Patient Protection and Affordable Care Act / Act should not have been passed

< Patient Protection and Affordable Care Act

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Position: Act should not have been passed

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

For this position

A typical family of four with an income of up to \$94,200 will get a generous subsidy for health insurance if the head of the house drops out of full-time work and becomes a part-timer. It's an implicit payroll tax increase of almost 5 percent. The net result is a reduction in productivity throughout the economy.

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From The Obamacare bomb, by The Washington Times editorial board (*The Washington Times*, September 9, 2013) (view)

Health spending as a share of the economy rose to 17.2% in 2013 from 16.2% in 2007 and will hit 19.3% in 2023, assuming that GDP grows as smartly as the auditors project. In other words, health care will soak up nearly one of every five U.S. dollars instead of one of six. Taxpayers will finance 48% of that spending a decade out, up from 41% in 2007. Thank you, Peter Orszag.

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From The ObamaCare Escalator, by The Wall Street Journal editorial board (*The Wall Street Journal*, September 7, 2014) (view)

Even people with employer-provided insurance will feel the bite, with some losing their current plans despite the president's promise, and with most facing higher costs. Growth in private health insurance premiums is expected to double to 6% this year, with bigger jumps next year as more taxes and costly mandates are passed through to consumers.

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From Obamacare not ready for prime time, by Grace-Marie Turner (*USA Today*, September 30, 2013) (view)

The nonprofit and nonpartisan Kaiser Family Foundation recently released the results of a survey that shakes the president's health care law right down to its core. Health insurance premiums rose in 2011 to more than \$15,000 per family for the first time in American history. Not surprisingly, Obamacare itself is to blame for much of the increase. The forced requirement to include adult "children" on their parents' insurance up to the age of 26, as just one example, contributed to 20 percent of the increase.

From Bending Obamacare's honesty curve downward, by Milton Wolf (*The Washington Times*, September 30, 2011) (view)

"Mr. Obama said health-care reform would not only stop insurance premiums from rising rapidly, but also reduce them \$2,500 a year per family. Yet PriceWaterhouseCoopers has found that with health-care reform, premiums are likely to rise 111% over the next decade, compared to a projected increase of 79% if nothing had been done. This just makes sense: The Patient Protection and Affordable Care Act slathers on mandates, requirements and rules that can only drive up insurance costs."

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From Democrats and the Health-Reform Albatross, by Karl Rove (*The Wall Street Journal*, September 30, 2010) (view)

This week, the Obama administration announced that small businesses won't be able to enroll online until November. They'll still have to sign up, of course; they just can't do it online. The Health and Human Services Department offered this helpful guidance: Sign up by fax. Yes, fax — like it's 1999.

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From Welcome to Obamacare — fax us your money!, by Joseph Curl (*The Washington Times*, September 29, 2013) (view)

Although older Americans compile the vast majority of this country's health care expenses, their premiums cannot cost more than three times what younger Americans pay. That means the young and healthy will face huge premium increases. As Avik Roy pointed out Wednesday at Forbes.com, Obamacare exchanges will increase the average individual market insurance premium by 97 to 99 percent for younger men and 55 to 62 percent for younger women.

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From Problem-plagued exchange rollout bolsters case against Obamacare, by Las Vegas Review-Journal editorial board (*Las Vegas Review-Journal*, September 29, 2013) (view)

The Affordable Care Act signed by President Obama was supposed to rein in runaway health-care costs. How's that going? Not as advertised. Even before the ACA takes full effect in 2014, today's mandates - such as a requirement that employers offer coverage of adult children up to the age of 26 and that some plans provide free preventive care - must be a factor in the cost spurt. The Kaiser report estimates 2.3 million adult children were added to their parents' employer-sponsored plans because of the law.

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From Health care taxing America's workers, by Debra Saunders (*San Francisco Chronicle*, September 29, 2011) (view)

"The problem is that the law stinks. The critics' predictions -- it's going to raise health care costs, the deficit, taxes, and insurance premiums, make getting medical care more complex, and help fewer people than advertised -- are coming true already. Members of the public understand this all too well."

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From Health Care: 'You Dummies', by Richmond Times-Dispatch editorial board (*Richmond Times-Dispatch*, September 27, 2010) (view)

That's \$7,450 more in health spending per family of four through 2022, according to Duke University health-policy expert Chris Conover, writing for The Apothecary, a Forbes blog. And that figure's contrast with candidate Barack Obama's 2008 promise that he'd lower such families' premiums "by up to \$2,500" — during his first term! — is both grim and stark.

From ObamaCare: It's unsustainable; better to scrap it and start anew, by Pittsburgh Tribune-Review editorial board (*Pittsburgh Tribune-Review*, September 25, 2013) (view)

Prices are already spiraling out of control. One self-employed friend has seen a torrent of changes: First, his provider did away with his type of low-cost, high-deductible policy. Next, his rates went up 44 percent in 2012 for the new policy. Then, they went up again by 27 percent in 2013 — and he already has received word that they'll rise again by 31 percent for 2014.

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From 'Is everybody wrong' about health care except Obama?, by Joseph Curl (*The Washington Times*, September 22, 2013) (view)

Labor force participation is at its lowest point in 40 years. The recovery has been historically weak and protracted. And the CBO blew the doors off with a February report reflecting an Obamacare-induced projected loss of 2 million jobs (out of the labor market) by 2017 — mostly from workers choosing to supply less labor. Now, three Federal Reserve banks report private sector survey respondents are either cutting jobs, shifting workers to part-time status and/or increasing the employee contribution to their health care plans — all as a result of Obamacare.

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From Affordable Care Act lies, by Robert L. Ehrlich Jr. (*The Baltimore Sun*, September 21, 2014) (view)

Delay may feel like one more Republican strategy, but that doesn't necessarily make it unwise. If we can delay sending cruise missiles to Syria pending a better solution, perhaps there's some sense to delaying a health-care overhaul that creates unacceptable collateral damage to citizens and that is not quite ready for public consumption.

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From Waiting for Obamacare, by Kathleen Parker (*The Washington Post*, September 20, 2013) (view)

Is there any good news? Beyond making coverage available to people with pre-existing conditions, no. ObamaCare was the completely wrong approach to helping a small percentage of Americans who either lacked access to insurance or refused to buy it. The president and Democrats in Congress created a monstrosity worthy of a Marvel comic book, literally ruining everyone's health care to force coverage upon the few million people who aren't insured at any given time.

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From ObamaCare will tighten doctor pools, by Las Vegas Review-Journal editorial board (*Las Vegas Review-Journal*, September 19, 2013) (view)

IBD has been cataloguing businesses, public institutions and local governments that have cut jobs or worker hours specifically citing ObamaCare. That list is now more than 250. Other companies are cutting benefits for part-time workers, spouses, early retirees or their entire workforce, because of ObamaCare. Every one of those workers has a good reason to want the law killed.

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From Americans Are Right To Oppose ObamaCare, by Investor's Business Daily editorial board (*Investor's Business Daily*, September 19, 2013) (view)

66 The non-surprise revealed here is that ObamaCare turns out to be just another subsidy program, throwing money at health care. In economics, you can't subsidize everybody but we're trying: 50 million Americans get help from Medicare, 65 million from Medicaid, nine million from the Department of Veterans Affairs, seven million (and counting) from ObamaCare, and a whopping 149 million from the giant tax handout for employer-provided health insurance. Much of this money (which will total about \$1.3 trillion in 2014) is shoveled out regardless of need, driving up prices and spurring production of services of dubious value.

From ObamaCare and American Decline, by Holman Jenkins (The Wall Street Journal, September 16, 2014) (view)

66 The president's "reforms" aim to turn doctors into government agents, pressuring them financially to ask questions they consider inappropriate and unnecessary, and to violate their Hippocratic Oath to keep patients' records confidential.

From Obamacare will question your sex life, by Betsy McCaughey (New York Post, September 16, 2013) (view)

The White House is avoiding a pitch that convinces young people they're getting a good deal — because they aren't. According to recent research by the National Center for Public Policy Analysis, about 3.7 million of those ages 18-34 will save at least \$500 if they choose not to buy health insurance and instead pay what the Obama administration calls the "shared responsibility" penalty. Another 3 million will save \$1,000.

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From ObamaCare = Ripoff, by Daniel Garza (New York Post, September 11, 2013) (view)

There weren't supposed to be winners and losers; instead, they were advised by fellow Californian Nancy Pelosi that "everybody will have lower rates, better quality care, and better access," and by President Obama that "for those who have insurance now, nothing will change under the Obama plan — except that you will pay less." What were trusting citizens supposed to conclude?

From Obamacare Snake Oil, by Charles C. W. Cooke (National Review, October 8, 2013) (view)

66 The technical problems are significant because huge numbers of people are being prevented from learning how much their newly mandatory health insurance will cost. Once potential enrollees can review exchange plans, their premiums and deductibles, there will be yet another uproar — one with the potential to force changes to Obamacare or at least delay enforcement of its individual mandate.

From Obamacare premiums nowhere near affordable, by Las Vegas Review-Journal editorial board (Las Vegas Review-Journal, October 8, 2013) (view)

66 The Congressional Budget Office estimates that as many as 11 million workers could be dumped by employers who choose to pay the penalty rather than the cost of insurance, and that's the low estimate — the American Action Forum suggested that number could be as high as 35 million.

From It's obvious why people don't trust ObamaCare, by Michael Tanner (New York Post, October 5, 2013) (view)

Indeed, just before he signed the health reform law, President Obama said it would "bring down the cost of health care for families, for businesses, and for the federal government." Instead, average family premiums have climbed \$2,393 since 2008, the Kaiser survey found. This is the latest ObamaCare prediction that has failed to materialize. If the history of state and federal health care reforms is any guide, it won't be the last.

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From ObamaCare's Growing List Of Broken Promises, by John Merline (*Investor's Business Daily*, October 5, 2011) (view)

"Furthermore, since the fees for violating the individual mandate are also low, Obamacare may actually lead to an increase in the uninsured, as individuals wait until they are sick to buy a health plan. In the meantime, since the bill increases demand for insurance while constraining supply, premiums will rise. And when the government attempts to control the price of premiums (as with any other good), shortages will result."

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From The Obamacare Follies, by Matthew Continetti (*The Weekly Standard*, October 5, 2010) (view)

Indeed, Investor's Business Daily's Jed Graham documents 313 employers who have cut workers' hours, outsourced their positions, or simply eliminated them outright. So far — because assigning staffers to 30 or fewer hours spares employers from new penalties for not providing insurance — at least 30,377 Americans are working shorter shifts (if any), thanks to Obamacare. IBD's excellent coverage of this tragic trend, by definition, includes only cutbacks that generate headlines.

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From Obamacare Sickens American Workers, by Deroy Murdock (*National Review*, October 4, 2013) (view)

For years, Barack Obama constantly told Americans that if they liked their health coverage status quo, they had nothing to fear from Obamacare. Then Obamacare begins to roll out, and millions of Americans learn they're going to lose the plans they like, and how does the president respond? By telling these Americans they should realize they have bad plans that they shouldn't want.

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From President Obama's obnoxious bait-and-switch, by The San Diego Union-Tribune editorial board (*The San Diego Union-Tribune*, October 31, 2013) (view)

On the one hand, Medicare patients have a hell of a time connecting with doctors. On the other side of the equation, doctors have a hell of a time dealing with the Obamacare bureaucracy. That is what happens when the government stands between doctors and patients in its role as the world's least effective middleman.

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From Health-Care Hell, by Kevin Williamson (National Review, October 30, 2014) (view)

In the face of millions of cancellation notices, Democrats want to downplay the president's "keep your health plan" pledge as standard political hyperbole. It was, in fact, a calculated lie that got ObamaCare enacted.

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From The Biggest Lie? 'Keep Your Plan', by Investor's Business Daily editorial board (*Investor's Business Daily*, October 30, 2013) (view)

😘 "Perhaps the most comprehensive critique can be found in "Fresh Medicine," a new book by Tennessee Gov. Phil Bredesen, a Democrat. In a year in which he isn't even running for re-election, Mr. Bredesen pulls few punches. "Congress and the Obama" administration have just added over 30 million people into an obsolete and broken system and done little to address the underlying problems; in multiple ways, they've made them worse," he wrote. "Worse" is an understatement."

From Obamacare R.I.P., by The Washington Times editorial board (*The Washington Times*, October 30, 2010) (view)

ፋ "We know with far greater certainty, for instance, that Obamacare will make it very attractive for both large and small employers to stop providing insurance coverage, thereby sending millions more into the subsidized exchanges than the CBO accounted for, and thus sharply increasing the cost of the law and with it the deficit. We know that Obamacare will make it more difficult for many providers of nonstandard insurance (like colleges insuring young students, or employers providing bare-bones plans to part-time workers) to offer coverage. We know that it will drive up premiums—since it has already begun to do so."

From Repeal—Now More than Ever, by Yuval Levin (*The Weekly Standard*, October 30, 2010) (view)

In the years 2015 and beyond, full-time workers with median incomes will keep only half of the compensation created by their decisions, with the other half going to the government in the form of additional taxes and savings on subsidy payments. By keeping 50% rather than 60%, workers will find that the reward for holding a job will have fallen a damaging 17%.

From How ObamaCare Wrecks the Work Ethic, by Casey Mulligan (The Wall Street Journal, October 3, 2013) (view)

66 Millions of people are getting letters from their employers or insurance companies warning of the seismic changes Obamacare is wreaking on the private insurance market. The one I got last week said that because of the Affordable Care Act, the policy I currently have — and like — is going away. I'll be covered instead by a different insurer, with sky-high deductibles that assure my annual out-of-pocket health care costs will soar.

From Read my lips, you can keep your insurance, by Nolan Finley (The Detroit News, October 3, 2013) (view)

Obamacare in effect outlaws traditional insurance and substitutes in its place a mandatory system of prepaid health care administered by the kind and gentle souls who run insurance companies, which is in fact in many ways similar to the mandatory health-savings accounts in Singapore — minus the property rights, wealth building, heritability, efficiency, and consumer choice.

From Obamacare Is the Worst-Case Scenario, by Kevin Williamson (National Review, October 29, 2013) (view)

CBS News counts at least 2 million Americans who will be booted from their coverage. That tally includes 279,000 in California, 140,000 in Michigan, 300,000 in Florida, and 800,000 in New Jersey. "What I have right now is what I'm happy with," says Dianne Barrette, 56, of Florida, who told CBS that she was informed her health care plan didn't meet Obamacare standards. Her new plan would cost 10 times more than the \$50 a month premium she pays now.

From The Obamacare omelet, by The Washington Times editorial board (*The Washington Times*, October 29, 2013) (view)

These customers might like their plan. Their plan might even be the best cure, as many experts believe, for what ails our health-care system, namely too much incentive for Americans to overconsume health care. But Mr. Obama doesn't like their plans so they can't keep them.

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From The Outrage Arrives, by Holman Jenkins (*The Wall Street Journal*, October 29, 2013) (view)

"In all, there are 2,156 mandates at the state level, according to the Council for Affordable Health Insurance (CAHI), 23 more than last year. Most of the mandates cover common benefits or providers, but as the foregoing list shows, some are highly suspect. Few of these are costly by themselves; most increase the price of premiums by less than 1%. But when added together in a plan, insurance coverage becomes considerably higher. CAHI believes the mandates increase the cost of basic health coverage nearly 20%."

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From 50 Laboratories For Health Reform, by Investor's Business Daily editorial board (*Investor's Business Daily*, October 28, 2010) (view)

Beyond the CLASS Act surplus, the CBO cost estimate also assumes: Medicare cuts that would force thousands of hospitals to stop admitting senior citizens; cuts to Medicare Advantage that would force millions of enrollees to drop out of the coverage they have and like today; and a decision made by thousands of employers to continue offering coverage to millions of low-wage workers who would be eligible for large subsidies if they were dumped into the Obamacare system. None of these assumptions is plausible, and yet the administration is relying on all of them, just as it relied on CLASS, to back up its contention that Obamacare will cut the deficit.

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From CLASS Dismissed, by James Capretta (*The Weekly Standard*, October 24, 2011) (view)

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From CLASS Dismissed, by James Capretta (The Weekly Standard, October 24, 2011) (view)

"The fact that two judges have allowed these cases to go forward makes it clear that the constitutional objection to Obamacare has legal substance. We hope the Supreme Court agrees that Obamacare is a mandate too far."

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From Legal threats to Obamacare advance, by The Orange County Register editorial board (*The Orange County Register*, October 22, 2010) (view)

"But larger insurers are getting crushed, too. Aetna, Cigna, UnitedHealth and Anthem have started dropping policy options because of rules set by the Health and Human Services secretary and the law -- forcing consumers out of plans they chose, and into ones that don't meet their needs."

From Killing our choices, by Sally Pipes (New York Post, October 21, 2010) (view)

"Our federal deficit is already at unsustainable levels, and most Americans understand that we can ill afford another entitlement program that adds substantially to it. But our recent health reform has created a situation where there are strong economic incentives for employers to drop health coverage altogether. The consequence will be to drive many more people than projected—and with them, much greater cost—into the reform's federally subsidized system."

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From ObamaCare's Incentive to Drop Insurance, by Philip Bredesen (*The Wall Street Journal*, October 21, 2010) (view)

"Democrats from Mr. Obama on down call these rules "the patients' bill of rights," but people don't regularly need exemptions from a bill of rights. And is it really better that HHS will impose destructive regulations and then decide on ad hoc basis who they'll hit? This is an invitation to play favorites, exact political retribution and pursue whatever arbitrary goals HHS Secretary Kathleen Sebelius and her successors happen to hold."

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From ObamaCare, for Some, by The Wall Street Journal editorial board (*The Wall Street Journal*, October 21, 2010) (view)

ACOs are failing because HHS's regulations are a classic case of counterproductive and arbitrary central planning: The government is paying hospital groups to generate slightly lower bills. As the quitters may have discovered, it is more remunerative to stay with the old system, with higher hospital bills but no bonuses.

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From ObamaCare's Failing Cost Control, by The Wall Street Journal editorial board (*The Wall Street Journal*, October 20, 2014) (view)

Because of the rising costs of ACA compliance, Wal-Mart, the largest private employer in the country, announced earlier this month it was dropping coverage for 30,000 part-time workers. Obamacare supporters rave about how great this legislation is, yet they're pummeling Wal-Mart for allowing its part-time workers the opportunity to buy a health insurance policy on the federal or state exchanges. If Obamacare is so good, what's the problem?

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From Affordable Care Act on the ballot, by Las Vegas Review-Journal editorial board (*Las Vegas Review-Journal*, October 19, 2014) (view)

A recent study by the American Action Forum, a Washington, D.C., center-right group seeking "smaller, smarter government," identified \$27 billion to date in new regulatory costs for states stemming from the misleadingly named Affordable Care Act, also known as Obamacare. That's in addition to \$20 billion in lifetime regulatory costs imposed on private entities, the organization says.

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From Obamacare regulations impose heavy costs, by The Orange County Register editorial board (*The Orange County Register*, October 19, 2012) (view)

One of the law's more blatant gimmicks just died after the administration ran smack into the adamantine rules of basic accounting, and one of the law's central provisions might be overturned by the Supreme Court. The Obama administration's signature legislative accomplishment is a standing testament to the foolishness of saying and doing anything to pass a bill as complex and sensitive as one remaking the American health-care system.

From Obamacare's Great Unraveling, by Rich Lowry (*National Review*, October 18, 2011) (view)

CLASS was just one example of the smoke-and-mirrors approach that the White House and Democrats in Congress took to national health care. This was an expensive new entitlement, undertaken without a reliable funding mechanism. It was a big overreach on the part of the administration, which was too intent on expanding access to health insurance and not intent enough on containing costs.

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From CLASS dismissed, by Chicago Tribune editorial board (*Chicago Tribune*, October 18, 2011) (view)

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From CLASS dismissed, by Chicago Tribune editorial board (*Chicago Tribune*, October 18, 2011) (view)

In response to Obamacare's incentives, [economist Casey] Mulligan estimates about 3.6 percentage points more of the workforce will reduce their work hours to between 26 and 29 hours per week than what would occur if Obamacare wasn't the law. This group will be disproportionately female because women represent a greater percentage of those currently working 30 to 35 hours.

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From Health care law winds up discouraging work, upward mobility, by The Oklahoman editorial board (*The Oklahoman*, October 16, 2014) (view)

The complexities of ObamaCare make it less likely to achieve its goals, but the broader point is that health-care reform didn't have to be this morass. Liberals and conservatives agree on the two big problems in health care, an industry that accounts for 18% of GDP: that almost 50 million Americans don't have health insurance, and that employer-provided coverage gives patients little incentive to monitor spending. Even if Americans want to control costs, they have almost no information to let them compare prices. Both problems grew out of World War II wage and price controls.

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From ObamaCare's Serious Complications, by L. Gordon Crovitz (*The Wall Street Journal*, October 14, 2013) (view)

The higher Obamacare premiums are the less likely healthy adults will be to enroll. That means more chumps and people with health problems will sign on, and they'll drive costs even higher. It's the classic insurance death spiral.

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From From 'young invincibles' to mature vulnerables, by Debra Saunders (*San Francisco Chronicle*, October 10, 2013) (view)

Now there is a school of thought that health insurance companies, aware of the freight train of Obamacare coming down the pike, have hiked rates in anticipation of a stricter regulatory bureaucracy that looms — along with a host of new and more expensive coverage mandates. Those of us in Massachusetts, long accustomed to double-digit rate increases, have only one thing to say to the rest of the nation: We could have told you so!

From Health costs, Mass.-style, by Boston Herald editorial board (Boston Herald, October 1, 2011) (view)

66 Obama, by comparison, was not lying merely to prevent a company from losing value. His fraud was, first, to induce passage of a plan designed gradually to destroy the private health-insurance market — a plan that barely passed and never would have been enacted if he'd been honest. And later, his fraud was to procure his reelection and the guaranteed implementation of Obamacare; had he been honest, he would have been defeated and Obamacare forestalled.

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From Obama's Massive Fraud, by Andrew McCarthy (National Review, November 9, 2013) (view)

66 Obamacare proponents who live in the real world might admit that they intended to cancel people's individual plans all along because kicking people off individual policies is at the heart of populating the health exchanges. You must cancel the good, less frilly plans because forcing these people into more expensive plans (that they don't need) produces the inflated rates that subsidize the health care of others.

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From Rhetoric vs. reality, by Charles Krauthammer (The Washington Post, November 7, 2013) (view)

Medicaid level care is, to use the president's word, substandard. For example, a review of the experiences of nearly 900,000 patients undergoing eight different surgical procedures found that Medicaid patients were 50 percent more likely to die in the hospital after surgery than patients with private coverage. This review, by researchers at the University of Virginia, is one of several studies showing that Medicaid patients get worse care than patients with private insurance. But many of the plans offered on the exchanges are Medicaid with a private label slapped on.

From It's ObamaCare insurance that's 'substandard', by Betsy McCaughey (New York Post, November 7, 2013) (view)

"It's not enough to simply repeal ObamaCare. Republicans will have to show that they have their own proposals for dealing with health care costs and the uninsured. They had a number of good ideas during the debate over reform, ranging from allowing the purchase of insurance across state lines to changing the tax treatment of individually owned insurance, but those ideas couldn't get much of a hearing while the president controlled the agenda. Now they can."

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From What Republicans can — and can't — do about ObamaCare, by Michael Tanner (New York Post, November 7, 2010) (view)

"A series of flawed Supreme Court decisions have expanded Congress' Commerce Clause authority well beyond what the text of the Constitution permits. These rulings allow the federal government to regulate almost any "economic activity." But, as Judge Vinson emphasized, even they do not give Congress the power to regulate people "based solely on citizenship and on being alive." Far from engaging in "economic activity," people who decide not to purchase health insurance are actually refraining from doing so."

From Mandate Challenge Could Prevail, by Ilya Somin (Richmond Times-Dispatch, November 7, 2010) (view)

On Halloween, at Forbes.com, Avik Roy pointed out the far scarier truth: nearly 80 million Americans could be getting cancellation notices from their employer-based plans by next October, as those companies prepare for Obamacare's employer mandate to go into effect in January 2015. The plans — like Ms. Sundby's — have changed enough to no longer qualify for Obamacare's dubious "grandfather" clause.

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From Obamacare's broken promises, cancellations only beginning, by Las Vegas Review-Journal editorial board (*Las Vegas Review-Journal*, November 6, 2013) (view)

How many of you can define what policies are standard or substandard? What makes them so? Who decided which policies are junk? Are all Americans too stupid to judiciously pick policies that meet their own needs?

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From Obama's healthy dose of misinformation, by Dennis Byrne (*Chicago Tribune*, November 5, 2013) (view)

When ObamaCare is fully implemented, [Christopher] Conover finds, an estimated 129 million people — that's 68% of the 189 million Americans with private health coverage — could lose their previous health coverage due to a combination of factors including the cancellations of existing plans as well as changes and "improvements" to existing coverage that will be required under the new health care law.

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From Health Care Fukushima: 129 Million To Lose Their Plan, by Investor's Business Daily editorial board (*Investor's Business Daily*, November 5, 2013) (view)

Many of us — myself included — assumed that the federal government under President Obama would simply write these co-ops huge checks to keep them afloat. We were half right: The government is writing them huge checks, but they are failing anyway, so fundamental is their economic unsustainability. Half of the co-ops have gone belly-up already, including large, prominent, splendidly subsidized ones in Kentucky, New York, Louisiana, and South Carolina. Hundreds of thousands of customers have lost their coverage as a result. Hundreds of millions of dollars in taxpayers' money has been poured into these enterprises, to no avail.

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From Obamacare Is Dead, by Kevin Williamson (*National Review*, November 4, 2015) (view)

Since March 2007 United Healthcare has paid \$1.2 million to help keep me alive, and it has never once questioned any treatment or procedure recommended by my medical team. The company pays a fair price to the doctors and hospitals, on time, and is responsive to the emergency treatment requirements of late-stage cancer. Its caring people in the claims office have been readily available to talk to me and my providers. But in January, United Healthcare sent me a letter announcing that they were pulling out of the individual California market. The company suggested I look to Covered California starting in October.

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From You Also Can't Keep Your Doctor, by Edie Littlefield Sundby (*The Wall Street Journal*, November 4, 2013) (view)

Well, the information technology needed to set up a nationwide health insurance plan for 317 million people is complicated. In fact, as it turns out it's so complicated that the federal government couldn't handle it. But as complicated as the computer stuff is, the actual insurance part is even more complicated, and will require more parts to work together smoothly. If the federal government can't handle the website, how's it going to do on the rest?

From Obama got carried away with health care reform, by Glenn Reynolds (*USA Today*, November 3, 2013) (view)

The awful irony of this new ObamaCare health system is that all adults now enjoy mandated pediatric vision benefits, even if they don't have kids, but parents can't take their daughter to an expensive children's hospital if she gets really sick. Everybody gets "free" preventive checkups with no copays, but not treatment for a complex illness from specialists at an academic medical center.

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From ObamaCare's Plans Are Worse, by The Wall Street Journal editorial board (*The Wall Street Journal*, November 29, 2013) (view)

But the real story is that Democrats are reaping the GOP buy-in they earned. Liberals wanted government to re-engineer the entire health-care system and rammed the Affordable Care Act through on a party-line vote, not stopping to wonder whether it would work. Now that implementation is proving to be harder than advertised, they're blaming the states for not making their jobs easier.

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From Hope and Exchange, by The Wall Street Journal editorial board (*The Wall Street Journal*, November 27, 2012) (view)

There is the usual governmental failure to anticipate how people respond to economic incentives. Why would the administration expect the required large numbers of healthy, young people to enroll in ObamaCare in response to higher premiums? Why would the administration expect businesses to refrain from adjusting their staffing decisions based on the additional cost of ObamaCare?

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From The Great Destroyer, by Pete du Pont (*The Wall Street Journal*, November 26, 2013) (view)

The only apparent bright spot is that the average annual rate of health-care spending increases has slowed. Over the past three years, growth in health-care spending averaged 3.9% year-over-year, considerably slower than the historical average. However, annual health-spending growth rates began to decline a decade ago. In 2002, health-care spending grew by nearly 10% in a single year. The growth rate dropped to 7.1% in 2004, 6.2% in 2007, and bottomed out at 3.9% in 2009—the worst year of the Great Recession, where it has stayed ever since. ObamaCare was enacted in 2010.

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From The Next ObamaCare Mirage, by Thomas Miller, Abby McCloskey (*The Wall Street Journal*, November 26, 2013) (view)

That means a young, middle class couple that decides to have a baby will come home with both an infant and a \$10,000 bill for delivery and related care. Maybe it's a good thing Obamacare mandates contraception coverage. Only the poor and the rich will be able to afford to have babies.

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From Obamacare will kill middle class, by Nolan Finley (*The Detroit News*, November 24, 2013) (view)

As for Rep. Horsford's goal of getting insured Americans out of their high-deductible, high-cost plans, well, good luck with that. Bloomberg reports that for insurers to meet the added costs of Obamacare mandates, including no-cost preventive care, many ACA-compliant policies have even higher deductibles and out-of-pocket maximums than the "junk" policies Democrats want to eliminate. In some states, deductibles exceed \$6,000 for individuals and \$12,000 for families.

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From Campaign to save Obamacare full of fibs, by Las Vegas Review-Journal editorial board (*Las Vegas Review-Journal*, November 20, 2013) (view)

According to a McKinsey Co. analysis, last year health insurers lost \$2.5 billion in the individual market that ObamaCare remade. ObamaCare co-ops that were supposed to enhance choice and lower costs have been failing and almost all of them are losing money, a victim of the absurd rules (no industry executives on their boards, no raising capital in public markets, etc.) imposed on them by the law.

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From ObamaCare's death spiral, stage one: Denial, by Rich Lowry (*New York Post*, November 2, 2015) (view)

The planners got everything they wanted. They got to write the law without a single Republican looking over their shoulders. They had three years to do it with an essentially unlimited budget. The might of the entire federal government was called in to build HealthCare.gov. With all that, the Obamacare rollout was an epic failure of big government that was worthy of the old Soviet Union.

25

From The orphan child, by The Washington Times editorial board (*The Washington Times*, November 19, 2013) (view)

Among those whom the president has explicitly deemed to be losing out "through no fault of their own" are illegal immigrants who were brought here as children, federal workers who were furloughed during the recent government shutdown, and "homeowners facing foreclosure." Oddly enough, however, he has yet to mention the millions of responsible and admirable Americans who for years purchased health insurance on the individual market and who are now being thrown off their plans — through no fault of their own, of course, but by him and his central political achievement.

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From Obamacare vs. the Dutiful, by Charles C. W. Cooke (*National Review*, November 18, 2013) (view)

So, today's unfolding health-care catastrophe will help — at best — just 15 million people. Given ObamaCare's 10-year outlay of \$2.6 trillion, this equals \$17,333 annually (or \$1,444 per month) per net beneficiary. This is an astonishing cost for such a concentrated benefit. However, rather than target these 15 million people, ObamaCare unleashes chaos on 315 million Americans.

9:

From ObamaCare overreach, by Deroy Murdock (New York Post, November 18, 2013) (view)

What's important about Gruber's words is that they highlight the fact that ObamaCare isn't just "controversial" or "divisive" or "hotly debated." It is fraudulent. Being based on lies, it is illegitimate.

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From The lies that are central to Obama's agenda, by Kyle Smith (New York Post, November

While the tax is designed to be paid by companies, employees or consumers will see significant increases in costs. These cost increases will be passed on in several ways. Large employers who are subject to the excise tax in 2018 will pay an average of more than \$2,700 per employee a year from 2018 to 2024. As Mr. Gruber admits, and basic economics confirms, this cost will be passed on to consumers or to employees in higher prices and lower compensation.

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From Another ObamaCare Deception, by Tevi Troy (*The Wall Street Journal*, November 16, 2014) (view)

Congress passes a law first and reads it later. Or perhaps it serves as an incentive for states to set up their own exchanges. The latter is the view of Jonathan Gruber, a Massachusetts Institute of Technology economist widely credited as an "architect" of Obamacare (or, as the New York Times called him, "Health Care's Mr. Mandate"). At least it was Gruber's stated view until the moment that this interpretation became a legal and political threat to the act's own viability.

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From Obamacare's State of Crisis, by Adam J. White (*The Weekly Standard*, November 16, 2014) (view)

The Supreme Court may find that the Commerce Clause has omnipotent powers because in the age of hyper-trade and globalism, everything touches everyone and everything is interconnected. Health care is a necessity. Like food. Energy. Housing. All of it up for grabs. The court may find that if an individual acts irresponsibly—or just acts in a way the majority deems unhelpful—he can be impelled by the state to partake in the plans of the many.

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From Constitutional or Not, ObamaCare Has Got To Go, by David Harsanyi (*Reason*, November 16, 2011) (view)

as one judge put it, if Congress can require all citizens to purchase health insurance merely because they are citizens, it can also require them to purchase broccoli — or do anything else the federal government demands. This can't be what the Framers of the Constitution had in mind. When members of the Committee on Style were drafting the document in Philadelphia in the summer of 1787, they argued about the placement of commas and semi-colons. They wouldn't have done so had they envisioned a Congress that would have unlimited power to adopt any regulation covering anything.

"

From Obamacare case goes beyond health care, by The Detroit News editorial board (*The Detroit News*, November 16, 2011) (view)

All this for a law created to insure the uninsured. Instead, in one month's time, around 100,000 policies have been sold while millions of Americans on the individual market have had their policies canceled. The law has left the insured *uninsured*, the president's purported fix notwithstanding.

"

From Obamacare woes beg for repeal, by Las Vegas Review-Journal editorial board (*Las Vegas Review-Journal*, November 15, 2013) (view)

The most telling line, the one that encapsulates the gulf between the boundless fantasies of the faculty-lounge utopian and the messiness of reality, was this: "What we're also discovering is that insurance is complicated to buy." Gee, thanks for sharing, genius. Maybe you should have thought of that before you governmentalized one-sixth of the economy.

"

From Thus Spake Obama, by Mark Steyn (National Review, November 15, 2013) (view)

But in this country we don't change bad laws by presidential fiat. We change them by having Congress rewrite them or by starting from scratch. Obama doesn't want to reopen this law for fear that Republicans and some Democrats will substantially rewrite it. But that's what has to happen.

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From Stop digging. Start over., by Chicago Tribune editorial board (*Chicago Tribune*, November 15, 2013) (view)

"The old individual market was not working well," Obama said in his defense. If so, the new individual market is working worse. It turns out that when the government adds benefits and makes insurers charge the same for people with pre-existing conditions, costs go up. Individual policy-holders who do not qualify for subsidies are experiencing severe rate shock - and they're losing their doctors.

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From Obamacare: Unaffordable and incomprehensible, by Debra Saunders (*San Francisco Chronicle*, November 15, 2013) (view)

If Congress can require individuals to buy or otherwise obtain and maintain health insurance simply because they may be said to impact commerce by their very existence, without regard to any particular activity in which they have chosen to engage, then there is no limit on federal power. For example, if Congress can require you to buy health insurance because your lack of insurance may, at some point in the future, impose costs on the wider economy, then on the same theory it can require the purchase (or sale) of virtually any good or service, since the failure to have or use the relevant product can always be said to have some economic impact.

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From ObamaCare and the Limits of Government, by David B. Rivkin Jr., Lee Casey (*The Wall Street Journal*, November 15, 2011) (view)

The law is already speeding the ruin of U.S. health care, increasing costs and reducing competition. It is easily the most unpopular major reform in decades and the most unpopular entitlement expansion ever. More broadly, it is impossible to duck the matter of whether this law's powers would stop at health care, as its backers insist, or whether it will be merely the first wave of other such mandated enforcements, if the federal government is given the power to compel individuals to participate in commerce, rather than merely regulate it.

9

From ObamaCare Goes to Court, by The Wall Street Journal editorial board (*The Wall Street Journal*, November 15, 2011) (view)

Harbingers of bad news continue. A key Obamacare program to protect insurers from high costs faces massive cash shortages, Standard and Poor's reports. The risk pool holds only \$1 to cover every \$10 in claims, the Hill reports. Simultaneously, people who don't receive subsidies paid by taxpayers and who buy the cheapest Obamacare health plans, "face the largest increases for premiums and out-of-pocket costs in 2016," CNBC.com reports.

From Obamacare at 5: Sick and getting worse, by Mark Landsbaum (*The Orange County Register*, November 14, 2015) (view)

66 For all the attention Jonathan Gruber is getting for admitting the architects of ObamaCare were banking on "the stupidity of the American voter" and a deliberate "lack of transparency" to muscle the president's signature law through Congress, no one needed his videos to know that. All you had to do is look at the administration's changing storyline once parts of the bill began landing in the Supreme Court. Because the only way for the court to uphold the law was by confirming the president wasn't being truthful when he was selling it to us.

77

From Lies, damned lies...Obamacare, by New York Post editorial board (*New York Post*, November 13, 2014) (view)

Fearful that doing nothing was worse than doing the wrong thing, Democrats gave up on Medicare for the masses and opted for a drastic alternative. ObamaCare is an outrageous combination of private-market inflation, government bureaucracy, excessive mandates and a ridiculously delayed implementation schedule. When the thing finally kicked in, it hit hard—and there is plenty more pain on the way.

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From This Democrat Is Giving Up on ObamaCare, by Burke Beu (*The Wall Street Journal*, November 13, 2014) (view)

But what the just-resurfaced Gruber Confession lacks in world-historical consequence, it makes up for in world-class cynicism. This October 2013 video shows MIT Professor Jonathan Gruber, a principal architect of Obamacare, admitting that, in order to get it passed, the law was made deliberately obscure and deceptive. It constitutes the ultimate vindication of the charge that Obamacare was sold on a pack of lies.

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From The Gruber Confession, by Charles Krauthammer (*The Washington Post*, November 13, 2014) (view)

A strong marketplace offers choices for every wallet. Obamacare's rules curtail those choices. Why, for instance, should only people under age 30 be eligible to purchase lower-cost "catastrophic" insurance? Pinching Americans' coverage choices is one big reason this law doesn't work.

99

From Truth, consequences and Obamacare, by Chicago Tribune editorial board (*Chicago Tribune*, November 11, 2013) (view)

As Obama sees it, these consumers are either hopeless dupes or idiots. They're all buying "subpar" plans, he says, or "bad insurance" that isn't "effective" and doesn't provide "real coverage." Only the government, he says, is capable of deciding what counts as "good" insurance. As a result, millions of consumers are getting cancellation notices telling them that the insurance they liked isn't adequate, and that the only policies they will be allowed to buy from now on will cost them a fortune.

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From All These Lies And Incompetence, Too, by Investor's Business Daily editorial board (*Investor's Business Daily*, November 11, 2013) (view)

The transfer of wealth (rather than the creation of same) is another fundamental tenet of progressivism. And this prized value is well represented in Obamacare's 2,300 pages of text, 10,516 pages of regulations (as of Sept. 10), and 22 new tax increases. Total wealth transfer is unknowable, but assuredly monumental. The price tag represents the largest tax increase in U.S. history.

From Obamacare is a turkey ready for slaughter, by Robert L. Ehrlich Jr. (*The Baltimore Sun*, November 10, 2013) (view)

In 45 states and Washington, D.C., young adults will find that their premiums have risen since Obamacare's implementation, according to an October study by the conservative Heritage Foundation. And in most states, we're not talking about the kind of slight increases that could be offset by forgoing a couple of lattes a month. Instead, these increases are enough to make young adults squeeze in another roommate — or maybe even move back in with Mom and Dad.

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From Obamacare options grim for young people, by Katrina Trinko (*USA Today*, November 10, 2013) (view)

And the "over all" might agree. But the self-employed middle class is being sacrificed at the altar of politically correct rhetoric, with nobody helping to ensure our health, fiscal or otherwise, because it's trendy to cheer for the underdog. Embracing the noble cause is all very well — as long as yours isn't the "fortunate" family that loses its access to comprehensive, affordable health care while the rest of the nation gets it.

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From Daring to Complain About Obamacare, by Lori Gottlieb (*The New York Times*, November 10, 2013) (view)

The uninsured also know they can receive medical care at the emergency room. And if they fall ill, they can always purchase insurance during the next enrollment period, because ObamaCare eliminated existing conditions as a justification for denying coverage. Our employees are smart enough to figure this out. Of our company's 5,453 eligible employees, only 420 enrolled. Our experience isn't unique, according to press reports.

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From The Slow-Motion Implosion of ObamaCare, by Andy Puzder (*The Wall Street Journal*, November 1, 2015) (view)

Instead, the Obama crowd have bet that, after the usual whining, you'll settle down and get used to it: higher co-pays, higher premiums, higher deductibles, higher mountain of paperwork, higher futzing. But the fact remains that nowhere in the Western world has the governmentalization of health care been so incompetently introduced and required protection by such a phalanx of lies. Obamacare is not a left-right issue; it's a fraud issue.

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From A Phalanx of Lies, by Mark Steyn (National Review, November 1, 2013) (view)

The middle class is realizing this bill isn't about affordable care for them; instead it's just a 'redistribution of health.'

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From A dose of reality for Obamacare, by The Orange County Register editorial board (*The Orange County Register*, November 1, 2013) (view)

It will cost employers far less to pay the small fine for not providing insurance than to provide insurance, which drives the CBO's estimate of at least 7 million people losing insurance coverage. It will cost individuals far less to pay the small fine for not buying insurance than to buy coverage. People also have a second incentive not to buy health insurance. Under Obamacare, they can't be denied coverage for pre-existing conditions – so they don't need to buy insurance until they get sick.

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From Obamacare: This is going to hurt, by The San Diego Union-Tribune editorial board (The San Diego Union-Tribune, May 5, 2013) (view)

66 Insurance premiums are jumping across the country, as insurers prepare to cover millions more people, many of whom have complicated health problems. That oftrepeated promise that you'll be able to keep your existing coverage? Sure, as long as your employer doesn't decide to dump that coverage and pay the federal penalties. Many businesses seem to be leaning toward doing just that. Some are holding down work hours so they won't have to provide health coverage. Others simply aren't hiring.

From A bad case of Obamascare, by Chicago Tribune editorial board (Chicago Tribune, May 4, 2013) (view)

66 One thing Republicans and Democrats should therefore be able to agree on is that this is no time to significantly *expand* the IRS's power. Yet that is exactly what will happen under Obamacare if no action is taken. A simple proposal: Remove the IRS from any role in implementing or enforcing Obamacare. It would be hard to argue at this juncture that the IRS is up to the job.

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From A Toxic Combination, by Jeffrey Anderson (The Weekly Standard, May 29, 2013) (view)

66 Take the law's Accountable Care Organizations (ACOs). These integrated networks of health care providers are supposed to improve the coordination of Medicare patients' care by bringing multiple doctors under one roof. Improved communication among doctors should lead to less waste and lower costs — or so the theory goes. But according to the Cleveland Clinic — one of the health systems that inspired the ACOs — the administration's rules are "replete with prescriptive requirements that have little to do with outcomes" and "detailed governance and reporting requirements that create significant administrative burdens."

From Obamacare diagnosed as quackery, by Sally Pipes (Boston Herald, May 29, 2012) (view)

66 Virtually every doctor and doctors' group I speak to cites the same litany, with particular bitterness about the EHR mandate. As another classmate wrote, "The introduction of the electronic medical record into our office has created so much more need for documentation that I can only see about three-quarters of the patients I could before, and has prompted me to seriously consider leaving for the first time."

From Why doctors guit, by Charles Krauthammer (The Washington Post, May 28, 2015) (view)

More...

Against this position

66 Obviously, Obamacare is not perfect, but the answer is to fix the law, not scrap it. One practical response would be to launch a crash program to train many more new doctors nationwide. Overall, the Affordable Care Act is making health insurance available to more Americans while maintaining the quality of care and limiting cost growth. Those are benefits worth keeping.

From Mend, don't end: Obamacare is working; Congress should improve it, by Pittsburgh Post-Gazette editorial board (Pittsburgh Post-Gazette, September 6, 2014) (view)

"The Affordable Care Act is bringing some basic fairness to our health insurance market. So when I learned that a handful of insurers around the country are blaming their significant rate increases on the new law—even though the facts show that the impact of the law on premiums is small, just 1% to 2% declining over time—I let them know that we'd be closely reviewing their rate hikes. It's understandable that some insurance companies and their allies don't welcome this change. They've made large profits from the status quo."

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From Health Insurers Finally Get Some Oversight, by Kathleen Sebelius (*The Wall Street Journal*, September 28, 2010) (view)

Republicans like Jan Brewer of Arizona, John Kasich of Ohio and Rick Snyder of Michigan — see the Affordable Care Act not as a referendum on President Obama but as a tool for historic change. That is especially true in Kentucky, a state where residents' collective health has long been horrendous. The state ranks among the worst, if not the worst, in almost every major health category, including smoking, cancer deaths, preventable hospitalizations, premature death, heart disease and diabetes. We're making progress, but incremental improvements are not enough. We need big solutions with the potential for transformational change.

From My State Needs Obamacare. Now., by Steve Beshear (*The New York Times*, September 26, 2013) (view)

"I am a physician, and I spent 16 years of my career in and around the health-insurance industry, and I think the health-reform law is a huge step in the right direction. Let's consider what the law has already accomplished: Roughly four million Medicare beneficiaries who have hit the "doughnut hole" in their drug coverage are getting \$250 rebates this year, along with a 50 percent discount on prescription drugs; a temporary reinsurance program was established to protect early retirees; and a temporary high-risk insurance pool was created to help Americans who are uninsured because of preexisting conditions."

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From Health-care reform is making a difference, by Michael R. McGarvey (*The Philadelphia Inquirer*, September 23, 2010) (view)

But having lived in hospitals with Mason for months, I have seen that bad things — accidents, freak illnesses — happen to smart, cautious and otherwise undeserving people. It's one thing we all have in common. We are fragile beings. So what is wrong with allowing us to purchase a financial safety net? What's so un-American about that?

"

From Obamacare saved my family from financial ruin, by Janine Urbaniak Reid (*The Washington Post*, October 9, 2013) (view)

Virtually anyone who has tried to purchase insurance in the individual market will attest that it was complicated and time consuming. People were denied and priced out, and they had few if any real choices. This is why the Marketplace matters. It is simple and user-friendly, and the coverage is affordable.

"

From HealthCare.gov simple, user-friendly, by Kathleen Sebelius (*USA Today*, October 7, 2013) (view)

66 Medicare guaranteed health care for the elderly, Medicaid for the poor. Obamacare begins to fill the remaining gaps. It will get better over time, but already — crashing Web sites and all — it's a beautiful thing.

From Obamacare is here. Get used to it., by Eugene Robinson (*The Washington Post*, October 7, 2013) (view)

This is the part of the debate that I find so curious. There is nothing novel or coercive about linking taxes to the purchase of specific types of goods or services. As any taxpayer probably knows, there are many tax provisions that raise or lower your tax bill depending on what you have bought and what you have elected not to buy. "Obamacare" is unusual, perhaps even unique, in that it uses a penalty to encourage a purchase. Usually we use penalties to discourage a purchase and subsidies to encourage a purchase.

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From Healthcare reform law: What's the big deal?, by William Leach (*Los Angeles Times*, October 7, 2011) (view)

The potential for some reduction in the availability of low-wage work is real. But mainstream economists aren't seeing anything like the catastrophe Republicans have foretold, and they don't anticipate a calamity, either. That is because only 3 percent of small businesses — those with fewer than 500 employees — have more than 50 workers, so 97 percent of small employers are exempt from the law's mandates.

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From The myth about job-killing Obamacare, by The Washington Post editorial board (*The Washington Post*, October 5, 2013) (view)

"In fact, there are two "health-care bills" competing in this election. One is the parody Republicans have lovingly created that casts the health-care law as a big-government monstrosity with no redeeming features. The other is the law itself, an admittedly sprawling legislative compromise that nonetheless moves things in the right direction - and most of whose individual elements voters support."

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From Health reform's reality vs. its parody, by E. J. Dionne (*The Washington Post*, October 4, 2010) (view)

In other words, to get a description of the typical person Obamacare needs to enroll, just take the description of a typical Tea Party member or Fox News viewer — older, affluent, white — and put a "not" in front of each characteristic. These are people the right-wing message machine is not set up to talk to, but who can be reached through many of the same channels, from ads on Spanish-language media to celebrity tweets, that turned out Obama voters last year. I have to admit, I find the image of hard-line conservatives defeated by an army of tweeting celebrities highly attractive; but it's also realistic.

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From Reform Turns Real, by Paul Krugman (The New York Times, October 3, 2013) (view)

Reform still might not sound like a great deal to people who are young, feel healthy and don't want to pay for coverage. Yet having lots of healthy people paying into the new system on its terms will not only limit their financial risk, but also their participation will allow others who have been priced out of the health-insurance market — those with serious preexisting conditions, for example — to obtain good coverage. They deserve compassion, too.

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From Coverage under health-care law may change — for the better, by The Washington Post editorial board (*The Washington Post*, October 29, 2013) (view)

"Health care reform means health security. It means getting control of escalating health care costs and improving quality. It means that we will be living in a country that cares for all of its people the way it cares for its seniors, veterans, and active duty military personnel — with guaranteed health care. It means joining the ranks of all other developed countries."

"

From Good start on health reform, by Patricia A. Gabow (*The Denver Post*, October 28, 2010) (view)

It is working in states that have followed the essential design of the Affordable Care Act, particularly in Kentucky, Connecticut, Washington and California. The law was written with states' rights and state responsibilities in mind. States that created their own health-care exchanges — and especially those that did this while also expanding Medicaid coverage — are providing insurance to tens of thousands of happy customers, in many cases for the first time.

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From Don't give up on the uninsured, by E. J. Dionne (*The Washington Post*, October 24, 2013) (view)

"Republican politicians never tire of denouncing health care reform as a "government takeover" — or socialism. What is true is that the law relies heavily on private insurers and employers to provide coverage. It also strengthens regulation of those insurers and provides government subsidies to help low- and middle-income people buy private insurance on the exchanges. Those exchanges will promote greater competition among insurers and a better deal for consumers, which last time we checked was a fundamental of capitalism."

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From Health Care and the Campaign, by The New York Times editorial board (*The New York Times*, October 23, 2010) (view)

Republicans predictably point to the failure to make the CLASS Act work as a reason to repeal the entire health care reform act. Long-term care premiums would have been paid for five years before any benefits were awarded. So it's true that because of the creative accounting, the CLASS Act produced \$70 billion of the \$143 billion in deficit reduction attributed to health care reform. But health care reform still saves money and has many other positive provisions, including many that already have taken effect.

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From Don't give up on long-term coverage, by The St. Petersburg Times editorial board (*The St. Petersburg Times*, October 19, 2011) (view)

"The best approach is to spread risks, not concentrate them. That's why the coverage guarantee in the healthcare reform law makes sense. Congress may not have found the perfect mechanism to provide that guarantee without driving healthy people out of the system, but the right response is to keep working on the new law rather than abandoning it."

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From Health insurance: Spread the risks, by Los Angeles Times editorial board (*Los Angeles Times*, October 18, 2010) (view)

Since the Affordable Care Act was signed three years ago, more than 370 innovative medical practices, called accountable care organizations, have sprung up across the country, with 150 more in the works. At these centers, Medicare or private insurers reward doctors financially when their patients require fewer hospital stays, emergency room visits and surgeries — exactly the opposite of what doctors have traditionally been paid to do. The more money the organization saves, the more money its participating providers share. And the best way to save costs (which is, happily, also the best way to keep patients alive) is to catch problems before they explode into emergencies.

From Obamacare: The Rest of the Story, by Bill Keller (*The New York Times*, October 14, 2013) (view)

Romney argues that Obamacare is economically inefficient. But where is the efficiency in a system that neglects routine physicals and preventive care, and then pays \$550,000 in bills as a result? To me, this is repugnant economically as well as morally.

From A Possibly Fatal Mistake, by Nicholas D. Kristof (*The New York Times*, October 12, 2012) (view)

In the end, this transition we're going through could prove more exciting than people think, but right now asking large numbers of people to go from being an "employee" to a "work entrepreneur" feels scary and uncertain. Having a national health care safety net under the vast majority of Americans — to ease and enable people to make this transition — is both morally right and in the interest of everyone who wants a stable society.

From Why I (Still) Support Obamacare, by Thomas Friedman (*The New York Times*, November 9, 2013) (view)

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The unvarnished truth is that neither president nor Congress can — or should — "fix" the fundamental logic of the new system, which will inevitably result in many people paying less but some people paying more after they transition into a reformed insurance market. As long as implementation troubles don't do long-term damage, and there isn't evidence of that yet, the overall structure will be an improvement over what we have today.

From There is no 'fix' to the Affordable Care Act that has everyone paying less, by The Washington Post editorial board (*The Washington Post*, November 9, 2013) (view)

Even as coverage efforts are sputtering, success on the cost front is becoming more noticeable. Since 2010, the average rate of health-care cost increases has been less than half the average in the prior 40 years. The first wave of the cost slowdown emerged just after the recession and was attributed to the economic hangover. Three years later, the economy is growing, and costs show no sign of rising. Something deeper is at work.

From The health-care law's success story: Slowing down medical costs, by David Cutler (*The Washington Post*, November 8, 2013) (view)

Shopping for insurance today, [Patrick Tumulty] wouldn't have been denied coverage or charged vastly more because of his expensive preexisting condition. His insurer wouldn't have been able to wriggle out of paying bills because of that condition. He would have been able to afford a checkup (with no co-payment) that might have detected his disease earlier. His policy would cover his expensive prescription medications. He wouldn't have to worry about bumping up against annual and lifetime limits on benefits.

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From Obamacare: Weaving a sturdier safety net, by Ruth Marcus (*The Washington Post*, November 7, 2013) (view)

"Congressional Democrats, many of them beholden to lawyers who like the tort system as it is, made only a token effort to fix the malpractice morass. The law calls for just \$50 million to finance tort-reform demonstration projects, and places limits on what these projects can offer as alternatives to lawsuits. Republicans should propose a much more robust program of resolving medical errors in ways that make patients whole and help the health care system become as mistake-free as possible."

From GOP can streamline health law, improve malpractice system, by The Boston Globe editorial board (*The Boston Globe*, November 7, 2010) (view)

Sure, Fox News can dredge up lots of "victims" to insist they were happy with their substandard health coverage. That's because they haven't had a medical crisis yet.

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From Our eyes will dry over Obamacare, by Froma Harrop (*The Providence Journal*, November 6, 2013) (view)

Over the next several months we will get a better idea of how many people manage to enroll, whether their coverage is adequate, and whether their overall medical costs, including premiums and out of pocket costs, fall. We might ultimately declare Obamacare a failure, and if that happens we should figure out a better way to expand access to affordable health insurance and care.

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From Don't knock Obamacare until you try it, by Duncan Black (*USA Today*, November 5, 2013) (view)

"Sure, the health care law is not perfect, but it would cut the nation's long-term fiscal imbalance by a quarter and reduce the projected deficit within Medicare by three-quarters. That may seem fanciful, given how distorted the public discussion has become. But that's what the projections show, as long as Congress sticks to its guns and the Obama administration does a good job carrying out the provisions of the law."

"

From To Save Money, Save the Health Care Act, by Peter Orszag (*The New York Times*, November 3, 2010) (view)

Since Obamacare was passed in 2010, the growth in health care spending has slowed to the lowest rate on record for any three-year period since 1965. "If half the recent slowdown in spending can be sustained," the report says, "health care spending a decade from now will be about \$1,400 per person lower than if growth returned to its 2000-2007 trend."

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From The Greatness of Obamacare, by Froma Harrop (*The Providence Journal*, November 26, 2013) (view)

Mr. Leonardi's comments highlight the fact that it has been a customary practice of insurers to send their policyholders notifications that a particular plan will no longer be available or there's been a change in benefits. Only one-third of the policies being canceled in Connecticut were plans that did not have protection under the law's grandfather clause and did not meet the benefit standards or the consumer protections required by the law. The other two-thirds were discontinued as part of the insurance companies' business-as-usual practices.

From Health Law Puts People, Not Insurers, First, by Frances Padilla (*The Hartford Courant*, November 22, 2013) (view)

Fixing our health care system is not only right from a budget and policy perspective; it's morally right. No one should be turned down for health coverage because of pre-existing conditions. No one should have to live in fear of going broke from getting sick. No one should have to use emergency rooms as his or her only option. As Martin Luther King Jr. once put it, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

From 'Trouble Don't Last Always', by Charles Blow (*The New York Times*, November 22, 2013) (view)

Many higher-income people who won't qualify for subsidies, however, will have to buy policies providing more benefits than they want. Maternity care for those who will not have children is one sore point. But that is one price of moving toward universal coverage with comprehensive benefits. And some of these higher-income people could suffer a catastrophic accident or illness that would previously have bankrupted them, but will now be paid for by insurance.

From Insurance Policies Not Worth Keeping, by The New York Times editorial board (*The New York Times*, November 2, 2013) (view)

It has been a year since my college roommate, Scott Androes, died of prostate cancer, in part because he didn't have insurance and thus didn't see a doctor promptly. Scott fully acknowledged that he had made a terrible mistake in economizing on insurance, but, in a civilized country, is this a mistake that people should die from?

From This Is Why We Need Obamacare, by Nicholas D. Kristof (*The New York Times*, November 2, 2013) (view)

In addition to providing security, millions of people who are working at jobs that they hate will no longer feel the need to stay there in order to get insurance. That is a big deal. In fact it's a bigger deal than almost any other piece of legislation that Congress has passed in the last three decades.

From No One Died at Healthcare.gov: The Phony Crisis of Obamacare, by Dean Baker (*The Huffington Post*, November 18, 2013) (view)

If the GOP succeeds in invalidating the one way to use private health plans to achieve universal coverage, frustrated Americans will eventually say, "Just give us single-payer and be done with it." I can't say whether that tipping point comes at 60 million uninsured or 70 million. But it will happen.

From My Supreme Court health-care brief, by Matt Miller (The Washington Post, November 16,

Judge Laurence Silberman (a Reagan appointee) ruled that the individual mandate is constitutional because it regulates the way people pay for their inevitable participation in the market for medical care. In addition, he wrote, the mandate is a critical part of the new rules Congress created for the insurance industry, which are designed to expand coverage and stop insurers from discriminating against people with preexisting conditions. As the Supreme Court has previously decided, Congress can intervene in local, individual decisions when necessary to support a legitimate regulatory regime for interstate commerce.

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From Healthcare at the high court, by Los Angeles Times editorial board (*Los Angeles Times*, November 16, 2011) (view)

Almost everyone needs health care at some point, and if uninsured people are unable to pay steep medical bills they will get charity care that shifts the costs to others, whose insurance premiums go up to cover the cost of the free riders. There is no denying the health care market is interconnected and that individuals' decisions to purchase insurance — or not — affects the whole system.

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From Health Reform and the Supreme Court, by The New York Times editorial board (*The New York Times*, November 14, 2011) (view)

Can we please get a grip? Whenever industry standards are lifted -- a higher minimum wage, safer workplaces, non-toxic foods and drugs, safer cars -- people no longer have the "freedom" to contract for the sub-standard goods and services. But that freedom is usually a mirage because big businesses have most of the power and average people don't have much of a choice. This has been especially the case with health insurance, which is why minimum standards here are essential.

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From Having the Backbone to Set Minimum Standards for Health Insurance, by Robert Reich (*The Huffington Post*, November 13, 2013) (view)

Yet critics of Obamacare apparently think there is something particularly odious when a person who might not have a baby pays premiums to assist someone who does. It's true that men cannot have babies, although it is worth mentioning that they do play a rather important role in their creation. In any event, it is hardly very radical to argue that society is better off when kids are born healthy to healthy moms.

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From What's the matter with motherhood?, by E. J. Dionne (*The Washington Post*, November 10, 2013) (view)

The essential benefits and cost limits are meant to prevent people with insurance from being bankrupted by medical bills — a distressingly common occurrence. But they're also part of a larger effort in the law to stop insurers from cherry-picking customers, leaving those who may need expensive treatments unable to find coverage.

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From Obamacare cancellation blues, by Los Angeles Times editorial board (*Los Angeles Times*, November 1, 2013) (view)

A few years later, similar doubts surrounded the launch of two Republican initiatives: President George W. Bush's Medicare prescription drug plan and Mitt Romney's health-care reform in Massachusetts. Today, the Medicare prescription drug benefit helps millions of seniors, and the Massachusetts plan is a model for the nation. Soon the Affordable Care Act will add a new chapter to this history of real-world success.

From The successes of Obamacare, by Nancy-Ann DeParle (*The Washington Post*, May 9, 2013) (view)

Large employers who are capping hours at 29 per week to avoid the ACA should not get away with it. There needs to be a secondary formula for determining what constitutes a large employer that includes the part-time workforce in some fashion, at least for the purposes of the health insurance mandate and assessing the penalty, if not for providing coverage.

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From Improving heath care reform, by Tampa Bay Times editorial board (*Tampa Bay Times*, May 31, 2013) (view)

Still, here's what it seems is about to happen: millions of Americans will suddenly gain health coverage, and millions more will feel much more secure knowing that such coverage is available if they lose their jobs or suffer other misfortunes. Only a relative handful of people will be hurt at all. And as contrasts emerge between the experience of states like California that are making the most of the new policy and that of states like Texas whose politicians are doing their best to undermine it, the sheer meanspiritedness of the Obamacare opponents will become ever more obvious.

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From The Obamacare Shock, by Paul Krugman (*The New York Times*, May 26, 2013) (view)

The law has slowed the growth of premium increases by doing away with the worst insurance company abuses. Nearly 13 million individuals and families have saved an average of \$150 due to a new rule requiring more premium dollars to be spent on delivering actual care instead of on overhead costs and CEO salaries. Insurance companies must also now publicly justify all premium increases of 10 percent or more. Those two provisions alone have already produced more than \$2 billion in rebates for millions of Americans who are privately insured.

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From What's At Stake if the Health Law Is Repealed, by Kathleen Sebelius (*The Huffington Post*, May 16, 2013) (view)

But it may help the court to remember that five years after its rollout, the ACA marks this immutable truth: Those who opposed it were not only wrong, they were spectacularly wrong. They said it would explode the deficit. Actually, the deficit has fallen, even as the ACA was implemented. They said prices would skyrocket. Actually, premiums came in 18-percent lower than original forecasts. Before Obamacare, 10-percent annual increases were the norm in the individual market.

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From Paying attention, Supreme Court? Then leave Obamacare alone, by The Star-Ledger editorial board (*The Star-Ledger*, March 4, 2015) (view)

Just as ironic, perhaps, was that all of the justices and lawyers taking part in this week's oral arguments seemed to agree that a tax could be levied on everyone to set up a single-payer, national health system. Yet somehow critics argue that a health reform law that maintains and builds on our private insurance system is unconstitutional.

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From New health care law should be preserved, by Sander Levin (*The Detroit News*, March 30, 2012) (view)

"Last week in lowa City, a cheerful Obama addressed the Americans who had first brought his candidacy for President into the full light of unprecedented possibility. In 2007, Obama promised an lowa audience that a health care bill would be on the way as soon as he was elected. It would reform much of what was wrong in our system, which was badly tainted by money and lobbyists and indifferent greed. As the facts prove, that greed was turned most terrible by a sense of profit so narcissistic it made those infected blind to everyone else."

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From President Obama starts a revolution, by Stanley Crouch (*New York Daily News*, March 29, 2010) (view)

"Congress has never before compelled people to buy anything from a private company, so there is no precisely apt Supreme Court precedent. Still, two provisions in the Constitution give Congress broad powers to regulate economic activity — the power to impose taxes for the general welfare and the power to regulate interstate commerce. The new law has been framed to fall within both of those provisions. The penalties for not buying insurance have been structured as a tax, to be collected by the Internal Revenue Service."

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From The Legal Assault on Health Reforms, by The New York Times editorial board (*The New York Times*, March 28, 2010) (view)

"There are things that this bill does immediately that I could not, in good conscience, oppose: It ends denial of coverage for people with pre-existing conditions and prevents health insurance companies from dropping people from coverage when they get sick. It allows people who are 26 and younger to stay on their parents' health care plans. As the mother of three children under the age of 26, that is an important issue for me."

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From Why I voted for this health care bill, by Betsy Markey (*The Denver Post*, March 26, 2010) (view)

"The mandate also could be viewed as a constitutional exercise of Congress' power to levy fees in support of the public's "general welfare." It's written into the tax code and enforced with limited tax penalties, not jail terms or property liens. In essence, the insurance obligation is a shared burden, like Social Security or Medicare, but with more services delivered by the private sector."

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From Let go of the status quo, by Los Angeles Times editorial board (*Los Angeles Times*, March 25, 2010) (view)

For rural Americans who pay more out-of-pocket for their medical care, the law is providing relief. Insurance companies are now limited in how much of your premiums can be spent on overhead like marketing and CEO salaries. States are getting new resources to help control unreasonable premium increases. And to help ensure that families don't have to put off the care they need, new insurance plans must provide preventive care — like mammograms and colonoscopies — free of charge.

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From A health-care law for rural America, by Kathleen Sebelius, Tom Vilsack (*The Denver Post*, March 24, 2011) (view)

"As for cost, the Congressional Budget Office found the law will actually help reduce the 10-year deficit.

And though opponents insist that's only because costs are backloaded, the CBO says the measure would also cut the deficit significantly in its second decade, thereby giving the lie to that charge."

From Now, a war for public opinion, by Scot Lehigh (*The Boston Globe*, March 24, 2010) (view)

The underlying fight is thus over social insurance approaches that have been part of the fabric of American life since the progressive era and the New Deal. If opponents of the ACA can discredit it, they can move on to demonize other necessary public programs — and undercut arguments for further government efforts to ease inequalities and injustices.

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From The next health-care debate, by E. J. Dionne (*The Washington Post*, March 23, 2014) (view)

Two years later, I look back on that vote and I know we did the right thing -- and the proof is in the peoples' lives that are better now and millions more that will be better for it in the years to come. Instead of running away from what we accomplished, we should embrace it.

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From Healthcare Is Better and More Affordable Because of Health Reform, by John Kerry (*The Huffington Post*, March 23, 2012) (view)

This law is about innovation - using information technology to cut down costs, delivering personalized care to every patient, investing in cutting-edge biomedical research and preventing diseases before they happen. It is about giving small businesses tax credits to help cover their employees. It is about slowing the growth of health costs and demanding insurers invest a large portion of premiums in patient care. It is about fighting waste and restoring transparency and accountability to the insurance industry.

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From Affordable Care Act for a healthier America, by Nancy Pelosi (*San Francisco Chronicle*, March 23, 2012) (view)

"To watch a woman die of colon cancer because she could not afford a colon screening -- that was no longer an option. To watch a family lose their home because a child's medical bills have wiped them out -- that was no longer an option. Health care in America is finally a right, not a privilege, because enough of us understand: We are in this together."

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From Health care is now an American right, by Chicago Sun-Times editorial board (*Chicago Sun-Times*, March 23, 2010) (view)

"When Americans figure out that insurance companies can no longer deny them coverage because, as it happens, they urgently need it, and when they discover that their kids can remain covered until age 26 and when they can for the first time afford health insurance themselves, this law will become untouchable. Self-interest usually trumps ideology."

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From The health-care vote: One more step on a long, slow journey, by Richard Cohen (*The Washington Post*, March 23, 2010) (view)

"But if you turn on C-SPAN and get away from the media filter what you see is not a "socialistic" takeover of "one-sixth" of the economy "rammed through" with "totalitarian tactics," but a moderate, cost-effective attempt to rein in soaring health care costs and to bring some protection to millions of Americans who are being preyed upon constantly by some of the meanest, greediest, most blood thirsty and sociopathic corporations in the world."

From An Extraordinary Achievement, by Joseph Palermo (*The Huffington Post*, March 23, 2010) (view)

66 Already, roughly 50 million people, or 1-in-6, have no health insurance. Without reform, even if you do have coverage, you could lose it in a flash if you're fired from your job, if you get critically ill and your insurance company finds a pretext for canceling your policy, or if you're so ill that you burn through your policy's lifetime limit. Health care costs are a factor in most bankruptcies; in fact, they contributed to the the bankruptcy of the married couple that filed one of the main legal challenges to the health reform law. Changing this system is urgent and necessary. The only reasonable question is how.

From As health law turns 2, the demonization continues, by USA Today editorial board (USA *Today*, March 22, 2012) (view)

Conservatives are fighting government involvement in a system that is badly in need of reform. Instead of arguing the merits of the issue, they raise the specter of a government "takeover" of health care and say care will be "rationed" out. But the government isn't taking over health care. It would help people access private health insurance. And rationing? Insurance companies already do that.

From A difficult first year, by Las Vegas Sun editorial board (*Las Vegas Sun*, March 22, 2011) (view)

"Health care reform will likely become popular, just as Medicare and Social Security did. The cries of socialized medicine and, worse, of creeping socialism, and, worse yet, of dead grannies littering the streets will look like what they were — political rhetoric. In fact, you can go to YouTube to hear Ronald Reagan arguing long ago against the coming of Medicare, speaking of a time when we'd tell our children "what it once was like in America when men were free.""

From Landmark change of health reform will be a defining moment, by Mike Littwin (The Denver Post, March 22, 2010) (view)

"Reform does not institute European-style, state-run health care. It does not wipe from the landscape the private industries that form the foundation of American health care. If anything, it shores them up. Millions of people will now get subsidies to help them buy policies from private insurers; there is no public option to compete with them, one of the many compromises Democrats made trying to gain Republican support."

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From An American cure for an ailing system, by Star Tribune editorial board (Star Tribune, March 22, 2010) (view)

"Yes, a few conservative policy intellectuals, after making a show of thinking hard about the issues, claimed to be disturbed by reform's fiscal implications (but were strangely unmoved by the clean bill of fiscal health from the Congressional Budget Office) or to want stronger action on costs (even though this reform does more to tackle health care costs than any previous legislation). For the most part, however, opponents of reform didn't even pretend to engage with the reality either of the existing health care system or of the moderate, centrist plan — very close in outline to the reform Mitt Romney introduced in Massachusetts — that Democrats were proposing."

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"The United States is the only advanced industrial nation that does not provide or guarantee health care coverage for virtually all of its citizens. It is a moral obligation to end this indefensible neglect of hard-working Americans. The bill does not quite reach full universality, but by 2019, fully 94 to 95 percent of American citizens and legal residents below Medicare age will have coverage."

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From Health Care Reform, at Last, by The New York Times editorial board (*The New York Times*, March 21, 2010) (view)

But for those who dislike the requirement, here's a question: Do our emergency rooms have the right to turn away people who show up with no or lousy insurance? Of course not. Yet those of us who have good insurance are paying for millions of people, many of them hardworking parents struggling to put food on the table, who visit our hospitals, clinics and doctors' offices without adequate coverage.

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From New health care law helping middle-class families, by Donna Shalala (*Milwaukee Journal Sentinel*, March 19, 2011) (view)

So let's talk about my new policy under Obamacare. For one, my premiums have declined by half. Before selecting my plan, I did my homework (a critical component for purchasing a good policy). I made sure that my doctors accepted the insurance and that my specific drugs, treatments and tests would be covered. So far, I've used my new plan many times and it's working.

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From Fix Obamacare, don't repeal it, by Lizzy Smith (Chicago Tribune, March 14, 2014) (view)

But what about the cost? Put it this way: the budget office's estimate of the cost over the next decade of Obamacare's "coverage provisions" — basically, the subsidies needed to make insurance affordable for all — is about only a third of the cost of the tax cuts, overwhelmingly favoring the wealthy, that Mitt Romney is proposing over the same period. True, Mr. Romney says that he would offset that cost, but he has failed to provide any plausible explanation of how he'd do that. The Affordable Care Act, by contrast, is fully paid for, with an explicit combination of tax increases and spending cuts elsewhere.

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From The Real Winners, by Paul Krugman (*The New York Times*, June 28, 2012) (view)

In fact, critics are already crowing that the court has unmasked the law for what it really is — a tax increase, despite supporters' squeamish reluctance to acknowledge that. Well, fine, it is a tax: a tax on free-riders who'd rather skip paying for health coverage and then send their bills (in effect) to the rest of us when they get seriously ill and end up in the emergency room.

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From Supreme Court ObamaCare ruling benefits millions, by USA Today editorial board (*USA Today*, June 28, 2012) (view)

In the decade before the law was passed, national health expenditures increased about 7 percent a year. But in the past two years, those increases have dropped to less than 4 percent per year, saving Americans more than \$220 billion. And that trend is expected to continue, with health-care costs projected to stay level as a share of gross domestic product from 2009 all the way through 2013.

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From The Affordable Care Act has made the U.S. health-care system stronger, by Kathleen Sebelius (*The Washington Post*, July 9, 2012) (view)

"Most of the major elements of the reform law don't go into effect until 2014, but some important benefits start this year. Administration officials had two early successes: pressuring insurance companies to immediately end their indefensible practice of rescinding coverage after a policyholder becomes sick and to immediately start covering children with pre-existing conditions. Officials also persuaded insurers and a handful of employers to allow parents to keep their dependent children on family policies until age 26."

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From Reform Moves Ahead, by The New York Times editorial board (*The New York Times*, July 18, 2010) (view)

The administration listened to my concerns. And more important, it listened to the concerns of the business community. This brief delay will not slow or diminish the overall effectiveness of the ACA. Already, the bill has done more than any law in the past half-century to expand health coverage.

"

From Obamacare provision's timely delay, by Max Baucus (Politico, July 17, 2013) (view)

Remember the rocky rollout of the Medicare prescription drug program in 2006? There were glitches and stories about people who couldn't navigate the system or get the help they needed. Eventually, however, goodwill, patience and sincere effort by just about everyone involved ironed out the kinks in Medicare Part D. It's so popular now that no one would dare try to eliminate it.

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From GOP poisons ObamaCare, then claims it's sick, by USA Today editorial board (*USA Today*, July 10, 2013) (view)

Charles Gaba, an enterprising Web site designer, has taken it upon himself to track the number of Americans who have gained health insurance under the Affordable Care Act (ACA). Tallying those who have signed up on the state and federal exchanges (2.1 million), those who have obtained Medicaid coverage (4.4 million) and those who gained coverage through the law's requirement that private plans allow parents to cover their children up to age 26 (3.1 million), he cites more than 9 million newly insured through Obamacare.

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From Despite what the critics say, Obamacare is working, by Harold Meyerson (*The Washington Post*, January 8, 2014) (view)

The assumption that giving up access to hospitals like Cedars means giving up quality care is a powerful one. And it taps into deeply held anxieties about class and status. But while we might think we know what's good for us medically, the relationship between hospital prestige and hospital quality is a lot weaker than it may seem. Health insurance is changing for some Americans because of Obamacare, but the changes are not the catastrophe many of them think.

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From If You Can't Go to Cedars-Sinai Anymore, Is It Obamacare's Fault?, by Jonathan Cohn (*The New Republic*, January 6, 2014) (view)

"Another set of provisions became law on Saturday: requirements that insurance companies spend a certain percentage of the premiums they collect on care; a discount on prescription drugs for some seniors covered by Medicare; a rule that gives seniors free screening for cancer and other diseases. Republican leaders aren't dumb enough to explicitly propose taking all these benefits away. But Democrats can, and should, force them to have that debate."

From Bring on the health-care fight, by Eugene Robinson (The Washington Post, January 4, 2011) (view)

for Inrough a combination of subsidies for low- and moderate-income people and Medicaid expansion, the Affordable Care Act has extended coverage to 20 million more people and cut the percentage of uninsured Americans by nearly 5 percent. The ACA has done this without skimping on quality of care or inflating costs of coverage. Customers can choose among a variety of coverage levels and prices, but all plans are required to cover certain preventive services, such as vaccinations and disease screenings, without a copayment.

From Obamacare reality: Despite its detractors, the plan is helping millions, by Pittsburgh Post-Gazette editorial board (Pittsburgh Post-Gazette, January 31, 2015) (view)

66 Through these efforts, our ultimate goal is to make sure the insurance market works better for consumers. Insurance needs and health systems vary state to state, and experience tells us that the best way forward is not to mandate a one-size-fits-all answer. Instead, our approach gives states the flexibility to take their own paths, while ensuring they all end up in the best place possible: with an Affordable Insurance Exchange that offers access to comprehensive, quality, affordable health insurance to small business owners and individuals who currently have few good choices in an expensive and broken market.

From In defense of health care law's 'essentials', by Kathleen Sebelius (USA Today, January 3, 2012) (view)

66 The CBO, which "scores" the impact of proposed legislation, calculated that the healthreform law will reduce federal deficits by at least \$143 billion through 2019. Confronted with the fact that repeal would deepen the nation's fiscal woes, Republicans simply claimed the CBO estimate to be rubbish. Who cares what the CBO says, anyway? Er, um, Republicans care, at least when it's convenient. Delving into the CBO's analysis, they unearthed a finding that they proclaimed as definitive: The reform law would eliminate 650,000 jobs. Hence "Job-Killing" in the repeal bill's title.

From The GOP's rude awakening on health-care repeal, by Eugene Robinson (The Washington Post, January 21, 2011) (view)

66 One of the Republicans' major campaign promises was to cut the national deficit. According to the nonpartisan Congressional Budget Office, repealing health care would increase deficits by \$230 billion over the next decade. How does that square with their mission and the country's economic health?

From GOP vote to repeal health reform an empty gesture, by San Francisco Chronicle editorial board (San Francisco Chronicle, January 21, 2011) (view)

66 There's no evidence that the health care law will "kill" jobs. In fact, Senate Majority Leader Harry Reid, the Nevada Democrat, correctly points out that an increasing number of small businesses are taking advantage of tax credits in the law to offset the cost of providing health benefits to workers. Reid was also on the mark when he said that repeal of the law would take away free preventive care for seniors and would bring back the Medicare donut hole that would force elderly recipients to pay more for prescription drugs.

"Americans will pay a high price if opponents get their way. Reform means that tens of millions of uninsured people will get a chance at security; and many millions more who have coverage can be sure they can keep or replace it, even if they get sick or lose their jobs. Repeal would also take away the best chance for reining in rising health care costs — and the government's relentlessly rising Medicare burden. The nonpartisan Congressional Budget Office estimated that repealing the reform law would drive up the deficit by \$230 billion over the first decade and much more in later years."

From The Truth and Consequences of Repeal, by The New York Times editorial board (*The New York Times*, January 15, 2011) (view)

Since the New Deal, the court has consistently held that Congress has broad constitutional power to regulate interstate commerce. This includes authority over not just goods moving across state lines, but also the economic choices of individuals within states that have significant effects on interstate markets. By that standard, this law's constitutionality is open and shut. Does anyone doubt that the multitrillion-dollar health insurance industry is an interstate market that Congress has the power to regulate?

From On Health Care, Justice Will Prevail, by Laurence Tribe (*The New York Times*, February 8, 2011) (view)

If Congress can tax me, and can use my tax dollars to buy a health insurance policy for me, why can't it tell me to get a policy myself (or pay extra taxes)? [Judge Roger] Vinson offers no cogent answer to this basic logical point.

From Constitutional showdown, by Akhil Reed Amar (*Los Angeles Times*, February 6, 2011) (view)

The ACA does arguably encourage health plans to use limited networks as a costcutting strategy — since they're now competing on price through the exchanges and no longer allowed to use such counterproductive tactics as denying coverage for preexisting conditions. The practice can be a hassle or worse for patients and providers alike. But it's been around since before Obama was a state senator from Illinois. And stopping it altogether would push America's highest-in-the-world health costs further into the stratosphere.

From Anti-Obamacare, facts be damned, by Bill Hammond (New York Daily News, February 4, 2014) (view)

The more Americans learn about the Affordable Care Act, the more they warm up to its opportunities. Parents are relieved they can keep children on their policy until age 26. Creation of insurance pools for people with pre-existing conditions is a bright light, along with rebates for seniors with high prescription costs. Despite the fetid distortions of GOP propagandists, the health-care act attracts small businesses because tax credits enable them to pay for employee coverage.

From No GOP prescription for health care, by Lance Dickie (*The Seattle Times*, February 4, 2011) (view)

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Even supporters of health reform are somewhat surprised by the right's apparent inability to come up with real cases of hardship. Surely there must be some people somewhere actually being hurt by a reform that affects millions of Americans. Why can't the right find these people and exploit them? The most likely answer is that the true losers from Obamacare generally aren't very sympathetic. For the most part, they're either very affluent people affected by the special taxes that help finance reform, or at least moderately well-off young men in very good health who can no longer buy cheap, minimalist plans.

From Health Care Horror Hooey, by Paul Krugman (*The New York Times*, February 23, 2014) (view)

The University of Maryland experts estimated that health reform will provide a net savings to our state budget of more than \$850 million by the year 2020. To capture these savings, we will need to implement the law with an eye to Maryland's unique circumstances. Fortunately, rather than a "one-size-fits-all" approach, the law provides a powerful set of tools for states to use and adapt.

From Affordable Care Act, by Martin O'Malley (The Huffington Post, February 17, 2011) (view)

We should not be surprised that some people will choose to leave jobs for other pursuits, given these new options. Some might choose to stay home to take care of children, instead of working for wages that barely cover child care in order to keep their insurance. Some people might choose to start businesses, to become the entrepreneurs that our society reveres. Some might decide they can finally manage to retire from a job which has caused them too much physical or emotional stress, existing on savings or the support of a spouse.

From Obamacare frees the American worker, by Duncan Black (*USA Today*, February 11, 2014) (view)

Although the law gives states the option to design and run their own exchanges, some critics have claimed this could burden states if they're not given adequate resources and flexibility. I agree. But what these critics miss is that the law already gives states most of the resources and flexibility they're asking for.

From How the Affordable Care Act empowers states, by Kathleen Sebelius (*The Washington Post*, February 10, 2011) (view)

I'll never be able to check the "no" box next to cancer on a health history questionnaire. My diagnosis will forever be a part of who I am. That's why I am so thankful that starting in January because of the Affordable Care Act, the up to 129 million Americans living with a pre-existing condition, including nearly 8 million in my home state of Florida, will finally have the peace of mind knowing that we can't be dropped from our insurance or denied coverage.

From No One Plans for This, by Debbie Wasserman Schultz (*The Huffington Post*, December 5, 2013) (view)

There were many predictions of soaring premiums. But health reform's efforts to create meaningful competition among insurers are working better than almost anyone (myself included) expected. Premiums for 2014 came in well below expectations, and independent estimates show a very modest increase — 4 percent or less — for average premiums in 2015. In short, if you think of Obamacare as a policy intended to improve American lives, it's going really well.

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From Democrats Against Reform, by Paul Krugman (*The New York Times*, December 4, 2014) (view)

Obamacare does improve things, especially with the Medicaid expansion and the requirement that insurance companies on the exchanges can't exclude people with pre-existing medical conditions. Ultimately, however, health insurance will still be too expensive, too complicated, and not generous enough in its coverage for many people who don't receive generous employer-provided plans.

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From Obamacare isn't perfect, but it's a decent fix, by Duncan Black (*USA Today*, December 3, 2013) (view)

Some critics of Obamacare argue that the spate of changes show that Washington's reach exceeded its grasp. A simpler explanation is that the uncertain progress shows how hard it is to make the systemic changes needed to fix the healthcare system's complex and intertwined problems. The ambition of the Affordable Care Act wasn't motivated by hubris, it was necessitated by the challenge posed by the system's perverse incentives, its runaway costs and the growing number of uninsured people.

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From The umpteenth Obamacare fix, by Los Angeles Times editorial board (*Los Angeles Times*, December 24, 2013) (view)

"Congress could switch to the carrot approach. Incentives to buy insurance, rather than penalties, would appeal to the young and healthy among the uninsured. Legal challenge or no, the nation still has a moral mandate to assure affordable, quality medical care for 50 million uninsured Americans at risk of suffering debilitating illnesses and death."

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From Health law has life, by The Philadelphia Inquirer editorial board (*The Philadelphia Inquirer*, December 19, 2010) (view)

"Having the new law on the books makes the industry look at how our health system delivers care and focus on controlling overall costs through preventive and curative care. Doctors and nurses have told me the new law provides incentives to deliver care in ways that are more cost efficient, increases protections against medical errors and empowers patients and families to have more control over their health decisions."

9

From Obamacare: Helpful law already paying big dividends, by Susan Davis (*The San Diego Union-Tribune*, December 17, 2010) (view)

"This latest legal attack on the health care law doesn't make much sense. The federal government argues that the mandate to buy coverage is indeed constitutional because the fine for not having it would be levied as an income tax."

99

From If new health care reforms die, America loses, by Froma Harrop (*The Dallas Morning News*. December 16, 2010) (view)

"There's no question that healthcare is a form of interstate commerce subject to regulation by Congress. Nor is there any question that the adults subject to the individual mandate participate in that market, whether it be buying aspirin at a drugstore, visiting a doctor for a checkup or rushing to an emergency room for treatment. (The law exempts Christian Scientists and others who abstain from medical care for religious reasons.) The individual mandate affects how people pay for the care they consume, but it doesn't force them into the healthcare market — they're already there."

From The individual mandate: It's constitutional, by Los Angeles Times editorial board (*Los Angeles Times*, December 15, 2010) (view)

"After more appeals, the battle over Obamacare's constitutionality will reach the Supreme Court. The justices will doubtless read Judge Hudson's ruling and its clear summary sentence: "At its core, this dispute is not simply about regulating the business of insurance -- or crafting a scheme of universal health coverage -- it's about an individual's right to choose to participate.""

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From Unchecked power: The courts and Obamacare, by New Hampshire Union Leader editorial board (*New Hampshire Union Leader*, December 15, 2010) (view)

"As flawed as the law may be to critics on the left and right, going backward is not a reasonable option. More caution against wholesale repeal came in the form of a recent study from Columbia University that suggested that US overspending on health might be harming Americans. Analyzing survival rates for men and women ages 45 and 65, Americans have stunningly fallen behind other large, wealthy nations in life expectancy. That is despite a rate of health care spending that has grown nearly twice as fast as the spending in 12 comparison countries since 1970."

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From A repeal that'll be dangerous to our health, by Derrick Jackson (*The Boston Globe*, December 14, 2010) (view)

"For decades, Supreme Court decisions have made clear that the Constitution allows Congress to adopt rules to deal with such harmful economic effects, which is what the law does - it regulates how we pay for health care by ensuring that those who have insurance don't continue to pay for those who don't. Because of the long-held legal precedent of upholding such provisions, even President Ronald Reagan's solicitor general, Charles Fried, called legal objections to the law "far-fetched.""

77

From Health reform will survive its legal fight, by Eric Holder, Kathleen Sebelius (*The Washington Post*, December 14, 2010) (view)

"As the Obama administration argued in defending the law, "No person can guarantee that he will divorce himself entirely from the market for health-care services." Even inaction, in this situation, affects economic activity and therefore interstate commerce."

99

From Judge Hudson's flawed but restrained ruling on the health law, by The Washington Post editorial board (*The Washington Post*, December 13, 2010) (view)

More...

Mixed on this position

For all the chest-thumping about the wonders of the U.S. medical system, it is cruelly dysfunctional for millions of Americans. About 50 million people have no health insurance, often because they can't afford it or because their pre-existing conditions mean insurance companies won't sell it to them at any price. ObamaCare, based on what used to be Republican ideas about personal responsibility and private insurance, is aimed at ending that problem, ensuring that getting sick in America will no longer mean going broke.

From Mend Obamacare, don't end it, by USA Today editorial board (*USA Today*, September 30, 2013) (view)

If the administration fails to convince hundreds of insurers that the federal exchange will do a superb job marketing their products next fall, what then? Premiums will jump, Democrats will blame "greedy" insurers, regulators will review rates and push for price controls. And Republicans can credibly crow: "We told you so."

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From Beyond HealthCare.gov, Obamacare's other challenges, by Jon Kingsdale (*The Washington Post*, November 8, 2013) (view)

"With this legislation, Congress has effectively defined an uninsured 18-year-old man in Richmond as an interstate problem like a polluting factory. It is an assertion of federal power that is inherently at odds with the original vision of the Framers. If a citizen who fails to get health insurance is an interstate problem, it is difficult to see the limiting principle as Congress seeks to impose other requirements on citizens."

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From Is mandate constitutional?, by Jonathan Turley (USA Today, March 31, 2010) (view)

Given this analysis we reasonably can conclude: The first four years of Obamacare have led to solving about 10 percent of the problem of uninsured citizens. It is unlikely that any material reduction in the number of uninsured citizens will occur during the next three years under the current policies.

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From Numbers of uninsured are not being decreased, by Howard J. Peterson (*The Philadelphia Inquirer*, March 30, 2014) (view)

"The law calls its mandate a tax. But if you comply, your money goes to the insurance company. You pay the government only if you don't comply — which means, McKenna says, "It's not a tax. It's a fine." We think McKenna has a good case, and one the progressives who condemn him ought to appreciate."

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From AG Rob McKenna has a case to challenge the health-care law's individual mandate, by The Seattle Times editorial board (*The Seattle Times*, March 26, 2010) (view)

"People who have been unable to obtain insurance — or threatened with losing it — will now be protected in a fundamentally better way. The new safety net unfurls slowly, but within a few years, most people will be able to judge the change in terms of their own lives rather than Washington's overheated and too-often dishonest political rhetoric."

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From Landmark health vote aids millions, leaves tough choices, by USA Today editorial board (*USA Today*, March 22, 2010) (view)

But now companies don't even have to *report* whether they offer employees insurance or who accepts coverage when it is offered. That's important because people are eligible for government subsidies only if their employers don't offer coverage. But if employers don't report who had access to or accepted insurance, how can the individual mandate be enforced? It can't. It needs to be put on ice.

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From Hold off Obamacare, by Chicago Tribune editorial board (*Chicago Tribune*, July 14, 2013) (view)

Though we would have made the individual mandate's penalty larger, not every problem can or should be solved by federal regulation, and there is still a decent chance that the balance between regulation and liberty that the Affordable Care Act struck will work. If it does, the more rational health-care system that results will have been well worth the price in expanded government intervention in the health-care market.

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From Two problems that could undermine the Affordable Care Act, by The Washington Post editorial board (*The Washington Post*, December 13, 2013) (view)

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