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Listening to America

January 22, 2010

As Washington continues to reel from Scott Brown's astonishing victory in Massachusetts, Democratic leaders still are not giving up on trying to pass their health overhaul legislation, despite today's news reports that health reform is dead.

Here's a scenario that should send chills up anyone's spine: In yet another rebuff of representative democracy, Speaker Nancy Pelosi said Wednesday "We will move forward" as she tried to convince colleagues to swallow the despised and pork-laden Senate bill.

While she concluded she doesn't have the votes to pass the Senate bill through the House "right now," the bill will remain alive all year long. The vote counting will continue as Pelosi tries to get to 218.

If enough Democrats who voted "No" on the House bill in November either retire or otherwise switch to "Yes," they could make up for those who would never vote for the Senate bill. If she gets to 218, the vote could happen with 24 hours notice, and the final bill could be on the president's desk for his signature the next day. No Senate action required.

It is impossible to calculate the anger among voters if that were to happen. But if enough elected "representatives," and I use the term loosely, were to decide that passing health reform is more important than their political futures, it still could happen. This debate will not be over until the final gavel falls and Congress adjourns for the year.

Back to Massachusetts: Democratic leaders are trying to convince themselves and the [media](#) that the Massachusetts election wasn't about health reform, saying it wasn't an issue there because Massachusetts already has enacted reform.

But that's why it IS such a big issue. Bay State voters are up close and personal with the kind of reform measures Washington has been devising. Their health costs continue to soar, they face mandates dictating what insurance they must have, and businesses and individuals are buried under bureaucratic requirements and penalties. The Cato Institute has a new [study](#) out documenting this, validating findings from the Galen Institute's [study](#) last summer.

A Massachusetts resident made it very clear to a local TV interviewer before Tuesday's election that his vote was going to be about ObamaCare: "If I decide that the health plan they're working on in Washington is like what we have here, I'm voting for Brown," that voter said. He went on to criticize the tyrannies of the Massachusetts plan -- the forced purchase of expensive insurance, the tax penalties, etc.

During the campaign, Brown repeatedly said: "One thing is clear: Voters do not want the trillion-dollar health care bill that is being forced on the American people. This bill is not being debated openly and fairly. It will raise taxes, hurt Medicare, destroy jobs, and run our nation deeper into debt. It is not in the interest of our state or country -- we can do better."

Kim Strassel [explains](#) in today's *Wall Street Journal* why Brown equivocated somewhat in criticizing RomneyCare. She writes that the former governor, who led enactment of the plan, was very involved in the Brown campaign and helped him to win.

But when he signed his name "Scott Brown -- 41" there was no mistaking that his promise to be the 41st vote against the final bill in the Senate was key to his victory.

Rasmussen found that 52% of Bay State voters who were surveyed as the polls closed said they opposed federal health reform measures, and 42% said they cast their ballot to help stop President Obama from passing his top domestic initiative.

Tony Fabrizio of Fabrizio, McLaughlin & Associates, a Republican firm, found similar sentiment in its exit poll of 800 voters. "A plurality of voters said their vote was to stop the president's health care plan -- more than those saying it was a vote against his policies in general," Fabrizio wrote in a memo that accompanied his exit polling.

Scott Brown had the energy of the country behind him in Massachusetts because millions of people understood what

that was within a breath of passage. People from around the country sent a million dollars a day last week to Scott Brown's campaign; they found someone who was listening to their fears about the shocking expanse of government.

Millions of people rightly have become frightened about the sweeping health overhaul legislation. The more people learned about the legislation, the less they supported it. Their views would not change if the legislation were to pass, as Pelosi and Obama say. Opposition would instead become hardened.

The American people have been saying every way they can for a year that they are frightened about what President Obama's health overhaul -- and his entire liberal agenda -- would do to America, to our prosperity, and to our freedom.

In his quest for the Massachusetts Senate seat, Brown finally gave Americans a way to coalesce behind a very long-shot candidate who could say "Stop!"

The path forward: The best path to real reform is for the president and the leaders in Congress to work with members from both sides of the aisle to come up with a step-by-step approach. The American people don't want anybody's 2,000-page overhaul legislation.

They have made it clear they want health insurance that is reliable and more affordable and that does not exclude people with pre-existing conditions. Congress could start by helping states to create more functional high-risk pools, by giving people more choices of how and where they purchase health insurance, and by assuring people that if they have coverage, they can keep it. They need to create a path toward ownership of health insurance and genuine competition among insurers. And now that people know how much wasteful spending there is in Medicare and Medicaid, they want that fixed.

There is a world of policy complexity behind these initiatives, but Congress must start by respecting that people value private health insurance, don't want huge disruptions and losses of freedom, or massive new taxes and entitlement costs. Then a new conversation can begin.

The most important thing is to get the incentives right so that power and control over health care decisions rests with doctors and patients and not politicians and bureaucrats.

CLIP OF THE WEEK

With the election of Scott Brown in Massachusetts, efforts to pass health reform have shifted drastically. In this Clip of the Week, Grace-Marie Turner lays out the impact of Senator-elect Brown's victory on "The G. Gordon Liddy Show," including voter opposition to the sweeping overhaul agenda and how Brown's victory will shape the policy debate until the November midterm elections. [Listen online.](#)

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GALEN IN THE NEWS

Listen to America!

Grace-Marie Turner, Galen Institute
National Review Online: Critical Condition, 01/21/10

In his quest for the Massachusetts Senate seat, Scott Brown finally gave Americans a way to coalesce behind a candidate who could do something, promising to be the 41st vote against ObamaCare -- the man who could stand up against the machine, Turner writes. [Read More »](#)

Grace-Marie also wrote in the National Journal Experts blog about next steps to [Starting a New Conversation on health reform.](#)

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HEALTH REFORM

Ceasefire Is Another 'Once in a Lifetime' Chance for Reform

Thomas D. Miller, American Enterprise Institute

The American, 01/20/10

Before the next round of clichés and conventional wisdom, a much humbler reflection would start with recognizing the profound disconnection between, on the one hand, the relentless push of the White House and the current congressional majority's leadership for a sweeping and contorted mix of health care overhaul provisions by any means necessary, and, on the other hand, the growing majority of overburdened Americans hoping for something better someday but willing to accept a political ceasefire, Miller writes. For the moment, we are stuck in another stage of political stalemate despite a serious need for limited, but essential, health policy reforms. We need to restart with neither a blank page nor an overcrowded pile of 2,500 pages. After we listen more carefully to the often contradictory messages coming from anxious voters and count more of their ballots this November, a healthier restart and reconnection with them is both possible and necessary -- next year. That will be the next annual "once in a lifetime" opportunity. [Read More »](#)

"Entrepreneurs' Coverage": An Alternative Health Policy Reform

Benjamin Zycher, Ph.D.
Pacific Research Institute, 01/20/10

Economist Ben Zycher examines the implications of allowing individuals, families, and smaller groups to purchase an "entrepreneurs" health insurance policy that would be free of the benefit mandates imposed by state laws. He finds that nearly 17 million individuals would enroll. If such plans were offered to the public, enrollment would be about 8% or 16.8 million individuals -- approximately 13.6 million of whom are now covered by private policies plus about 3.2 million who are now uninsured and are ineligible for government programs. At the state level, the projected entrepreneurs' policy enrollment would range from a low of 1.6% of those insured privately or uninsured in Idaho, to a high of 11.9% in Rhode Island. [Read More »](#)

The Public Health Plan Reincarnated: New -- and Troubling -- Powers for OPM

Robert E. Moffit, Ph.D., and Kathryn Nix
The Heritage Foundation, 01/21/10

The newest version of the Senate health bill shows that the Office of Personnel Management would be given broad authority over health insurance and would use this power to give the plans it oversees comparative advantage over other private insurance, Moffit and Nix write. They conclude that the OPM-sponsored multi-state plans could function as a public option. OPM plans would not be able to make independent decisions about their premiums, profits, or their benefits packages because they would be run by the government. While federal employees are rightly concerned that this new mission for OPM could compromise its traditional role on behalf of civil servants, all Americans should recognize the Senate alternative for what it is: a vehicle for an enormous concentration of government power over the financing and delivery of their health care. [Read More »](#)

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HEALTH CARE DELIVERY

Concierge Medicine: Convenient and Affordable Care

Devon Herrick
National Center for Policy Analysis, 01/19/10

Concierge, or direct practice medicine, was nearly unheard of a decade ago but the number has climbed to more than 5,000 practices, Herrick writes. Herrick explains the practices have changed dramatically to cater to differing patient needs. The results are innovations that improve quality and care coordination. For example, doctors operating through the MD-VIP franchise provide same-day appointments, a comprehensive annual physical, and access to a physician day or night by cell phone or email. Electronically stored personal health records are available on a compact disk that patients can take to other providers. A physician practice is limited to 600 people, making access much easier than for traditional primary care physicians. When care from a specialist is needed, MD-VIP physicians coordinate the care and assist with all decisions about the care received. [Read More »](#)