

Visit us at www.defendyourhealthcare.us



ObamaCare's winners and losers

By BETSY MCCAUGHEY

November 24, 2009



After the Senate voted Saturday night to proceed with debate on health reform, Majority Leader Harry Reid declared the public the winner. In truth, more Americans will be losers than winners.

Both Senate and House bills strip nearly half a trillion dollars from Medicare, robbing seniors to expand Medicaid. The Senate bill also spends billions on drug treatment, sex education, translators and romance and relationship lessons (p. 612) that could be used to treat heart disease, cancer and stroke -- the diseases that kill most of us.

Losers

The middle class: The bills require nearly everyone to enroll in a "qualified" plan, either by getting it at work or purchasing it. The government will decide what benefits are covered and how much you'll be legally required to pay. There will be no subsidies for a single person earning more than \$44,000. A family of four earning \$96,000 can expect to pay 19 percent of pretax income on premiums, copays and deductibles, according to the Congressional Budget Office. Medicare's chief actuary, Richard Foster, predicts that even though penalties can be as high as thousands of dollars per adult in the House bill, 18 million people will choose the penalty over paying the costlier premiums. In the

Visit us at www.defendyourhealthcare.us

Senate version, where penalties are lower (\$750 per adult), even more families are likely to pay the penalty and end up with no insurance.

People with high-deductible plans: Unless you're under age 30, you'll be legally required to switch from your catastrophic plan to the government-designed comprehensive plan (Senate bill, p. 114).

People with "Cadillac" plans: Generous health plans get slapped with a 40 percent excise tax (Senate, p. 1,980), similar to the "sin taxes" government uses to discourage smoking and boozing. This is pushing equality to an extreme. Since when is good health care a sin?

And the "Cadillac" tax is *designed* to hit far less generous plans after a few years.

Women -- and men: Last week, the US Preventive Services Task Force recommended that women forego mammograms between the age of 40 and 50, settle for mammograms every two years thereafter and stop altogether after 74 -- a huge departure from current practice. The Task Force says its guideline will be 81 percent as effective in saving lives and should be good enough. This is the same task force empowered by the Senate bill to determine preventive care in your benefit package (p. 17). James Thrall, a Harvard Medical School professor, says, "I fear we are entering an era of deliberate decisions where we choose to trade people's lives for money."

Seniors and baby boomers: Both Senate and House bills slash funding for Medicare, mainly by reducing payments to hospitals and other institutions to care for patients.

Foster, the Medicare actuary, warns that institutions "for whom Medicare constitutes a substantive portion of their business could find it difficult to remain profitable and might end their participation in the program (possibly jeopardizing access to care for beneficiaries)." Where will they go when their local hospital, home-health agency or nursing home stops taking Medicare?

Despite many claims by the president that Medicare benefits won't be reduced, Sec. 4105 empowers the government to modify or eliminate preventive-care services for seniors based on what the stingy US Preventive Services Task Force recommends (p. 1,189).

Visit us at www.defendyourhealthcare.us

Literally half a page later, the bill expands access to preventive care for adults in *Medicaid*, including diagnostic and screening tests. The agenda couldn't be clearer.

Winners

Those newly eligible for Medicaid: Both the Senate and House bills reduce the number of uninsured primarily by enrolling them in Medicaid. That's different from making private health insurance affordable.

The bills ease Medicaid income restrictions, make uninsured newborns automatically eligible and add groups previously ineligible, such as homeless adults without children (Senate, p. 396-455). The House bill adds 21 million people to Medicaid, about 60 percent of all those newly insured. The Senate bill adds 15 million and includes enrollment-simplification and outreach provisions (p.445-51).

Patients with pre-existing conditions: The bills require insurers to take all comers, regardless of their health. That makes it necessary to force everyone to buy insurance, because otherwise the healthy would refuse to share the cost of treating the sick. The wiser alternative is what the Senate bill does *temporarily*: create high-risk pools, with government funding, to make health insurance accessible and affordable for people with pre-existing conditions (p. 41-47).

Community groups seeking government money: Slipped into the Senate bill's 2,074 pages are programs that transfer taxpayer money to "community-based organizations."

For example, "community transformation grants" can fund infrastructure improvements as well as activities that promote wellness or "reduce racial and ethnic disparities, including social, economic and geographic determinants of health." Almost anything qualifies, and there's only one prohibition: "A grantee shall not use funds . . . to create video games or to carry out any other activities that may lead to higher rates of obesity or inactivity" (p. 1209).

Adding to the dishonesty, these programs aren't included in the current CBO estimates of the bill's cost (CBO letter to Sen. Harry Reid, Nov. 18, p. 13).

Visit us at www.defendyourhealthcare.us

Low-income recent immigrants: The Senate bill appears to make legal immigrants who've not been in the United States long enough to qualify for Medicaid immediately eligible for subsidies for private plans (p. 246). How fair is it to make seniors, who have paid into the system all their lives, sacrifice so anyone can come to America and get a health plan on the taxpayers' tab?

Though bill proponents claim the legislation will make insurance affordable, in fact it shifts billions of dollars from caring for the elderly to funding a new social agenda.

Betsy McCaughey is chairman of the Committee to Reduce Infection Deaths and a former New York lieutenant governor. The Senate and House bills can be found at defendyourhealthcare.us.