraining trade; proven price-fixing agreements can violate it. Similar pricing by itself does not establish an agreement. The federal Anti-Kickback Statute prohibits specified knowing and willful payments or benefits intended to induce referrals or business involving federal healthcare programs, subject to statutory exceptions and regulatory safe harbors. A negotiated discount is not automatically an illegal kickback. [3, 4]

Tax law also matters. Internal Revenue Code Section 162(c) denies deductions for certain illegal payments when its requirements are met. Sections 61 and 108 govern canceled-debt income and its

exceptions; Section 6050P governs reporting by specified entities under applicable conditions. My whistleblower submissions ask whether particular insurer-provider arrangements and contractual adjustments have been treated correctly under these laws. Those allegations warrant careful examination; they are not established findings that every adjustment creates taxable canceled debt or requires a Form 1099-C. [5, 6]

Tax-exempt hospitals have obligations too. Section 501(r) imposes requirements concerning community health needs, financial assistance, limits on charges for eligible patients, and collection practices. Tax exemption is a public benefit with conditions, not permission to ignore the law. Congress should demand evidence that the conditions are being honored. Where a violation is proved, enforcement must follow. Where an allegation is unproved, government must explain its conclusions within lawful disclosure limits. [7]

The answer is to expand a social commitment America already recognizes. Medicare already pools public resources to help finance care, including care delivered by private providers. Medicare for all would build upon that foundation. It would require substantial legislation and careful redesign, but the underlying principle is familiar: necessary healthcare should be available without a family's financial survival depending on illness, age or employment.

This is the Social Capitalism proposed in this series: dependable healthcare security alongside a vigorous competitive economy. Preserve private medical practice, patient choice and clinical independence. Let manufacturing, agriculture, technology and other businesses compete and innovate. Keep government out of ordinary business decisions while requiring it to enforce fair rules and manage the limited public responsibilities entrusted to it.

The goal should be to bring national healthcare spending below 10 percent of GDP while protecting necessary care. At the size of the 2024 economy, reducing the share from 18 percent to 10 percent represents roughly \$2.4 trillion annually. That calculation shows the scale of the ambition; it is not a forecast or proof that Medicare for all would achieve it. Genuine savings would require less administrative waste, better purchasing, effective prevention, fair payment and stronger accountability—not merely shifting premiums into taxes. [1]

If achieved, savings on that scale could release trillions of dollars for other uses across society. Families could retain more income. Businesses could invest in equipment, wages, research and expansion. American manufacturers could compete without carrying today's unpredictable health-benefit burden. Coverage independent of employment could also make it easier to change jobs or start a business. The financing must show that new taxes do not simply recreate the old burden under a different name.

Congress must insist on independent estimates of the full cost, the transition and the effect on household incomes. Hospitals must remain able to provide safe care. Rural communities must retain access. Payment rules must support an adequate workforce. A responsible system needs defined benefits, evidence-based standards, transparent budgets and effective appeals. Public financing must answer to the people just as private institutions must answer to the law.

Healthcare reform can also support a return to sound public finances. Verified reductions in government spending could help narrow deficits; debt repayment requires sustained budget surpluses and decisions across the entire federal budget. Private savings do not automatically become Treasury revenue. Still, controlling one of the nation's largest expenses is an essential part of protecting its future. We should stop treating permanent financial strain as a normal condition of American life.

Run government with the discipline of a well-managed business: know the obligations, measure results, eliminate waste and hold managers accountable. Government also has duties a business does not—equal treatment, constitutional rights and public service. Competent management must serve those duties. A balanced budget achieved by withholding necessary care would fail the people just as surely as uncontrolled spending does.

Let July 4, 2027 mark the beginning of a new American revolution—a peaceful democratic renewal carried forward through voting, public debate and lawful reform. Independence should mean more than freedom from a foreign ruler. It should mean a people capable of directing their own institutions and refusing an economic structure that exhausts their security.

The work must begin now. Voters should demand a strong Congress and an administration prepared to publish a credible plan, enforce existing laws, change defective ones and report measurable progress. Party labels cannot substitute for competence. Promises cannot substitute for a budget. The public must choose leaders who can govern for the country rather than protect arrangements that have failed it.

The purpose is for every citizen to gain a stronger chance at health and prosperity, even though the benefits will differ and no law can guarantee every person's outcome. We can protect families, restore room for productive investment and preserve democratic capitalism. But we must act while we still have the capacity to choose.

The people own the country. The people run the country through the representatives they elect and the accountability they demand. We must use that power to secure a government worthy of its citizens. Vote for leaders who will confront this peril and rebuild the nation's financial strength. Our health, our independence and our future are too important to surrender to another decade of delay.

Sources and publication notes

This is an opinion article concluding the healthcare series. The reform program and July 4, 2027 renewal are proposals. The philosophical passage expresses the author's argument and is not attributed to an unidentified philosopher. The savings illustration uses rounded 2024 CMS figures and holds GDP constant. It is a target calculation, not a modeled savings estimate.

[1] Centers for Medicare & Medicaid Services National Health Expenditure Accounts Historical data 2024

<https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/historical>

[2] US Department of Justice Atrium Health settlement announcement November 15 2018

<https://www.justice.gov/usao-wdnc/pr/atrium-health-agrees-settle-antitrust-lawsuit-and-eliminate-anticompetitive-steering>

[3] Sherman Act Section 1 15 USC 1

<https://www.law.cornell.edu/uscode/text/15/1>

[4] Federal Anti Kickback Statute 42 USC 1320a 7b subsection b

<https://www.law.cornell.edu/uscode/text/42/1320a-7b>

[5] Internal Revenue Code Section 162 subsection c

<https://www.law.cornell.edu/uscode/text/26/162>

[6] IRS Topic 431 Canceled debt and Internal Revenue Code Sections 61 108 and 6050P
<https://www.irs.gov/taxtopics/tc431>

[7] IRS Requirements for tax exempt hospitals Section 501(r)
<https://www.irs.gov/charities-non-profits/charitable-organizations/requirements-for-501c3-hospitals-under-the-affordable-care-act-section-501r>

[8] Bureau of Labor Statistics Measuring Price Change in the CPI Medical care
<https://www.bls.gov/cpi/factsheets/medical-care.htm>

[9] Bureau of Labor Statistics Medical care premiums in the United States
<https://www.bls.gov/ebs/factsheets/medical-care-premiums-in-the-united-states.htm>

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