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A fed takeover by any other name...

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President Obama has gone to great pains to deny that his proposed health-care reform is a government takeover of the health-care system.

"Nothing could be further from the truth," he has said.

Yet it's hard to see the 1,994-page bill that the House passed last night as anything else. After all, the bill uses the command "shall" -- as in "you shall do this," "businesses shall do that" and "government shall do some other thing" -- 3,345 times.

Not a great deal of choice or options there.

To make sure that we obey these "shalls," the bill would create 111 government agencies, boards, commissions and other bureaucracies -- all overseen by a new health-care czar bearing the Orwellian title "commissioner of health choices."

All this would come at a true cost of more than \$1.3 trillion over 10 years. And virtually every aspect of health care would be subject to federal regulation.

For example, the government would force every American to buy health insurance and would control what benefits those policies must include. Even those who now have health plans and are happy with them would have to switch to policies that include the government-required benefits -- insurance that might well be more expensive, thanks to the new benefits you won't get to choose.

Another mandate would require that even small businesses provide their workers with a government-devised minimum package of insurance benefits. This could cost hundreds of thousands of jobs -- and force some workers to accept insurance benefits rather than higher wages.

Those insurance products that now give Americans the most choice and flexibility would be severely restricted. Health-savings accounts would be almost eliminated and Flexible Spending Accounts cut back.

Even if the final bill doesn't include the so-called public option, private insurance would be so regulated as to become little more than a public utility, operating much like the electric company, with the government regulating nearly every aspect of its operation.

And the public option itself holds the potential for driving most private insurance out of business, with millions of American workers dumped into the government-run program.

Programs like Medicaid, meanwhile, would be dramatically expanded, and federal subsidies would be extended to people earning as much as 400 percent above the poverty level (or \$88,000 a year for a family of four), putting millions more Americans on a form of the dole.

Doctors, too, would find themselves micromanaged from Washington. For example, providers who perform too many tests or procedures would see their Medicare reimbursements cut.

That means every time a doctor decides on a treatment, he or she would have to ask: "Does the government think I'm doing this too much? Will I be penalized if I order this test?"

The government would also undertake comparative- and cost-effectiveness research and use the results to impose practice guidelines on providers.

Medicare would see even more micromanagement, as the government develops a "high value" reimbursement system by 2012. (Many "reform" supporters hope to see these guidelines extended to nongovernment insurance as well.)

Finally, Americans would have to pay nearly \$730 billion in new taxes, fees and penalties over the next 10 years to fund this huge government expansion.

No doubt, we do need to fix the problems in our health-care system, but health care represents one-sixth of the US economy -- and some of the most important personal and private decisions in our lives.

Given that the government has mismanaged everything from "cash for clunkers" to the swine-flu vaccine (not to mention the Iraq war and the response to Hurricane Katrina), how much of our health-care system do we really want it to control?

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