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## A debate about contraception or religious freedom? No, a debate about economic choice

**Fight between the Catholic Church and the Obama administration is really a showdown over mandated insurance**

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Tuesday, February 14, 2012, 4:00 AM

Lost in the uproar over the [Obama administration](#)'s requirement that religiously affiliated organizations provide employees with insurance that covers contraceptives, including some abortifacients, is the fact that this rule is simply one more symptom of the fundamental problem with Obamacare. That problem is not papered over by the administration's latest "compromise."

First, let's be clear: This issue never had anything whatsoever to do with women's health. There is nothing that prevents any woman who wants contraceptives from purchasing them. No one is threatening to take that right away, and no one should.

The debate does not even have anything to do with whether or not women can get insurance that covers contraceptives. Most insurance plans already do so, and when they don't, women can purchase a rider that provides the additional coverage.

What this debate was really about is who pays for that coverage. And as much as some would like to obscure it, there is a difference between having the freedom to buy something for yourself and forcing someone else to pay for it.

Obamacare creates this issue because it includes both an individual and employer mandate. The employer mandate requires all businesses with 50 or more employees to provide insurance to their workers starting in 2014. The individual mandate requires that anyone who doesn't receive insurance through work (or through a government program like Medicare or Medicaid) purchase insurance for themselves. Individuals and businesses who fail to comply will be fined.

But these mandates do more than simply require that businesses and individuals purchase insurance. The insurance they buy must meet the government's definition of acceptable insurance. Remember the President's assurances that if you had insurance today and you like it, you could keep it? Not true.

That means that even if a business provides insurance to its workers today, it won't satisfy the mandate unless that insurance includes all the benefits that the government says it should. Some of these mandated benefits are costly requirements for such things as mental health services, alcohol and drug rehabilitation, pharmaceutical products, and dental and vision care for children. Now, the administration has determined that it must include contraceptives.

That would not really change with the proffered compromise. The latest offer would ostensibly shift the cost of providing contraceptive coverage from the employer to insurers, but would still leave the federal government dictating what benefits must be included in insurance coverage.

From the beginning, the debate over health care reform has been about power and control. On one side, the Obama administration has sought to centralize control over health care in the federal government. The government decides whether a business must provide insurance or whether an individual must purchase it, and what type of insurance that must be. The government decides what treatments should be available. The government decides how much things should cost and who should pay for them.

A better approach would to empower health care consumers to make their own decisions. Instead of mandating that employers provide a government-designed insurance package, we need to move away from a system dominated by employer-provided health insurance and instead make health insurance personal and portable. We should give individuals the same tax break for buying their own insurance as they currently get for employer-provided insurance.

That would make it easier for an employee of a religious organization who wanted an insurance plan covering contraceptives to take the money that the organization is currently paying for insurance and buy the policy that he or she wants, rather than a plan provided by the employer. The worker gets the coverage he or she wants, and the religious organization doesn't have to directly pay for contraceptive coverage. Everyone wins.

Of course, that still leaves workers subject to state insurance mandates. For example, about half of the states currently require some types of contraceptive coverage (although generally such requirements are far more limited than the new federal mandate). Therefore, workers should be free to purchase insurance across state lines, allowing them to shop for plans that include as many or as few benefits as they wish to pay for.

These reforms would force insurance companies to compete in a free market, bringing down health care costs, and lowering insurance premiums. But more importantly, it would mean that decisions about whether to purchase coverage for contraceptives, mental health, drug and alcohol therapy or anything else would be made by individual consumers — not the government.

Whether or not the administration's compromise proposal manages to assuage the Catholic Church, the underlying issues will not change. As long as

Obamacare puts the government in charge of our health care decisions, our choices will be dictated by politicians.

That — and not birth control — is really what this debate is about.

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