



Tuesday, February 16, 2010

Sizing Up The Gingrich/Goodman Plan

Is a new health care proposal by Newt Gingrich and John Goodman worth considering? Here are the highlights.

(Gingrich is former speaker of the House and founder of the Center for Health Transformation, and Goodman is president of the National Center for Policy Analysis).

- Allow people a generous tax credit or let them deduct the value of their health insurance up to a certain amount.
- Encourage employers to provide portable insurance, and allow individuals to purchase insurance across state lines.
- Allow those with chronic diseases to manage health dollars in health savings accounts, and use Medicaid's Cash and Counseling program for the homebound disabled as a model.
- Encourage some health plans to specialize in managing chronic diseases.
- As long as total cost to the government does not rise and quality of care does not suffer, doctors should be free to repackage and reprice services.
- Don't cut Medicare.
- Allow employers to obtain individually owned insurance for retirees at group rates and to deposit premiums for post-retirement insurance into HSAs. Employers and younger employees could save tax-free for post-retirement health.
- Make anonymous Medicare claims and other government data available to consumers.
- Eliminate junk lawsuits.
- Use enhanced coordination of benefits, third-party liability verification and electronic payment to stop health care fraud.
- Cut red tape before and during review by the FDA and monitor the quality of drugs and devices once they reach market.

-- Marilyn Werber Serafini, *NationalJournal.com*



Responded on February 16, 2010 11:28 AM

Fisking Pawlenty

[Michael F. Cannon](#)

Director of Health Policy Studies, Cato Institute

Having [fisked](#) Newt Gingrich's and John Goodman's "[best](#)" health care reform ideas, I probably should do the same for Minnesota Gov. Tim Pawlenty's similar [oped](#) in the *Washington Post*. Pawlenty makes five recommendations:

1. **"Incentivize patients to be smart consumers."** Setting aside his use of the grating word *incentivize* (down with suffix creep!), Pawlenty is on the right track. But he's so vague as to leave (himself?) room for mischief. "Make quality and costs more transparent"? "Incentivize smarter health-care decisions"? A pol could claim to be doing those things while falling far short of what he should be doing: letting Americans — rather than employers or government — control their health care dollars and choose their own health plan. If that's what Pawlenty means, heck, say it.
2. **"Congress should pass reforms that allow people to stop paying for procedures and start paying for results."** Pawlenty appears to think government should find the "right" payment system, rather than allow for competition between different ways of paying health care providers — between fee-for-service, capitation, and everything in between. Such competition promotes all dimensions of quality. Government isn't equipped to define and [pay for performance](#), and [bad things happen when it tries](#).
3. **"Liability reform."** To recap: federal limits on med mal liability [unconstitutional](#); Republicans unprincipled.
4. **"Interstate health-care insurance."** Pawlenty doesn't seem to get that the point of letting individuals and employers purchase health insurance across state lines is [to force regulators to compete](#). His "interstate purchasing pool with strict standards" idea makes it sound like he doesn't get it.
5. **"Modernize health insurance."** Again, with the vagueness. If Pawlenty means he wants to let individuals control their health care dollars and choose their own health insurance — see [here](#) for how — then terrific. But when he recommends that we should "make health insurance transferable so employees can keep their coverage if they switch jobs" and "prohibit insurance companies from discriminating against individuals whose preexisting conditions were covered under insurance they lost through no fault of their own," it sounds like he thinks regulation is the solution.

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