

BE CAREFUL WHAT YOU BELIEVE!

Stephen L. Bakke – August 27, 2009

This is one of several topics which lead into my attempt at identifying reasonable and viable elements of health care reform – “soon to be completed”. My suggestions will recognize the compelling need for reform, accept those aspects which virtually all citizens agree must change, and provide an alternative to the undesirable, and ever less popular, government imposed system.

On numerous occasions I have received listings of health care legislation concerns, along with references to pages containing the offending provisions. Each of these is suspiciously similar to the others I have received. I believe these analyses suffer from a common “inspiration”. On the other hand, I have used some of these references and there is some useful information, but I suggest you always go to the referenced page or section and make your own judgment as to whether to use that particular example as something you are personally concerned about. I have seen two slightly different formats of the House’s draft legislation. One has 1017 pages and, due to slight format changes, the other has 1018 pages. That means the page references may differ by as much as a page.

In the analysis below, I will first list a reference from the legislative draft and also the stated concern. The concerns are basically direct quotes so the grammar is not mine. Then I will give a brief comment of my own. This is intended to demonstrate that you can’t be sure everything you read will represent your personal interpretation if you were given the opportunity to investigate. Once again, if curious, check the draft yourself. You may have an interpretation different from the report you have read, and from my interpretation. That’s the trouble with this legislation – there’s too much opportunity to “fill in the blanks”, leaving way too much to the imagination. In some cases the imagination can be too creative. Let’s argue the right concerns, not those that make us look too reactionary.

Reference and Concern: Page 22 – mandates a government audit of all employers, large and small that self-insure - so it’s very much cheaper to be on the government plan were there, of course, is NO audit. **My Interpretation:** I see no requirement for an audit. It does call for a report to be submitted by the Commissioner which evaluates, presumably, the general profiles of those companies choosing insurance and those who self-insure. I see no audit requirements or expenses to be paid by the company in question. Yet the task is certainly going to be very expensive to the taxpayers.

Reference and Concern: Pages 146 and 147 – ALL employees, large and small, must pay health-care for part-time employees, AND THEIR FAMILIES. **My Interpretation:** This is an example of hyperbole and incomplete information. It does require part-time employees to be covered, but the contribution is to be proportionate to the relative hours worked compared to a full-time employee.

Reference and Concern: Page 195 – The health care bureaucracy must have access to all your financial, tax and personal records to verify your eligibility for benefits. **My Interpretation:** It's true that this relates to establishing eligibility for a "credit", but the words seem clear that they are limiting the amount of information to be made available. And that information seems to be clearly very basic, general, and limited information from the individual's tax return which is readily available.

Reference and Concern: Pages 50 and 170 – All illegal aliens and non-resident aliens, even though they are not paying any U.S. taxes, will be enrolled. **My Interpretation:** I don't see this anywhere in the reference given. I think it's a reach, at best, and we shouldn't have to reach for objections. The language invites irrational reactions.

Reference and Concern: Pages 425 and 427 – Anyone on Social Security MUST meet every 5 years with a government "doofus" who will instruct you on your end-of-life documents – wills, estates, trusts, powers of atty, do not rusucitate docs, etc. **My Interpretation:** This is obviously referring to the much ballyhooed end-of-life counseling and the implication of "pulling grandma's plug". I have read these references several times and don't find where the stated concern comes from. I see no mandate. I see only a service made available, and if the service is provided certain things "SHALL" be discussed, but only if the counseling session is requested. The real concern here is the scary fact that the government desires to be involved in these intimate end-of-life issues.

Reference and Concern: Page 29 – Admission, your health care will be rationed. **My Interpretation:** Rationing is a very loose interpretation of this page. What is being discussed is a "cost sharing" limitation for individuals of \$5,000 per year and \$10,000 per year for a family. I believe that is limiting certain provided benefits but also includes the concept of co-pay – presumably for some of the premiums. But who knows? It's confusing!

Reference and Concern: Page 95 – The government will pay ACORN and Americorps to sign up individuals for government run health care. **My Interpretation:** This is just not true. The reference deals with information and education only. Neither ACORN nor Americorps are mentioned, either explicitly or implicitly - unfortunate scare tactics.

Reference and Concern: Page 145 – An employer MUST auto-enroll employees into the government-run public plan. **My Interpretation:** It just doesn't say that.

Reference and Concern: Page 321 – Hospital expansion hinges on "community" input – in other words, yet another ACORN. **My Interpretation:** I think that's irresponsible and inflammatory.

Reference and Concern: Page 472 – Payments to community-based organizations – more payoffs for ACORN. **My Interpretation:** This refers to setting up a method to reimburse home based medical services based in the state or community. It doesn't serve

our purpose to get too ridiculously paranoid. There's no mention of ACORN. Let's focus on the real verifiable substance of our concerns.

Reference and Concern: Page 354 – Government will RESTRICT enrollment of special needs people! **My Interpretation:** This relates to the section titled “Extension of Authority of Special Needs Plans to Restrict Enrollment”. It appears to me that this section merely recognizes that the previous “Authority” is being overridden by this proposed legislation and therefore it requires an analysis of the situation. I believe it just asks for an analysis by the Secretary of HHS in order to evaluate how these plans should now be dealt with.

That's enough. You get the idea.

It doesn't help our purpose to use too much hysterical imagination while “filling in the blanks” of this flawed legislation. We can't “imagine” what isn't solidly there and expect pointing that out to advance the debate. Our opposition is too good at what they do and will use this against us!

I'm very disappointed in some of the hysterical and unhelpful reactions which are cropping up in this debate. I believe some of these add credence to the many claims that there is misinformation running rampant through the conservative side of the debate. There is some bad information, so just remember to be careful what you believe and verbalize. The opposition will reduce all our arguments to the least common denominator – that being the most ridiculous of our statements and claims. We don't want that to happen.

I'd be much more comfortable if you would do your own analysis of the draft! It's readily available on line. If you have one of these “page by page” analyses, make your own test analysis. Otherwise, please don't make claims based on these sometimes inaccurate “research” projects. Doing so provides Obamacare supporters with legitimate complaints of exaggeration and misinformation. Take the “high road”. There's plenty to be concerned about without choosing the most flimsy arguments.

Now let's move the debate forward and be smart how we do it!!

Sources of Information

The major sources of information used in developing my health care commentaries will be included in my future report on health care reform recommendations. A preliminary, but not complete, list of sources can be found in my April 2009 report on the status of our health care system and reform.