



Written by [Jack Kenny](#) on February 27, 2014

GOP Leaders to Meet on Alternative to ObamaCare

House Republican leaders have scheduled a meeting Friday to begin work on finding an alternative to the ObamaCare health insurance law that leaders hope can win the minimum 218 votes need to pass in the House, *Roll Call* [reported](#). Majority Leader Eric Cantor of Virginia will meet privately with various committee chairmen and in a group session with Budget Chairman Paul Ryan of Wisconsin, Education and the Workforce Chairman John Kline of Minnesota, Ways and Means Chairman Dave Camp of Michigan, and Energy and Commerce Chairman Fred Upton of Michigan, *Roll Call* said.



All, or nearly all, the votes to pass an alternative plan will have to come from Republican members, since Democrats are not likely to support replacing or significantly altering President Obama's signature healthcare law in favor of a Republican alternative. But while individual House Republicans have submitted health care plans, the leadership has yet to endorse any, and no broad coalition has coalesced around any one plan. Should an alternative win passage in the House, it may serve Republicans as something to campaign on this year and try to pass next year if they can hold their majority in the House and win back the Senate. The chance of an alternative winning approval in the Democratic Senate this year is virtually nil.

ObamaCare — formally the Patient Protection and Affordable Care Act of 2010 — has become increasingly unpopular after many Americans lost the health insurance plans that President Obama had said they could keep under the new system. The snafus in the roll out of the ObamaCare website for people to find and enroll in a health care plan created another black eye for the program. But healthcare as it existed pre-ObamaCare is also unpopular with many voters and GOP leaders face the challenge of pasting together a program with more flexibility and less government control, while retaining some of the popular features of the Democratic plan. That approach appears likely to create opposition within the party among staunch conservatives and libertarians, who reject the federal role altogether and favor either leaving health insurance regulation with the states or having a free market in medicine as well as in other transactions.

In the House, Tom Price and Paul Broun, both Georgia Republicans and both doctors, have introduced separate alternative bills, while the Republican Study Committee is pushing a bill sponsored by Rep. Phil Roe (R-Tenn.). Broun's bill has been endorsed by the conservative Association of American Physicians and Surgeons. The congressman's website touts the bill as one that would begin by repealing the Affordable Care Act entirely, while amending federal tax law to allow 100 percent deductibility for all healthcare expenses, including health insurance, and higher deductibility on contributions to Health Savings Accounts. It would make Medicare a "sustainable premium assistance program" and fund Medicaid and the Children's Health Insurance Program with block grants to give states "full control



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over how they serve low-income families.” The bill would create new tax incentives to encourage physicians and clinics to provide care to the poor and it would allow consumers to purchase health insurance across state lines. The bill would also make it easier for independent small businesses, professional organizations, and community groups to create Association Health Plans to negotiate lower insurance costs.

Three veteran GOP senators (Orrin Hatch of Utah; Tom Coburn, a physician from Oklahoma; and Richard Burr of North Carolina) have sponsored a plan that would do away the features of ObamaCare most often targeted by Republicans — the individual mandate, the Independent Payment Advisory Boards, and Medicaid expansion — while preserving more popular features like its coverage of dependents under age 26 and the savings in Medicare costs. These changes would make the bill, according to The Health Care Blog, “a kind of Obamacare Lite,” a label not likely to be helpful in either winning hearts and minds in a Republican caucus or in drawing support from the Senate’s Democratic majority.

Should the Republicans unite behind any one plan, they may still have problems selling it to the public. *Roll Call* notes that in 2009, congressional Republicans proposed an alternative to ObamaCare and the Congressional Budget Office said it would neither save as much money nor cover nearly as many people, leaving the plan vulnerable to attacks by Democrats, who at that time controlled both houses of Congress.

While Americans have become used to looking to Congress and the White House to solve nearly every problem, the nation’s governors and state legislators are actually in a better position to take positive steps to improve delivery of affordable health care, according to Shirley Svorny, an economics professor at Cal State Northridge and adjunct scholar with the libertarian Cato Institute. “Much of what could be done to increase access to care and reduce costs is illegal in many states,” Svorny wrote in a recent issue of the *Los Angeles Daily News*. Svorny notes that 36 states have certificate of need laws that allow state planning agencies to restrict competition for large hospitals by imposing a state regulatory rather than a free-market decision on whether and when new acute care, free-standing imaging centers or ambulatory surgical centers may be built. Other state laws forbid physician ownership of specialty hospitals and prevent nurses, physician assistants, pharmacists, and other medical professionals from offering primary care services they are trained to provide.

“Under existing state laws, the American Medical Association effectively determines which medical schools are good enough,” Svorny wrote. “This gives the AMA power to limit the supply of physicians.” Changes in state regulations “are critical if the U.S. is to improve health care. Governors should use their influence to educate voters and legislators and to press for regulatory reforms that would increase access to care and lower health care costs.”

Seeking solutions at the state, rather than federal level, makes constitutional as well as economic and health-care sense. The federal Constitution delegates no power to Congress or the president to establish a program of healthcare or health insurance, which goes far beyond any reasonable understanding of the power to regulate commerce “among the several States” (Article I, Section 8). Ironically, at a time when a growing number of people distrust the government, “progressive” legislation keeps moving the country toward a greater federal control of the economic life of the nation, while entrusting through the Affordable Care Act the lives and health of more than 300 million Americans to the questionable compassion and doubtful competency of a distant government in Washington, D.C.



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Noting the small number of young adults enlisting in the president's health insurance program, Dr. G. Keith Smith in an article on the website of the Association of American Physicians and Surgeons ("Youth Say 'No Thanks' to ACA's Ponzicare") praised "this young. liberty-minded generation. That so many young people view the regime as illegitimate," he wrote, "fills me with hope for the future."



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