

## A Reply to the Cato Institute's Report on Healthcare Reform

by Maggie Mahar



This week, the *Cato Institute* released a 52-page report on health care reform titled: [Bad Medicine: A Guide to the Real Costs and Consequences of the New Health Care Law](#). The tract was written by Michael Tanner, a senior fellow at the Institute, and it rests on the thesis that the Patient Protection and Affordable Care Act (ACA) is both unaffordable and unfair. Inevitably, Tanner's claims about affordability are shaky; in truth no one can project how much reform will cost over ten years—and how much it will save. There are [too many variables involved](#).

Nevertheless, Tanner seems sure: the legislation will add to the deficit, he asserts, and force insurance premiums higher. Moreover, he stamps the legislation “unjust:” it would turn private insurance companies into regulated “public utilities,” forcing them to insure sick people, while “redistributing income” from families earning “over \$348,000” to families earning “\$18,000 to \$55,000.” Ultimately, he argues, reform represents yet another step toward transforming the U.S. into a “Nanny State.”

Why a 52-page report on health care reform now? Tanner makes his purpose clear in the introduction, where he suggests that conservatives will make the new health care legislation the “centerpiece of Republican campaigns this fall,” as they push for repealing the Affordable Care Act, or at the very least, replacing it. *Bad Medicine* is meant to serve as a playbook for those who hope to kill reform.

With that in mind, The Century Foundation decided that the document deserves scrutiny. In the weeks ahead, I will be analyzing and rebutting the report's many arguments against individual and employer mandates, insurance regulation, subsidies, reductions in Medicare spending, and the CLASS Act -- a much-needed national long-term care program.

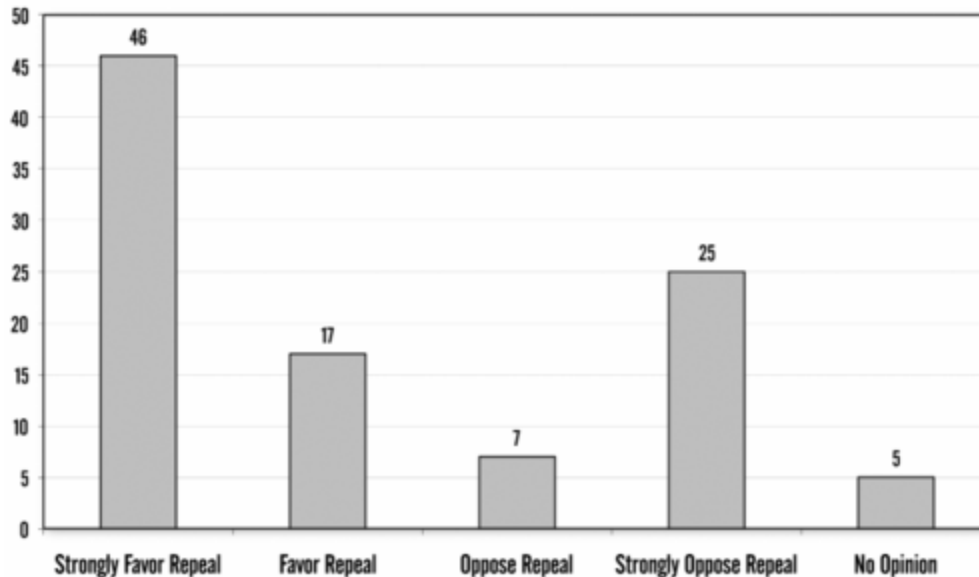
This installment focus on CATO's analysis of polling data related to public attitudes toward the health care bill.

**Cherry-Picking the Polls.** To buttress the argument for repeal, the report begins by declaring that the reform legislation “remains deeply unpopular. Recent polls show substantial majorities support repealing it,” Tanner writes. For example, “In late May, a

Rasmussen poll showed that 63 percent of likely voters supported repeal, with 46 percent ‘strongly’ supporting repeal. Just 32 percent wanted to keep the law.”

To illustrate the point, page 2 of *Bad Medicine* features this chart:

### Rasmussen Poll --May 22-23



Source: Rasmussen Reports, poll of 1,000 likely voters, May 22–23, 2010, margin of error +/- 3 percentage points, with a 95% level of confidence.

Some might object that Cato is offering a Rasmussen poll as its only evidence. Many liberals claim that Rasmussen tilts to the right. Last year, even TIME magazine [called Rasmussen](#) a “conservative-leaning polling group.” [The Center for Public Integrity points out](#) that Scott Rasmussen, the president of the organization, was a paid consultant for the 2004 George W. Bush campaign.

Nevertheless, for the moment let’s accept Cato’s use of a Rasmussen survey. [The group’s work is generally recognized as “reliable,”](#) even if, as blogger Nate Silver notes, its “issue-based polling” tends to “elicit responses that are more conservative than those found on other national polls.”

What bothers me is not so much the pollster, but the fact Tanner is using old numbers. He has reached back to May to find a poll that squares with his thesis. Keep in mind that Rasmussen has been asking the question about repealing the healthcare legislation every week since the bill passed in March. *Bad Medicine* was released July 12. Why didn’t Tanner include June numbers? Instead, he hand-picked the one poll, over a seventeen week span, that shows support for repeal running as high as 63%.

In May, [Rasmussen commented on the spike](#): “Support for repeal of the new national health care plan has jumped to its highest level ever. Prior to today, weekly polling had

shown support for repeal ranging from 54% to 58%. . . . this marks the first time that support for repeal has climbed into the 60s. It will be interesting to see whether this marks a brief bounce or indicates a trend of growing opposition.”

Indeed, the May 22 poll turned out to be a “bounce”—merely a blip on the screen. Over the next five weeks, the number of respondents who favored repeal fell, while opposition to killing the bill rose.

### **Rasmussen Polls on Repeal of Health Care Reform: March –July**

**Survey of 1,000 Likely Voters  
July 10-11, 2010**

Date	Favor	Oppose
July 10-11	53%	42%
<a href="#">July 1</a>	60%	36%
<a href="#">June 25-26</a>	52%	40%
<a href="#">June 19-20</a>	55%	40%
<a href="#">June 11-12</a>	58%	36%
<a href="#">June 5-6</a>	58%	35%
<a href="#">May 28-29</a>	60%	36%
<a href="#">May 22-23</a>	63%	32%
<a href="#">May 14-15</a>	56%	39%
<a href="#">May 10</a>	56%	37%
<a href="#">Apr 30-May 1</a>	54%	39%
<a href="#">Apr 24-25</a>	58%	38%
<a href="#">Apr 16-17</a>	56%	41%
<a href="#">Apr 10-11</a>	58%	38%
<a href="#">Apr 2-3</a>	54%	42%
<a href="#">Mar 27-28</a>	54%	42%
<a href="#">Mar 23-24</a>	55%	42%

By late June, [as the table above reveals](#), just 52% of voters chose repeal—down from 63% in that one May poll-- while 40% were opposed. [The most recent Rasmussen numbers](#), released Monday, July 15, confirms where public opinion is heading. As the pollster notes, “This is the second lowest level of support for repeal in 17 weeks of surveying since the health care bill was passed by Congress. It marks what appears to be a continuing downward trend in support for repeal since June.”

### **The More Americans Learn About the ACA, the Better They Like It**

A survey taken at any particular point in time is not terribly meaningful. Trends, on the other hand, tell us where minds are moving. As I have argued in the past, ever since the reform legislation passed Congress on that Sunday evening in March, [multiple polls have tracked growing support for the legislation](#).

Recent polls that go beyond the “favor/oppose” formula to ask more probing question also demonstrate that the public is keeping an open mind. For example, in June, [a Kaiser Foundation poll](#) discovered that 60% of Americans either support the ACA or prefer that it “be given a chance to work with Congress making revisions as needed.” Just 27% favored repeal.

A [June NBC/Wall Street Journal poll confirmed](#) the wait-and-see attitude. When pollsters asked: “Would you be more likely to vote for a Democratic candidate for Congress who says we should give the new health care law a chance to work and then make changes to it as needed, or a Republican candidate for Congress who says we should repeal the new health care law entirely and then start over?” 51% of respondents picked the Democrat, 44% picked the Republican. And as *The New Republic’s Jonathan Chait notes*, “this was in a poll showing a plurality (45-43) preferring a Republican-controlled Congress.” Chait adds: “One of the political benefits to Democrats of passing the *Affordable Care Act* . . . is that it shifted the debate to favorable terrain. Now Democrats are favoring the status quo, and Republicans are trying to pass a radical change.”

[Finally, Gallup polling](#) both affirms that the number of Americans who applaud the ACA has been rising over time, and suggests that opposition is now largely confined to the one group that already has universal coverage-- seniors.

#### *Reaction to Congress' Passage of Healthcare Reform Bill*

Recent trend, by age

	18 to 29 years	30 to 49 years	50 to 64 years	65 and older
	%	%	%	%
June 11-13, 2010				
Good thing	57	49	51	36
Bad thing	40	43	44	60
April 8-11, 2010				
Good thing	50	48	44	37
Bad thing	44	47	51	57

GALLUP'

The *Washington Post’s Ezra Klein comments on the divide*: “Health-care reform, as you can see in the table, is comfortably popular with every demographic except for seniors. And seniors, of course, aren’t opposed to government-run health care. They love their Medicare, and insofar as they have a policy concern here, it’s that the Affordable Care

Act will interfere with the single-payer system they rely on. The ACA does include some Medicare cuts, and the GOP was extremely effective at messaging on them . . . But insofar as there's a policy message here, it's comforting for health-care reformers. *The Affordable Care Act* is popular among the people it will actually affect, and unpopular among the people who are worried it will harm the much-more statist health-care system they depend on.”

In the end, whatever polls you look at—Rasmussen’s, Kaiser’s, Gallup’s--and however you slice and dice the numbers, one would be hard-pressed to find evidence for *Cato’s* premise that the “legislation remains deeply unpopular.”

Four months ago, few Americans knew what was in the 2,500 page bill, or what impact it would have on their lives. Uncertainty fueled anxiety. But with each passing week, the public learns more about health care reform. For instance, this week, [the administration announced](#) which preventive services insurers will be required to cover, free of charge. The rules will eliminate co-payments, deductibles and other charges for blood pressure, diabetes and cholesterol tests; many cancer screenings including mammograms for women over 40; routine vaccinations; prenatal care; and vision and hearing tests for children. The more Americans learn about the details of the legislation, and how reform will help them and their families, the better they will like it.

Thus Tanner has his work cut out for him if he hopes to persuade voters that the *Patient Protection and Accountable Care Act* represents “bad medicine.” In part 2 of this post, I’ll turn to his contention that individual mandates “violate individual liberties” and will “fall far short of the goal” of bringing “young and healthy individuals into the insurance pool.”

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