



Should We Remake National Health Care on Massachusetts Model?

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FOX NEWS

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GLENN BECK, HOST: The media often misses the major connections because it doesn't see how all of the stories are related in the day. They just — they just missed it.

So, let's break down "Mass. Care" in a nutshell:

(BEGIN VIDEOTAPE)

BECK (voice-over): "Mass. Care" in a nutshell.

For years, progressives have pointed to Massachusetts as the success story when it comes to universal health care. But is the 3-year-old plan crafted by Democratic lawmakers and Republican Mitt Romney really such a success?



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While only 2.6 percent of the state residents are uninsured — 1/6 of the national average — and by far, the lowest rate in any state. The plan is far from the beacon of hope its proponents make it out to be.

Government and industry officials agree the plan is unsustainable.

Public Citizen and Physicians for National Health Programs released a report earlier this year calling the program flawed due to its cost, lack of access to care and the remaining number of uninsured. They said, "The reform has not reduced health care costs in the state and has proven far costlier than expected."

Meanwhile, a Morningstar medical stock analyst says, "Without higher premiums or more public funding, it's not now a great model for the entire country."

Massachusetts is now spending \$595 million more on health insurance than it did in 2006 — a 42 percent increase.

So, how will Massachusetts pay for the total \$1.3 billion of health care this year? One suggestion: Increasing the tobacco tax. What a remarkably healthy idea.

And that is "Mass. Care" in a nutshell.

(END VIDEOTAPE)

BECK: I swear to you, nothing makes sense. Our "Medical Meltdown" series all week.

I mean, let's tax the cigarette companies. How are we going to pay for it when everybody stops smoking?

Here's Sally Pipes, president and CEO of the Pacific Research Institute and author of "The Top Ten Myths of American Health Care: A Citizen's Guide" — which is a fantastic book. And Michael Cannon, director of the health policy studies at Cato Institute.

• [Video: Watch Beck's interview](#)

Sally, let me start with you. Wow, Massachusetts is in trouble here. All of the hidden costs. Can you give me —

can you give me a little bit of the hidden costs and the problems there in Massachusetts?

SALLY PIPES, THE PACIFIC RESEARCH INSTITUTE: Well, the problem is very much, Glenn, out of control: \$1.3 billion this year — way more than they thought. And, you know, as you mentioned, tobacco tax is up \$1 a pack. And, of course, people will change their habit. They will stop smoking.

BECK: Well, that's what I want to ask you, at what point — I mean, the whole idea was "let's tax people for smoking so they do not smoke anymore."

But now, with SCHIP and everything else, we're paying for all of these programs with smoking. The government is going to pretty soon have to start running advertisements to get "Joe Camel" get kids hooked on cigarettes young so they can get the tax money.

PIPES: Well, exactly. And now, of course, because of the tremendous cost overruns, you know, Massachusetts has the most expensive health care in the country, and, you know, they said we would have universal coverage. They still have 2.6 percent of the population in Massachusetts is uninsured and that's with an individual and an employer mandate. And, of the people who are insured under Commonwealth Care — half of the newly insured are insured under Commonwealth Care — 20 percent of them are having a hard time getting a doctor.

You know, doctors don't want to take patients where they reimbursement rates are so low.

BECK: Wait a minute here...

PIPES: And the same percentage — 23 percent are still turning up at emergency rooms. They haven't cut that cost. That's expensive care. And, you know, people — when they can't find a doctor, they turn up at an emergency room. So, Massachusetts Care is very expensive.

BECK: Mike, let me — let's take this apart one piece at a time here. Let me ask you about... it's better care. It's got to be better care, because — I mean, the wait time...

(CROSSTALK)

MICHAEL CANNON, CATO INSTITUTE: Actually, it's getting worse. What Sally — what Sally said is correct. You know, the waiting times to see a specialist in Boston, they're already the worst in the country in 2004 and they have gotten worse since "Romney Care" was enacted, named for Governor Mitt Romney, a Republican, who signed these reforms into law.

BECK: Republican.

CANNON: And that's despite — that's despite all of the money, the tons of money they are just throwing at an already efficient health care sector in Massachusetts. The Commonwealth — the government's budget only accounts for a small share, less than half of all the — of the cost of these "Romney Care" reforms. About \$800 billion — I'm sorry — \$800 million of new spending shows up in the government budget. But another \$1 billion or more is money that the government is forcing people to spend on their own, on health insurance whether they want that additional insurance or not.

BECK: Come on, Mike. I won't hear that. That's crazy talk. I say on the air all the time, "Hey, you love France so much," they hate their health care system because they all have to buy private insurance. What you're doing now, you're going to have to do on top of this, and they all say, "Oh, that's crazy talk. That's not true."

It's happening in Massachusetts.

CANNON: Well, and the worst part is — and the worst part is that with all of this additional spending and it's busting the state budget, they can't pay for all of the promises that they've made, they have now started rationing care.

They have screwed down the price controls in Medicaid, that makes it harder for people enrolled on Medicaid to get to see a doctor, and they've just cut to 30,000 legal immigrants from the insurance rolls in Massachusetts.

So, if you like government-run health care, you better make sure you are popular because if you're unpopular as say legal immigrants — and those are the ones that we presumably like — then you're going to get thrown off of the insurance rolls.

BECK: Sally, that's crazy. I mean, OK. So, we don't give the old people cough medicine. It's compassionate, I guess.

PIPES: Well, you know, you can control costs by denying — you can control costs by denying care, that's the way it is in Canada, where I'm from. And I am a legal immigrant. So, we have to — you know, if I were — good

that I'm not living in Massachusetts.

BECK: No, no, no. Sally, you misunderstand. You like the health care in Canada. I'm told that all of the time. Canadians love their health care. Forget about they're building hospitals on the border...

CANNON: Well, if she likes the health care in Canada, if she likes the health care in Canada.

PIPES: Then why am I here?

CANNON: She can move to Massachusetts.

BECK: Yes.

(LAUGHTER)

CANNON: Because Massachusetts is about to adopt this famous sort of payment systems that they've got in Canada.

BECK: Sally, debunk that people in Canada love the health care system.

PIPES: I'm going to have to move back, obviously, because when you look at what Obama is going to do, it could be even worse here.

One of the things I wanted to say under this new commission panel that reported out last week, you know, as a way to control costs, they are talking about, you know, setting up a global budget for patients, for doctors and hospitals, which will mean that a doctor will be paid, say, monthly or once a year, for the full treatment of a patient.

I'm sure are going to love that when government tells them how much they're going to be paid.

BECK: Oh, yes, let me tell you something.

PIPES: It's absolutely ridiculous.

BECK: Everybody likes that. Everybody likes to know exactly — if we can just get kids out of school like in third grade and tell them what they are going to do for a living and then train them and make them super-smart — maybe train for gymnastics or weightlifting or something for the Olympics — wouldn't that be great? And we can tell people, "You are going to be a doctor," and then they can be a doctor.

I'm getting calls right now on my radio program from people telling me, "I'm intern" or "I'm a doctor." And the people who are shadowing me are now saying, you know, "What should I do?" All the doctors are saying the same thing, "Get out. If this stuff comes, no reason to be a doctor."

It happens in every country.

PIPES: You know, Canadians have an escape... Canadians have an escape valve. They come to this country.

CANNON: What Sally is talking about is — what Sally is talking about is a perfectly legitimate way of paying doctors. What's scary about what they are doing in Massachusetts is that's going to be the only choice.

So, what they are doing is they create those financial incentives, and doctors and hospitals then have an incentive to ration care to you, to reduce the number of services that you receive.

And you know what — if you could choose that sort of arrangement, that would be fine. You'd be in a health plan like Kaiser Permanente. They provide electronic medical records, they do a lot of neat things.

But if you don't have a choice to live, that's not Kaiser Permanente, that's Canada.

BECK: OK. All right.

CANNON: And they're going to be rationing care to you.

BECK: All right. Sally.

CANNON: They're not giving you a lot of the care that you're going to want.

BECK: Sally, thank you very much. I appreciate it.

PIPES: Thank you, Glenn.

BECK: Mike, I appreciate it. I know, "dashboard Obama" appreciates it — oh, no, he doesn't. He doesn't appreciate it. No, he's angry.

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