Ecamm Live Recording on 2023-11-13 at 14.33.45

**Andy:** [00:00:00] It's always like the good stuff happens before it actually records. This is, I think

**Marty:** it's, I think it's the only way podcasts work. You know, it's, you have to record the good stuff before you actually hit record. There you go. Just kidding. This is going to be filled with good stuff. Andy, it's been like a

**Andy:** year.

A year. Thanks for having me on.

**Marty:** Well, thanks for coming on. Yeah. You're right outside the door here. It's not hard to find you to get you on. Yeah.

**Andy:** No, I, I appreciate it. This is like our, our prime time. So we think like 60 percent of our customers are going to come in the November, December, and January months.

This is open enrollment, open enrollment season. Everybody's like, what do I do with healthcare next year? It's like doing taxes in April or October or whatever. When you do them, it's like, this sucks. Like I gotta go through healthcare. gov. I got out. Get my w 2s. I got to turn those in because W, you know healthcare.

gov wants my w 2s now, which is ridiculous This is relatively new. It was I think at since the government started doing [00:01:00] subsidies you actually have to turn in your paychecks so that they can validate your your Your income your right to get health care your right to get health care. So Yeah, we're in the middle of it.

We're in the middle of it and things are going well.

**Marty:** Yeah, like we were just discussing the good things before we record. I mean there's two things we want to cover predominantly, or I want to cover. You guys have integrated lightning, really pushing forward Bitcoin as a medium of exchange to pay for your healthcare and support healthcare providers on the back end.

And then number two, what I'm really curious maybe where we could start is, has the economic deteriorated to a point where healthcare costs are beginning to enter the economic calculation people are taking into consideration on a month to month basis. And with that in mind, like it seems to me, I've [00:02:00] experienced this personally, me, my family using crowd health for over a year now, a year and a half.

Um, it's much cheaper has been, and it's like the economic decision for healthcare that makes the most sense for us. Um, even though we probably could pay for more expensive healthcare, it's just a better experience and cheaper overall. Yeah.

**Andy:** I mean, I think it has. I, my, my board member interestingly asked me this is either last board meeting or the one before it's like, do you guys do better during the uptimes or the downtimes?

And for a variety of reasons, the downtimes, I mean, we're getting a ton of people who've been laid off by all these companies that have a decision to make. They can go in Cobra. Which is ridiculously expensive. In essence, what COBRA is, is you take both your responsibility and the employer's responsibility and you have to pay them both now.

So it doubles or maybe triples, you know. You can go uninsured, you can do crowd health or you can do something else. And so we're getting a lot of people coming off of COBRA. So, that's one, you know, it's good for us in [00:03:00] that way. And then, you know, two, it's just easier to operate up, you know, in terms of hiring people and getting people on board and things like that, when, you know, Facebook's not paying a developer 500 grand anymore, you know, so it's, it's easier actually to, to operate within this environment.

And we have a lot more people who are looking for alternatives. I mean, with that said, I mean, one of those interesting things about crowd health is, and I posted this on Twitter the other day, people come because it's low price, but it's actually, I think, bigger, like you're now a part of a community on a mission, you know, like we are in the same tribe.

I mean, we literally sit next to each other, you know, and, and Parker sits in between us and he's a crowd health member, you know, and Jimmy Song was in here yesterday doing some, and he's a crowd health member. And so we're actually like a part of this little community of crowd health members that are helping each other out with.

Healthcare expenses, and that's step one. Step two is like, can we take now this little group of [00:04:00] people, a little group, we're at, we'll be at like 6, 000 by the end of the month, um, decent chunk of group, people who can then take Bitcoin and incorporate it into this and now see our, you know, what we all love being used more widely in the economy.

I mean, and that's what I'm fired up about. So, I mean, we talked about this last year, but I, I wanted to start CrowdHealth to first take down healthcare. But I think as it burned down healthcare, ATF called me, um, and then it's like, once we get like some critical mass, then we can use that group to expand the use of Bitcoin, you know?

And I think there's probably one more step into our food system of saying like, how do we actually impact, you know, the crap that we're putting in our bodies and make some incentives to allow people to, to eat better. Right. And those are the three steps that I want to go down. We're on step two, but we're super excited about it.

Yeah.

**Marty:** And approaching 6, 000 members, that's way, way bigger community than this time last year when we first recorded.

**Andy:** Yeah, I can't remember what it was, [00:05:00] but I think it was maybe a couple thousand. Yeah, I think it might be 3 or 4x. Yeah, 3 or 4x what we were last year. That's about right. We're about 3x this year

**Marty:** versus last.

So what of some of the growing pains or growing pleasures that you've experienced over the last 12 months?

**Andy:** I mean, growing pleasures are way easier, right, to talk about. Um, it's working. You know, anytime you have a startup, there's, I've seen it, there's a number of things that you're like, this could blow it, this thing up, you know, and it's like my deal as a CEO is to reduce the risk of any one of those things blowing up.

Like the big one is, are the bills going to actually get paid, right? Like, are, if I ask Marty to help me with my bill, is Marty going to say yes, or is he going to say no? And it's like 98 percent of the people say yes, like that's worked. And that's been for now two years. So it works, the bills are getting paid.

Then the question is like, can we actually get bills for a significantly lower cost than health insurance plans, [00:06:00] and the answer to that has been yes. So we're at about somewhere between 140 and 150 percent of Medicare, so whatever Medicare pays we pay about 40 percent more. Health plans pay 250 to 300 percent more.

So you can do that math or like half of what health plans pay. Which is, which is significantly, which is significant. I mean, I, I shared the story again on Twitter, but my father in law had a gallbladder surgery last week or two weeks ago. And I forget exactly what the number was, but it was like 45, 000 for gallbladder surgery.

And that was in Austin. And we had a member that got one last week at like 5, 000. Yeah. One

**Marty:** eighth the price,

**Andy:** one eighth, one ninth or whatever it was. And, and they were in Arkansas. So, I mean, it's one state away. So there's probably a little bit of a thing, but it's not 90 percent different. I mean, or whatever, 500 percent different, you know, in Arkansas than it is in Austin.

Um, but it just proves that like, we have been able to really get people to awesome docs at a reasonable price.

**Marty:** [00:07:00] Well, I consider another question, like the awesome docs, like obviously users like myself in the community have really seen the value of the crowd health model. Are you seeing more doctors become.

Aware of what you guys are doing and not only that, but excited about it.

**Andy:** They're more, I'm more excited about it than our members are really. Yeah. They're like, man, please, will you send people our way? And we don't have any direct relationships with docs cause we don't want to make like a network. Um, but we have docs reaching out on to us on, you know, Twitter and all kinds of places every day.

I mean like, please, will you send people my way? So it's been, it's been amazing to see that because they want to release themselves from. Health insurance the same way you and I want to release ourselves from the fiat world, right? Like health insurance is their fiat world. Yeah, right And so they were like, please like anything you can do because you know The thing that happens is United Healthcare, for example is a lot of these guys like 40 50 Maybe even 60 percent of their revenue So if you think of a business that has one [00:08:00] customer for 60 percent of their revenue That's not good.

They can come in and really jam you. That's concentration risk. That's concentration risk is what they call it in the MBA school. Um, you know, and so it, you know, it'll come in, you know, and allegedly they've done this and say like, you have to take 20 percent cuts or we're out. We won't, we won't, you won't, you can't beat our network.

And I was like, what do you, what do you do? You know, what do you do? You have to sell to the hospitals what you have to do. And then the hospitals get huge and consolidate and take those rates and they jack them up. Um, because now it's a duopoly in Austin with St. David's in Ascension against a basically a duopoly.

You know, it's an oligopoly, but maybe a duopoly oligopoly in the health insurance space. So just prices go up. Like it's just basic economics, you know?

**Marty:** Yeah. No, and it's insane. You have those concentrating market forces, prices are going up, inflation is running rampant. You mentioned mass layoffs across many different sectors.

[00:09:00] Healthcare is something that is one of the most important expenses that people deal with and so having this option and then the crowd health team sort of advocating on behalf of The patient at the end of the day is

**Andy:** massive. Yeah, I mean, think about like running a business. You have not only concentration risk with the customer, but the customer that absolutely hates you, right?

Like that sucks. Can you imagine? Like that's, I mean, one of the best things kind of going back to your original question, like the, the things we've learned is like, it's fun. Like with our customers, cause our, our members are like, we want to take down this system, like help us take down the system. It's pretty

**Marty:** cool.

I wanted to mention it earlier, but as you were describing that the parallels to the beef initiative and going out and shaking your rancher's hand are impossible to ignore. I think it's just this grassroots movement through initiatives like the beef initiative and crowd health to go fix the problems that you view as systemically

**Andy:** serious in your life.

Yeah, I mean, I think that's, that's totally right. [00:10:00] There's a flywheel effect to that too, which is, is pretty cool. So, you know, it's this, this month will probably be like 50 percent of our customers come from our existing customers. So we do some advertising, a podcast, including yours. Had somebody emailed me over the

**Marty:** weekend.

Yeah.

**Andy:** They're going to move over. Yeah. And so it's, you know, we give our members 250 bucks if you refer somebody. Or a million sats, which is way more than 250 bucks now. We, we originally were like, hey, it'll be 250 bucks or a million sats when a million sats was 250 bucks. And now it's way more than 250 bucks.

That's like 350. And now we're like, hey, you know what? Bitcoin went up, but we're still giving you a million sats. That's just how we are. Oh, yeah, because we bought the sass way back then so you get the upside congrats You know, so if anybody's listening to that and this and is a crowd health member They have a buddy or a friend who's looking for for health care a million sats Well, we'll we've got you know, lots of sats stacked up ready to give away.

Oh, yeah

**Marty:** open enrollment season Go tell your friends all your friends your friends and how is [00:11:00] the incumbent? Health insurance industry changed, if at all, over the last year. Any big news items, or... I mean,

**Andy:** nothing is significant. Nothing significant. I mean, the, the, the, the thing that's happening right now is, you know, clearly, um, the government owns the poor and I use that word owns specifically like on purpose, right?

Like they have to go to the government now for pretty much everything includes their, including their health insurance. You know, the government owns the old. You know, 65 and above. And now what they've done is for the healthcare. gov plans, they've now taken, you know, another middle chunk and say, we're going to totally subsidize you, but we're going to just fund the private insurance companies to do that.

So in essence, you know, they're trying to go from old to young and from poor to rich and they're going to meet somewhere in the middle and ultimately gonna, you know, it's a fight to a single payer. I mean, this is ultimately. [00:12:00] Unfortunately, where I think we'll end up in the next decade if we don't. Do something serious because what's happening is what we're seeing is, is, uh, these employers are getting another massive increase this year and these are big employers like General Electric and, you know, JP Morgan and all these people.

Right? And they're going to these, uh, to the legislators and they're saying, man, look, we can't compete with China because we have to own the healthcare costs, you know? And so it's just impossible to compete. And so government, what you should do is you should take over healthcare. This is what's happening from these big organizations.

Yeah, you know, and so then the legislators are saying, look, you know, we can't compete. We're losing jobs. Like they're making to make this narrative around how this is actually good for us business.

**Marty:** Are they saying people are going to get work in China because of the health care

**Andy:** or no other? We're just saying we're losing competitiveness with, with China in terms of our businesses being able to compete with them on the globally [00:13:00] because we're responsible here.

They're responsible for the health care costs in China. The, you know, the government pays for all the health care costs. It's the opportunity cost

**Marty:** of having to pay for employee

**Andy:** health care. Expense structure, in essence. Expense structure. Or think about Europe. Europe pays, you know, pretty much everywhere in Europe.

With some exceptions, the government pays for all of their, so if you have a company in the United States where they have the company, United States has to pay for the health insurance, which for a single person, seven grand a year for a family. It's 21 or something like that. 1000 a year. And the company in Europe doesn't have to pay for the health care expenses.

The company in Europe has a leg up on the United States company because the cost structure is just significantly different, completely different. And so that's what they're saying is we can't compete anymore globally because this health care crisis and that's ultimately, I think, going to lead to the government saying, okay, we'll take it, you know, we're doing it because the business has told us to, that's ultimately where this is going.

Yeah. And the whole,

**Marty:** [00:14:00] it's funny, it's striking at branches instead of solving the root of the problem. It's like, do these companies not realize what they're saying? There's a health care crisis. Like what is driving that health care crisis? At the end of the day, why are your health expenses being driven through the roof and making it so that you're less competitive with the

**Andy:** global marketplace?

Yeah. Well, and they're not even looking at it. I mean, they're, I mean, they're, they're looking at it just in terms of the line item being really, really big. But most of these companies look, if you're in, you know, a software business, a SAS business that has nothing to do with healthcare. And you see this line item of healthcare, you're kind of like, I don't know what to do with this, right?

Like, I'm good at SAS. I'm, I'm built, I'm good at, you know, writing code, like healthcare is not in my wheelhouse. So I'm going to let somebody else do it. And then they don't even look at it. And so they end up, you know, just basically fueling this crazy insurance driven healthcare system where, you know, as we've talked on their last one, the last couple of times I've been on here is it just, it fuels.

Price [00:15:00] increases because all that's all the incentives. It's just it's going to increase prices. Yeah,

**Marty:** I only increased prices But due to the pricing power that these insurance companies have in these Hospital systems have we've talked about this to like the incentives of actually providing good care are Significantly diminished and that's one of the favorite aspects of crowd health in my mind Um, supplementing crowd health, or crowd health with, uh, direct personal care.

You have

**Andy:** DPC, yeah.

**Marty:** Um, is that, I, I do think this is gonna be a trend, I've just seen it in my own life. It's like, we, we're interacting for pediatricians with that duopoly you, you mentioned here. Yeah. In Austin, and I believe we used ARC. It was just a terrible experience. Mm. And very impersonal. Um, no room for negotiation, like trying to see our perspective and we went once.

We're like, we're never going again. We found Veronica, uh, and uh, she's awesome. [00:16:00] It's funny. My wife has said it multiple times, like, uh, using ultra personal healthcare. Going to Veronica is probably her favorite aspect of moving to Austin. That's awesome. It's healthcare. Like she's never experienced in her whole

**Andy:** life.

Yeah. So what others out there understand what we're talking about is, in essence, what's happened is, is a lot of these doctors have said, I'm getting out of out of this system. I'm not doing it anymore. So I'm going to have a direct relationship with my, my patients. And so the patients pay Veronica in this case with ultra personal health care, um, directly on a month to month basis.

And what is it like a hundred bucks a month per person or something like that? Or I think it's

**Marty:** one 50 adults, 54 children.

**Andy:** Yeah. Yeah. So you have a direct relationship with the doctor. You're paying the doctor. I've said this multiple times, but it's like... You work for whoever pays you right and right now in our system the doc works for the insurance companies They don't work for you right in your situation You're paying Veronica directly and all crowd [00:17:00] health situation work You know crowd health members are paying their doctor actually the doctor gets to be work for you again And they once you tell them that there's a massive change in the way that they act.

They're like, okay great This is between me and you

**Marty:** yeah, it's a conversation. It's a conversation. I want to hear your needs understand your personal Healthcare journey, because it's different for everybody. It's not just some form fit solution that the health insurance company or the hospital system gives you.

It's actually a good conversation and an ongoing one, which is

**Andy:** great. Yeah. Doctors don't have to ask the insurance company's permission anymore for what they can or cannot do, because it's back between the patient and the doctor, which is the way it should be. And it's affordable. Yeah. Yeah. I mean, you add to DPC plus crowd health, which is an awesome combination is still way less expensive than your typical health insurance plan and you're getting way better service from my perspective.

I mean, you got Veronica. You can call her any time of day, day or night. If you have an issue, we've texted her at

**Marty:** [00:18:00] 1am before on a weekend, she answered or somebody. Um, with internet network answered

**Andy:** almost immediately. And then for the big stuff, you can lean on a crowd health. What you had, uh, something with your, it's just PHI.

So I don't mean to talk about your, your, your kids, you know, so I've got a rock in his ear. In Iraq, it's got a rock in his ear. He had to get it removed and that was 1500 bucks or something like that. And so it wasn't huge, but it was bigger, you know, and then you paid for the first 500 and I remember crowdfunding it.

Um, and I, you know, we asked, I don't know what it was, 10 people or something like that for a hundred bucks and you got it paid for within not too long of a period of time. Like, so DPC direct primary care for the little stuff, crowd health for the big stuff. And you're still paying. Less than he would, you know, a Cigna plan annually annually.

Yeah. And

**Marty:** even if it was parody, it's less But even if it was parody I'd pay for it because the experience is much better and the experience is way better Yeah, it's literally you don't the [00:19:00] impersonality of health insurance and the massive Corporate health care system is so impersonal that I would pay more For the experience.

I have a crowd health plus DPC just It pans out that I'm paying less, which is even better.

**Andy:** We had, um, somebody on, on Instagram today tell us about her surgery. And it was like, I've been in crowd health for two, two years. I went into surgery and, uh, crowd health called the surgeon the day of to make sure everything was good, ready to go call the front desk.

Wanted to make sure when I showed up, everything was taken care of. And the front desk ladies were like, What is this company because it's usually the insurance company being like no, we're not doing this We're not you know, like it's like an enemy of the patient Whereas we're making sure everything's good like making sure you're taken care of like those types of things It's just a totally different experience

**Marty:** No, you get the [00:20:00] health care advocate you walk you through the process what you need to do getting the bills submitting them Yeah I'm getting them paid on the back end

**Andy:** and we're gonna we're gonna a big thing for 24 is we're gonna make that a little bit more frictionless, which will be You know, in essence, what we're doing is, you know, uh, the way I tell my, my wife, this is clearly different than your audience, but my wife is not a bit coiner.

She's like, you know, like she wants to make sure that when she pays for something, it can get paid for. And that's about it. Right. Um, but the way I explained it to her is like, Hey, you have a Venmo account. She gets Venmo. Right. And what if everybody had Venmo accounts, you know, and, and I, we, as the school over family needed help, then we'd have a bunch of people sending us money and then we could, um, Pay for that help right out of our Venmo account, or we could, you know, off ramp it to our bank of America or PNC or whatever bank account.

And we can pay for it that way. But in essence, you have your little healthcare wallet. Right. And that's what we're doing. You have your little health care wallet. You can fill it up if you want to. You can take it down if you want to. But you got a little health care wallet there that, [00:21:00] you know, you can pay at the point of care in lightning.

You can do that with Veronica because she now accepts Bitcoin. Um, which is that's ultimately what we want to do, right? Like everybody should have their, a wallet and pay directly with lightning. And if you can't pay with lightning, then, you know, pay with Fiat. And on the backend, we'll, we'll kind of reimburse you with.

Bitcoin and so then you can keep that Bitcoin in that wallet and just hold it or you can pull it down and off ramp it or send it to, you know, uh, your unchained account or whatever. You know, that, that just seems like a way better way of doing this. Um,

**Marty:** and so let's dive into it. Like, how have you guys approached implementing bitcoin?

Yeah, the lighting network,

**Andy:** you know, we've been trying to do something with bitcoin for a long time and we, you know, in typical startup fashion have tried and some of it has gone well and some of it has not gone well, you know, hopefully our members, I think they do. They're like, they see the heart behind this is like, man, we really want to incorporate bitcoin [00:22:00] into what we do.

You know, I sat with, uh, Jimmy, Jimmy song down at the Capitol grill a couple, a few years ago, and he's like, man, you know, these health insurance companies are holding this big bucket of Fiat and it's declining, you know, minute by minute, you know, what if you held that bucket and. And that's got me thinking like, man, we should just let our members hold kind of any excess funds in Bitcoin and they can do with whatever they want with it.

Right. So for an individual, it was 125 bucks a month that we asked for people. We're only spending somewhere between 75 and. So what if that other 25 of that 50, you could let people, you know, just stick into Bitcoin and they can save it and they can do it, do with it, whatever they want, but it was custodian.

And we know all the stuff that's going on right now. Custodians, a bit of a mess. Yeah. The custodian we used, we just, you know, our two of our biggest states disappeared. Like it was just. A mess and you're like, all right, why don't we just let people [00:23:00] hold their own money? Like, so, you know, if it's 125 bucks, we need 75 for Marty's, you know, rocking your ear and the other remaining 50 you, you keep it and then you can put it wherever you want.

You buy Bitcoin, you can put it in custody, non custodial, whatever, wherever you want to put it. Like, that's our second step. And people are like, why can't I save in Bitcoin? And I'm like, no, no, we're letting you keep your money so you can invest in Bitcoin, but it wasn't as easy. Like, all right, let's try again.

You know, ultimately where we've landed is saying. If we can put a Bitcoin wallet. A lightning wallet in the crowd health app and then let people fund each other's health care expenses through the lightning wallet Which is way better than the fiat rails for so many reasons one. You're now your Transaction fees go to basically zero.

I mean, it's not zero, but it's pretty darn close It's instantaneous Where people don't understand the fiat rails, like we don't see this on the, on the customer side, but [00:24:00] like, you got to let this stuff settle before you can actually move it, you know? And so sometimes it's three days, sometimes it's six days with ACH, sometimes it's 12 days, depending upon the banks.

And so the back end of that is just like craziness. It's a mess. Whereas a lightning, like I can get money to you, you know, I can do it right now and you get it. Instantaneously. Right? And so that's the beauty of using the Lightning Wallet. So in essence, this is the way it would work. Right? Um, you have your 15 rock in your ear.

Um, or let's say it's 2, 000 You paid the first 500 bucks of it. The 1, 500, we would go to all of the Bitcoiners. And we say, Hey, 15 of you send Marty 100 worth of Bitcoin via lightning. I would send you an invoice. You'd accept it. You would have money in your lightning wallet because you've already pre stocked it.

And it's going to go directly to Marty's wallet. And Marty within minutes now is going to have the 15 he needs. to pay for your son's rock in his [00:25:00] ear. Now, if that doctor accepts Lightning, you can pay in Lightning directly from that wallet. Um, and if the doctor doesn't accept Lightning, then you have choice.

I can pay in fiat 1, 500 and hold that 1, 500 in, in Bitcoin, which you're just transferring fiat askets to Bitcoin assets, is what's, what's happening there. Or you can off ramp it. And you can use that money then to pay your, your doctor, right? And I ultimately, we think the circularity will be, you know, one or 2 percent in year one, like, you know, lightning to lightning to lightning to Veronica, who's except lightning and she holds it in lightning.

But it's like, can we start at one or 2 percent and get to three or 4 percent and get to 10 percent and 15 percent like that's where we want to see gradual increases. So, you know, online, you know, the Twitter sphere, people are like, Oh, there's just nobody to accept it. And I'm like, yeah, we got to have people willing to pay it before people are going to accept it, right?

So let's start at 1 or 2 percent and then move our [00:26:00] way up. And I think if we can just take a small chunk of the healthcare space, 4. 3 trillion dollars, like just a small, tiny chunk. 10 bips. 10 bips, right? You could say, hey, Bitcoin does have actual... Use as a medium of exchange, and we're doing it in health care.

Like this is the biggest industry on the planet. You know, that's my vision, you know. And so maybe I'm, I'm too optimistic or I'm idealistic, but I was like, man, I think somebody's got to go out there and say, we've got to at least start this. And then we're going to have somebody full time on crowd health who are going to all these doctors and trying to orange pill them to say, Hey, you can accept Bitcoin.

It's really easy. And what is the benefit of that? One is I hope we can convince you the fiat. Sucks. Right. But two is you're going to Veronica, I'm assuming partly because, you know, she's a Bitcoin minded, you know, person, a sovereignty focused person. [00:27:00] And we can get people to you, doctor, if you will accept Bitcoin.

If we had a Bitcoin doctor in Austin, which Veronica is one, like, I guarantee you, we can get more people there. Like, because I want to go to a Bitcoin doctor because they're, they're not fiat, right? They're not like pharma first, take a med. Be done right there actually be like thoughtful and seek truth as opposed to just Doing whatever the medical industrial complex wants to use.

So that's the big vision I mean, that's we'll see if it works at startup stuff, right? But um, that's the big vision for what we want to do here No, I think it's

**Marty:** totally achievable. I mean and going back to veronica like I was my wife Uh interacts with the ultra personal healthcare acts app. So when she sent me the uh She sent me the message where they're like, we're accepting Bitcoin.

Yeah. And then we're like using zap, right? I was like, Oh my God, this is incredible. And then you read the blog post that she put out, which, um, was like, Hey, not only do we believe in yourself sovereignty when it comes to healthcare, we believe in your [00:28:00] sovereignty when it comes to money too. And that's why we're going to accept Bitcoin.

If you want to pay us in that, and that's what we, uh, this is. Paid two months of invoices. I think she launched like two months ago. So we paid two invoices over zap. Right. And it's just like, yeah, it's awesome. And as a bit coiner, like if I didn't want to reach into my stack, I can easily buy and send or use something like strike to just.

Pull from my u. s. Dollar bank account and send Bitcoin Directly to her address whether it's over lightning or on chain And I think that's what it's gonna take is just one man at a time a woman at a time in the case of Veronica Stepping up saying I'll accept it and then I'm more than happy to pay her prefer to pay her in Bitcoin, right?

It's cuz I know she's Really helping my family and if she wants to accept Bitcoin and enable that like more than happy to pay in Bitcoin

**Andy:** I think it's important like I'm not asking you to pull from your stack Like I'm asking you to say hey one line item my budget was being paid in Fiat I'm now going to convert that to [00:29:00] being paid in Bitcoin and you know more people do that.

I think we can get to a critical mass of most doctors Most hospitals, you know, being willing to accept Bitcoin. I mean, I think that's been an incredible step for Bitcoin and nobody can say out there. None of the pundits can say if we were able to do that, Oh, you can't use Bitcoin anywhere. Like it's, that's, that's, that's just be, it will be BS if we can actually accomplish that.

**Marty:** Yeah. And you see, I know, uh, last week there was a dentist in Denver. Yeah. Yeah. He's using zap right now to accept Bitcoin. So it's definitely happening. There are those doctors out there. I know them. Obviously, Veronica is one of them, but there's many others that I've talked to that are Bitcoiners. That's actually, I mean, it makes sense.

Doctors are very smart people. Uh, you think they'd come to understand Bitcoin quicker? Thing that

**Andy:** was so interesting in that it, I don't know if you really looked at that tweet, that doctor did that tweet. And I think he had like, at the time he did the tweet, like 120 followers or [00:30:00] something like that, that tweet, I think got like 150, 000 people to see it.

Like you're now accepting Bitcoin. You got 150, 000 people now see that this dentist in Denver is accepting Bitcoin. I guarantee it. It would be an awesome case study. To go back to him and say, did you get any Bitcoiners? Like, I bet you, like, he's gonna, his business is gonna go really, really well. Because he accepts Bitcoin.

Like, and that's the only way I think we have to do this. Like, I, I think going to doctors and be like, you should accept Bitcoin just because it's a cool thing to do. I don't know. Like, I don't, I don't think that works. I think we have to go to them and say, if you accept Bitcoin, they will come. Yes. You know, and so it's like, if we get Bitcoiners to say.

I'm going to go to Bitcoin doctors. If there is one, then man, again, you, you, you create demand for a good, and that's beautiful capitalism. Like demand for a good, you want to go to that doctor or that dentist or whoever. That's how I think we win. Agreed.

**Marty:** And [00:31:00] I know myself, I'm an archetype of many other Bitcoiners out there.

Like I want to go support doctors that accept Bitcoin. And likely if they're in Bitcoin necessarily, it's probably philosophically aligned with the. Problems that enter one's life when they deal with centralized institutions. Obviously healthcare is majorly centralized if they're accepting bitcoin. They probably understand the importance of decentralization when it comes to healthcare.

Like we said, two episodes were recorded, maybe three even, like, uh, last year or the year before. Like, it's gotta be grassroots. It's gotta be one at a time. Like, you gotta go. Support the people like, like you said, like Bitcoiners want this to happen. And obviously huddling is a use case. Um, but I do agree.

You said pre recording, like we need to break out of that and I think spend and replace, or [00:32:00] simply use something like strike to convert what was already a monthly line item you're paying Bitcoin, totally just grow. And empower the people that are, that are treating

**Andy:** you. Yeah. Well, I think, you know, dentists are one, doctors are another.

Like, one of the problems with our system is we are incentivized to maximize revenue, regardless of how it impacts the patient. Right, dentists, for some reason, when we started talking about dentists, it came to my mind, like, the last time I was at a dentist, you know, at the end, they're like, trying to upsell you on everything, like, do you want fluoride, and do you want da da da, and it looks like your teeth are a little out of line, do you want a 5, 000 Invisalign, you know, like, I, maybe I'm naive, but I just don't think Bitcoin doctors will do that, like, I just don't think they're gonna like, fiat you to death.

Ha Like, maybe, again, maybe I'm naive and maybe the doctors I've met thus far who are, are fiat, are, uh, Bitcoin doctors, like, they're [00:33:00] like, no, I want to provide you a service. It's, it's, it's value for value. Like, I want to provide you a service that creates value. I want you to pay me and I don't need to make all my money on all of the upcharges because I'm providing you a great service and you're providing me money, you know, in the form of, of Bitcoin to, to provide me with a living that I need to.

You know, there's that relationship there without an insurance company in the middle, you know, so you don't need to upcharge you all these 22 different things that you don't really need, you know, um, so I think I just think you get better. It is. It's a lower price. It's better care. And like, you know, that that to me is is a winner.

I can't stress

**Marty:** enough that it is better care, which is again the most refreshing thing. I never ever. Thought that finding a good doctor would be the highlight of our move to Texas for my wife. That's awesome. It's, uh, it's really, it helped her, like, understand, like, change her perspective on healthcare more generally.

Like, understanding that this [00:34:00] DPC model exists in the first place. She's like, why haven't we been doing this our whole lives? It's, uh, and so then on the doctor's side, like, so, are all the Bitcoiner doctors coming to you?

**Andy:** Yeah. Yeah. And we're building a database. So we're building this, you know, nationwide database of docs who said they will, they either do or will accept Bitcoin.

So the fun thing is we had a lot of doctors say, look, if you can send me patients, I'll do, I will accept Bitcoin. And it's like, you know, Dr. BTC or something is there, you know, screen name. So I know it's not like just. Because it's like, no, like I will accept Bitcoin if, if you send doctors or if you send, say, send patients my way.

So I think you're going to see Bitcoin doctors who want to accept Bitcoin, which I think is awesome. But I think, you know, if we're, if we're trying to, uh, you know, be missionaries here in some way, like what if doctors who weren't Bitcoin doctors are orange pilled? Because they see the demand [00:35:00] driver of Bitcoin, they're introduced to Bitcoin.

They understand the fundamentals of Bitcoin and how it's so much better than fiat. Like, I think this is a way to, to orange pill the healthcare space too. Um, so there's so many just kind of good components of this that it just, it, it feels right. And it's fun to be able to, to kind of be the first to, to, you know, on the back end help people pay in, in Bitcoin.

It's fun. Yeah, it's been a bit of fun journey. Have there already

**Marty:** been, have there been any skeptical doctors? Like what is this? Is Crowd Health number one? What is Bitcoin number two that you've been like, oh, yeah, yeah,

**Andy:** yeah, yeah. I mean, I think that the big challenge with this, right, is like, crowd health is so different than health insurance already, and people are kinda like, what?

What? Huh? Um, and then I'm like, oh yeah, we're doing Bitcoin too. And they're like. Okay, hold on a second. You know, our brains can only process so much. And just as a defense mechanism, anything we can't easily understand, we just say, this is dumb, right? And so you see a lot of people doing that. And so we've had to be very careful of not [00:36:00] trying to double pill people at the same time.

It's like, no, no, we want to get you on crowd health first. So you understand it. And then let's see if I can transition you to the Bitcoin crowd. So we actually had to, you know, bifurcate our Twitter handle. One is like crowd health BTC, which is going to be all of our Twitter account. Bitcoin stuff and one's just generally crowd health because I'm trying to not double whammy people, you know, into this, you know, our number one kind of barrier to growing is, is people thinking that this is such a crazy model, but that's the number one concern for most.

Totally disruptive, you know, categories and so I just don't want to double, you

**Marty:** know? Yeah. People don't believe me when I explain Crowd Oath, they're like, yeah, what's the catch? What's

**Andy:** the catch? It's a scam. It's a, it's a, what's the catch, Andy? The, the catch is we're getting 50% better rates than health plans.

I mean, that's crazy for, for bill's greater than a thousand dollars. Um, and so all the big bills, were getting incredible rates for our members. [00:37:00] And so even if we're just like 50% better. That's, that's it right there. And then we have a self selected group of people like me and you who are, you know, in our thirties and our forties, we're healthy.

Um, we take care of ourselves. What we put in our body is really important to us. We work out, um, you know, we take care and love our families. Well, like those people just have lower medical costs. Right. And so it's a self selected group of people to come together to do that. So. And that's a multiple, multiplicative effect, right, on, on costs.

So that's, that's the reason. It's very easy math, actually.

**Marty:** Yeah. No, it's funny. Now, when you mention like people, you don't want to double whammy people, like even like explaining the model to the doctors when we go to the doctors and they're like, Oh, what's your health insurance? Like, I don't have health insurance.

You do like direct pay via this crowd health, uh, crowdfunding model. And they're like, what? They start whispering cause, cause, uh, direct pay is usually, um, Usually looked down upon and hey, one time I asked my wife, like, what, uh, [00:38:00] what's your, um, what's the income of your household? And she like responded, they're like, Oh, like, why are you, why are you doing this?

Why don't you have health insurance?

**Andy:** It's funny. Everybody's been psyoped to think that, like, health insurance is the only way. Yeah, but it's

**Marty:** hilarious at the front desk when you say direct pay, like, they start whispering and, like, Like, what? They quietly ask for your debit card and, like, how you gonna pay.

**Andy:** It's, it's strange and we hope to, I mean, I have a t shirt right now that says, you know, just like, uninsured across the front. You know, it's like, I wanna own it. Like it's, it's, it's the same thing of saying like Fiat, like, you know, I'm, I'm, I'm out of Fiat or Bitcoin. Like, you know what I'm saying? Like we are out of that insurance, you know, racket and we are into something which is much more delightful.

Well, that's funny

**Marty:** because it is, I mean, obviously we've talked about this over the last year plus, but like it is such a racket. It is funny that people look at you while they're involved in the rack and they're like, Oh, what are you doing?

**Andy:** You're crazy. Yeah. It's, it's the same look though that we get as Bitcoiners.

Yeah. For people who [00:39:00] understand Bitcoin, Oh, one of you Bitcoin people. You must be strange, right? Which is kind of like, Oh, wait, you don't have insurance? That's, that's strange. But it's just, you're, you're psyoped by the powers that be to think that they're, this is the only way. And we know as Bitcoiners, like this is not the only way.

There is a way better way, you know? And so I think that's why Bitcoiners, right now, you know, half of our members or something like that are Bitcoiners, like are so like interested in this. These are like, oh yeah, I know. I know. I kind of like looked. I like being looked upon as being a little bit different.

I liked opting out. I like opting out. Yeah, exactly.

**Marty:** It's a opt out of the rackets and every aspect of your life, whether it's money, healthcare, food, you can opt out. You just gotta shake your doctor's hand. Shake your rancher's

**Andy:** hand. Shake your doctor's hand. There it is. I would say though that we've gotten lots of feedback where doctors have treated them differently.

I don't know if I said this one with you before, but, um, I had a cardiologist who I had to go get [00:40:00] scans, um, for, for my heart and everything's great. Um, but he's like, Hey, you know, typically I would ask you to come back into the office so that we can go over these scans. But since you don't have insurance and you're direct pay, can I just call you?

I'm like, hell yeah, you can call me like, and he called me and he's like, everything looks great. And I'm like, wait a second. You'd have charged me 200 to come into your office for me to set for you to say everything looks great. Right? Like people are being, not only that, but

**Marty:** like potentially like an hour plus of commute.

**Andy:** It's in, it's the worst thing ever sitting in, in a waiting room at a doctor's office. Yeah. No way in hell. I want to do that. Just call me. Yeah. Call me. And he, the only reason he said is because he knew I didn't have health insurance. What do you

**Marty:** be able to charge?

**Andy:** Yeah, he'd be able to charge for that that

**Marty:** follow up.

He doesn't have to charge

**Andy:** for the phone No, huh? He's just like I'm just gonna call you and we're gonna be done with it. I'm like great more of this would be awesome

**Marty:** Yeah, what do you think the critical tipping point is? [00:41:00] Shake people out of the psyop of of health insurance

**Andy:** You know, I unfortunately I I don't know if there's are you taking a societal tipping point or an individual tipping point?

Because I think for an individual a couple things of what we're seeing is happening One is the insurance plans continue to treat their people like crap And people finally get to a place where, like, I'm not taking this crap anymore. Like, I hate my insurance company being my enemy. It just doesn't make any sense.

Second is, the prices are going up. Significantly. And so at some point, it makes so much, like, pain. You know, it's like the Stockholm Syndrome. Like, I don't understand why people continue to go through this pain, and like, Oh, my insurance company, you know, helps me out. This is this is crazy. I think eventually that's so much pain that they have to, you know, rattle their cages And then I think societally, I mean, I think we need to get to 30 people.

I don't think it's big I mean 30 50, 000 [00:42:00] people in a country of 350 million is not a lot But I think I think we need 30 to 50, 000. I think there's a Effect here where people start talking about it and those like this is like legitimate You know, like a legitimate alternative, at least in the minds of like that early majority, like you've got to cross the chasm to that early majority.

**Marty:** Let's do it. This open enrollment season

**Andy:** freaks. I mean, it'd be great. I mean, 50 might be a lot, we'd be operationally strapped, but, um, you know, I mean, I think we'll probably get six, 6, 000 by the end of, of the month, we'll probably be at 10 or something like that. I'm hoping somewhere around 10, you know, by the beginning of next year.

first quarter of next year. Yeah. Which so that's a, that's a good start. Right. Um, I mean, I think I asked somebody, um, I think it was Eric, Eric Podwoski. Do you know him? Yeah. Good dude. Bitcoin. Yeah. Um, asked him like how many Bitcoiners out there are there that actually are so down the rabbit hole [00:43:00] that are willing to like buy stuff with Bitcoin, right?

Like, where are the metrics on that? I don't know. You know, I know El Salvador lots, but here in the United States, like how many of their of us are there that would actually like go and do it because it's not pressing the easy

**Marty:** button. I think there's more than any information will disclose publicly just because of the tax situation of spending Bitcoin.

I do think a lot of people spend Bitcoin. They just don't want to admit it because, you know,

**Andy:** that's her. Yeah. That's why you look, you look at strike. I mean, how many accounts to strike have, or I don't know, what are the, what are the other kind of like widely used, you know, Bitcoin platforms and what kind of membership do they have?

And then you could probably start figuring out like, what is the current Bitcoin market? And then the next question is like, how do you double, triple, quadruple that, right? As we go into a bull market, I think that helps for sure. Yeah.

**Marty:** That's the other thing too, thinking about like [00:44:00] getting more people on.

So the crowd health model and thinking about how they interact with traditional health care and health insurance It's usually their employer that's providing them the options that they're opting into So how how much progress have you guys made of getting crowd health as an option for employers?

**Andy:** Oh for for employers, man, talk about regulatory madness, really?

Yeah, anytime we have we can't have a direct relationship with the employer. Okay, because then you're under what's called ERISA rules I don't even know what a RISA stands for, but it's a huge bureaucracy within the Department of Labor that is, you know, will hammer you if you touch anything close to a RISA rules.

Um, there's another, yeah, I mean, in the Biden administration has put. You know, serious million dollar, you know, plus fines for anybody who is not totally complying. We're not an ERISA, we're not an insurance company, so we can't be in ERISA. However, we have been able to go to [00:45:00] employers and say, Listen, instead of paying for your member's insurance, why don't you just give them cash to go and get their own, their own healthcare.

It's like

**Marty:** school choice, but for health. Yeah. Health insurance.

**Andy:** Exactly, exactly. And, and for a decent chunk of Bitcoin companies. Um, we've gone to them and they've, they've been like, okay, well, yeah, we'll do that. Um, you know, especially I think now is we're gonna be able to actually offer a lightning offering where it's like truly you are transacting in Bitcoin.

I think next year will even be better for us because we were one step away from Bitcoin before saving in Bitcoin and things, but now it's like, no, no, no, you're actually transacting your health care expenses in Bitcoin enlightening, right? And so, um, I think we're gonna have a much better. Success, you know, next year.

So if you're running a small Bitcoin company and trying to figure out what to do with them, to, excuse me, your members healthcare, please call us. We'd love to work with you. And I, as an

**Marty:** [00:46:00] employer, like if I were to be an employee, I would see this as an added benefit. Yeah. Because I don't want to deal. I remember sitting in like boardrooms at this time of the year when I was working at like larger companies and you'd sit down, you'd waste like half a day on going over like the healthcare options.

That you could opt into and I never came out of those boardroom meetings with clarity. Like, you're still

**Andy:** like, what the hell is this? Which one do I pick? What? I mean, you have to have a crystal ball to figure out like, which one is going to be economically better for you. Yeah. Whereas for us, it's like, look, you know, Ear, ear or a rock in the ear, 500 bucks, you know, ER visit, 500 bucks.

Like, it's just anything that is big. It's like you pay the first 500 bucks and we'll submit the rest of the community. It's super easy. And what's the

**Marty:** average deductible for a plant these days?

**Andy:** Oh man. Well, on healthcare. gov for a family of four, it was my only options were like between. 12 and 16, 000.

That's

**Marty:** insane. So that's what you pay [00:47:00] before anybody comes in and covers any extra cost. I think

**Andy:** it was, I don't, don't quote me on this, but I think it was 19 or 20 or something like that max out of pocket. So typically the way it works is like you have this deductible, which is you not only pay premiums every month, so 1, 400.

A month, you know, so that's what 16, 000 or something like that. Um, in premiums. And then it was another 14, 000 for, uh, my deductible. So that's 30, 000 before the insurance plan pays a dollar. And then everything above that, I paid 20 percent of, up to me paying a total out of pocket for that deductible, 20, 000.

Right? I mean it's like, mind boggling. Like, anybody would even consider it. It's not really

**Marty:** covering, I mean, anchoring to my family's health expenses, and we come nowhere near that in a year. And so like, even if we had the health insurance that we're paying for, like, it's not gonna help one dollar to our [00:48:00] health, uh, healthcare cost over the last year.

**Andy:** And this is where I think that, like, Somewhere close, nutrition, wellness, exercise, things like that has got to be taken, it has to be accounted for when somebody goes and gets their, their health care dollars because somebody, you know, sitting on the couch eating, eating food, Chocolate, fudge, whatever, right?

Um, it's gotta be treated differently than somebody who's working out, you know, four or five times a week. Like, it's just, it, it, it can't continue to be where people who are working out and taking care of themselves and, and figuring out what's going on with their body and like, truly treating their body as temples, right?

Can't continue to pay for people who aren't, you know, like, 77 percent or something like that of Americans are overweight. Insane. It's like 37 percent are obese. I mean, it's insanity. And that's where I think that the food component, which I kind [00:49:00] of talked about as my three pillars of things I'd like to challenge is next.

So there's gotta be something there, you know? Um, so we're, we're working through that. What do you,

**Marty:** what do you think we need to attack on the food side? Most importantly?

**Andy:** Well, I mean, I think it's most importantly is. I mean, an education and understanding of how, what goes into your body and how it impacts, um, your, your body makeup.

Right. I mean, at, at a very fundamental level, but I, what I'd like to do is I'd like to take some labs and some metrics around that. Right. So like let's get everybody a set of labs and some key metrics that they understand so that everybody understands what their metabolic, where their metabolic health is.

Right. So there's five components of it. What, what are your metabolic health components? And then how does food and food impacts all of them, right? How can we change what we eat to, to impact these five metabolic components? And, um, and, and then, you know, basically, you know, [00:50:00] bonus you based on being able to get them down.

Like, are you pay less based upon you being able to. To get into these five metabolic, you know, thresholds, green zones, green zones. Yeah. Because in essence, what I want is like, I want everyone, I've said this before, it's kind of sounds cheesy, but I want everybody to be able to be, you know, 80 years old and run around the backyard with their grandkids.

That's what I want. You know? And it's like, live hard, die fast. Yeah. Like that's what we all want. And right now we are living hard on the. The, the, the, you know, carbohydrates and dying slow, slow death sucks. Like, let me die fast. Yeah. When

**Marty:** you say that, you mean like at the end of life, at the,

**Andy:** at the end of life, like you go to sleep, you don't wake up.

Yeah. It's not like you're just ravaged by chronic disease for, you know, a decade or two decades before you die. Like that's a terrible end of life. Like finish strong. Yeah. And

**Marty:** it's, [00:51:00] it's something I've become more. Acutely aware of obviously we were talking before he hit record to like my son My oldest is reaching the age where he like can have conversations.

He's running around and I Want to continue that like I'm in good shape And one thing we did over the last year is be joined lifetime fitness Mm hmm, which is great for like families like the kids have a play area. Thank you. My wife and I can go work out That's something that we've made like a family routine Twice or three times a week.

I'll go four times a week, but two or three times out of that four times the kids are in tow, we're going together. That's one small thing too, it's like at that small age, that impressionable age you're saying, oh, dad's going to work out. Yeah. Stay in shape.

**Andy:** I mean, my vision is like, can you, you know, we're called crowd health, but in essence what we're doing is we're putting together little crowds of people who share some characteristics that in essence change their behaviors.

Because [00:52:00] I don't want to screw somebody in my own tribe, right? So Marty and I you and I are both in the Bitcoin crowd Like if I try to extract value out of that community I'm screwing Marty and Parker and will and all these people who's you know, like are part of my my people, right? Like I'm gonna act different and that the way that I go and and and consume health care And so I think it's important for us to put together these little communities because it's the way this is the way we've done it for hundreds of And if not thousands of years, right?

Like we're in little tribes, we take care of each other. We don't want to screw each other. Cause it ultimately will come back and impact us. Right. But there's an, uh, just an affinity for each other too. And so one of the things that I'm thinking about is like, we've got our kind of founders crowd. We have our Bitcoin crowd.

You know, and that's another crowd, you know, can we have like a, um, a metabolically healthy crowd or something like, you know, it's like, Hey, if you're metabolically healthy, you can be in this crowd and guess why the price, the cost will be [00:53:00] lower because everybody's metabolically healthy and then everybody might be like, huh, maybe I actually need to work on my metabolic health so I can be in this crowd.

Right. And so there's, you know, I, I think there's probably a trainers crowd and a real estate agents crowd. And, uh, I don't know, a Keller Williams crowd, like, you know, a 10 little crowds each with. 20, 000 people in them and, you know, big enough to be able to be viable, but small enough to be like, I know that there's other people that I know in my crowd, so I'm going to change my behavior.

I mean, we had a guy with colon cancer who came back to us. I may have mentioned this in your last one, but he's like, I don't want to screw. I have colon cancer. Like, this is a problem. Like, help me, but I don't want to screw the community. Like, can you please find me doctors that will treat me at a reasonable cost?

And I'm like, holy crap. Like this guy. is in totally a position where he could be the victim. And he is a victim of like, just a raw end of the deal, he's in his mid thirties, you know? And he's like, he took the approach of being, I don't want to screw the other people in my community. And I'm like, [00:54:00] dang, that's powerful.

Yeah. Like that is a change in behavior. Where if you were with health insurance, you're like, screw this, like, give me everything, you know? Like. I don't give a shit who I go to. I mean, the

**Marty:** concept's thrown out a lot in Bitcoin circles, and sometimes it's beating a dead horse instead of ad nauseum, and that's very true.

Like, incentive alignment and incentive structure is important. The incentive structure in health, typical health insurance, just purely doesn't exist. It's just spend more, we'll pay for whatever, we'll print money to pay for it. Totally. It'll be as unhealthy as you want. Um, where this, you align incentives between community members and it drives outcomes like that.

Yeah.

**Andy:** Yeah, and that's a pretty special, special thing to watch. So, and the other thing I was, I was a little, I mean, without totally understanding the Bitcoin community, because I'm fairly new, I'm three years in, I, you know, and you hear about the Bitcoin community being like this self sovereign group, you know, which seems a little bit, from the outside looking in, not totally understanding, it's like, oh, it's all about me.[00:55:00]

But I, what I've learned about this is it's like, no, no, I'm, I'm responsible for myself and taking care of myself and therefore I'm actually a way better member of the community, right? And so it's actually stronger communities because I'm like, I know Marty's like taking care of his business and I want to be in community with that guy.

Right. Um, and so it's, it actually makes stronger relationships and stronger communities. Because people aren't in the community like oh that dude's a slacker like there's just this doesn't exist You know within I mean, there's it's all spectrum But like, you know It doesn't just a much lower probability of that in the Bitcoin community Then than others because you're almost like if you're the slacker you're like, okay, you're not taking care of your business So it's an incredible community that I've seen which is is is really neat.

Yeah. No, that's

**Marty:** the funny thing about The mischaracterization of like, oh, they're selfish. I just want to get rich quick. And it's like, no, I want to preserve my wealth and [00:56:00] uplift my individual situation in this world, which will then allow me to go out and help everybody else. And you can't help everybody else unless you help yourself first, whether that's taking care of your body, taking care of how you save your money, watching the food you eat.

Yeah. You can't go out and lecture people if you're not doing it yourself. Yeah.

**Andy:** It's, it's hard to be a victim within that kind of. community, like, or play the victim at least. It's like you have a lot of people being like, all right, dude, but yeah, something's going on. Like, get your shit together. Let's go.

Extreme ownership, extreme ownership. Yeah. Something bad happened to you. Like you get cancer, like it's yours. You own it. But guess what? We're going to be a community. We'll help you out. Like, that's just like, you just got the raw end of the stick, man. Like that sucks. Yeah.

**Marty:** Do you think doctors are waking up to this?

Like, the power of the community? I

**Andy:** think so. I mean, I've had so many people, and this is a hard metric, right? You have such a [00:57:00] huge following like you get probably hundreds of new followers or whatever a day like so it's not doesn't really impact you but like for us we have, I don't know, 3000 people who follow us on Twitter and so, you know, if we get 20 people who, you know, follow us today, I can still kind of look through them and see who they are.

I'm seeing more MDs in the last probably 30 days than I've ever seen. And I think it's probably because open enrollment, you know, people are interested, you know, but we are making a push out there into the, the medical community and I got, we got a lot of, you know, docs who are, who are following us and I don't know, maybe they're following us to see what we're about and see, you know, if we're trying to screw up their, their business or their administrators in the hospitals who are pissed off, uh, it doesn't seem like it.

It feels like it's salt of the earth docs who are just interested, you know, interested in an alternative. Cause they've been so just ravaged by health insurance. Well, it's funny

**Marty:** you mentioned that cause we just recorded with Mike Benz, who's the executive director at, [00:58:00] um, uh, the foundation for online freedom for freedom online.

And we were talking about the censorship industrial complex and really dug deep into the intelligence apparatus, federal government apparatus and sort of embedded itself. In private institutions to push censorship on the world. And one thing he said that really made me optimistic is I was like, like, what is the end goal?

Like, where do we go from here? And he basically said like, what we're, what I think we're seeing is that there's going to be like a lot of defections. of people who are pushing the censorship industrial complex because the severity of the immorality of what they're doing weighs on them to begin to defect.

You can easily see that happening in the healthcare industry as well. People, the enormity of just the lack of quality service and the high costs. And the corruption that comes with the incumbent health insurance and health care [00:59:00] system begins to weigh on Individuals and all these systems are made up of individuals and they just

**Andy:** begin to defect I think we're seeing defect defections on the doctor side.

You're seeing it with direct primary care like that was one wave We're probably gonna see some more waves. We're seeing some things on the direct primary care being kind of imitated in some of the specialty care to So we're seeing pediatrics. Um, and so we'll, we'll, I think we'll start seeing more and more of those defections away from the insurance system.

And so anybody who starts having insurance is gonna have a much harder time finding docs. These docs are defecting to a private pay type of scenario, so a consumerization of, of healthcare. I think that's a great thing. I think you're gonna have struggle with health insurance right now. I saw the wait for a neurology visit in the United States is now like six months.

What? Gastro is like three months. Um, what was the other one that was crazy, that was like February or March was the first opening? ENT, Ears and Throat, was [01:00:00] like February or March was the earliest you could get, get one. And so I, I mean, I think, I think the shortage of docs, defection of docs, all these things are going to, I think, be...

Um, the fuel, you know, for additional consumerization. Yeah, so, and defection of individuals too. So we have a lot of people, we think it's about 25 percent of our people, actually are ditching, opting out of their health plans. Employer based health plans and saying, screw this. I don't want health insurance anymore.

And so, and then in coming over to, to crowd health, which is, which is cool. Yeah. You know, it's not Brexit. We're calling it health plant, health plexit, health plan exit, right? I don't know. It's not, it's not resounding. We'll work on that one. We're working on it. Um, uh, so anyway, we're, we're having a significant amount of people that are, that are abandoning their, their, their health plans, which is awesome.

I love it.

**Marty:** And it feels like, uh, [01:01:00] similarly, like the beef initiative, it feels like one of the biggest hurdles to get over is that I was in Missouri at the Bitcoin Expedition a few weeks ago, and I led a panel talk with a rancher from Indiana, and he joined the beef initiative after hearing Slim, I think actually hearing the beef initiative referenced by Adam Carey on Joe Rogan, and he just went onto the website and signed up, and he said his numbers exploded just from adding his name to the site, never met Slim.

It's awesome. Just like heard it on Joe Rogan's podcast put it. I think there's like a similar thing that could happen here in health care. It's just like the knowledge of Doctors or patients understanding that this model exists just hasn't permeated Yeah, it needs to be exactly just like how do you create a network whether it's via crowd health or beyond crowd health that Enables people to know that this option exists

**Andy:** in the first place.

Yeah, we need I mean Everybody's looking for that Joe Rogan moment, right? One mention on Joe Rogan. He's right down the street. I know he's here in Austin. [01:02:00] One mention on Joe Rogan can change your business. That moment is going to come. As we continue to build and build and build and we're adding thousands of people over the next few months.

We're going to get there. There's going to be a point where... People are not looking at this as like, and the same thing is happening with Bitcoin, I think is not like this weird alt, alt kind of solution, but is actually the obvious solution. Yeah,

**Marty:** I'm pulling out my phone because I want to back up what we're saying with some actual data here, which is somebody reached out to me over the weekend without disclosing, uh, exact names.

Say why they were looking for a crowd health referral.

Yes, they're. Getting charged 250 [01:03:00] per month by Anthem next year, like their costs are going up and they're looking to get on a crowd. So it's

**Andy:** probably a pretty good deductible too. Yeah. So we would make tons of cents for that person. Is that a single person? Uh, a man with a family. Yeah. Yeah, I mean, I think we would make tons of cents.

**Marty:** Yeah. That's just like their monthly bill, which goes on top of their deductible.

**Andy:** On top of their deductible. Deductible is probably... Five to eight or something like that. Yeah. So that's like, yeah, I mean, it's economic, the economic makes tons of sense. Yeah. It's whether or not you can get over the hurdle of like, okay, this is, I've been, so again, PSYOP thinking insurance was the only way I could do this.

Like. Am I willing to take that, that plunge, you know, and more people like you and safe and Jimmy and, you know, all these people who are members of crowd health being like, Hey, this, like, this is working for me, you know, like, I think we can get that Bitcoin community, you know, [01:04:00] a rallying around us, you know, it's, it would be awesome.

Yeah. I mean, I've seen it. It works. It works. It works. I've used it. You've used it. Um, many people, you know, the other thing that's crazy too is the people who are members of CrowdHealth like, because I see on the back end who are actually members, like blow me away. Like the people who are like standing up to the tyranny.

Of, you know, government intervention, like a lot of those, those folks that you see on Twitter that have hundreds of thousands of millions of followers are members of crowd health. I can't say who they are because that would be, you know, anonymity. But like, I'm like, Oh my God, like I called my inside sales guy.

I was like, is this who I think it is? He's like, yeah, dude, that's who you think it is. I'm like, that's awesome. You know, and I'm like, I'm, I'm, I'm crowdfunding bills cause I still see them all. And I'm like, Oh, you know, Marty, you know, crowdfunded this person's bill today. So you could have your bill funded by Marty and safe and you know, pre love and Natalie and like all [01:05:00] these people who are members, Jimmy and all these people who are members of crowd health.

Like y'all are actually helping each other. Like this is not just a saying, like the money goes directly from you to them. Right. And it's a really cool, cool thing that we're actually helping our members directly. Yeah. It's

**Marty:** a. Yeah, it works

**Andy:** both ways. Yeah,

**Marty:** like totally I've had some of my family health care bills paid and I've helped others pay them as well Yeah,

**Andy:** there's a there's a special thing to know that like your money is going directly to somebody else.

Yeah Like, you know, on a monthly basis, Hey, I'm helping a pregnancy, or I'm helping, you know, a guy with colon cancer, or whatever. Or a kid with a rock in their ear. Or a kid with a rock in their ear. I think, I think we described that one as an ear, nose, and throat procedure, or something like that. It was. I think that was the way that it was described.

Um, I don't know if we said rock in the ear, although we probably should have. That would have been funny. Um, but yeah, it's really cool to know that your money is not going to some big organization. Again, as we take our, we take 50 bucks a month. That's, that's the only revenue we get. You know, it's like a subscription fee because we didn't want any of those [01:06:00] perverse incentives that, you know, health insurance plans pay because we would ultimately, even though I I feel like I've got a good heart, like, you know, the love of money is the root of all evil.

Like, I think if there are incentives to see something to make more money, you inevitably will take that incentive. Like, it's hard not to. So we wanted to build everything. It's like, the incentive is not to make more money here. I mean, it's because we're fixed at 50 bucks a month, right? So that's, that's the way that we did it.

Health insurance plans, like, they actually are incentivized for you to be sick. Like people don't understand that, you know, it's like they make more money when you're sick. It's crazy to me that people will still buy into that system. So, um, you know, and so the incentives. Do motivate behavior. We use Bitcoin to understand that

**Marty:** even so, like if crowd health successful and you can get a good network effect, it can be very good business.

Yeah,

**Andy:** for sure. We'll be profitable in March of next year, which is pretty good. [01:07:00] Congrats for, you know, being around for two and a half years and being getting profitable. And we still have lots of money in the bank. So, you know, we're, we're in really good shape, really good shape. In fact, yeah, well, that's

**Marty:** Parker talks about a lot too.

That's, that's how you know, it's not bullshit. Yeah. We talk about in the context of like sustainable energy, like nothing is sustainable unless it's profitable, right? If you're reaching profitability within three years, like it is a sustainable business.

**Andy:** Right. Yeah, we'll, we'll be profitable at somewhere between seven and 8, 000 customers.

So, you know, if we hit our 10, 000 by the year, we'll be, we'll be profitable, but seven to 8, 000 is where we'll hit profitability. Yeah. So, you know, and so, you know, with the funding environment right now, And just macro funding environment sucks. I mean, it's just totally evaporated. You know, we've been very safe in terms of how we spend our money.

And so, you know, we'll be profitable. Yeah, probably end of first quarter. Beginning of second quarter, maybe. But somewhere in there. So it's, it'll be feel good to not, you know, [01:08:00] draw on cash every. Yeah.

**Marty:** That's important. And it's hard. That's another thing. Like a Bitcoin standard drive. So when we see it at 1031, like when your opportunity cost is like not being able to accumulate Bitcoin or revenue, like you're going to focus on getting profitable as

**Andy:** quickly as possible.

Yeah. I mean, that's what we've had to do. That's all startups are doing right now. They got to figure out how to get profitability. Yeah. Interest

**Marty:** rates go to five and a half percent and uh, really, really pauses the, uh, the train of easy money that has created this mirage over the last two decades. Yeah.

Yeah. So let's get a, I mean, honestly, this claim or crowd house to sponsor the pod, but it is because I, um, I only like to advertise companies that actually use crowd health works. It's better model. It's better experience. Like if you're out there during this open enrollment season, you're sitting in that boardroom, they're throwing all these options at you.

They're very [01:09:00] expensive, not very straightforward or clear. I know it can seem like a big jump, but I did it with me, my whole family, and it's worked great for us. And it's a lot of peace of mind. You meet good doctors, you have conversations with CrowdHealth to help you figure out, alright, how do I navigate this discussion for this bill, and stuff like that.

It's just like, you actually understand what you're buying in the healthcare system now, which before, with typical health insurance, you really don't. Yeah, you're just like giving a bill, they handle it and you don't understand anything that's going on

**Andy:** the, uh, I think the, the, the cool stat and I told you this, I think it was six months ago where I mentioned this to you and at that point I'm going to get the numbers a little bit wrong, but it's going to be close.

It's going to be in the ballpark at that point. I had been on your podcast twice in like a year and a half or something. So we didn't have had a relationship for almost two years. And, um, we had signed [01:10:00] up using your code TFTC. I think we had signed up like 500 people at that time, four or 500 people, something in that range.

And it was like two had left. Like two out of 500. Good retention rate. Right? And that was over a year and a half or two years, something in that range. I can't, I don't remember exactly what the stat was, but like, you lost two over that period of time with 500? Like, And, and I think those two people left because their, you know, their employer paid all of their health insurance or something like that.

And so they're like, I just can't do it. I'm like, I can't argue with you. Like, I still think health insurance sucks and you're making bad decision, but like, it's hard to make, you know, the economic thing. That's pretty darn good. Pretty darn good. So I guess what's that saying is like people who've come, have enjoyed it, um, and they feel like they are a part of a.

Of something bigger, you know, and so that's great and go, go to look at our trust pilot reviews. Like these are all verified by trust pilot. We have like 122 reviews and three sock. So out of the one 22, you [01:11:00] know, I can go into each one of those three and it's like how we didn't really screw that up. It's more like we had a pain in the butt.

You know, member, but, um, three out of one, 22 is not bad. It's less than 3%, less than 3%. That's an A plus. That's an A plus. I'll take a 97 on a test any day. A lot of times you go to those reviews and you see them like all, you know, like fives, you're like, something's going on here. You know, we have like two ones and a two or something like that.

It's like, okay, well, we're not perfect. So come and join us, man. If you guys are out there and we'd love for you to join us. And

**Marty:** I, I mean, again, this is. Don't trust verify and he's in here every day grinding. I guess I've seen it. It's not somebody That's the thing again with this health care model. Like what's going on?

Like it's a scam They're just taking your money out doing and he's in here every day working a full day putting in the work talking to people you Started your own podcast. It's last time you were on. How's that going? By the

**Andy:** way, it's fun Yeah, that's [01:12:00] fun. We've, we've had some interesting characters on Dr.

Malone on Dr. Malone. It's going to be, it's going to be released next, next Monday. Okay. And we had a really good chat. I mean, I, I don't know if I mentioned this to you, like we stayed out of like the vaccine thing. I guess I feel like everybody's talked to him about the vaccines. Yeah. Like the thing we talked about, which I thought was interesting was, you know, he had a decision point where he knew something that if you were to go public with it, it was going to change his life and probably not for the better.

Like he was going to take some heat. You know, or do you stay on the path in which you can kind of just keep making great money? He had a great consulting business. Like, you know, like stay on that comfortable path. So when you get to that fork, like, how do you make the decision? You know, so we talked a lot about that moment in time where he had to make a decision, you know, and I think a lot of us, especially in the Bitcoin community, like we get to those forks and we're like, man.

I can press the easy button here, or I can take the harder road. It's like, okay, what do we want our lives to look like? [01:13:00] Yeah. The harder road life or the easy road

**Marty:** life? It's funny you say that because we're going to have a lot of those decision trees coming in our future in Bitcoin. And I worry that a lot of people are going to hit the easy button.

It's not going to be easy. Hit the hard button. It's going to be worth it because, particularly as it pertains to Bitcoin when it comes to overarching regulation and KYC AML compliance, um, it's going to be a lot of people that hit the easy button, but that could really lead us down a terrible path. Yeah.

Hit the hard button.

**Andy:** It's going to be worth it in the long run. It's this high time preference versus low time preference, like view of the world, right? And I, and I think this kind of goes back to the doctor conversation that we had too. I think Bitcoins are low time preference people, generally. Bitcoin doctors will take the low time preference.

Which I think we want to... A high time preference doctor is, take meds now, it'll get rid of your symptoms, but I'm not gonna deal with the underlying issue. The low time [01:14:00] preference doctor will say, no, no, we need to fix this. figure out the issue and you may have symptoms for a little bit longer, but we're not going to get rid of those symptoms because that's actually the body like doing what it needs to do to take care of itself.

Right? Like, and so I think that the same thing applies with some of these decisions. Like we have a high time preference society and we have to hit the E the hard button over and over and over and over again to be able to, I think, survive and thrive. Over a long period of time by hitting the hard button like we got to hit the hard button, you know, and so Parenting a lot of times we have to hit the hard button.

Mm hmm, right Bitcoin our monetary policy We got to hit the hard button like it's gonna be painful for a period of time But we got to hit the hard button, you know It's what's I love Bitcoiners because you got to hit the hard button You can go to your employer tomorrow and sign the little sheet of paper and get a little insurance card and go to the doctor And lay down an insurance card and then not have to worry about it until the explanation of benefits shows up That's the easy button Like pick the hard button [01:15:00] and do something a little bit different.

Learn a little bit of something about the healthcare system works. Learn why insurance sucks. And it's really incentives are totally perverse. Like that's the hard button, you know? And so it's like, we should start a podcast, the hard button. Like what are all the things in life in which if we pass the hard button, we would be thrive, you know, way easier.

Am I going to go have my kids, you know? Skittles from Halloween tonight? That's easy button, right? Am I gonna, you know, have something that's actually really good for me? Hard button, you know? Um, although it's good steak, which I think is on the plate tonight, it's gonna be an easy button. And it's still good for me, so.

**Marty:** We're having uh, chicken fajitas tonight. We had steak last night, it was delicious. No, but again, like even hitting the hard button and going the extra step to learn about crowd health and understand the model. It's reaching parity in terms of convenience with

**Andy:** the insurance model. Yeah, and it will be beyond parity.

It will be 10x better. Yeah. At the end of this year with, with [01:16:00] the, the lightning will be awesome. It might be a little bit funky in the beginning and I think Bitcoiner is okay with it. Understanding that like lightning can be a little bit funky, you know? Um, and so they'll, they'll understand it. They'll, they'll be hopefully give us a little bit of grace, but it'll still, the fundamentals will, will work like they have for the last almost three years.

Yeah. So stick with it. Um, give us some grace. We're working with Breeze. On the wallet. Hell, yeah. Um, so they're kind of the backend tech. We're using their SDK, you know, so we didn't have to do any of that. Everybody, it feels like within the community, you know, they're highly regarded in terms of, I

**Marty:** mean, that SDK is one of the most robust and they've been

**Andy:** working on that for a while.

Yeah. And they got some really cool stuff going on in the backend that allows some of the payment processing things to work really, really nicely. So, um, and we're making strides in lightning too. So, Um, I think as that happens, as we mature a little bit [01:17:00] more, it's gonna be 10x better. Then then health insurance just in terms of like the payment system, you know, so it'll get better.

**Marty:** We're going to win freaks We're gonna win because people like you Andy hitting the hard button doing the things to bring these better models to the market It's extremely important. Thank you. I'm an extremely happy customer. I'm gonna get it from community member extremely happy

**Andy:** community member Thanks for your support.

Thanks for all those folks out there on the the Bitcoin world that have supported us Yeah, just super appreciate it Um, and let's, let's, let's win open

**Marty:** enrollment. You have a decision to make over the next few months. Hit the heart button.

**Andy:** TFTC. You get a 99 bucks for six months. It's a pretty damn good, and you're automatically enrolled in the Bitcoin community.

So the Bitcoin crowd do it.

**Marty:** Join crowd health. com slash TFTC mid roll. We call that a mid role in the industry. Andy, I'll, uh, I'll [01:18:00] probably see you tomorrow in the office. Yeah, for sure.

**Andy:** Thanks brother. Peace of love. Freaks.