



More on the mandate

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There's much consternation on both sides of the aisle as conservatives and liberals, Republicans and Democrats, people of faith and the secular, have at it over the Obama administration's latest health-care edict. Catholic organizations that serve, or have as employees, non-Catholics, next year will have to provide free contraceptives via their employer-provided health-insurance policies. Catholic doctrine views artificial or pharmaceutical contraception as sinful. This mandate, as one wag pointed out on TV Thursday morning, is like requiring Muslims and Jews to eat pork, "the other white meat," because white meat is good for you.

There's a lot of ranting (I've done some of it myself) on the constitutional issues involved, but [John H. Cochrane](#) of the libertarian Cato Institute has taken a new and intriguing approach. The link I've provided doesn't bring up the full article, and the firewall erected by The Wall Street Journal (which published the article Thursday) obstructs even more, but perhaps the Cato site will put up the whole thing soon. It's a compelling read.

Mr. Cochrane's point is that the Department of Health and Human Services shouldn't be mandating contraceptives (or any number of other products and services) for Catholic organizations or anyone else. His argument is less against a birth-control insurance mandate than against any mandate:

The critics fell for a trap. By focusing on an exemption for church-related institutions, critics effectively admit that it is right for the rest of us to be subjected to this sort of mandate. They accept the horribly misnamed Patient Protection and Affordable Care Act, and they resign themselves to chipping away at its edges. No, we should throw it out, and fix the terrible distortions in the health-insurance and health-care markets.

Sure, churches should be exempt. We should all be exempt.

We've complained about this on our editorial page, too. In Connecticut, lawmakers come up with new health-insurance mandates every session, and some are enacted. The

effect is to increase the cost of insurance, reduce the level of insurance all of us actually want, and create distortions not only in the marketplace but in the scientific community. Mr. Cochrane, again:

The minute pills are “free,” under insurance, the incentive for drug companies to come up with cheaper versions vanishes. So does their incentive to develop safer, more convenient, male-centered or nonprescription birth control. And by making pills free but not condoms, the government may inadvertently be contributing to an increase in sexually transmitted diseases.

Mr. Cochrane neglects to mention that this and other mandates are part of a corrupt system in which special-interest groups buy legislation requiring insurers to cover their particular specialities. According to a February 2011 [Connecticut Mirror report](#), mandates imposed by the state legislature account for a staggering 22 percent of the cost of group insurance policies. How many of these mandates do you remember as being the objects of heated public debate and strong, principled arguments? There was the so-called drive-by childbirth mandate, in which the legislature banned hospitals from sending new moms and their babies home the day the child was born. But most mandates are enacted quietly, without much debate or evidence of public interest.

In the long run, the constitutional issue is the graver controversy, in my view. But Mr. Cochrane raises an important point about how thoroughly indefensible this mandate is on a pragmatic level.