Affirmative action policies in medical school admissions manipulate the supply of medical workers, and this reinforces shortages created by monopolistic licensing. Higher healthcare costs are due to artificial scarcity.

Affirmative action policies in medical (medical field generally) school admissions reduces the supply of medical providers, and acts as a protectionist measure to further raise the barrier to entry and reduce competition among providers. This reduces medical patient options in the care/treatment process, reinforces the power of licensing monopolies, reinforces a small elite of medical providers, decreases competition among medical professionals, decreases the motivation for quality among medical professionals, creates an artificial scarcity of medical professionals, and encourages higher healthcare costs.

Note: discussion on 'more doctors doesn't matter if there's not more beds' is sometimes brought up as an excuse for monopolistic practices effecting the size of the medical workforce and easy access to medical care. First, there are other factors affecting the artificial scarcity in medicine such as crony 'certificates of need' which serve to limit distribution of medical facilities and equipment. Second, medical providers benefit from making healthcare artificially scarce by getting higher prices and more elitist status.

The study, being published Thursday in the journal Health Affairs, found that the incomes of primary care doctors and orthopedic surgeons were substantially higher in the United States than in other countries. Moreover, it said, the difference results mainly from higher fees, not from higher costs of the doctors' medical practice, a larger number or volume of services or higher medical school tuition.

https://crooksandliars.com/susie-madrak/study-doctor-fees-driving-cost-us-hea

The average U.S. general-medicine physician makes $218,173 a year — nearly double the average of all 11 countries. American specialists make $316,000, while their counterparts take home $98,452 in Sweden and $202,291 in Australia. American nurses make considerably more than elsewhere, too.

...

What's Not Driving Up Prices: Too Much Care

Foremost among the conclusions of the new Harvard paper is that unnecessary care — tests and procedures that do nothing to promote health — is not the biggest driver of America's high health spending.

https://www.wbur.org/commonhealth/2018/03/13/us-health-costs-high-jha

Doctors' charges — and the incentives they reflect — are a major factor in the nation's $2.7 trillion medical bill.

https://www.nytimes.com/2014/01/19/health/patients-costs-skyrocket-specialists-incomes-soar.html

The 35% variable direct cost represents the percentage of total cost that is typically under the immediate influence of physicians, in contrast to the 65% of total cost over which physicians have little control.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1421015/

2.1 cents for prescription drugs, which include outpatient, physician- and self-administered medications. This doesn't include those given in in-patient settings.

22 cents for doctor services.

19.8 cents for outpatient services, like ER care, labs, imaging clinics, physical therapy, urgent care, etc.

15.8 cents for inpatient services, typically hospital care.

https://www.anthem.com/blog/ihealth-insurance-basics-/health-insurance-premium-cost-and-breakdown/

Monopolistic medical licensing/schooling and shortages in medical care

One of the most critical supply side issues in health care is the supply of qualified doctors.

...

The case of health care regulations is an interesting one, as state governments have empowered private medical boards with unilateral authority to set the rules for the medical profession, including the issuing and revoking of medical licenses. These boards effectively function like government regulatory agencies, with the important difference that they lack the opportunity for public comments, and thus are immune from any political pressure from citizens.

...

Retail clinics, pharmacies, and even supermarkets are capable of offering routine medical services to patients with a convenience and regularity impossible in traditional physicians' offices. Unfortunately, the American Medical Association (AMA) has aggressively lobbied against the availability of this type of facility.

...

There are currently only 129 accredited medical schools in the United States, too few to turn out enough doctors to meet the demand.

...

By reducing the regulatory burden on physicians, providing more competition among medical boards, and permitting more autonomy for alternative practitioners, patients could see both relief from the coming doctor shortage, as well as lower prices across the board for medical care.

https://www.zerohedge.com/news/2017-07-19/how-government-helped-create-coming-doctor-shortage

To some extent, dentistry created its own problem. Richard Valachovic, president of the American Dental Health Association, said today's shortage of dentists can be traced to the closing of seven dental schools in the 1980s and 1990s. In 1980, he said, the United States produced 6,300 dentists. Ten years later, the number was down to 4,000.

...

Some groups representing doctors are resisting similar efforts to allow nurse practitioners to, for example, write prescriptions and admit patients to the hospital.

https://www.realclearpolicy.com/blog/2013/12/30/are_there_enough_doctors_for_the_newly_insured_786.html

The Association of American Medical Colleges has recently predicted a nationwide shortage of somewhere between 40,800 and 104,900 physicians by 2030.

Ironically, one of the biggest obstacles to improving access to health care providers is the profession itself, enabled by a plethora of public and private agencies that control licensing and certification. These often inadvertently limit access to care rather than enhance it.

https://www.statnews.com/2018/02/21/health-providers-shortage/

https://www.mercatus.org/publications/us-health-provider-workforce

https://www.bostonglobe.com/opinion/2018/02/26/how-can-remedy-shortage-health-providers/2qHhUHXOQcdgoNsdOIuzEO/story.html

https://www.smh.com.au/healthcare/the-artificial-shortage-that-encourages-doctor-price-gouging-20180605-p4zjiq.html

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Affirmative action supports monopolistic medicine

"In addressing the question of whether minority physicians are more likely to serve underserved populations, studies have relied on self-report survey data and the definition of an underserved population has varied."

...

"Researchers examined the failure rates from a national sample of all first-time U.S. medical student examinees from 1986 through 1988 and found that approximately 50% of African-American examinees failed the National Board of Medical Examiners (NBME) Part I competency-based licensure test, compared to a 12% failure rate for whites"

...

"Because medical schools are highly selective, the size of the observed racial group differences will in practice almost eliminate the selection of certain minorities when that selection is based on maximizing the academic achievement and/or intellectual aptitude measures."

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3623946/

"And we should cap the number of Jews if non-Jews prefer not to have Jewish doctors, and the number of doctors of non-Western religions (Hindus, Buddhists, Muslims, etc.) if they are less desired by the general population of patients."

https://www.insidehighered.com/admissions/article/2018/09/17/data-impact-black-doctors-may-raise-implications-affirmative-action

However, Princeton University's Russ Nieli argues that affirmative action only serves to reinforce negative stereotypes, particularly for black and Latino applicants. Instead, he argues for a completely merit-based system that accounts for specific qualifications that can help meet patient needs.

Until that occurs, "the huge credentials gap between black entrants to medical and professional schools and whites and Asians will remain—and along with it, the understandable suspicion of the competence of the black graduates,"

https://www.advisory.com/Daily-Briefing/2013/06/28/How-the-affirmative-action-ruling-affects-medical-schools

https://www.philly.com/philly/news/nation_world/harvard-affirmative-action-justice-department-criticism-20180830.html

https://www.aei.org/publication/acceptance-rates-at-us-medical-schools-in-2013-reveal-racial-profiling-and-affirmative-discrimination-for-blacks-hispanics/

https://www.aamc.org/download/321514/data/factstable25-2.pdf

https://www.aamc.org/download/321516/data/factstable25-3.pdf

https://www.aamc.org/download/321518/data/factstable25-4.pdf

https://www.aamc.org/download/321512/data/factstable25-1.pdf

https://www.aamc.org/download/321494/data/factstable17.pdf

https://nypost.com/2015/04/12/mindy-kalings-brother-explains-why-he-pretended-to-be-black/

http://almostblack.com/medical-schools-discriminate-asian-american-white-applicants-dont-try-hide/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4454423/

https://journalofethics.ama-assn.org/article/questioning-rationale-affirmative-action/2014-06

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