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## What Your Member of Congress Voted For--And How to Stop It

by Joe Calomino

Last weekend, Representatives, Bobby Rush (IL District 1); Jesse Jackson (IL District 2); Daniel Lipinski (IL District 3); Luis Gutierrez (IL District 4); Mike Quigley (IL District 5); Danny Davis (IL District 6); Melissa Bean (IL District 8); Janice Schakowsky (IL District 9); Deborah Halvorson (IL District 11); Jerry Costello (IL District 12); Bill Foster (IL District 13); and Phil Hare (IL District 17), voted in favor of HR 3962, Nancy Pelosi's national health care bill.

There are dozens of heinous elements in this bill, but here is a short sample of the contents:

- Prison terms and/or gigantic fines for individuals who do not obey the federal government's mandate to sign up for one of the (expensive) federally approved health insurance plans and do not pay the resulting tax penalty. See Section 7203, which would create the misdemeanor "crime" of willful failure to pay, and punish that "crime" with a fine of up to \$25,000 and/or imprisonment of up to one year. And see Section 7201, which would create the felony "crime" of willful evasion, and punish that "crime" with a fine of up to \$250,000 and/or imprisonment of up to five years.
- Government takeover of health insurance. HR 3962 would put one-sixth of the U.S. economy under the heavy thumb of Congress and federal regulators, soon turning the private health insurance industry into a small cartel of highly regulated public utilities – a sure recipe for destroying consumer choice and hindering technological innovation. The new federal "health choices commissioner" (an Orwellian title) would actually be in charge of limiting the choices patients can make with regard to insurance policies. The commissioner would determine a package of "essential benefits" that must be included in every plan in the federally regulated "exchange." And under HR 3962, tens of millions of Americans would be railroaded into enrolling in one of the plans in the exchange (Section 202 has very weak grandfathering provisions). With almost half of the country already enrolled in government-subsidized health care, what is left of the private health insurance market would become increasingly small and unviable.
- No exit. Many Americans have chosen Health Savings Accounts as a way to save money, and by doing so, they are helping to put some downward pressure on medical prices. But under HR 3962, the health "choices" commissioner would mandate that ALL insurance plans cover an increasingly long and expensive list of benefits as first-dollar coverage. That means that families would not be allowed to choose low-premium, high-deductible plans like HSAs. That would be very bad news for the country, because the HSA model is the only one that can bring down health care costs without having government rationing destroy the quality and availability of health care services.
- Skyrocketing premiums. Under political pressure, the package of "essential benefits" under HR 3962 would inevitably increase, making premiums more and more expensive. That has already happened in many states, with state government mandates driving up the cost of health insurance for people who don't need the mandated coverage. Mandate inflation is on steroids in Massachusetts, which was the first state to combine an individual mandate with an employer mandate—something the federal government would do under HR 3962. Massachusetts now has the highest health insurance premiums in the country. The Congressional Budget Office estimates that under HR 3962, benefit mandate inflation will drive up the cost of the typical nongroup individual plan (which you will have to buy if you don't want to be fined or go to prison) until it costs \$15,000 a year in 2016. Cost increases will also come from new taxes on medical devices and on insurance companies, and HR 3962's limits on underwriting ratios will shift heavy costs onto younger workers.
- Price ceilings equal shortages. In response to skyrocketing premiums, the federal government under HR 3962 would also tell private insurance companies how much they can charge, and the government would limit their ability to charge different rates for people who have different health statuses or medical histories. That is the "price ceiling" you learned about Economics 101, and it would inevitably create a shortage of private insurers willing to offer health insurance. Small insurance companies would go bankrupt first, and the larger ones would follow eventually. In the long run, the only survivor would be the government-subsidized health insurance system. (Anyone who believes that Washington will

not bail out the government-run plan or the “co-ops” has apparently never heard of Fannie Mae or Freddie Mac.)

- **Ballooning federal deficits and huge tax increases...** The authors of the Pelosi (House) and Baucus (Senate) bills have engaged in some deceitful accounting in order to pretend that those bills would cost less over ten years than Obama’s completely arbitrary limit of \$900 billion. The Wall Street Journal states that “ObamaCare will be lucky to cost under \$2 trillion over 10 years.” But even the \$900 billion cost estimates would require America to adopt job-killing, growth-stifling European levels of taxation – including taxes on the middle class.
- **...followed by government rationing of health care.** Unlike the private sector, the government almost always fails in its attempts to provide more services at a lower cost. When the government finds itself needing to reduce costs, its inevitable solution is to reduce, delay, or deny health care services. This process has already begun in Massachusetts – which is the model for HR 3962’s individual and employer mandates. According to the Cato Institute ([http://www.cato.org/pub\\_display.php?pub\\_id=10381](http://www.cato.org/pub_display.php?pub_id=10381)), from 2004 to 2009 specialist wait times “fell in most U.S. cities to an average 21 days, but in Boston they rose to an average of 50 days, even though Massachusetts has more doctors per resident than any other state.” (Note that the Massachusetts Legislature is now looking at imposing a Canadian-style “global payment” scheme to ration health care by controlling prices in private-sector medicine.) If the federal government is allowed to dictate what must be covered by all health insurance plans, it will soon take the next step, and dictate what must not be covered in all health insurance plans. Under HR 3962, the majority in Congress already plans to cut \$170 billion from Medicare Advantage, the plan used by 30 percent of Arizona’s seniors. And government rationing of health care already occurs at the Phoenix Veterans Affairs hospital: <http://www.washingtontimes.com/news/2009/oct/04/the-doctor-will-see-you/>
- **The abolition of medical privacy.** Under HR 3962, the decisions Americans make about health care and health insurance – which are some of the most intimate, personal, and private decisions people can make – would be subject to intense regulation and limitation by the federal government. Meanwhile, the (failed) “stimulus” bill is funding a national database to store and utilize your personal health care information.
- **Unconstitutional federal legislation.** The power to regulate the health insurance industry is nowhere found in the list of the enumerated powers of Congress in Article I, Section 8 of the Constitution. Even if that power were specifically enumerated, the many special-interest provisions of HR 3962 would be in violation of the provision in Article I, Section 8 holding that must be exercised to promote the “general Welfare” of the United States. Further, HR 3962 delegates dictatorial powers of legislation over one-sixth of the U.S. economy to bureaucrats in the Department of Health and Human Services – a clear example of what Justice Benjamin Cardozo called “delegation running riot.”

If you wish to read the entire 1,990-page Pelosi bill, you can get started here: [http://www.joinpatientsfirst.com/?page\\_id=21](http://www.joinpatientsfirst.com/?page_id=21)

Even though it is unlikely that Reps. Bobby Rush (IL District 1); Jesse Jackson (IL District 2); Daniel Lipinski (IL District 3); Luis Gutierrez (IL District 4); Mike Quigley (IL District 5); Danny Davis (IL District 6); Melissa Bean (IL District 8); Janice Schakowsky (IL District 9); Deborah Halvorson (IL District 11); Jerry Costello (IL District 12); Bill Foster (IL District 13); and Phil Hare (IL District 17), have read every line of the entire 1,990-page bill, they are familiar enough with the bill to know that the above elements were included.

Further, they have undoubtedly read national poll results showing that majorities of their constituents oppose a takeover of the health sector by the federal government. And yet, they still voted for HR 3962. Their behavior was reprehensible. Also, note that the Pelosi bill passed by only five votes. That makes Bobby Rush (IL District 1); Jesse Jackson (IL District 2); Daniel Lipinski (IL District 3); Luis Gutierrez (IL District 4); Mike Quigley (IL District 5); Danny Davis (IL District 6); Melissa Bean (IL District 8); Janice Schakowsky (IL District 9); Deborah Halvorson (IL District 11); Jerry Costello (IL District 12); Bill Foster (IL District 13); and Phil Hare (IL District 17), directly responsible for its passage in the House.

Do NOT let your member of Congress tell you that he or she was merely voting to advance the bill so that “improvements” will somehow be made in conference with the Senate. Legislation rarely gets better in conference. As we have seen with commerce, the deal-making that goes on behind closed doors often results in politicians voting for

we have seen with earmarks, the deal-making that goes on behind closed doors often results in politicians voting for legislation they would not defend in a public debate. The only good thing that can happen in the Senate is for the bill to get filibustered to death, so that Congress can start over and take health insurance reform in a productive direction – toward health care freedom, and away from government mandates and government control.

#### HOW TO STOP THE FEDERAL TAKEOVER OF HEALTH CARE

Here is the good news: The House vote on HR 3962 is not the end of the story. The battle is far from over, and we must keep up the fight.

What can you do? Start by calling your Member of Congress:

<http://www.highnoonforhealthcare.org/>

If you are represented in Congress by:

- Reps. Peter Roskam (IL District 6); Mark Kirk (IL District 10); Judy Biggert (IL District 13); Timothy Johnson (IL District 15); Donald Manzullo (IL District 16); Aaron Schock (IL District 18); John Shimks (IL District 19) – thank him/her for putting patients and freedom first!
- Reps. Bobby Rush (IL District 1); Jesse Jackson (IL District 2); Daniel Lipinski (IL District 3); Luis Gutierrez (IL District 4); Mike Quigley (IL District 5); Danny Davis (IL District 6); Melissa Bean (IL District 8); Janice Schakowsky (IL District 9); Deborah Halvorson (IL District 11); Jerry Costello (IL District 12); Bill Foster (IL District 13); and Phil Hare (IL District 17), – tell him/her that he/she cast the wrong vote.

Then email your friends and ask them to call their Congressmen. Send them this link to make it easy:

(<http://www.rallycongress.com/patients-first>)

Seniors can help the cause by quitting the AARP, tearing up their AARP membership cards, and mailing the pieces back to that organization with a letter explaining why. Doctors can help by quitting the AMA (though the truth is that very few doctors actually belong to the AMA) – and returning their torn-up membership cards. To learn the sordid story of how the AARP, the AMA, and the big insurance and drug companies were bribed into supporting ObamaCare, see the Dick Morris piece at <http://thehill.com/blogs/pundits-blog/healthcare/66717-obamacare-endorsements-what-the-bribe-was>.

And please let your friends around the country know about our SHOE LEATHER CAMPAIGN FOR HEALTH CARE FREEDOM:

<http://www.americansforprosperity.org/102909-how-make-your-voice-heard-health-care-reform>

Thank you for defending our health care freedom!