



EMPOWER PATIENTS AND DOCTORS TO HEAL AMERICA'S HEALTHCARE SYSTEM

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with Deane Waldman, MD, MBA, with a foreword by Grover Norquist, president of
Americans for Tax Reform.*

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A Sick System Built to Serve Bureaucrats, Not People

America's healthcare system is the most expensive in the world, costing Americans nearly **\$5 trillion annually**, or **almost \$15,000 per person**. Yet, despite that staggering cost, millions of Americans can't get timely care. People wait months for routine procedures. Providers are overwhelmed by red tape. And patients, even those with insurance, feel powerless. If healthcare is supposed to help people heal, then our current system is clearly failing.

Why? Because the dollars don't go to care. They go to **BURDEN**—a term we introduce in our new book *Become an Empowered Patient: Get Care You Need When You Need It* to describe the excessive:

- **Bureaucracy**
- **Unnecessary rules**
- **Regulations**
- **Red tape**
- **Directives**
- **Enforcement mandates**
- **Noncompliance costs**

In our related in-depth report—*Empower Patients Initiative*, published by **Americans for Tax Reform**—we discuss how **31% to 50% of all healthcare spending, amounting to up to \$2.5 trillion, is wasted** on non-clinical overhead. That's money that should go to nurses, doctors, diagnostics, and cures. Government policy is the problem. Nearly **50% of Americans** now get coverage from a government program—Medicare, Medicaid, or Obamacare subsidies. Even the so-called “private” employer-sponsored system is a result of World War II wage controls, rather than a reflection of consumer choice. We've replaced personal responsibility and market discipline with a centrally-managed mess.

It's time to stop pretending we have a healthcare market. We don't. We have a **socialized bureaucracy with American branding**. And the only way to fix it is to return power to the people—**patients and doctors**.



The Cure: A Four-Part Plan to Empower Patients and Restore Freedom

The path to better healthcare doesn't require more money, as we're already spending too much. It requires **less government distortion** and **more market accountability**. In *Empower Patients*, and our forthcoming paper *Empower Patients Initiative* introduced by **Grover Norquist**, we lay out a transformative strategy built on four steps:

STEP 1: RETURN HEALTH DOLLARS TO THE PEOPLE

Currently, employers divert approximately **\$24,000 per worker per year** to insurance companies through the employer-sponsored tax credit for health insurance. That money never touches the worker's paycheck. It's pre-spent by a third party—someone who typically neither knows nor cares about that employee's personal healthcare needs.

Let's change that.

We propose providing workers with \$24,000 instead in a form that they can spend on healthcare. If families controlled their healthcare dollars, they could:

- Shop for the best care and coverage.
- Choose direct-pay options or cash-friendly clinics.
- Keep more of their earnings instead of subsidizing inefficiency.

It's their money. Let them decide how to use it.

STEP 2: ESTABLISH THE NO-LIMIT HSA

Today's healthcare savings tools—HSAs, FSAs, MSAs—are fragmented, confusing, and arbitrarily restricted. We propose replacing them all with a **No-Limit Health Savings Account (NLHSA)** that would:

- Allow unlimited tax-free contributions
- Remove "use-it-or-lose-it" restrictions
- Be transferable across family members and generations
- Cover any medical care the patient deems necessary

When patients have more control, **market prices emerge**, and competition forces providers to deliver affordable and better services. You can already see this at **direct primary care (DPC)** practices and **cash surgery centers**. These models thrive where market forces are allowed to operate. A NLHSA system would scale that success nationwide.

STEP 3: BLOCK GRANT MEDICAID AND TRANSITION MEDICARE

We can't fix healthcare without tackling "**entitlements**"—particularly **Medicaid and Medicare**, which are driving our national debt and distorting the market.

Medicaid is at the forefront in Washington today. As part of budget reconciliation debates, lawmakers are considering reforms. Work requirements, spending caps, and cost-saving measures are on the table—but they don't go far enough.

Instead, we propose:

- **Block-granting Medicaid to states**
- Giving states complete control over eligibility, benefits, provider networks, and patient incentives
- Allowing states to integrate private charity, faith-based clinics, and community partnerships
- Replacing micromanagement with local innovation

Under this system, **states could require work for those capable**, target benefits to the truly needy, and eliminate costly federal compliance burdens. States would **save money, serve better**, and reduce long-term dependency.

For **Medicare**, we recommend a bold but necessary transition:

- Determine a path for seniors to deposit funds into a **Senior No-Limit HSA**
- Allow them to shop for care in the private market, backed by real funds they own

Yes, this reform will likely require a significant increase in short-term spending. However, with the Medicare Trust Fund projected to become insolvent by **2036**, the alternative is even worse. Any increase in spending should be offset by corresponding reductions in other areas. Moving to accounts that everyone can access in the form of a No-Limit HSA would dramatically improve the system and care through competition, personal responsibility, and reduced government involvement.

STEP 4: FREE THE INSURANCE MARKET

Insurance should protect against catastrophe, not micromanage every office visit.

We propose:

- Removing federal mandates that restrict plan types
- Letting patients buy insurance across state lines
- Allowing more catastrophic-only or wraparound policies
- Letting innovation, not Washington, determine winners and losers

Imagine the diversity of plans that would emerge if the government stepped aside. Young people could buy low-cost plans tailored to minimal risk. Seniors could use their HSAs for concierge care. Employers could offer real wage increases instead of bloated plans. Everyone wins.

Why This Matters to States: Freedom, Savings, and Prosperity

States that embrace this vision stand to gain tremendously. Through Medicaid block grants, they can:

- Tailor systems that work locally
- Reduce reliance on federal dollars (and strings)
- Lower their tax burden and promote job growth
- Encourage civic institutions to step in where the government steps back

Texas, Florida, and Indiana have already seen success with **work requirements, managed care pilots, and cost-sharing programs**. These ideas deserve expansion, not more federal constraint. As our research indicates, **cutting the third-party leash** and empowering patients is the only sustainable path forward.

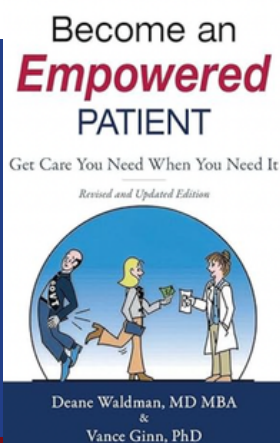
Conclusion: A Real Cure Starts With Real Choice

Healthcare reform will not be easy. But it is essential. This system—fueled by subsidies, mandates, and bureaucracy—was never designed to empower people. It was built to serve institutions, not individuals.

We can change that.

It begins by acknowledging that health care should be a direct exchange between those who provide healing and those who seek it. Everything else—government mandates, insurance red tape, compliance paperwork—is a distraction. It raises costs, delays care, and kills freedom. In our book and our report, we offer not just criticism, but a clear, workable roadmap. The sooner we begin, the sooner Americans will get the care they deserve.

Let's stop pouring money into a broken system. Let's empower patients—and let people prosper.



Find "*Become an Empowered Patient: Get Care You Need When You Need It*" on [Amazon](#).

Learn More and Join the Movement



Book: *Become an Empowered Patient: Get Care You Need When You Need It*



Policy Report: *Empower Patients Initiative* (ATR/Tholos Foundation, 2025) report forthcoming



Foreword by: Grover Norquist, President of Americans for Tax Reform



Podcast: *Let People Prosper Show*



Explore: vanceginn.com AND empowerpatients.info

About Vance Ginn

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Vance Ginn is a nationally recognized economist and dedicated advocate for free-market efforts that promote economic growth, opportunity, and fiscal responsibility. Dr. Ginn founded Ginn Economic Consulting in 2022 to empower leaders, organizations, and policymakers to advance better policies by providing actionable economic insights grounded in free-market principles. He also hosts the *Let People Prosper Show* podcast and collaborates with more than 20 influential organizations across America to advance a pro-growth approach that lets people prosper.

Dr. Ginn's expertise spans fiscal policy, labor markets, education freedom, and more, helping craft key reforms at local, state, and federal levels. As chief economist at the White House's Office of Management and Budget, he worked on critical policy initiatives during the first Trump administration from June 2019 to May 2020.

Raised in a lower-income, single-mother household in South Houston, Texas, he is a first generation college graduate who earned his doctorate in economics from Texas Tech University. Residing near Austin, Texas, with his family, he remains committed to fostering prosperity and freedom for all.