

The same rotten Rx - NYPOST.com

concession is just bait-and-switch.

All in all, saying that these changes represent a "compromise" with Republicans is a bit like saying that Yankee speedster Brett Gardner is a home-run hitter. It's technically true (he hit three dingers last year), but no one's going to mistake him for **Babe Ruth**.

The president has also touted the new plan as "smaller" and "leaner." Smaller and leaner than *what*? This version may actually cost more than the last one -- breaking the \$1 trillion mark even under the **White House**'s rosy assumptions.

At its heart, ObamaCare hasn't changed. It still represents a top-down, centralized, commandand-control approach to reform.

The government would require everyone to have health insurance, would determine what benefits that insurance must include, would regulate insurance prices and physician reimbursement *and* would micromanage how medicine is practiced.

All this would be accompanied by higher taxes and, most likely, higher insurance premiums.

It is a plan that says the government knows best -- when it comes to a sixth of the US economy and some of the most important, personal and private decisions in people's lives. A few cosmetic concessions can't fix that basic premise.

Obama also made it clear yesterday that he wants Congress to use an obscure parliamentary gimmick known as "reconciliation" to bypass a Republican filibuster and force the bill through the Senate. Democrats will likely manage to get the 50 votes needed in the Senate to use this tactic -- but the vote will be far closer in the House, where deaths, defections and resignations have erased the three-vote margin of victory Democrats had last November.

The president was right about one thing yesterday. As he said, "Every argument has been made. Everything there is to say about health care has been said, and just about everyone has said it. So now is the time to make a decision."

Reportedly, as many as nine House Democrats who once voted against ObamaCare, including Rep. Scott Murphy of upstate New York, are now open to supporting the latest version. If they do, in the face of overwhelming public opposition, this new version of health reform could turn out to be Plan L -- for "loser."

Michael Tanner is a Cato Insti tute senior fellow.

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