



Measuring up the health care effort

Commentators are busily examining the condition of health care reform as a showdown approaches in the U. S. Senate. A sampling of their diagnoses:

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President Obama needs an exit strategy. I am not referring to Afghanistan. Democrats are headed toward a "catastrophic success" politically if they pass health care reform in its current form.

At present, a majority of Americans are against the effort, the legislation lacks bipartisan support, the costs of the reforms are upfront, and the benefits won't kick in until after the 2012 elections. When has that ever been a formula for political success?

Yet before Republicans cheer that they may defeat this effort, they should beware what they wish for. A vast majority of Americans still believes that we need fundamental health care reform. If the legislation fails, Democrats can blame Republicans.

MATTHEW DOWD, WASHINGTON POST

LOOK HARD AT THIS THING, and notice what the guardians of our destiny actually cooked up: For the first few years, you gather in revenue without spending what's promised, and that skews what a normal 10-year period would look like under a hopelessly complicated Senate bill. Go to the chairman of the Senate Finance Committee, and he'll tell you that the normal 10-year cost will be \$2.5 trillion.

Senate Majority Leader Harry Reid momentarily wanted to make it even more expensive by extending Medicare to people as young as 55, meaning that a program already heading for bankruptcy would have gotten there in maybe a week. OK, maybe longer, but that's not much more of a stretch than saying that the current plan overall will diminish medical spending.

Do these people think we are all boobs? Well, maybe enough of us are that they will get their way and build up such a mountain of debt that this land will be miserable for years.

JAY AMBROSE, SCRIPPS HOWARD NEWS SERVICE

I LEARNED THE PHRASE "LIFE WITHOUT" from men in prisons. To them it was life without a

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chance of parole.

But working low-wage jobs that offer either no or no reasonably priced health care shouldn't be a "life without" sentence. Neither should being poor or homeless.

About 47 million people live without health coverage. Compare that with the 2.5 million people behind bars in the United States who get health care. Many of them and their families couldn't afford it outside the razor wire.

Unfortunately in this country good health care -- like good legal representation -- goes to people with money. That excludes the homeless, the poor, the working poor and many people who have to make hard choices to get by.

That shouldn't happen in the richest country on the planet.

LEWIS W. DIUGUID, KANSAS CITY STAR

START WITH THE FEDS, and the \$500 billion in what Michael F. Cannon of the Cato Institute calls "explicit tax increases," which include upping the Medicare tax on wages above \$200,000 and additional hikes on patients with high out-of-pocket costs, on

flexible-spending and health-savings accounts, on medical devices and prescription drugs, on high insurance premiums, and on cosmetic surgeries.

Then there's what Cannon calls "a tax increase waiting to happen." The Senate plan calls for almost \$500 billion in cuts from Medicare. Expect trickery -- or tax hikes.

The states, to use the technical term, are screwed. The Senate was already calling for adding 17 million more people to the Medicaid rolls, at a cost to states of about \$25 billion. But that could increase even more dramatically if lawmakers make Medicare or Medicaid the new "public option." Passing the buck makes sense for Washington.

Now comes your part -- the off-budget individual mandates to buy health insurance -- which of course are in addition to your share as state and federal taxpayers. Cannon says these costs actually balloon health care reform into a \$6 trillion package over 10 years.

KEVIN FERRIS, Philadelphia Inquirer

REAL REFORM is supposed to eliminate discrimination based on preexisting

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conditions. But the legislation allows insurance companies to charge older Americans up to three times as much as younger Americans, pricing them out of coverage.

The bill was supposed to give Americans choices about what kind of system they wanted to enroll in. Instead, it fines Americans if they do not sign up with an insurance company, which may take up to 30 percent of your premium dollars and spend it on CEO salaries and on return on equity for the company's shareholders.

Few Americans will see any benefit until 2014, by which time premiums are likely to have doubled.

In short, the winners in this bill are insurance companies; the American taxpayer is about to be fleeced with a bailout in a situation that dwarfs even what happened at AIG.

From the very beginning of this debate, progressives have argued that a public option or a Medicare buy-in would restore competition and hold the private health insurance industry accountable.

I reluctantly conclude that, as it stands, this bill would do more harm than good to the

future of America.

HOWARD DEAN, WASHINGTON POST

IT IS SYMBOLIC of the Senate's health care bill that the section titled "No lifetime or annual limits" would allow insurance companies to impose annual dollar limits on medical care -- meaning that patients in need of expensive cancer treatment, for example, could still be bankrupted.

In the "reformed" insurance system, every plan would be a high-end plan, requiring insurance companies to cover people who are already sick and limiting their ability to charge higher premiums for those at higher risk. To avoid going out of business or dramatically increasing insurance premiums across the board, insurance companies want the ability to cap yearly benefits. The Senate bill included this limit, because higher insurance premiums would require greater government subsidies to help people afford them. Cutting off cancer patients helps Congress meet its budget target.

Polls now show opposition to reform more than 20 points higher than support.

Perhaps the largest reason is that all the bill's deceptive burdens, risky moves, budget

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tricks, tax increases and new bureaucracies have been thrown together to meet a political deadline, with little clear idea of how they would affect the health of the nation.

MICHAEL GERSON, WASHINGTON POST

WHAT CAMPFIRES ARE to spooky ghost stories, congressional Republicans have become to frightening, fabricated urban legends about health care reform. Is health care reform premised on intergenerational theft? In a word, no.

All that heat arises from a tiny ember of truth: Bills in the House and Senate rely on savings from Medicare partly to pay for health care reform. But neither bill would cut Medicare benefits.

In fact, despite the rhetoric, both the House and Senate health reform bills actually would increase Medicare benefits. The savings come from cutting waste in the program.

The bills also would eliminate the so-called donut hole in Medicare drug benefits. That's a bizarre gap in drug coverage built into Medicare. The health care reform bills also would eliminate copayments and deductibles on most preventive care and, for the first time, add coverage for vaccines.

So where are those massive cuts that opponents of health care reform are warning Grandma about? They mostly affect private health insurance companies that offer what are called Medicare Advantage plans. The plans often offer additional services that aren't available with traditional Medicare, such as gym memberships, reduced premiums and reduced copayments. Excess payments to private health insurance companies would be reduced by \$192 billion over 10 years. Some companies might respond by increasing premiums to enrollees or reducing the extras they offer.

This might be an inconvenience. But in every case, basic Medicare still would be available for all people who are eligible.

It's just a bunch of blowhards inventing scary stories.

ST. LOUIS POST-DISPATCH

THERE WAS A NICE, ALBEIT FLEETING, MOMENT last spring when hospitals and doctors, drug companies and insurers came together at the White House pledging to do their part to get health care costs under control. Just one thing was missing -- and still is: any to enforce those noble

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intentions.

An inescapable lesson of the health reform debate is how difficult it is to change just one part of the system; squeeze Medicare, for example, and costs shift elsewhere, cuts are undone, access is reduced.

Lawmakers should give a new Independent Medicare Advisory Board created in the legislation real power. It could set spending targets, report on what sectors of the industry are failing to contain costs -- and, if all else fails, propose steps to get costs under control. For example, hospitals whose prices rise too quickly, or insurers with excessive administrative costs, could be excluded from participating in the new insurance exchanges.

The wispy promises of spring were lovely. December is the time for them to be etched in the cold language of legislation.

RUTH MARCUS, WASHINGTON POST

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