



Mass. Pushes Rationing to Control Universal Healthcare Costs

The July 16 recommendations, the [Boston Globe explained](#), would result in a situation where “patients could find it harder to get procedures they want but are of questionable benefit if doctors are operating within a budget. And they might find it more difficult to get care wherever they want, if primary doctors push to keep patients within their accountable care organization.”

The *Globe* stressed that the recommendations would “dramatically change how doctors and hospitals are paid, essentially putting providers on a budget as a way to control exploding healthcare costs and improve the quality of care.” “Budget” is a more politically acceptable word for rationing. The *Globe* also noted that “consumer advocates said patients are going to have to be educated about the new system.” Yes, apparently they will have to get used to having their healthcare rationed.



Massachusetts enacted a universal healthcare mandate in a partnership between the liberal and overly Democratic state legislature and Republican Governor Mitt Romney in 2006, and many Obama administration officials view their bipartisan compromise as the model upon which a national healthcare system should be based. The state legislators and Romney agreed that the central principle of this universal coverage would be that anyone who didn't buy health insurance or sign up for a state program should be fined by the state. The landmark legislation also set up a state-run healthcare plan that individuals and families could subscribe to if they couldn't afford private coverage. Under the 2006 bipartisan political bargain, Mitt Romney got to say on the presidential campaign trail that he had instituted universal health care in Massachusetts and that it wasn't entirely “socialized medicine.” And the liberal Democrats in the state house (who outnumber Republicans by more than a six-to-one margin) got to say that they enacted universal coverage with an alternative to the heartless insurance companies.

Under the [Massachusetts system](#), a fine on uninsured residents is being phased in that will soon equal “50 per cent of the minimum insurance premium for creditable coverage for which the individual would have qualified during the previous year.” The fine is paid via the state income tax return, and can run up to \$1,068 in 2009, which is about a five-fold increase from the \$219 maximum fine excised just two years earlier. Currently, the “affordable” rates under the state plan for a family of three or more making \$80,000 per year in Massachusetts is \$6,828 dollars per year. That will soon translate into a \$3,414 fine for lack of coverage, assuming that rates stay the same.



Written by [Thomas R. Eddlem](#) on July 19, 2009

But costs are not staying the same. Although many Massachusetts citizens have resisted purchasing the state-run insurance (despite the wildly increasing fines), the recommended changes are being made primarily because of dramatically increasing costs in the state-run healthcare program. The [Globe reported](#) that “Commission members stressed that failing to control medical spending — which is growing by more than 8 percent annually in Massachusetts, driven largely by the high price and heavy use of hospitals — could threaten the state’s model health insurance law and bankrupt employers and patients.”

Even the leftist [Daily Kos](#)’ bloggers admit that Massachusetts’ experiment in government-mandated universal healthcare is a failure, though those same bloggers still support socialized medicine. One [Daily Kos](#) blogger wrote this week: “The fact is that Obama’s and the Democrats’ proposals are terrible and the GOP is correct that none of the initial goals will be met. The failing of Massachusetts do not support eschewing reform, however.”

The last part of the statement by the [Daily Kos](#) blogger is reminiscent of [George Will’s satirical summary](#) of Trotsky acolyte Isaac Deutscher’s worldview that “proof of Trotsky’s farsightedness is that none of his predictions has yet come true.” The very concept that government, which is legendary for waste and inefficiency, could deliver services better than the private sector would be rather humorous if it weren’t so likely that it is on the verge of enactment by Congress. To believe in the oxymoron of “government efficiency,” despite overwhelming historical and practical experience, requires real, though misplaced, faith.



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