

Patient Protection and Affordable Care Act / Act should be passed

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Position: Act should be passed

This position addresses the topic Patient Protection and Affordable Care Act.

For this position

“What the Republicans aren't saying — and what the Democrats clearly aren't saying enough — is that in important ways, coverage for a vast majority of Medicare recipients, those in traditional Medicare, should actually improve under health care reform. The House legislation, the only bills in near-final form, would reduce and ultimately eliminate a gap — the so-called doughnut hole — in Medicare drug coverage that currently forces more than three million beneficiaries to pay for drugs entirely out of their own pockets once they hit specified spending levels. That would also benefit many other beneficiaries who pay high premiums for coverage in the gap that they never end up using.”

From Medicare Scare-Mongering, by The New York Times editorial board (*The New York Times*, September 26, 2009) (view)

“For starters, our plan pays for every cent of new spending without using additional tax dollars. Our plan would lower costs and would not add to the federal deficit. In fact, it would begin reducing the federal deficit within 10 years by containing costs through industry reforms. These reforms would focus on preventing diseases before they become costly to treat and paying health-care providers for the quality of care they deliver—not the number of tests they order.”

From The Senate Is Ready to Act on Health Care, by Max Baucus (*The Wall Street Journal*, September 16, 2009) (view)

“Not surprisingly, the insurance companies hate it. They want the guarantee of millions of new customers without any restraint on prices or practices. Obama's plan would force them to make significant changes in the ways they do business. They can't refuse you insurance if you are already sick. They can't cut off your insurance if you get sick. They can't discriminate against women in health-care rates. These are big deals.”

From Fed-run health care a proven success, by Jesse Jackson (*Chicago Sun-Times*, September 15, 2009) (view)

“ “Still, if the Massachusetts experience is any guide, health care reform will have broad public support once it's in place and the scare stories are proved false. The new health care system will be criticized; people will demand changes and improvements; but only a small minority will want reform reversed.” ”

From *After Reform Passes*, by Paul Krugman (*The New York Times*, October 25, 2009) (view)

“ “A robust public option, paying fair and consistent rates around the country, will hold insurance companies accountable and provide legitimate competition, thereby reducing costs for all Americans. The 2008 census found 46.3 million Americans with absolutely no health insurance. This is not due to a lack of consumer responsibility, as some conservative commentators suggest. It's due to a broken insurance marketplace that needs strong competition as soon as possible.” ”

From *As Rumors Fly, a Call for a United Front on Healthcare in the House*, by Raul Grijalva (*The Nation*, October 23, 2009) (view)

“ “The United States ranks 31st in life expectancy (tied with Kuwait and Chile), according to the latest World Health Organization figures. We rank 37th in infant mortality (partly because of many premature births) and 34th in maternal mortality. A child in the United States is two-and-a-half times as likely to die by age 5 as in Singapore or Sweden, and an American woman is 11 times as likely to die in childbirth as a woman in Ireland.” ”

From *Unhealthy America*, by Nicholas D. Kristof (*The New York Times*, November 4, 2009) (view)

“ “A Harvard study, to be published next month in the *American Journal of Public Health*, suggests that almost 45,000 Americans die prematurely each year as a consequence of not having insurance. John may become one of them. If a senator strolled indifferently by as John retched in pain, we would think that person pitiless. But isn't it just as monstrous for politicians to avert their eyes, make excuses and deny coverage to innumerable Americans just like John?” ”

From *Are We Going to Let John Die?*, by Nicholas D. Kristof (*The New York Times*, November 28, 2009) (view)

“ “With the additions of investments in health information technology, research into what works and what doesn't, and an Independent Payment Advisory Board of doctors and other medical experts making recommendations to improve the Medicare system, the legislation under consideration would create a virtuous circle in which more information becomes available, different delivery system reforms are tested and successful reforms are scaled up quickly as we learn more.” ”

From *Health reform that won't break the bank*, by Peter Orszag, Nancy-Ann DeParle (*The Washington Post*, March 5, 2010) (view)

“ “Some critics argue that the country can't afford a new healthcare entitlement. Others resent the idea of using their tax dollars to pay for other people's insurance, even though that's what Medicare and Medicaid do today. And many say it's un-American, even unconstitutional, to mandate coverage. Such every-man-for-himself thinking ignores how interconnected we are as a society, how important health is to productivity and how much of a drag healthcare costs are on economic growth.” ”

From Laying the foundation, by Los Angeles Times editorial board (*Los Angeles Times*, March 21, 2010) (view)

“Reducing the cost is important, but not as important as the preservation of lives. Plainly put: Without reform, more Americans will die of preventable health issues in the years ahead. As detailed in a recent report, "Lives on the Line," by Families USA, the National Institute of Medicine found that in 2006, 22,000 adults ages 25-64 died because they did not have health insurance.”

From Health stakes never higher, by The Tennessean editorial board (*The Tennessean*, March 21, 2010) (view)

“It is shameful that in a country this wealthy, so many people go without adequate health care. Insuring them is a moral imperative. It is also shameful that today's leaders are prepared to pass on so much debt to future generations. That, too, is a moral issue: If unchecked, the debt will erode American prosperity and hurt the poor most of all. Our judgment is that passage of health-care reform, as maddeningly imperfect as it is, would put the country in a better position to deal with both challenges.”

From Health reform is a risk worth taking, by The Washington Post editorial board (*The Washington Post*, March 19, 2010) (view)

“All told, these and other modest changes to the Senate bill look reasonable. Liberals in Congress need to recognize that this is about the most generous package of benefits that can possibly be passed in the midst of recession. And fiscal hawks need to recognize that this bill would reduce deficits more than any in recent years.”

From On the Verge of Reform, by The New York Times editorial board (*The New York Times*, March 18, 2010) (view)

“Actually, the proposed reform does more to control health care costs than any previous legislation, paying for expanded coverage by reducing the rate at which Medicare costs will grow, substantially improving Medicare's long-run financing along the way. And this combination of broader coverage and cost control is no accident: It has long been clear to health-policy experts that these concerns go hand in hand. The United States is the only advanced nation without universal health care, and it also has by far the world's highest health care costs.”

From Why We Reform, by Paul Krugman (*The New York Times*, March 18, 2010) (view)

“Opponents of health care reform claim that America's health statistics are poor simply because of America's racial diversity and large underclass. But there is one group of Americans who do fine in international comparisons — and that's the 65-plus crowd. They have Medicare. One careful study after another has shown that uninsured people are significantly more likely to die than insured people. That's because diseases are caught at later stages on uninsured people, and they don't get treated so well.”

From Access, Access, Access, by Nicholas D. Kristof (*The New York Times*, March 17, 2010) (view)

“ “If the president's plan passes, 31 million uninsured Americans will get access to affordable coverage. Employers will see their health costs drop by \$3,000 a year over the next decade. Over the same period, the deficit will fall by \$100 billion, according to the Congressional Budget Office. And, as more than 40 leading economists wrote in a letter last week, we will have "a serious, multi-faceted initiative to improve the quality and efficiency of American medical care." ”

From 'The only sensible choice', by Kathleen Sebelius (*USA Today*, March 16, 2010) (view)

“ “While industry officials contend their rates merely reflect the increasing prices charged by hospitals, doctors, and drug companies, there is a good counterargument that the insurers' healthy profit margins prove consumers are overpaying. What's more, insurance companies are known for denying coverage or pricing people with chronic illnesses out of the marketplace. That's why one of the strongest appeals of Obama's proposed reform is that it would set up national insurance exchanges where consumers could price-shop for health policies with guaranteed levels of coverage.” ”

From Money talks, by The Philadelphia Inquirer editorial board (*The Philadelphia Inquirer*, March 14, 2010) (view)

“ “It will create state-based exchanges that will bring competition and transparency to insurance markets. And it will put in place common-sense rules of the road to hold insurance companies accountable and end some of the most outrageous practices of the insurance industry. Never again will people be denied coverage because they have a pre-existing condition. Never again will insurance companies be able to raise rates unfairly — like the 60 percent hikes expected in Illinois.” ”

From Why Republicans should support health care reform, by Ray LaHood (*Chicago Tribune*, March 14, 2010) (view)

“ “The Democrats' proposals would start the complicated but vital task of replacing the system's current incentives, which encourage providers to spend as much as possible, with rewards for wellness, efficiency and high-quality care. By attacking the demand that leads to overconsumption of services, the bills should slow the growth of healthcare costs over the long term.” ”

From Cost control's the key, by Los Angeles Times editorial board (*Los Angeles Times*, March 12, 2010) (view)

“ “Critics argue that we should ignore what's actually in the legislation; when cost control actually starts to bite on Medicare, they insist, Congress will back down. But this isn't an argument against Obamacare, it's a declaration that we can't control Medicare costs no matter what. And it also flies in the face of history: contrary to legend, past efforts to limit Medicare spending have in fact “stuck,” rather than being withdrawn in the face of political pressure.” ”

From Health Reform Myths, by Paul Krugman (*The New York Times*, March 11, 2010) (view)

“ “The president's plan costs less than a penny on the national dollar. Some say we should cut the spiraling costs of the system before we invest that new penny. If you think your family will never be vulnerable to losing coverage or be unable to get it in the first place, then maybe you can afford to wait. But if you think your family could use a little insurance against that possibility -- or that your country should offer some protection against such devastation for your countrymen -- then it should strike you as a penny well spent.” ”

From Heaven can wait: The health-care edition, by Matt Miller (*The Washington Post*, March 10, 2010) (view)

“ "Right-wing opponents of reform would have you believe that President Obama is a wild-eyed socialist, attacking the free market. But unregulated markets don't work for health care — never have, never will. To the extent we have a working health care system at all right now it's only because the government covers the elderly, while a combination of regulation and tax subsidies makes it possible for many, but not all, nonelderly Americans to get decent private coverage." ”

From Health Care Realities, by Paul Krugman (*The New York Times*, July 31, 2009) (view)

“ "Today, Medicare covers 44.1 million beneficiaries with an overhead of approximately 2 percent. Medicare's low administrative overhead and efficiencies of service have helped Medicare's costs grow at a slower rate for the past five years than private health insurance for the same benefits, despite seniors' higher need for services. While Medicare may not be perfect and every year the government makes some changes, it has been a godsend for millions of seniors." ”

From They Opposed Medicare Too, by Rush Holt (*The Huffington Post*, July 31, 2009) (view)

“ "Compared with the crazy-quilt system we have now, the idea behind the health insurance exchange is almost weirdly simple: It's a single market, structured for consumer convenience, in which you choose between the products of competing health insurers (both public and private). This is not a new idea. It is how we buy everything from books to socks to soup. Everything, that is, except health insurance." ”

From A Market for Health Reform, by Ezra Klein (*The Washington Post*, July 29, 2009) (view)

“ "The Blue Dogs are right to hold Obama and Democratic leaders to their commitment to real cost control. But they are wrong to see this goal as conflicting with a new national public health insurance plan for Americans younger than 65. In fact, such a plan, empowered to work with Medicare, is Congress's single most powerful lever for reforming the way care is paid for and delivered. With appropriate authority, it can encourage private plans to develop innovations in payment and care coordination that could spread through the private sector, as have past public-sector innovations." ”

From Health Care for the Blue Dogs, by Jacob Hacker (*The Washington Post*, July 28, 2009) (view)

“ "Many Americans reflexively reject the idea of any new taxes — especially to pay for others' health insurance. They should remember that if this reform effort fails, there is little hope of reining in the relentless rise of health care costs. That means their own premiums and out-of-pocket medical expenses will continue to soar faster than their wages. And they will end up paying higher taxes anyway, to cover a swelling federal deficit driven by escalating Medicare and Medicaid costs." ”

From Health Care Reform and You, by The New York Times editorial board (*The New York Times*, July 25, 2009) (view)

“ “Why does meaningful action on medical costs go along with compassion? One answer is that compassion means not closing your eyes to the human consequences of rising costs. When health insurance premiums doubled during the Bush years, our health care system “controlled costs” by dropping coverage for many workers — but as far as the Bush administration was concerned, that wasn’t a problem. If you believe in universal coverage, on the other hand, it is a problem, and demands a solution.” ”

From Costs and Compassion, by Paul Krugman (*The New York Times*, July 24, 2009) (view)

“ “Those who bluster about government “rationing” need to accept that health care is already rationed in this country by the patient’s ability to pay. If Congress caves to those who don’t want any form of cost containment at all, no matter how small, then we’ll be right back at Square One. With a bigger taxpayer bill this time.” ”

From On Reforming Health Care, by San Francisco Chronicle editorial board (*San Francisco Chronicle*, July 23, 2009) (view)

“ “In San Francisco, we decided to treat this crisis. Two years ago, we launched the country’s first universal health care program, Healthy San Francisco. Today, almost 75% of previously uninsured residents are enrolled in our “public option” program. 44,249 people, at last count are now covered by our public plan. Healthy San Francisco is saving lives, reducing costs and creating competition.” ”

From A Solution to Our Health Care Crisis, by Gavin Newsom (*The Huffington Post*, July 23, 2009) (view)

“ “Don’t believe the misinformation. No one will be forced to change their plan and everyone will be able to choose their own doctor. But the act will prohibit insurance companies from discriminating in any way based on pre-existing conditions, either by denying insurance, charging more, or limiting care.” ”

From How health reform helps Americans, by John Dingell, Sander Levin (*The Detroit News*, July 22, 2009) (view)

“ “Though the surtax may well be jettisoned, there are unequivocally necessary parts of the House bill that must remain. Chief among them is elimination of overpayments to insurance industry managed-care plans that serve Medicare patients. Taxpayers now spend 13% more per patient in these HMOs than they do for a patient enrolled in regular (yes, government-run!) Medicare.” ”

From Health Reform Mustn’t Hinge On Deadlines, by Marie Cocco (*Investor’s Business Daily*, July 22, 2009) (view)

“ “The Wall Street Journal editorial page has promoted the notion that the way to encourage growth is by putting more money into the hands of wealthy. By this reasoning, any proposal to tax the rich would threaten the economy. These arguments were made, of course, against the Clinton administration’s tax increases in 1993. But afterwards the country enjoyed an economic boom.” ”

From Tax the Rich!, by John Judis (*The New Republic*, July 21, 2009) (view)

“ “Washington insiders want to talk about the horse race, and the political bickering, but that is not what the American people care about. People care about premiums rising four times faster than wages, not bipartisan compromises that will water-down reform.” ”

From No Excuses -- Health Care Really Can't Wait, by Richard Kirsch (*The Huffington Post*, July 21, 2009) (view)

“ "What I haven't heard the critics discuss is the cost of inaction. If we don't reform the system, if we leave things as they are, health-care inflation will cost far more over the next decade than health-care reform. We will pay far more for far less—with millions more Americans uninsured or underinsured. This would threaten not just the health of Americans but also the strength of the American economy."

”

From 'The Cause of My Life', by Ted Kennedy (*Newsweek*, July 18, 2009) (view)

“ "But there's no reason to suppose that taking a tiny sliver of the incomes of the top 1 percent will reduce all that much of their ardor to invest, innovate and hire in the future. Yet if this tiny sliver means affordable healthcare for a far larger number of Americans, who will be able to get regular checkups and thereby stay healthy and productive, the positive effect on the American economy is likely to be far greater."

”

From Tax the wealthy to keep everyone healthy, by Robert Reich (*Salon.com*, July 16, 2009) (view)

“ "This bill is clearly not hugely costly. It would expand the government's role in financing and regulating coverage but would also bolster private coverage. It would increase employer-based coverage, mostly by requiring employers to participate. And it would send more clients to the private insurance industry. The Congressional Budget Office estimates that perhaps 10 million people might enroll in a new public plan, while twice that number might enroll in competing private policies."

”

From A Strong Health Reform Bill, by The New York Times editorial board (*The New York Times*, July 15, 2009) (view)

“ "Many, if not most, Americans have some sort of experience with our nation's mostly private health care system. Yet they still fall prey to the scare tactic that nothing -- but nothing -- could be worse than a government takeover of the system. How things could be worse than they are now, I cannot imagine."

”

From Socialized Medicine? Bring It On, by Richard Cohen (*The Washington Post*, July 15, 2009) (view)

“ "Congress is achingly close to passing legislation that would cover most uninsured Americans and provide much more security for all Americans — guaranteeing that if they lose their jobs they will be able to buy affordable policies and can't be denied coverage because of pre-existing conditions. If the Democrats quit now, so close to the goal line, the opportunity for large-scale reform could be lost for years. Meanwhile, the number of uninsured, currently more than 46 million, will keep going up and the cost of health care will continue to soar."

”

From Don't Give Up Now, by The New York Times editorial board (*The New York Times*, January 25, 2010) (view)

“ "Remember, it's a delicate balance. You can't ask for a mostly private, for-profit health system without government price controls and then complain that the bill doesn't do enough to control costs. The bill threads the needle, testing many new ways to prod doctors and hospitals to become more efficient and paying them on the basis of the quality of care they deliver, not just the quantity."

”

From *Afraid of health care legislation?*, by Steven Findlay (*USA Today*, January 13, 2010) (view)

“ "Insurance companies would no longer be able to deny people the coverage they need because of a preexisting illness or condition. They would not be able to drop coverage when people get sick. And there would be a limit on how much they can force Americans to pay out of their own pockets when they do get sick." ”

From *The moment Ted Kennedy would not want to lose*, by Victoria Reggie Kennedy (*The Washington Post*, December 20, 2009) (view)

“ "President Obama and I know we have to put our fiscal house in order. This is why those who claim they oppose reform because they fear for our country's fiscal stability should finally acknowledge what the nonpartisan Congressional Budget Office makes crystal clear: not only is the Senate bill paid for, it is this country's single largest deficit-reduction measure in a dozen years." ”

From *Why the Senate Should Vote Yes on Health Care*, by Joe Biden (*The New York Times*, December 19, 2009) (view)

“ "At its core, the bill would do two things. First, it would prohibit discrimination by insurance companies on the basis of medical condition or history: Americans could no longer be denied health insurance because of a pre-existing condition, or have their insurance canceled when they get sick. Second, the bill would provide substantial financial aid to those who don't get insurance through their employers, as well as tax breaks for small employers that do provide insurance. All of this would be paid for in large part with the first serious effort ever to rein in rising health care costs." ”

From *Pass the Bill*, by Paul Krugman (*The New York Times*, December 17, 2009) (view)

“ "The nonpartisan Institute of Medicine, the health arm of the National Academy of Sciences, estimated in 2002 -- when fewer Americans were uninsured than are today -- that 18,000 adults age 25-64 died in 2000 because they were uninsured. Based on the IOM's methodology and later Census Bureau estimates of insurance coverage, the Urban Institute finds that from 2000 to 2006, 137,000 people died due to lack of health insurance -- 22,000 in 2006 alone." ”

From *Why cost shouldn't stop health-care reform*, by Kirsten Powers (*New York Post*, December 14, 2009) (view)

“ "Team Obama can spend August complaining about right-wing distortion of their healthcare agenda. Or, they can figure out how to tell their truth: Revamping healthcare is not an evil socialist plot to take away American rights. It's a patriotic movement to guarantee them." ”

From *Will Obama fight for his health plan?*, by Joan Vennochi (*The Boston Globe*, August 9, 2009) (view)

“ "Most of us see health-insurance reform as access, affordability and portability. People are looking for transparency in coverage: no lifetime limits or pre-existing conditions. Spread the risk and cost with everyone anted into the game." ”

From *America is ripe for health-care reform*, by Lance Dickie (*The Seattle Times*, August 7, 2009) (view)

“ “Recent estimates indicate that by 2040, health-care costs will eat up 34 percent of our gross domestic product. By comparison, the entire federal budget today is just 20 percent of our GDP. By acting now, we have the chance to slow health-care costs in a way that doesn't slash benefits or reduce care. Instead, we can make investments in prevention, wellness and health information technology that will allow the health-care system to deliver incredible results at prices we can all afford.” ”

From *Lifting A Burden Of Worry*, by Kathleen Sebelius (*The Washington Post*, August 4, 2009) (view)

“ “Will President Obama's health care plan promote small business and make us more like Europe? It very well might. One possible explanation for the relatively smaller role of small business in the U.S. economy is that concern over access to health insurance makes many people reluctant to strike out on their own and start a small business. The prospect of being stuck without health insurance has to be very scary for a 50-year old with some health problems.” ”

From *Will Obamacare Make the U.S. More Like Europe?*, by Dean Baker (*The Huffington Post*, August 4, 2009) (view)

“ “But taken as a whole, the attitudes seniors express on health care are arguably the greatest vote of confidence anyone has offered reform. Seniors live in America's version of Canada. They have single-payer health care. And they love it. They love it so much that they've got the chairman of the RNC swearing to protect it.” ”

From *No Government Health Care! (Except for Mine.)*, by Ezra Klein (*The Washington Post*, August 30, 2009) (view)

“ “Have hay fever, asthma, a cholesterol pill prescription? Are you a woman of child-bearing age? You're virtually uninsurable at an affordable cost. Even if you're accepted, your carrier reserves the right to cancel your policy retroactively if it finds that you left even a tiny condition from years back off your application. The public option may be your lifeline -- if it's enacted.” ”

From *What's so great about private health insurance?*, by Michael Hiltzik (*Los Angeles Times*, August 3, 2009) (view)

“ “In 1960, U.S. firms spent 1.2% of their payroll on health insurance. In 2006, they spent 9.9%. Costs rising at this rate are unsustainable and put U.S. firms at a competitive disadvantage to foreign companies that almost universally have lighter health-care burdens. It also destroys U.S. jobs.” ”

From *Fixing Health Care Is Good for Business*, by Gary Locke (*The Wall Street Journal*, August 28, 2009) (view)

“ “The raucous debates over a "public option," so-called "death panels" and "taxpayer sponsored abortions" are designed to obscure the real issue: We live in the richest and most powerful country in the world, and we can't find the will or the compassion to ensure that all Americans receive quality health care. It is a disgrace.” ”

From *Kennedy's dream is our inspiration*, by Mary Mitchell (*Chicago Sun-Times*, August 27, 2009) (view)

“ “A public plan would have real advantages. Because a government-run plan would not be profit-driven, it could offer lower premiums than many private plans. It probably could negotiate lower prices from health-care providers. And it would likely save the government money by providing a low-cost alternative for low-income people seeking to purchase insurance with the help of government subsidies. It would give consumers more choices.” ”

From Fight for the 'public option', by The Philadelphia Inquirer editorial board (*The Philadelphia Inquirer*, August 24, 2009) (view)

“ “The best way to bring down health care costs is to enhance competition, and in this case, it needs to be government that does it. Without major reform, the status quo will help bankrupt the country and the private businesses that no longer will be able to afford to offer health care insurance because of the spiraling costs. Those businesses will just dump their health care plans, or shut their doors. Either way, more workers are looking for government help.” ”

From Public option is critical to reform, by The Denver Post editorial board (*The Denver Post*, August 23, 2009) (view)

“ “Like President Obama, we have seen family members having to fight with insurance companies while they are sick and dying. Personally, I have a friend with diabetes die because he couldn't get insurance coverage, and didn't have the money to take care of himself the way a diabetic should. I have family members with pre-existing conditions stuck in jobs they don't like for fear of not being able to get insurance should they switch.” ”

From The Heart of the Matter, by Mike Lux (*The Huffington Post*, August 20, 2009) (view)

“ “The Obama plan will make preventative services affordable by eliminating co-payments and deductibles for preventive services in Medicare. The plan lowers seniors' prescription drug costs and brings savings to Medicare. By eliminating wasteful overpayments to private plans under Medicare and creating new incentives for coordinated, high-quality care across the health care spectrum, reform will extend Medicare's trust fund solvency.” ”

From Obama health care plan helps seniors, by Mark Gaffney (*The Detroit News*, August 19, 2009) (view)

“ “If you like your doctor, you can keep your doctor. If you like your health care plan, you can keep your health care plan. You will not be waiting in any lines. This is not about putting the government in charge of your health insurance. I don't believe anyone should be in charge of your health care decisions but you and your doctor — not government bureaucrats, not insurance companies.” ”

From Why We Need Health Care Reform, by Barack Obama (*The New York Times*, August 15, 2009) (view)

“ “This isn't as efficient as single-payer. But it would get 97 percent of Americans and virtually all kids covered, do a better job of catching diseases early and help eliminate the most outrageous insurance company gambits to make money.” ”

From Fear failure, not health care reform, by Jesse Jackson (*Chicago Sun-Times*, August 11,

2009) (view)

“ "Reform will mean stability and peace of mind for the middle class. Never again will medical bills drive Americans into bankruptcy; never again will Americans be in danger of losing coverage if they lose their jobs or if they become sick; never again will insurance companies be allowed to deny patients coverage because of pre-existing conditions." ”

From 'Un-American' attacks can't derail health care debate, by Nancy Pelosi, Steny Hoyer (*USA Today*, August 10, 2009) (view)

“ last week's historic hearings have made one thing clearer than ever: Attempts at "comprehensive" legislation compromise the very notion of limited government, in which the people's representatives try to accomplish attainable goals in a free society. ”

From Undoing Obamacare, by Jeffrey Anderson (*The Weekly Standard*, April 2, 2012) (view)

Against this position

“ "First, ask yourself whether the government that brought us such "waste and inefficiency" and "unwarranted subsidies" in the first place can be believed when it says that this time it will get things right. The nonpartisan Congressional Budget Office (CBO) doesn't think so: Its director, Douglas Elmendorf, told the Senate Budget Committee in July that "in the legislation that has been reported we do not see the sort of fundamental changes that would be necessary to reduce the trajectory of federal health spending by a significant amount."" ”

From Obama and the Bureaucratization of Health Care, by Sarah Palin (*The Wall Street Journal*, September 8, 2009) (view)

“ "The CBO's cost estimate understates the number who would receive the subsidy because it ignores the incentive for many firms to drop employer-provided coverage. It also ignores the strong incentive that individuals would have to reduce reportable cash incomes to qualify for higher subsidy rates. The total cost of ObamaCare over the next decade likely would be closer to \$2 trillion than to \$1 trillion." ”

From ObamaCare's Crippling Deficits, by Martin Feldstein (*The Wall Street Journal*, September 7, 2009) (view)

“ "If these cuts are approved, the American College of Cardiology estimates that 40 percent of the cardiology practices in Florida will go bankrupt. We need to pay for performance, not automatically reduce fees for procedures that patients have come to expect." ”

From 10 Things I Hate About Health-Care Reform, by Arthur Feldman (*The Washington Post*, September 6, 2009) (view)

“ "Insurers don't have to market to consumers. They only have to satisfy employers. In addition, a person living in New York, for example, is currently only permitted to purchase individual insurance in New York. Allowing competition across state lines would drive down cost tremendously. We believe the solution to this problem is patient choice. What appears to be a free market in health care today is not." ”

From How to Insure Every American, by John Shadegg, Pete Hoekstra (*The Wall Street Journal*, September 4, 2009) (view)

“ "During the campaign, Obama pledged not to force everyone to buy insurance, and promised \$2,500 per family in savings from reform. Now he offers generalized support for a bill that is set to include a global mandate, fines on the middle class of up to \$1,900 and huge tax hikes." ”

From 'Reform' horrors: O's Total Disconnect, by Sally Pipes (*New York Post*, September 30, 2009) (view)

“ "Obama has pledged only to increase taxes on the rich. But his program essentially taxes the core of the middle class (those making \$30,000 to \$80,000). It will make them overpay in order to pick up the slack for others who need the extra coverage. In other words, health-care "reform" is a health-care tax dressed up as a program to cover the uninsured." ”

From ObamaCare: Losing everyone, by Dick Morris, Eileen McGann (*New York Post*, September 21, 2009) (view)

“ "Taxation can favor one industry or course of action over another, but a "tax" that falls exclusively on anyone who is uninsured is a penalty beyond Congress's authority. If the rule were otherwise, Congress could evade all constitutional limits by "taxing" anyone who doesn't follow an order of any kind—whether to obtain health-care insurance, or to join a health club, or exercise regularly, or even eat your vegetables." ”

From Mandatory Insurance Is Unconstitutional, by David B. Rivkin Jr., Lee Casey (*The Wall Street Journal*, September 18, 2009) (view)

“ "The case for ObamaCare, as with the NHS, rests on what might be termed the "lump of health care" fallacy. But in a market-based system triggering one person's contractual rights to health care does not invalidate someone else's health policy. Instead, increased demand for health care incentivizes new drugs, new therapies and better ways of delivering health care. Government-administered systems are so slow and clumsy that they turn the lump of health-care fallacy into a reality." ”

From Government Medicine vs. the Elderly, by Rupert Darwall (*The Wall Street Journal*, September 15, 2009) (view)

“ "It may seem noble to declare that health care is a fundamental human right and not a mere commodity to be left to the vagaries of the market. Of course, the same thing could be said about food or clothing - also essential to human welfare - yet not even Ted Kennedy would have suggested that Washington nationalize US food production or overhaul the clothing industry. It is precisely because food and clothing are seen as commodities, because we do leave their availability to the market, that they can be had in such abundance and diversity." ”

From What 'right' to health care?, by Jeff Jacoby (*The Boston Globe*, September 13, 2009) (view)

“ "Third, ObamaCare discourages personal ambition. The proposed reforms will institute a set of government mandates, price controls and other strictures that will make highly trained specialists, drug researchers and medical device makers less valued now and in the future. Americans understand that when you take away the incentive to make money while saving lots of lives, the cures, therapies and medical innovations of tomorrow may never be discovered." ”

From Why Government Health Care Keeps Falling in the Polls, by Arthur C. Brooks (*The Wall Street Journal*, October 25, 2009) (view)

“ "Americans have the easiest access to specialty doctors, doctors of their choice, doctors who lead the world in health care innovation, regardless of what metrics are assessed. Instead of solely considering costs, shouldn't we ask if Americans are willing to die sooner from cancer, to give up access to specialists, to be refused safer, more accurate diagnostic imaging, to lose the most accessible screening programs, and to lose their autonomy in pursuing treatments for their families?" ”

From Where's the benefit?, by Scott Atlas (*The Washington Times*, October 25, 2009) (view)

“ "Mr. Obama's problem is that his Magic Kingdom Health Care World is colliding with reality. There is a big cost to any large government expansion—and the ways to cover the cost of Mr. Obama's plan are limited, unpopular, and sure to anger Americans once they are fully understood." ”

From Obama Hasn't Closed the Health-Care Sale, by Karl Rove (*The Wall Street Journal*, October 14, 2009) (view)

“ "The claim that a vast expansion of the federal role in health care could save money is largely based on the preposterous assumption that hundreds of billions of dollars would be cut in Medicare and Medicaid programs. A law on the books already requires Congress to contain Medicare spending. Each year, Congress refuses to implement this law. Now it would go after Medicare on a far bigger scale? Of course not." ”

From Fear of health 'reform' is warranted, by The San Diego Union-Tribune editorial board (*The San Diego Union-Tribune*, November 5, 2009) (view)

“ "The idea that expanding coverage will save the country money has always been a fantasy. True, the Congressional Budget Office found that, under certain assumptions that the authors of the legislation in effect required the CBO to make, the House and Senate health bills might not blow up the deficit over the next decade. But that won't happen in the real world. For one thing, doctors' reimbursements just aren't going to be cut 20 percent." ”

From A Year of Magical Thinking, by Matthew Continetti (*The Weekly Standard*, November 28, 2009) (view)

“ "Medicare cuts that could shore up Medicare's own shaky finances, they'll plow into the entitlement too (if the cuts happen at all). The new entitlement will grow at a projected 8 percent a year, and it's only through gimmickry it's made to look deficit neutral in the first decade. The cost curve of health care will be bent up, and insurance premiums, too, will rise. For all of this, ObamaCare will still leave 24 million people without health insurance." ”

From Marching off a cliff, by Rich Lowry (*New York Post*, November 23, 2009) (view)

“ “Despite the bill's strong points, it failed to address the one issue we cannot ignore in any truly effective health-care reform bill: out-of-control health-care spending. Until we tackle this core problem, we will simply be perpetuating an inefficient system that is unsustainable. This is the reason health insurance is so unaffordable to so many.” ”

From Why I voted no on health reform, by Jason Altmire (*Pittsburgh Post-Gazette*, November 20, 2009) (view)

“ “In his historic speech to Congress on Sept. 9, President Obama pledged not to support any health bill "if it adds one dime to the deficit, now or in the future, period." This bill would raise the deficit by 2.86 *trillion* dimes -- and yet the president is its most visible and audible supporter.” ”

From Another set of cooked books, by Jeffrey Anderson (*New York Post*, November 20, 2009) (view)

“ “Mrs. Pelosi stripped \$35 billion from the original score by changing the way Medicare pays for drugs administered in physician offices and raiding a Medicare reserve fund. President Obama's continued promises that he won't sign a health bill that increases the deficit is by now indefensible.” ”

From The \$1.9 Trillion Gimmick, by The Wall Street Journal editorial board (*The Wall Street Journal*, November 18, 2009) (view)

“ “In effect, while the legislation would enhance access to insurance, the trade-off would be an accelerated crisis of health-care costs and perpetuation of the current dysfunctional system—now with many more participants. This will make an eventual solution even more difficult. Ultimately, our capacity to innovate and develop new therapies would suffer most of all. There are important lessons to be learned from recent experience with reform in Massachusetts. Here, insurance mandates similar to those proposed in the federal legislation succeeded in expanding coverage but—despite initial predictions—increased total spending.” ”

From Health 'Reform' Gets a Failing Grade, by Jeffrey Flier (*The Wall Street Journal*, November 17, 2009) (view)

“ “The studies variously estimate that the extra spending, over the next decade, would be \$750 billion, \$525 billion and \$114 billion. The reasoning: Greater use of the health-care system by the newly insured would overwhelm cost-saving measures (bundled payments, comparative effectiveness research, tort reform), which are either weak or experimental. Though these estimates could prove wrong, they are more plausible than the administration's self-serving claims.” ”

From Obamacare: Buy now, pay later, by Robert J. Samuelson (*The Washington Post*, November 16, 2009) (view)

“ “In a rational political world, this 1,990-page runaway train would have been derailed months ago. With spending and debt already at record peacetime levels, the bill creates a new and probably unrepealable middle-class entitlement that is designed to expand over time. Taxes will need to rise precipitously, even as ObamaCare so dramatically expands government control of health care that eventually all medicine will be rationed via politics.” ”

From The Worst Bill Ever, by The Wall Street Journal editorial board (*The Wall Street Journal*, November 1, 2009) (view)

“ “A quickly and clandestinely assembled, 2,500-page bill that is nothing more than a tip of the hat to unions, and that further complicates the monstrosity that is our already heavily regulated health care insurance industry, is not progress. The only thing we know for sure about complicated business matters is that the free market sorts them out best over time.” ”

From Obamacare, whether you want it or not, by Ron Hart (*The Orange County Register*, March 9, 2010) (view)

“ “They’ve stuffed the legislation with gimmicks and dodges designed to get a good score from the Congressional Budget Office but don’t genuinely control runaway spending. There is the doc fix dodge. The legislation pretends that Congress is about to cut Medicare reimbursements by 21 percent. Everyone knows that will never happen, so over the next decade actual spending will be \$300 billion higher than paper projections.” ”

From The Emotion of Reform, by David Brooks (*The New York Times*, March 8, 2010) (view)

“ “Obamacare represents the government annexation of "one-sixth of the U.S. economy" – i.e., the equivalent of the entire British or French economy, or the entire Indian economy twice over. Nobody has ever attempted this level of centralized planning for an advanced society of 300 million people. Even the control-freaks of the European Union have never tried to impose a unitary "comprehensive" health care system from Galway to Greece. The Soviet Union did, of course, and we know how that worked out.” ”

From Obamacare worth the price to Democrats, by Mark Steyn (*The Orange County Register*, March 5, 2010) (view)

“ “There is little dispute the industry has big flaws, yet Obama passed up a bipartisan chance to fix most of them. He opted for a sweeping expansion and takeover that would put Washington in charge of every aspect, from levels of care, to cost, to mandates, to jobs and taxes. Ultimately, no American will be able to escape its centralizing impact, which is why opponents are so ferocious and frightened.” ”

From Why we fear Bam big gov't, by Michael Goodwin (*New York Post*, March 21, 2010) (view)

“ “It doesn't pay for itself, as Democrats claimed last week. You pay, via that half-trillion in new taxes. Then the plan bets on another half-trillion in Medicare cuts that Congress perennially threatens but never makes.” ”

From Health care designed in a rug bazaar, by Patrick McIlheran (*Milwaukee Journal Sentinel*, March 21, 2010) (view)

“ “One cannot judge the full consequences of health care reform. What can be judged is the manner by which Democrats have governed over the last year. They have been partisan and ideological, derisive and dismissive. They try to legislate massive changes to American society and the American economy by the tiniest of margins and the most arcane of methods.” ”

From The Process Is the Substance, by Matthew Continetti (*The Weekly Standard*, March 21, 2010) (view)

“ “If ObamaCare becomes permanent, no one will suffer more than U.S. businesses. They'll face higher taxes, more regulations and a higher cost of capital. But don't take our word for it. Go ask Caterpillar. The heavy-equipment giant reckons its insurance costs will go up 20%, or \$100 million, the first year after the health care system is overhauled, and may go even higher. Multiply that by literally tens of thousands of companies nationwide, large and small, and you can see how costs will soar.” ”

From Health Overhaul's Assault On Business, by Investor's Business Daily editorial board (*Investor's Business Daily*, March 20, 2010) (view)

“ “Court challenges both to the insurance mandates in this bill, and to the procedural trickery being used to force it through, will festoon the courts for months and years to come, even as our overseas trading partners increasingly balk at buying the promissory notes needed to fund this wobbling house of cards.” ”

From For bankruptcy and socialism, by Las Vegas Review-Journal editorial board (*Las Vegas Review-Journal*, March 20, 2010) (view)

“ “Democrats deny this reality, but government rationing will become inevitable given that overall federal spending is already at 25% of GDP and heading north, and Medicare's unfunded liabilities are roughly two and a half times larger than the entire U.S. economy in 2008. The ObamaCare bill already contains one of the largest tax increases outside the Great Depression or the world wars, including a major new tax on investment income—and no one seriously believes it will be enough.” ”

From The ObamaCare Crossroads, by The Wall Street Journal editorial board (*The Wall Street Journal*, March 20, 2010) (view)

“ “Removing the unrealistic annual Medicare savings (\$463 billion) and the stolen annual revenues from Social Security and long-term care insurance (\$123 billion), and adding in the annual spending that so far is not accounted for (\$114 billion) quickly generates additional deficits of \$562 billion in the first 10 years. And the nation would be on the hook for two more entitlement programs rapidly expanding as far as the eye can see.” ”

From The Real Arithmetic of Health Care Reform, by Douglas Holtz-Eakin (*The New York Times*, March 20, 2010) (view)

“ “Democrats pre-emptively released the topline numbers, which by themselves took weeks of tweaking to game the CBO's accounting conventions and officially stay under \$1 trillion in spending for 10 years. (The real cost over a decade once all the spending kicks in: \$2.4 trillion.)” ”

From March Madness, by The Wall Street Journal editorial board (*The Wall Street Journal*, March 19, 2010) (view)

“ “The administration claims the reforms will reduce the deficit, lower health care spending and trim premiums for Americans, while adding 30 million people to the insurance rolls. If true, that would make this an almost miraculous piece of legislation. But it isn't true. As the Heritage Foundation reported Thursday, the bill would result in \$234 billion in additional health care spending, raise insurance premiums by 10 percent to 16 percent and place one-fifth of all health care providers at risk of bankruptcy.” ”

From Democrats risk undermining process with health care bill, by The Detroit News editorial board (*The Detroit News*, March 19, 2010) (view)

“ “The IRS will still become the enforcer of your personal health care. That alone will cost some \$1 billion every year in audits and government expansion. And the bill still uses trickery to claim that it will not lead to the yawning future deficits that most big-government boondoggles lead to.” ”

From Corrupt politics as usual enough to make you sick, by Charles Hurt (*New York Post*, March 19, 2010) (view)

“ “The Slaughter Solution is a poisoned chalice. By drinking from it, the Democrats would not only commit political suicide. They would guarantee that any bill signed by Mr. Obama is illegitimate, illegal and blatantly unconstitutional. It would be worse than a strategic blunder; it would be a crime - a moral crime against the American people and a direct abrogation of the Constitution and our very democracy.” ”

From Impeach the president?, by Jeffrey Kuhner (*The Washington Times*, March 19, 2010) (view)

“ “Before too many bones are broken this week, the president should swallow his pride, scrap his federal government takeover of health care, and embrace common sense solutions like updating the tax code and allowing people to purchase health insurance just like they do their car insurance. Steps like these will lower health care costs and provide coverage to the uninsured -- goals that all Americans share.” ”

From An alternative to arm-twisting, by John Shadegg (*The Washington Times*, March 19, 2010) (view)

“ “Saying his bill will reduce costs doesn't make it true. Take the legislation's huge \$500 billion cuts in Medicare. The government already reimburses hospitals and doctors less than their costs. Further cuts mean even more cost shifting to privately insured patients to cover deeper Medicare losses. Private insurance won't cover all of these exorbitant losses, which will force many doctors and hospitals out of business.” ”

From Hiding the true cost of Obamacare, by The Washington Times editorial board (*The Washington Times*, March 19, 2010) (view)

“ “Look around you, and take it all in. From now on, it gets worse. If you have kids, they'll live in smaller homes, drive smaller cars, live smaller lives. If you don't have kids, you better hope your neighbors do, because someone needs to spawn a working population large enough to pay for the unsustainable entitlements the Obama party has suckered you into thinking you're entitled to.” ”

From Dark dawn of deemocracy, by Mark Steyn (*The Orange County Register*, March 19, 2010) (view)

“ “Everyone knows it won't work. As liberal Sen. Dick Durbin just admitted, “Anyone who would stand before you and say well, if you pass health care reform next year's health care premiums are going down, I don't think is telling the truth.” And that “anyone” would be the president.” ”

From Dose of truth for Obama, by Michael Graham (*Boston Herald*, March 18, 2010) (view)

“ “The \$940 billion figure the CBO came up with is almost wholly bogus. So is the laughable estimate that deficits will be cut by \$138 billion over a decade. And the Democrats know it. That's why they're trying to pass this bill using questionable parliamentary maneuvers and outright trickery. Those who agree to this backroom scheme are part of a massive fraud perpetrated on the American people.” ”

From Health Care Fraud, by Investor's Business Daily editorial board (*Investor's Business Daily*, March 18, 2010) (view)

“ “Instead, the Slaughter plan would have the House vote only on eliminating offensive provisions like the "Cornhusker Kickback" and "Louisiana Purchase" in amendments while "deeming" the Senate bill to be passed, with no recorded vote. We can argue long into the night at the next tea (or coffee) party whether this is constitutional or that Republicans, when they ran the show, did the same thing. More important is that this is a dodgy tactic wholly unfit for a bill of such magnitude.” ”

From Edwards, Pelosi reveal Dems' two paths on health care, by The Dallas Morning News editorial board (*The Dallas Morning News*, March 17, 2010) (view)

“ “Health-care economists across the political spectrum and reform-minded Democrats such as Sen. Ron Wyden identify the backward tax treatment of health care as a problem that must be addressed. The Patients' Choice Act includes additional reforms - - such as an emphasis on preventive care, medical malpractice reform and interstate shopping -- that could be advanced one at a time in a bipartisan fashion to fix what's broken in health care without breaking what is working.” ”

From Rep. Paul Ryan on what real health reform should look like, by Paul Ryan (*The Washington Post*, March 15, 2010) (view)

“ “Whatever their sins, insurers are mainly intermediaries; they pass along the costs of the delivery system. In 2009, the largest 14 insurers had profits of roughly \$9 billion; that approached 0.4 percent of total health spending of \$2.472 trillion. This hardly explains high health costs.” ”

From Obama's illusions of cost-control, by Robert J. Samuelson (*The Washington Post*, March 15, 2010) (view)

“ “The alleged 10-year surplus is a paper fiction created by the fact that funding would accumulate for years before significant program costs began. And more than half the funding - \$483 billion - is allegedly going to come from reduced spending on Medicare and related programs. Nothing in lawmakers' history on entitlement spending - they just raised Social Security checks higher than required by funding formulas - indicates the Medicare reductions would ever happen” ”

From Questions for Davis, Filner: Will health care overhaul live up to Obama's two key promises?, by The San Diego Union-Tribune editorial board (*The San Diego Union-Tribune*, March 15, 2010) (view)

“ “Extending coverage is good, but if Congress is going to offer the people a new benefit, it has to squeeze out at least the equivalent amount of savings. If it does not, then health care, already gulping down 17 percent of national economic output, increases its caloric intake even more. And that means a heavier cost loaded onto each new Boeing 787, Kenworth truck or other product American companies sell. And that hinders recovery.” ”

From The U.S. House should reject the health care bill and start over, by The Seattle Times editorial board (*The Seattle Times*, March 15, 2010) (view)

“ Obama clearly thought he was doing the right and necessary and bold thing by tackling health reform. His conviction has been admirable. But reality has come a-knocking, quite persistently, and it's saying: Enough already. Fix what's broken, then move on. He should assemble a modest consensus package of two or three smart ideas, such as outlawing insurance company abuses - like discrimination based on preexisting conditions - speeding the adoption of electronic medical records and reining in the medical malpractice market.”

From Pull the plug, Barack, by New York Daily News editorial board (*New York Daily News*, March 14, 2010) (view)

“ ObamaCare's real cost-control plan boils down to this: First subsidize coverage so much that costs explode, raise taxes as much as possible to pay for it, and when that isn't enough hand power to an unelected committee to limit treatment and control prices by government order. This is what Democrats are voting for.”

From The Cost-Control Illusion, by The Wall Street Journal editorial board (*The Wall Street Journal*, March 13, 2010) (view)

“ Advocates of government-run national health care assert that expanding insurance will cut costs over time by creating a more healthy population. Again, we need to apply common sense. People with insurance consume more formal health care than people without insurance -- and that costs money. So insuring more people must radically raise outlays, not reduce them. Taxpayers and employers will fund the expansion through job-killing taxes or massive deficits.”

From ObamaCare's Error, by Sally Pipes (*New York Post*, July 31, 2009) (view)

“ Even a cursory look at reform plans confirms they would badly undercut private coverage - coverage most Americans say they are satisfied with. Consider the much-debated government-sponsored “public option” for insurance coverage that Pelosi demands must be a part of any overhaul. It would allow companies to obtain government-subsidized health coverage at a cost now set at 8 percent of their payroll. This is much less than the current average of 12 percent to 14 percent and thus provides a huge incentive for employers to scrap their present coverage for a government plan of uncertain quality.”

From The second myth, by The San Diego Union-Tribune editorial board (*The San Diego Union-Tribune*, July 31, 2009) (view)

“ The point is that there is no health care model, whether privately or publicly financed, that can offer unlimited access to medical services while containing costs. Ultimately, such a model arrives at a cross roads where it has to either limit access in an arbitrary way, or face uncontrolled cost increases. France and Germany, which are mostly publicly funded, are increasingly marching down the first road. America, which is half publicly and half privately funded, has so far taken the second path. Should America offer even more people such unlimited access through universal coverage, it too will end up rationing care or facing national bankruptcy.”

From The Myth of Free-Market Health Care in America, by Shikha Dalmia (*Reason*, July 30, 2009) (view)

“ "Yes, developing more effective, less toxic treatments is expensive. The prices of new cancer therapies reflect the billion-dollar cost of developing each new drug. But such treatments can be life-saving, as they have been for me. Despite its warts, our system works. Carelessly tinkering with it will have a world-wide penalty—the stifling of new drug development." ”

From Health Reform and Cancer, by Myrna Ulfik (*The Wall Street Journal*, July 30, 2009) (view)

“ "In its latest missive, the CBO says the numbers get even worse beyond the 10-year window. So the entire budgetary rationale of ObamaCare -- improving the nation's long-term fiscal outlook -- has been obliterated. Obama's plan is becoming one of the most implausible and thoroughly discredited free lunches in American history." ”

From Unreality-Based, by Rich Lowry (*New York Post*, July 28, 2009) (view)

“ "At a time when medical science offers the hope of major improvements in the treatment of a wide range of dread diseases, should Washington be limiting the available care and, in the process, discouraging medical researchers from developing new procedures and products? Although health care is much more expensive than it was 30 years ago, who today would settle for the health care of the 1970s?" ”

From Obama's Plan Isn't the Answer, by Martin Feldstein (*The Washington Post*, July 28, 2009) (view)

“ "Such disparate treatment of lower income workers would create a powerful incentive to flee employer coverage for the exchanges. And there would at the same time be pressure to extend the subsidy to workers generally satisfied with the plans provided at work but displeased about paying so much more for them than other similarly situated people. This would vastly increase the cost of the plan, since Congress is not known for resisting constituent pressure." ”

From Obamacare: It's Even Worse Than You Think, by James Capretta, Yuval Levin (*The Weekly Standard*, July 27, 2009) (view)

“ "The Congressional Budget Office judges that the legislation in the House would, through expanded Medicaid and subsidies for private insurance, cut the uninsured to 17 million in 2019 from 46 million in 2007. But the cost would be \$1 trillion over a decade; of that, \$239 billion would add to the budget deficit. Worse, the costs would rise faster than the sources of financing, including a tax on the wealthy." ”

From Obama's Misleading Medicine, by Robert J. Samuelson (*Newsweek*, July 27, 2009) (view)

“ "It's not easy to figure out exactly what Mr. Obama thinks is the main problem with health care. At the same time he decries doctors for performing expensive, unnecessary procedures, he attacks insurance companies for trying to make profits by denying appropriate medical care. Which is it: Are we getting too much care or too little?" ”

From No profit motive, by The Washington Times editorial board (*The Washington Times*, July 26, 2009) (view)

“ "The interesting thing is that it seems Americans have discovered that talk of health care as a "right" doesn't mean expanding their own freedom. It means, at best, expanding the options of others at the expense of the middle class and, naturally, "the rich."" ”

From Rationing 'Rights', by Jonah Goldberg (*New York Post*, July 25, 2009) (view)

“ "Here's the catch for ObamaCare: Since my son is now paying for health insurance, he's also now considering a \$30,000 optional surgery for which he probably medically qualifies but that he'd never have considered if he'd had to pay cash for it. Giving insurance to the uninsured won't help control health costs -- they'll use more health care."

”

From Strong Medicine: Moms Know Best, by Maggie Gallagher (*New York Post*, July 25, 2009) (view)

“ "The congressional Democrats' health-care plans, says the CBO, increase costs on the order of \$1 trillion plus. In response, the president retreated to a demand that any bill he sign be revenue-neutral. But that's classic misdirection: If the fierce urgency of health-care reform is to radically reduce costs that are producing budget-destroying deficits, revenue neutrality (by definition) leaves us on precisely the same path to insolvency that Obama himself declares unsustainable."

”

From Why Obamacare Is Sinking, by Charles Krauthammer (*The Washington Post*, July 24, 2009) (view)

“ "Every time I hear Kathleen Sebelius talk about "transitioning" from "treating disease" to "preventing disease," I start thinking of how they'll use this as an excuse to judge, shame and intrude. So this might be an unarticulated public fear: When everyone pays for the same health-care system, the overseers will feel more and more a right to tell you how to live, which simple joys are allowed and which are not."

”

From Common Sense May Sink ObamaCare, by Peggy Noonan (*The Wall Street Journal*, July 24, 2009) (view)

“ "The administration would do better to propose a modest agenda that might actually lead to lower costs and more widespread availability of health insurance. Expanding Health Savings Accounts - less expensive, with high deductibles and putting money into a retirement account if the holder uses them sparingly but with strong catastrophic coverage - would be a start."

”

From Obama playing defense, by The Orange County Register editorial board (*The Orange County Register*, July 24, 2009) (view)

“ "Politicians and bureaucrats clearly have no idea how complicated markets are. Every day people make countless tradeoffs, in all areas of life, based on subjective value judgments and personal information as they delicately balance their interests, needs and wants. Who is in a better position than they to tailor those choices to best serve their purposes? Yet the politicians believe they can plan the medical market the way you plan a birthday party."

”

From The Arrogance of Health Care Reform, by John Stossel (*Reason*, July 23, 2009) (view)

“ "Doctors would lose -- big time. Based on the projected number of people forced out of private insurance and into the public plan, the Lewin Group estimates that physicians will lose \$13.4 billion in net income -- equivalent to an average pay cut of 6.3 percent. Hospitals would be hit even harder, losing \$67 billion in revenue. That's more than the total net cash flow of all the hospitals in the country. Facing bankruptcy, a lot of hospitals might have to close their doors."

”

From Rx For Disaster, by Robert Book, Robert Moffit (*New York Post*, July 22, 2009) (view)

“ "The AMA, of all organizations, should understand the difference between health insurance and health care -- that is, that having insurance doesn't equal access to care. Just as car insurance won't help you if there are no repair shops around, having Medicaid doesn't mean you can find a doctor to take care of you -- and a recent survey shows that more than half of doctors don't accept Medicaid." ”

From AMA Takes Harmful Pill, by Marc Siegal (*New York Post*, July 22, 2009) (view)

“ "At a time when Democratic leaders are pushing rationed care in a world of limited resources, Americans might wonder where the call for shared sacrifice is from illegal-immigrant patients like those in Los Angeles getting free liver and kidney transplants at UCLA Medical Center. "I'm just mad," illegal Jose Lopez told the Los Angeles Times last year after getting two taxpayer-subsidized liver transplants while impatiently awaiting approval for state health insurance. Now, multiply that sense of entitlement by 12 million to 20 million illegals." ”

From Ensuring Insurance for Illegal Aliens, by Michelle Malkin (*New York Post*, July 22, 2009) (view)

“ "Also keep in mind that government spending, especially on health care programs, tends to be much higher than anticipated. "When Medicare was launched in 1965," note Cato Institute policy analysts Michael Tanner and Chris Edwards, "Part A was projected to cost \$9 billion by 1990, but ended up costing \$67 billion. When Medicaid's special hospitals subsidy was added in 1987, it was supposed to cost \$100 million annually, but it already cost \$11 billion by 1992."" ”

From Paying a Premium for Insurance, by Jacob Sullum (*Reason*, July 22, 2009) (view)

“ "If the mess in Massachusetts isn't enough to sober Democratic leaders, then how about the assessment of Congress' chief budget analyst? On Thursday, Congressional Budget Office chief Douglas Elmendorf warned that the House Democratic health plan and similar measures still in Senate committees do not propose "the sort of fundamental changes" necessary to restrain the soaring costs of government health programs. Just the opposite: They make red-ink budget projections worse." ”

From Got an aspirin?, by Chicago Tribune editorial board (*Chicago Tribune*, July 21, 2009) (view)

“ "Perhaps most damning to the argument of those who say we are wrong about the House bill outlawing new individual private coverage is the creation of the exchange itself. If getting coverage from the exchange is the same as buying insurance in the private market, then why do we need it? The authors of the bill could have kept the private option by doing nothing." ”

From Still Not An Option, by Investor's Business Daily editorial board (*Investor's Business Daily*, July 21, 2009) (view)

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From Still Not An Option, by Investor's Business Daily editorial board (*Investor's Business Daily*, July 21, 2009) (view)

“ “Another change proposed by Mr. Obama and the Democrats is forbidding insurance companies from considering pre-existing conditions when granting insurance or determining what to charge. By itself, this means that most people will not want to pay for insurance when they are healthy but instead will wait to buy it only when they “need” it. After all, there's no reason to pay premiums when you're healthy if there is no deterrent to picking up coverage later, when you are sick.” ”

From Destroying private health insurance, by The Washington Times editorial board (*The Washington Times*, July 20, 2009) (view)

“ “If one totals up all the new taxes in the House Democratic health-reform bill -- the income surtax, the penalties on businesses and individuals that fail to buy into the government health plan, as well as other fees and taxes -- the cost to US taxpayers will top \$800 billion. New York City will face marginal tax rates as high as 57 percent. At a time of rising unemployment and economic stagnation, that is like throwing an anchor to a drowning man.” ”

From Perils of Obamacare: the Three Big Lies, by Michael Tanner (*New York Post*, July 20, 2009) (view)

“ “The only meaningful spending reductions in Democratic plans come from paper-based reductions in Medicare and Medicaid. Pure smoke and mirrors. The likelihood of these programs actually getting fewer dollars over the next decade is slim, as cuts to doctors and providers will translate into cuts in care to seniors who will howl. Deficits will grow larger.” ”

From 'Reform' Will Cost Us More For Less, by Sally Pipes (*New York Post*, July 20, 2009) (view)

“ “When health care is the government’s responsibility, it becomes its principal responsibility. Because the minute you make government the provider of health care, you ensure that, come election time, the electorate identifies “health” as its number one concern. Thus, in a democracy, the very fact of socialized medicine seduces the citizenry away from citizenship.” ”

From Dependence Day, by Mark Steyn (*National Review*, July 20, 2009) (view)

“ “In spite of what we think of the flaws of our health care system. I believe the great majority of Americans enjoy the best health care in the world. They don't want a trillion-dollar overhaul of the health care system that will offer them less choice, fewer services, will drive their specialty doctors out of business and offer less hope for future advancement in the field of medicine.” ”

From Death of a medical specialist, by J. C. Watts (*Las Vegas Review-Journal*, July 19, 2009) (view)

“ “The bill's *pay or play* option offers owners with payrolls exceeding \$400,000 two unpalatable choices: Either pay the 8 percent penalty, or pay part of the premium for all full-time employees. For many, this is a lose-lose proposition. A survey by the National Federation of Independent Business (NFIB) found that 20 percent of its respondents would simply shut down if they were faced with this choice. They couldn't afford it.” ”

From Healthcare 'fix' hurts small business, by The Miami Herald editorial board (*The Miami Herald*, July 19, 2009) (view)

“ "In claiming that the solution to skyrocketing health costs is more government-run care, President Obama has relied on a myth -- the belief that Medicare and Medicaid have restrained the growth in health expenses, relative to private care. My new study, published by the Pacific Research Institute, shows that -- across four decades -- the costs of government-run health care have risen far more than the costs of private care."

”

From Gov't Care Costs More, by Jeffrey Anderson (*New York Post*, July 18, 2009) (view)

“ "Unemployment is at 9.5% and rising, but Democrats will nonetheless impose a new eight percentage point payroll tax on employers who don't provide health insurance for employees. This is on top of the current 15% payroll tax, and in addition to a new 2.5-percentage point tax on individuals who don't buy health insurance. This means that any employer with more than \$400,000 in payroll would have to pay at least 25% above the salary to hire someone."

”

From A Reckless Congress, by The Wall Street Journal editorial board (*The Wall Street Journal*, July 17, 2009) (view)

“ "It's one thing to require that people getting government assistance tolerate managed care, but the legislation limits you to a managed-care plan even if you and your employer are footing the bill (Senate bill, p. 57-58). The goal is to reduce everyone's consumption of health care and to ensure that people have the same health-care experience, regardless of ability to pay."

”

From O's Broken Promises, by Betsy McCaughey (*New York Post*, July 17, 2009) (view)

“ "The president claims his government plan would merely "compete" with private plans. If you like your current plan, he says repeatedly, you can keep it. One catch, though, as the House bill makes clear: Federal bureaucrats will dictate what those "private" plans can offer. So much for "choice." Meanwhile, herding more and more folks into a "public" plan while "trying" to contain costs can only lead to two things: Worse care -- and rationing."

”

From Sick 'Reform', by New York Post editorial board (*New York Post*, July 17, 2009) (view)

“ "Washington, as we know, is about free lunches rather than measured policy. Health care reform is free... no, no, even better, the president claims it will save you money. (Which is true if you subtract, for starters, the \$1 trillion needed just to implement the plan.)"

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From Pay up! Utopia ain't free, ya know, by David Harsanyi (*The Denver Post*, July 17, 2009) (view)

“ "The bill would increase income taxes by \$583 billion. The White House says only the rich would be taxed. The truth is, this would be a tax on job creation. More than half of all those taxed would be small-business owners, and the taxes would be substantial. The White House projection that 5 million jobs would be lost doesn't even factor in the adverse effects of this tax, but money taken from the pockets of job creators inevitably leads to pink slips for employees."

”

From Runaway Train To Less Freedom, Higher Taxes And Rationed Care, by Michael Leavitt (*Investor's Business Daily*, July 17, 2009) (view)

“ "When it's all whittled down, as few as 12 million are unable to buy insurance — less than 4% of a population of 305 million. For this we need to nationalize 17% of our nation's \$14 trillion economy and change the current care that 89% like?" ”

From Reformers' Claims Just Don't Add Up, by Investor's Business Daily editorial board (*Investor's Business Daily*, July 17, 2009) (view)

“ "Supporters of the "public option" think it can achieve efficiencies allowing it to underprice existing insurers. But efficiency is to government programs what barbecue sauce is to an ice-cream sundae: not a typical component. Nor is there any reason to think Washington can administer health insurance with appreciably lower overhead than private companies." ”

From The 'public option' health-care scam, by Steve Chapman (*Chicago Tribune*, July 16, 2009) (view)

“ "Instead of providing needed coverage to the uninsured, reducing costs and improving quality, we are going to tear down an employer-sponsored insurance system that most Americans believe works for them, begin to establish a single-payer system that eliminates choice, and increase costs without improving quality." ”

From We need to reform the reform, by Judd Gregg (*The Washington Times*, July 16, 2009) (view)

“ "One of the worst provisions in the bill is a new requirement on employers to provide "gold-plated" benefit plans or pay a large new payroll tax. If you wanted to write a prescription for killing jobs and cutting payrolls at a time when unemployment is already close to 10%, this is it!" ”

From 'Go back to drawing board', by Thomas J. Donohue (*USA Today*, July 16, 2009) (view)

“ "It didn't take long to run into an "uh-oh" moment when reading the House's "health care for all Americans" bill. Right there on Page 16 is a provision making individual private medical insurance illegal." ”

From It's Not An Option, by Investor's Business Daily editorial board (*Investor's Business Daily*, July 15, 2009) (view)

“ "The traditional argument against sharp increases in the marginal tax rates of a very narrow band of Americans is that it could distort their economic behavior -- most likely by encouraging them to put more of their money into tax shelters as opposed to productive investments. ... The deeper issue, though, is whether it is wise to pay for a far-reaching new federal social program by tapping a revenue source that would surely need to be tapped if and when Congress and the Obama administration get serious about the long-term federal deficit." ”

From The Deep-Pockets Mirage, by The Washington Post editorial board (*The Washington Post*, July 15, 2009) (view)

“ “If we persevere in our quixotic quest for a fetishized medical equality we will sacrifice personal freedom as its price. We will become the voluntary slaves of a "compassionate" government that will provide the same low quality health care to everyone.”

From Universal Health Care Isn't Worth Our Freedom, by Thomas Szasz (*The Wall Street Journal*, July 15, 2009) (view)

“ “Democrats claim these tax increases on the rich won't do any economic harm. They should read the work of Christina Romer before she became chief White House economist. Ms. Romer and her husband, David Romer, a Berkeley economist, have published multiple studies on the impact of tax policy changes over the past 100 years. One of their findings is that "tax increases appear to have a very large, sustained and highly significant negative impact on output." In other words, tax hikes are an antistimulus.”

From The Small Business Surtax, by The Wall Street Journal editorial board (*The Wall Street Journal*, July 15, 2009) (view)

“ “From the wildly improper gifts to senators like Nebraska's Ben Nelson to this week's backroom deals for unions, the so-called health care reform emerging from Washington has become bad medicine for America and ought to be rejected. Quickly. Unbelievably, the bill got even worse this past week when lawmakers agreed to exempt union workers from paying taxes that other workers will have to pay for years.”

From Dispatch health care reform bill, by The Denver Post editorial board (*The Denver Post*, January 16, 2010) (view)

“ “So emerging from their backrooms, Democrats have agreed to extend a special exemption from the Cadillac tax to any health plan that is part of a collective-bargaining agreement, plus state and local workers, many of whom are unionized. Everyone else with a higher-end plan will start to be taxed in 2013, but union members will get a free pass until 2018. Ponder that one for a moment. Two workers who are identical in every respect—wages, job, health plan—will be treated differently by the tax system, based solely on union membership.”

From Labor's \$60 Billion Payoff, by The Wall Street Journal editorial board (*The Wall Street Journal*, January 16, 2010) (view)

“ “It's now pretty clear the Democrats will say anything, do anything and spend anything to shove some health-care deal -- any deal -- through. The union carve-out is perhaps the most egregious example of special-interest pandering, but doubtless other side deals are being cut as well. And none of them, you can bet, will help restore any of the hundreds of millions of dollars set to be stripped from federal health-care aid to New York.”

From ObamaCare's latest bribe, by New York Post editorial board (*New York Post*, January 15, 2010) (view)

“ "But pressure from the unions has now forced the White House to agree to raise the \$23,000-per-household threshold of the tax slightly and - more importantly - exempt insurance plans that are the product of collective-bargaining agreements until 2018. This Labor Loophole stands in the finest tradition of the Louisiana Purchase and the Cornhusker Kickback. With no possible public-policy justification, it puts the awesome power to tax and spend at the service of nakedly political ends." ”

From Another Rank Deal, by Rich Lowry (*New York Post*, January 15, 2010) (view)

“ "So it's no surprise that the cycle of cuts and reversals has continued with almost comic certainty. In fact, just days ago, the House of Representatives passed a bill reversing Medicare cuts slated for 2010, with White House support. Yet as you read this, President Obama and Democrats in Congress insist they can pay for half of Obamacare's new spending on health care with... you guessed it: future, unspecified, scheduled cuts to Medicare doctors' fees, drug payments and hospital reimbursements." ”

From Medicare cuts and other D.C. fairy tales, by David Gratzner (*New York Daily News*, December 3, 2009) (view)

“ "The best and most rigorous cost analysis was recently released by the insurer WellPoint, which mined its actuarial data in various regional markets to model the Senate bill. WellPoint found that a healthy 25-year-old in Milwaukee buying coverage on the individual market will see his costs rise by 178%. A small business based in Richmond with eight employees in average health will see a 23% increase. Insurance costs for a 40-year-old family with two kids living in Indianapolis will pay 106% more." ”

From Change Nobody Believes In, by The Wall Street Journal editorial board (*The Wall Street Journal*, December 21, 2009) (view)

“ "Higher costs can be conjured away because they're suddenly on the *government* balance sheet. The Reid bill's \$371.9 billion in new health taxes are also apparently not a new cost because they can be passed along to consumers, or perhaps will be hidden in lost wages. This is the paleoliberal school of brute-force wealth redistribution, and a very long way from the repeated White House claims that reform is all about "bending the cost curve." The only thing being bent here is the budget truth." ”

From ObamaCare at Any Cost, by The Wall Street Journal editorial board (*The Wall Street Journal*, December 2, 2009) (view)

“ "The public option is in then out; the Medicare buy-in for 55-year-olds is in, then out. When the congressional dance stops, the Senate may have 60 votes, but for what? It will satisfy neither Obama's frugal promise nor progressives' lavish hopes. Already the Democratic Party's former chairman, Howard Dean, says the bill is not worth passing in this form." ”

From President Obama, Congress should set health-care reform aside, by The Seattle Times editorial board (*The Seattle Times*, December 18, 2009) (view)

“ "Are the senators serious? Medicare pays less to doctors and hospitals than many private health insurers, yet the Medicare program for hospital care will be insolvent in 2017. Medicare's trustees estimated this year that the program faces \$37.8 trillion in unfunded obligations over the next 75 years. Sure, let's expand that!" ”

From Still not an option, by Chicago Tribune editorial board (*Chicago Tribune*, December 11, 2009) (view)

“ “Are the senators serious? Medicare pays less to doctors and hospitals than many private health insurers, yet the Medicare program for hospital care will be insolvent in 2017. Medicare's trustees estimated this year that the program faces \$37.8 trillion in unfunded obligations over the next 75 years. Sure, let's expand that!” ”

From Still not an option, by Chicago Tribune editorial board (*Chicago Tribune*, December 11, 2009) (view)

“ “In the case of Medicare, this means expanding a program that is already going broke. Medicare reimburses doctors and hospitals at rates 70% to 80% below those of private insurers, which means below the actual treatment costs in many cities and regions. Providers either eat these losses—about half of U.S. hospitals are running a deficit or close to it—or they raise prices for private payers.” ”

From Worse Than the Public Option, by The Wall Street Journal editorial board (*The Wall Street Journal*, December 11, 2009) (view)

More...

Mixed on this position

“ “The biggest void in the legislation is any major effort to control medical inflation by rewarding doctors and hospitals for results, not for the volume of services performed. This is a complex issue, but the nation needs to at least start down this path. A good place to begin would be creating a national database showing which hospitals and treatments had the highest success rates.” ”

From Five ways to improve the health care hybrid, by USA Today editorial board (*USA Today*, March 16, 2010) (view)

“ “Some 47 million Americans currently lack health insurance; 3.7 million of those are in Florida. The numbers have steadily climbed in recent years and are still rising, driven by health-care costs that have raced past inflation. In the past decade, the average family health-insurance premium has more than doubled. It is on pace to double again in another eight years. Many Americans, and many employers, can't keep up.” ”

From Don't rush health-care reform, by Orlando Sentinel editorial board (*Orlando Sentinel*, July 30, 2009) (view)

“ “Mr. Obama is right that sticking with the status quo is a bad alternative, but he isn't leveling about the consequences of change. Take Mr. Obama's red pill-blue pill example. What if the pricey blue pill is actually better than the cheaper red one? What if it's better but just a little bit? What happens when a yellow pill comes along, costing twice as much as the blue? What happens if there's a new procedure that cures the ailment, but at an even bigger cost?” ”

From The Health-Care Sacrifice, by The Washington Post editorial board (*The Washington Post*, July 26, 2009) (view)

“ "Without action, the future is, in fact, bleak. Nationally, we're on pace by 2025 to dedicating one of every four dollars in our economy to the health system. But the plans circulating in Congress have done precious little to lift that unsustainable burden. On the contrary, Douglas Elmendorf, head of the nonpartisan Congressional Budget Office, analyzed the current proposals and concluded that, in fact, they make matters worse. "The curve is being raised," he testified, describing cost acceleration." ”

From The cost of good intentions, by New York Daily News editorial board (*New York Daily News*, July 24, 2009) (view)

“ "Ideally, lawmakers would finance those changes in ways that would increase consumers' sensitivity to healthcare costs without eliminating jobs and slowing economic growth. The House bill fails that test for a couple of reasons: It suggests to most Americans that they're getting a better healthcare system for free, and it makes one small group pay for improvements that benefit everyone." ”

From Spread the pain of paying for healthcare reform, by Los Angeles Times editorial board (*Los Angeles Times*, July 16, 2009) (view)

“ "By far, our biggest concern is that Congress will fake the numbers. The Democrats' plan is likely to cost more than \$1 trillion over 10 years, mostly to help poorer individuals and families afford coverage. With the federal deficit already at record levels, any fiscal sleight of hand should result in defeat." ”

From Opening bids on health care contain good ideas, big costs, by USA Today editorial board (*USA Today*, July 16, 2009) (view)

“ "Health insurance premiums in the United States continue to rise three times faster than incomes. Medicare will go bust in a decade. Budget deficits due to soaring health-care costs will continue to mount. Millions of Americans will continue to lose their health insurance when they lose their jobs, or will tap out their benefits because of an enormously expensive catastrophic illness, or find themselves unable to get new insurance because of a pre-existing medical condition, such as cancer." ”

From Real debate might fix what ails health care, by Chicago Sun-Times editorial board (*Chicago Sun-Times*, August 12, 2009) (view)

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