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## Alternatives to Obamacare

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It has become a standard line of those defending Obamacare (the Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) that there is no alternative to the deeply flawed program, which has cost the taxpayers so much, and produced so little.

The National Center for Public Policy Research has compiled a list of alternatives that have been proposed, including those presented by the CATO Institute; Senators Hatch, Burr, Coburn, and Upton; the Republican Study Committee; Rep. Tom Price; and Senator Ted Cruz. The continuing statements by the White House, many legislators, and much of the media that no alternatives have been developed is manifestly incorrect.

In addition, many of the concepts to address the escalating costs of health care and health care insurance have yet to be enacted, and remain actively opposed by special interest groups, including lawyers groups and insurance companies. These include innovations such as allowing health care insurance to be sold nationally, instead of state by state to enhance competition and reduce prices; enacting tort reform, to address the skyrocketing cost of malpractice insurance for doctors and medical institutions due to non-substantive nuisance law suits; and permitting policies that more precisely fit the needs of the insured, such as coverage for catastrophic care only.

The need to address Obamacare has been summarized by the Heritage Foundation, which outlined how the legislation detrimentally affects Americans:

“Seniors: The law cuts an estimated \$716 billion from Medicare over ten years. However, these "savings" are not set aside to preserve Medicare's future, instead they are used to fund new spending created by the law. Nearly one-third of all seniors rely on Medicare Advantage, the private health care option in Medicare. Despite the program's growing enrollment and beneficiary satisfaction, Obamacare makes deep cuts to the program that jeopardize its viability in coming years. In addition to payment cuts, Obamacare imposes new taxes on drug companies and medical device makers, and new regulations that will make health care more costly for seniors.

“Doctors: The United States is facing a severe physician shortage. By 2020, the nation will need an additional 91,500 doctors to meet medical demand. Obamacare exacerbates this problem by

further increasing physicians' workload and worsening their attitudes regarding the health care system.

A 2012 survey found that Obamacare is motivating doctors to change their retirement timeline, with 43 percent of respondents stating that they are considering retiring within the next five years as a result of the law.

“Business & The Economy: The Congressional Budget Office estimates that the Obamacare subsidies will discourage Americans from working, and cause 2.5 million employees to drop out of the labor force.

Obamacare's employer mandate will raise the minimum cost of hiring a full-time worker to \$10.30/hour in 2015. Congress has already raised the minimum wage from an employer's point of view, but the money goes to the government instead of the employees.

“States: Obamacare's Medicaid expansion worsens the already heavy burdens facing states. By 2021, approximately 78 million people are projected to be enrolled in Medicaid—requiring billions of dollars from state budgets and taxpayers. In the individual market, Obamacare's exchanges have on average decreased insurer competition by an estimated 29 percent nationwide. Furthermore, over half of the counties in the U.S. have only one or two insurers to choose from in their Obamacare exchange.

“Families: Obamacare adds nearly \$2 trillion in new health care spending according to the Congressional Budget Office. Over the next 10 years, Obamacare will levy about \$771 billion in new taxes and fees.

Obamacare imposes significant financial penalties on the decision to get or remain married - over \$10,000 per year for certain couples.

“Uninsured: The Congressional Budget Office estimates that “between 6 and 7 million fewer people will have employment-based coverage each year from 2016 through 2024 than would be the case in the absence of [the new health law].” In 2024, after ten years of full implementation, 31 million people are projected to remain uninsured.”