

Passage of Issue 3 will protect liberty, restrain health care costs, and preserve health care choice and privacy

By Maurice Thompson, Executive Director of the 1851 Center for Constitutional Law
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There's a reason the Ohio Supreme Court, then-Ohio Attorney General Richard Cordray, and the Ohio Ballot Board have all concurred that the Ohio Health Care Freedom Amendment "preserves the freedom of Ohioans to choose their health care and health care coverage." Because that's exactly what it does.

And while the core objective of this Amendment is to preserve the liberty and dignity of individual Ohioans, as against either arrogant or industry-bought mandates from the political class, the Amendment transcends philosophy and human rights. It further restrains health care costs, permits medical innovation, maintains privacy, and preserves the supremacy of the doctor-patient relationship.

Division (A) of the Amendment states "No law or rule shall compel, directly or indirectly, any person, employer, or health care provider to participate in a health care system." First and foremost, this provision recognizes that government exists *to secure rights*, rather than to force some of its citizens to purchase private goods and services from their neighbors.

In so doing, this division further recognizes that we, as a society, will not further overcrowd our prisons with those who pursue alternative medicine, or make an economically rational choice for themselves, while not imposing harm on others. Moreover, one's medical history is private, and the state should not compel it to be shared, simply as a prerequisite to participation in a government program.

However, this division's *consequences* cannot be overlooked. By prohibiting mandates, this division prohibits one of the single-greatest drivers of health insurance costs: the lobbyist feeding frenzy that ensues once government arrogates to itself the power to define "minimum essential coverage." At this instant, unsurprisingly, many providers of health care products and services demand that politicians include their product amongst the minimum that must be purchased. Indeed, it is no surprise that the only state with such a mandate, Massachusetts, requires the insurability of over 40 mandated products and services, and *leads the nation in increased cost of health care spending and health care premiums* since implementing a mandate in 2006.

Division (A) has a number of other effects: (1) it prohibits any new health care-related taxes, fines, or fees for Ohio's employers, which would essentially amount to a tax on employment in our perpetually struggling economy; (2) it prohibits forced health care beyond what is already permitted under Ohio law - - this would include a prohibition on forced unnecessary inoculations for teen-aged girls, in the manner Texas Governor Rick Perry recently attempted; and (3) it

permits Ohioans to choose their doctor, health insurer, and other health care providers, rather than being swept into a state-run system that destroys private relationships that they have already built, or would like to build.

Divisions (B) and (C) of the Amendment provide, respectively, that “[n]o law or rule shall prohibit the purchase or sale of health care or health insurance” and “[n]o law or rule shall impose a penalty or fine for the sale or purchase of health care or health insurance.” Recall that the Amendment “grandfathers” in all such laws and rules prior to March of 2010.

These divisions are essential to protecting and promoting innovation in health care services, procedures, and coverage: the state may not impose sweeping new regulations that forbid innovations outright, nor may it punish the purchase or sale of cutting edge services, procedures, and coverages. This enhances incentives to innovate within the state, thereby attracting health care providers instead of repelling them, while encouraging doctors to stay in Ohio. More supply and competition will also result in higher quality of service and suppression of cost increases, if not lower costs.

Moreover, these divisions prohibit a health care system where the state is the only player in the market, and private purchase or provision of health care or health insurance is forbidden - - this has occurred in multiple countries around the globe, and in part, even in some states in our own country, and has always precipitated a singular, foreseeable result: long waits and medical rationing.

Opponents of Issue 3 imagine a dramatically different role for government in our daily lives: to them, government is a great gardener, and we as individuals are merely plants that will not grow properly unless shaped by the wise gardener-politicians of our day. This is a worldview based on conceit, ignorance, and faith in central planning.

To advance this worldview, they first argued that Issue 3 was merely symbolic, but now argue that it *does too much*, and endangers the status quo. On this latter point, they are partially correct: while the Amendment preserves the freedoms we still have, it draws a clear line in the sand, which even the most audacious bureaucrats may not cross.

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