Hospitals promise affordable, accessible care, but patients often experience something different. When they need treatment, they find themselves herded into fewer, bigger and more costly medical systems.

South Carolina had a chance to change the landscape this year by passing Senate Bill 290. The measure would have ended a government regulatory regime that limits the availability of medical facilities and services by requiring a certificate of need. Essentially, a certificate of need works like a government permission slip. Before qualified providers may open a clinic, expand their facilities or purchase major medical equipment, they must prove to the state’s satisfaction that a need exists.

The application process would be ripe for abuse even if reviews were impartial. South Carolina's goes further: It invites established participants in a closed market to contest applications, giving incumbents a say over who may operate on their turf.

Big players in other industries would love such special protection. McDonald’s could use its influence to stop mom-and-pop burger joints from opening down the street. Home Depot could block smaller hardware stores, and Starbucks could outspend aspiring coffeeshop owners by legally challenging their plans.

The results would be predictable: Consumers would lose, and industry insiders would win. The basic laws of economics work the same in health care. A supermajority of studies show that certificate of need laws give patients less access, lower quality and higher costs.

One metric highlights the reality. Surgeries performed in hospital-owned facilities typically cost more than double what the same procedures cost at independent ambulatory surgery centers. By blocking the opening of these smaller competitors, certificate of need holders benefit at the expense of patients.

Minority families who struggle the most to pay their medical bills suffer disproportionately. So do rural families, who must travel farther for care. All insured patients and their employers pay more for less.

Recognizing the bad policy for what it is, the Senate passed S.290 on Jan. 25, and Gov. Henry McMaster voiced his support on May 2, vowing to sign the bill if it reached his desk.

“In the last few decades, we have seen the CON (certificate of need) approval process become weaponized by those seeking to halt a competitor’s entry into the marketplace through lawsuits and long-drawn-out litigation,” McMaster wrote to lawmakers.

With the Senate and governor on board, the reform hinged on the House. But instead of siding with patients, state representatives opted to protect special interests. The House Ways and Means Committee ran out the clock on the bill — stalling for more than 10 weeks with hearings and amendments until the legislative session ended. Essentially, the committee allowed S.290 to die in its lap.

Meanwhile, the House attached special legislation to the state budget that allows hospitals to avoid having to ask state regulators for permission to move their facilities to a more favorable location in the same county. That legislation also allocates funding and support to the worst-rated hospital in the state instead of opening the door for competitive alternatives to serve patients.

The political maneuvering allows House members running for reelection to go back to their constituents with clean records on the certificate of need issue. None will have to explain their opposition to S.290 because the full House never got a chance to vote on the measure.

Fortunately, patients will have a chance to cast their own ballots in the upcoming elections and hold these elected officials accountable. Until then, candidates should face the same question at every campaign event and debate: If elected, will you vote for full repeal of certificate of need in the next legislative session?

Other paths to end the economic protectionism are less certain. The Institute for Justice, a public interest law firm, has challenged certificate of need laws on constitutional grounds in Iowa, Kentucky, Nebraska, North Carolina and Virginia. But courts are not always sympathetic. Every state that has ditched certificate of need oversight has done so through the legislative process.

South Carolina families deserve the same freedom. The certificate of need fence that funnels patients almost exclusively to hospital-owned facilities should come down. Politicians who maneuver and straddle that fence should be herded out.

Marcelo Hochman is a facial plastic surgeon and immediate past president of the Charleston County Medical Society. Daryl James is a writer at the Institute for Justice in Arlington, Va.