



Healthcare Reform on the Fast Track

The president expects “lively debate” on the issue, and said he welcomes that debate. What he doesn’t welcome is “reform that just invests more money in the status quo — reform that throws good money after bad habits.” He cited the Mayo Clinic in Minnesota and the Cleveland Clinic in Ohio as examples of “institutions that offer some of the highest quality of care in the nation at some of the lowest costs in the nation.” By learning from the success of these and other institutions, Obama declared we can “promote the best practices, not the most expensive ones.”



Stating that healthcare reform must “lower costs, improve quality and coverage, and also protect consumer choice,” President Obama also stipulated that it must not increase the deficit. He made the telling remark that the cost of reform would be covered by “rigorous spending reductions and appropriate additional revenues.” The spending cuts or revenue increases would have to be substantial; the cost of reform is pegged at \$1.2 to \$1.5 trillion or more over a decade.

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[Reuters noted on June 6](#) that the legislation attempting to implement these reforms is being drafted by the Senate Health, Education, Labor and Pensions Committee chaired by Senator Edward Kennedy. The Kennedy committee bill would require individuals to have insurance and businesses to provide coverage for their employees. Insurance companies would not be able to refuse coverage due to a person’s medical history, and the legislation would also outlaw annual or lifetime limits on coverage. The bill would establish a government-run clearinghouse to help people and small businesses compare insurance plans and prices, and commit the government to provide subsidies to those with lower incomes. Under the legislation, millions more people would qualify for Medicaid.

Assessing the president’s address and the bill being considered brings up some interesting points. One of President Obama’s suggestions for reducing spending was to make cuts to Medicare and Medicaid, which doesn’t seem to fit well with allowing millions more to qualify for Medicaid. Does this mean more people would technically be covered by Medicaid but at a reduced level? That somewhat negates the benefit provided if more people receiving coverage means everyone receives less.

One of the additional revenue sources the president is considering is a tax on employer-provided benefits. It would be very convenient for the government to require businesses to provide insurance for their employees and then to tax that benefit. Those who can afford insurance, even if just barely, would be paying for those who can’t.

President Obama is set on providing a government-run healthcare plan, supposedly to compete with private insurance providers. But considering that private providers would be required to cover people regardless of medical history and without limits, and the fact that even those who would be covered by employer-provided private insurance would be paying taxes in some form to support the government-



Written by [Steven J. DuBord](#) on June 8, 2009

run system, private insurance companies would be hard-pressed to compete and could easily be put out of business or set up for a GM-style federal takeover. What would be left is completely socialized healthcare, with all the long lines and problems that entails.

When Obama talks about government promoting “the best practices, not the most expensive ones,” this ends up meaning that some bureaucrat in Washington — not the patient, his doctor, his insurance provider, or his hospital — would be making choices for the sick person by deciding what the best practice is. It would be for everyone’s good, of course, to ration healthcare and limit what any one person could receive from the federal coffers.

If the government says the solution to a crippling leg injury is a pair of crutches instead of a wheelchair, a powered scooter, an artificial limb, or an expensive surgery to save the leg, then crutches would be the best practice because they are not the most expensive one. And there wouldn’t be any choice because there wouldn’t be any private alternative.

Healthcare reform is on the fast track, and the president wants to see a bill on his desk by October. Now is the time for Americans to express any concerns to their representative and senators.



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