

## Reading One: The Case for Obamacare

### Five reasons Americans already love ObamaCare — plus one reason why they're gonna love it even more, soon

Sally Kohn, FoxNews.com, September 30, 2013

There's a reason Republicans have been rushing to try and defund the Affordable Care Act before October 1, when major sections of the law take effect.

Republicans know what polls show — that most Americans don't know what's in ObamaCare, but when told what the law actually includes, a strong majority support the law.

Once state health insurance exchanges take effect, and premiums for all Americans go down, Republicans know the law will only become more popular and harder to repeal.

As Republican Senate Minority Leader Mitch McConnell said, "It's a lot harder to undo something than it is to stop it in the first place."

Exactly.

Because just like Republicans railed against Social Security and Medicaid and Medicare when they were first proposed, those programs are now highly effective *and* broadly popular parts of our social safety net — supported even by strong majorities of Republican voters.

So, for those of you who have been too busy criticizing ObamaCare for partisan reasons to actually look at what's in the law — and see what Americans like about it — here is a handy-dandy review:

#### **1. ACA allows young Americans to stay on their parents' insurance plans**

Because of ObamaCare, which allows kids to stay on their parents insurance plans until age 26, 3.4 million young Americans now have coverage.

The percentage of uninsured young people (ages 19 to 25) fell accordingly, from 48% in 2010 to 21% in 2012.

According to polling, three-in-four Americans support this part of the Affordable Care Act including, yes, over two-thirds of Republicans.

#### **2. ACA bans insurance companies from denying coverage for pre-existing conditions**

Another aspect of ObamaCare that has already taken effect is the ban on insurance companies denying coverage to patients based on pre-existing conditions.

That means an end to insurance company horror stories like four-month-old Alex Lange being denied health insurance because he was too chubby.

This is why the conservative allegation about death panels is so ironic; while the actual ACA law does not contain death panels or anything remotely like them, the fact is that prior to ObamaCare, insurance

companies were effectively operating *like* death panels in denying life-saving coverage to anyone with a pre-existing condition and by applying life-time spending caps on coverage. The ban on pre-existing condition limits, which will apply to every single American by 2014, is supported by 83% of Americans. ☞

### **3. ACA offers tax credits to small businesses to buy insurance**

The Affordable Care Act expands tax credits to help small businesses provide health insurance to their workers. Companies with fewer than 50 employees do not have to provide insurance, but even for these businesses, ObamaCare will make it easier and cheaper☞ if they choose to do so.

According to polling☞, 88% of Americans think these small business tax credits are great, including — wait for it ... yes, 83% of Republicans. That's right, over eight-in-ten *Republicans* support the provision of ObamaCare that helps small businesses afford and expand their health insurance offerings to employees.

### **4. ACA requires companies with more than 50 employees to provide health insurance**

Over 96%☞ of companies with more than 50 employees already provide health insurance to their employees. And contrary to Republicans claiming otherwise, studies show☞ the vast majority of those employers do not plan to drop or reduce that coverage because of ObamaCare.

Also, there is no evidence that ObamaCare has led to companies slashing full-time workers. In fact, since ObamaCare passed in March 2010, over 90%☞ of the gain in employment has been full-time positions.

Still, we know that companies that can afford to provide health insurance to their workers and yet fail to do so off-set the costs of care onto the rest of us — whether the cost of emergency room treatment that gets passed on to other consumers, or Medicaid coverage that we pay for as taxpayers.

In Florida alone☞, more than 50,000 workers at companies like McDonald's and Burger King are on the state's Medicaid rolls. Especially with tax credits available to small businesses, there is no excuse for companies to pass the buck. And 75% of Americans☞ support this element of ObamaCare.

### **5. ACA provides subsidies to help individuals afford coverage**

Many of the 45 million Americans who lack health insurance simply don't have enough money to afford coverage. ObamaCare will lower the cost of premiums but also provide subsidies to help low- and middle-income Americans purchase insurance.

Americans who earn \$45,000 per year☞ (about 400% of the federal poverty level) will qualify for some form of subsidy. The amount of the subsidy will be based on income as well as the cost of health coverage in a particular state but, for instance, according to a subsidy calculator☞ created by the Kaiser Family Foundation, a 27-year-old living in Houston, Texas, who earns just \$15,000 a year could sign-up for a mid-level plan for about \$300 per year☞ with the help of subsidies. Without subsidies, that plan would cost \$2,400 per year.

The few Americans who think subsidizing care is a bad idea should, again, note that we already subsidize health care to a far greater degree in the form of Medicaid and also when the uninsured rely on free emergency room care and pass those astronomical costs on to the rest of us. But most Americans — 76% to be exact☞ — support the individual subsidy. That includes 61% of Republicans.

There's even more aspects of ObamaCare that the American people already support — including the employer mandate, the increased Medicare payroll tax on higher-income Americans and the expansion of Medicaid.

And then, starting October 1, here's one more:

## **6. State-based health insurance exchanges**

Americans of all political stripes like choice and competition, which is precisely what the ObamaCare health insurance exchanges will create. So it's no wonder that 80% of Americans — including 72% of Republicans — support the health insurance exchange program in ObamaCare. And that's even before the exchanges have taken effect!

Plus, a new report shows that health insurance premiums will be *even lower* under ObamaCare than originally projected. Personally, as someone who pays through the nose for individual insurance in New York State — a state where, historically, few individual insurance options have even been available — I can't wait to enroll in ObamaCare and see my premiums plummet, as they are expected to by at least 50%.

Again, all this is why Republicans are in such a desperate rush to try and defund ObamaCare before October 1 — even if it means holding our economy hostage and even if most voters, including Republicans, oppose the repeated and wasteful defunding attempts.

After all, the law is already popular when it's not fully in effect and most people haven't felt its benefits. We all know what will happen when ObamaCare takes effect — and works!

Republicans who are throwing temper tantrums over sour grapes need to grow up.

Congress passed the Affordable Care Act, President Obama signed it into law and the Supreme Court upheld its constitutionality.

The cost of doing nothing on health care reform was too great and the cost of repeatedly refighting the political battles of the past is obscene. But then again, it makes perfect sense why Republicans refuse to just give up and shut up — because the minute they do, there will be no more distractions from all the good things about ObamaCare.

*Sally Kohn is a writer. You can find her online at <http://sallykohn.com> or on Twitter at <http://twitter.com/sallykohn>*

## Reading Two: Conservative Critique of Obamacare

### The Case Against Obamacare

GOP.Com, March 23, 2011

#### 1. INCREASES HEALTH CARE COSTS

**Medicare's Chief Actuary Richard Foster Said ObamaCare Won't Keep Costs Down.** "The landmark legislation probably won't hold costs down, and it won't let everybody keep their current health insurance if they like it, Chief Actuary Richard Foster told the House Budget Committee. His office is responsible for independent long-range cost estimates." (Ricardo Alonso-Zaldivar, "Medicare Official Doubts Health Care Law Savings," *The Associated Press*, 1/26/11)

**Foster Was Asked To Respond True Or False In Regards To The Claim That ObamaCare Will Bring Down Health Care Costs.** "Foster was asked by Rep. Tom McClintock, R-Calif., for a simple true or false response on two of the main assertions made by supporters of the law: that it will bring down unsustainable medical costs and will let people keep their current health insurance if they like it." (Ricardo Alonso-Zaldivar, "Medicare Official Doubts Health Care Law Savings," *The Associated Press*, 1/26/11)

- **"On The Costs Issue, 'I Would Say False, More So Than True,' Foster Responded."** (Ricardo Alonso-Zaldivar, "Medicare Official Doubts Health Care Law Savings," *The Associated Press*, 1/26/11)

**CMS Says Health Care Spending Will Increase More Than Before ObamaCare Was Passed.** "In February, the federal Centers for Medicare and Medicaid Services projected that overall national health spending would increase an average of 6.1% a year over the next decade. The center's economists recalculated the numbers in light of the health bill and now project that the increase will average 6.3% a year, according to a report in the journal *Health Affairs*. Total U.S. health spending will reach \$4.6 trillion by 2019, accounting for nearly one of every five U.S. dollars spent, the report says." (Janet Adamy, "Health Outlays Still Seen Rising," *The Wall Street Journal*, 9/9/10)

- **"U.S. Health Spending Is Projected To Rise 9.2% In 2014, Up From The 6.6% Projected Before The Law Took Effect."** (Janet Adamy, "Health Outlays Still Seen Rising," *The Wall Street Journal*, 9/9/10)

#### 2. CAUSES INSURANCE PREMIUMS TO RISE

**Health Insurers Will Need To Increase Premiums Between 1% And 9% As A Result Of ObamaCare.** "Health insurers say they plan to raise premiums for some Americans as a direct result of the health overhaul in coming weeks, complicating Democrats' efforts to trumpet their signature achievement before the midterm elections. Aetna Inc., some BlueCross BlueShield plans and other smaller carriers have asked for premium increases of between 1% and 9% to pay for extra benefits required under the law, according to filings with state regulators." (Janet Adamy, "Health Insurers Plan Hikes," *The Wall Street Journal*, 9/8/10)

**Premiums For Families Will Increase By \$2,100 As A Result Of ObamaCare.** "Average premiums per policy in the nongroup market in 2016 would be roughly \$5,800 for single policies and \$15,200 for family policies under the proposal, compared with roughly \$5,500 for single policies and \$13,100 for family policies under current law." (Douglas W. Elmendorf, CBO Director, Letter To Senator Evan Bayh, 11/30/09)

**Premiums Plus Out-Of-Pocket Costs Are Expected To Increase By 12.4 Percent In 2011.** "In 2011, the combined average of premium and out-of-pocket costs for health care coverage for an employee is

projected to climb to \$4,386, according to an annual study by Hewitt Associates to be released this week. That's a 12.4 percent increase, or \$486, over this year." (Bruce Jaspens, "Higher Health Care Bills Ahead," *Chicago Tribune*, 9/27/10)

### 3. HURTS QUALITY OF HEALTH CARE

**Doctor Shortage Will Worsen Because Of ObamaCare, Leading To "More-Limited Access To Health Care And Longer Wait Times For Patients."** "The new federal health-care law has raised the stakes for hospitals and schools already scrambling to train more doctors. Experts warn there won't be enough doctors to treat the millions of people newly insured under the law. At current graduation and training rates, the nation could face a shortage of as many as 150,000 doctors in the next 15 years, according to the Association of American Medical Colleges....The greatest demand will be for primary-care physicians. ... A shortage of primary-care and other physicians could mean more-limited access to health care and longer wait times for patients." (Suzanne Sataline & Shirley Wang, "Medical Schools Can't Keep Up," *The Wall Street Journal*, 4/12/10)

**Increased Demand From ObamaCare Will Lead To Rising Costs For Families And Doctors Refusing Patients.** "However, the report raises several warnings about the impact of healthcare reform. Foster states, 'The additional demand for health services could be difficult to meet initially with existing health resources and could lead to price increases, cost shifting, and/or changes in providers' willingness to treat patients with low-reimbursement health coverage.'" (Bob Cusack, "Government Report: New Healthcare Reform Law Could Lead To Higher Prices, Employers Dropping Coverage," *The Hill*, 4/22/10)

**ObamaCare May Increase Crowding At ERs.** "Emergency rooms, the only choice for patients who can't find care elsewhere, may grow even more crowded with longer wait times under the nation's new health law. That might come as a surprise to those who thought getting 32 million more people covered by health insurance would ease ER crowding. It would seem these patients would be able to get routine health care by visiting a doctor's office, as most of the insured do." (Carla K. Johnson, "Health Overhaul May Mean Longer ER Waits, Crowding?" *The Associated Press*, 7/2/10)

**Increase In Medicaid Patients Will "Put Even More Pressure On The Strained Network Of Medicaid Providers."** "The influx of new patients is likely to put even more pressure on the strained network of Medicaid providers. Many of the new patients are likely to be in their 50s and early 60s, with complex medical problems, including mental health issues, said Peter J. Cunningham, senior fellow at the Center for Studying Health System Change." (Roni Caryn Rabin, "With Expanded Coverage For The Poor, Fears Of A Big Headache," *The New York Times*, 4/26/10)

### 4. NEARLY \$570 BILLION IN TAX HIKES

**Obama Pays For His Government Takeover Of Health Care With Nearly \$570 Billion In Job-Destroying Taxes On Small Businesses, Investments And Innovation.** (Douglas W. Elmendorf, Letter To Nancy Pelosi, *Congressional Budget Office*, 3/20/10; "Estimated Revenue Effects Of The Amendment In The Nature Of A Substitute To H.R. 4872: JCX-17-10," *Joint Committee On Taxation*, 3/20/10)

**"About One-Third Of Employers Subject To Major Requirements Of The New Health Care Law May Face Tax Penalties Because They Offer Health Insurance That Could Be Considered Unaffordable To Some Employees, A New Study Says."** (Robert Pear, "Study Points to Health Law's Penalties," *The New York Times*, 5/23/10)

- **"If An Employer With 50 Full-Time Employees Offers Coverage And 10 Of Those Workers Receive Premium Credits, Or Subsidies, The Employer Would Face A Penalty Of \$30,000. If 30 Workers Receive Subsidies, The Penalty Would Be \$40,000."** (Robert Pear, "Study Points to Health Law's Penalties," *The New York Times*, 5/23/10)

## 5. ADDS OVER \$500 BILLION TO THE DEBT

***The Associated Press***: “The Idea That Obama’s Health Care Law Saves Money For The Government Is Based On Assumptions That Are Arguable, At Best.” (Calvin Woodward, “Fact Check: Obama Ledger Out Of Balance,” *The Associated Press*, 1/25/11)

- **ObamaCare’s Savings Claims Are “Unrealistic.”** “To be sure, the nonpartisan Congressional Budget Office has estimated the law will slightly reduce red ink over 10 years. But the office’s analysis assumes that steep cuts in Medicare spending, as called for in the law, will actually take place. Others in the government have concluded it is unrealistic to expect such savings from Medicare.” (Calvin Woodward, “Fact Check: Obama Ledger Out Of Balance,” *The Associated Press*, 1/25/11)

***Washington Post* Editorial Board Says The Obama-Reid-Pelosi Bill Pretends To Be Budget Neutral Because Of “A Fiscal Sleight Of Hand.”**

“First off, \$247 billion — the 10-year cost of the fix — is one whopper of a ‘discrepancy.’ ... President Obama has vowed that health reform will not add a single dime to the deficit — but he is seemingly unfazed about adding more than a quarter-trillion dollars to the deficit by changing the Medicare reimbursement formula without finding a way to pay for it. ... This latest maneuver only heightens the fiscal irresponsibility of what already was a fiscal sleight of hand.” (Editorial, “2.47 Trillion Dimes,” *The Washington Post*, 10/19/09)

**Former CBO Director Douglas Holtz-Eakin: Without “Gimmicks And Budgetary Games,” The Health Care Reform Legislation Increases Deficits By \$562 Billion.** “In reality, if you strip out all the gimmicks and budgetary games and rework the calculus, a wholly different picture emerges: The health care reform legislation would raise, not lower, federal deficits, by \$562 billion.” (Douglas Holtz-Eakin, Op-Ed, “The Real Arithmetic Of Health Care Reform,” *The New York Times*, 3/21/10)

- **Which Includes \$114 Billion To Implement ObamaCare.** “Even worse, some costs are left out entirely. To operate the new programs over the first 10 years, future Congresses would need to vote for \$114 billion in additional annual spending. But this so-called discretionary spending is excluded from the Congressional Budget Office’s tabulation.” (Douglas Holtz-Eakin, Op-Ed, “The Real Arithmetic Of Health Care Reform,” *The New York Times*, 3/21/10)

## Reading Three: Progressive Critique of Obamacare

### Republicans' biggest misunderstanding about Obamacare

Adam Gaffney, Salon, October 10, 2013

The battle for universal healthcare is not over. This is not because of the reason you might suspect – that Republicans will obstinately endeavor to obstruct Obamacare in every way they can (though that seems to be the case). Instead, even after the smoke clears from the government shutdown (presumably with the law intact), the battle over universal healthcare will still not be over, but for a more fundamental reason: Obamacare, whatever its advantages (and despite the right's worst fears), does *not* create a system of universal healthcare.

Now first, to be clear, this is not to say that Obama's Affordable Care Act won't help many people. The uninsured who become eligible for coverage through the expansion of Medicaid, for example, will of course be better off – assuming they don't live in one of the 20 or more states that have callously elected to deny them this potentially lifesaving opportunity.

Additionally, many uninsured who were previously unable to afford private health insurance may now be able to do so, for instance through the new income-based premium subsidies. And most of us will benefit from many of the law's insurance reforms, like the one that prevents insurers' from denying us coverage because we are sick.

And at the same time, have no doubt: The various Republican alternatives for American healthcare would be disastrous. Consider the most recent GOP healthcare proposal H.R. 3121, which would gut state insurance regulations, eliminate popular ACA reforms like the ban on "preexisting conditions," end the Medicaid expansion, and provide tax benefits that would preferentially benefit the wealthy, among other unhelpful proposals that would do nothing to help the uninsured. Conservative "consumer-driven" healthcare dreams, more generally, would in truth be nightmares, radically furthering the transformation of healthcare into yet another commodity, bought by "consumers" in proportion to their means, not provided to patients on the basis of their needs.

Yet these facts don't change the fundamental fact that the ACA will not create what so many of us want, what the right so fervently fears, and – most important – what so many people really need: true universal healthcare. Why?

First, on a basic level, the ACA is not universal healthcare because though it will reduce uninsurance, it won't provide universal coverage. According to the Congressional Budget Office's May 2013 estimates, even by 2020 some 30 million Americans will be left uninsured under the ACA, a number that can only be partially attributed to intransigent Republican state governments that have blocked the expansion of Medicaid in their states.

But even putting aside those 30 million people, the ACA is insufficient because it will not deliver what most of us think of as universal healthcare: a system of equitable and comprehensive care for all, with full protection against the cost of illness. Indeed, on the contrary, underway already is a "quiet revolution" in American healthcare, in the words of Dr. Drew Altman of the Kaiser Foundation, that moves us "from more comprehensive to less comprehensive" health insurance, with patients paying more and more out of pocket every time they get sick. Ironically, even with the ACA going into full effect, "the vision of insurance that they've [conservatives] always favored," as Altman told the New York Times, "with more skin in the game, is the one that's coming to dominate in the marketplace."

The data clearly show, for instance, that with each passing year, more and more of the insured are already paying higher and higher deductibles, co-pays, and co-insurance whenever they actually need to use their expensive insurance (despite unsurprising evidence that rising out-of-pocket expenses can deter people from seeking needed medical care). In another disturbing trend, major employers – including Walgreens, Sears and Darden restaurants – seem to be moving away from "fixed benefit" health

insurance to “fixed contribution” plans, in which employees receive a lump sum to buy a healthcare plan, with no guarantee that these contributions will keep up with the cost of health insurance in future years. It should be noted that this “quiet revolution” toward higher out-of-pocket expenses and more limited benefits is *not* of the ACA’s making. At the same time, however, the ACA will do little to reverse it (and, in the case of the new excise tax on “Cadillac” healthcare plans, may even exacerbate it).

Meanwhile, for those not insured by their employer and who buy health insurance on the state exchanges that opened on Oct. 1, “underinsurance” may very well become the norm. The plans on the exchanges will be offered in tiers, with the lowest level – the Bronze plan – only required to have an actuarial value of 60 percent (that is to say, the percent of your average annual healthcare expenses that insurance actually pays for), with out-of-pocket annual expenses (after your premium is paid) reaching as high as \$12,700 a year for families (depending on income). Moreover, to keep premiums in check, many of these plans will have significantly limited networks of doctors and hospitals, bringing back memories of 1990s managed care. In Missouri, for instance, the Anthem BlueCross BlueShield Plans sold on the exchange will exclude one of the state’s top hospital systems, thereby denying access to the state’s primary academic medical center and its prominent children’s hospital.

Finally, the ACA most likely won’t significantly bend the overall cost curve of healthcare, mainly because it will more or less leave our existing, fragmented and inefficient system in place. According to the most recent projections, for instance, once the economy recovers, the rate of growth of national health expenditures is expected to rebound to about 6 percent annually. This is better than in some previous years, and in an expanding economy in which growth was being distributed throughout the pay scale, might be entirely acceptable. But insofar as these rising costs continue to be passed on to the average working person – while at the same time gains in economic growth continue to accrue solely to the most affluent among us – these rising expenses will simply translate into tighter and tighter household budgets, and therefore even more inequality.

So while what the right says about Obamacare is generally wrong, paranoid or both, and though their own proposals would clearly make things much worse, we can’t pretend that Obamacare will create universal healthcare in the sense that most of us imagine it. We won’t have, that is to say, truly comprehensive healthcare for all, with free choice of doctor and hospital, and without a “sickness tax” in the form of out-of-pocket expenses every time we become ill.

What would a system of true universal healthcare look like? The most feasible and best-studied system for the United States is a form of national health insurance called “single payer,” in which care would be provided by the same mixture of private and public hospitals and physicians that is already in place, but in which a single entity – the government – insures everyone in the country. Medicare is one example of an existing single-payer system, but under a national single-payer system, everyone – not only the elderly – would be covered. Uninsurance would thereby be finally, and entirely, eliminated.

From a quality perspective, the evidence suggests that universal systems perform better – not worse, as is frequently alleged. A January 2013 report from the National Research Council, for instance, showed that the U.S. has essentially the worst health outcomes among 16 wealthy “peer nations,” despite spending about *twice* as much on healthcare.

Such a system would have other advantages as well. For instance, it would drastically reduce our massive and rising expenditure on healthcare administration, which in 1999 accounted for an estimated 31 percent of all healthcare spending in the U.S., as opposed to a mere 7 percent in Canada. This difference is the predictable result of our highly complex and fragmented system of billing and insurance, which is particularly a problem of the *private* health insurance industry, which has such additional costs as product design, marketing and profits. Indeed, as much as 85 percent of excess spending on “health administration and insurance” is attributable to the *private* health insurance system. How, exactly, the health insurance industry contributes to actual healthcare – putting aside its extracting role as unnecessary middleman – remains among the great mysteries of the modern age.



The potential windfall from simplifying this mess could therefore be enormous. According to one recent study, a single-payer system could save the federal government about \$592 billion a year. These savings could be used to pay for the cost of eliminating both uninsurance and underinsurance, with everyone receiving comprehensive healthcare without onerous co-pays and deductibles every time they got sick.

Such a system might sound like a dream for some, but it's not only a dream worth fighting for, but also one that can – with time and determination – be won. The fight for universal healthcare, it is clear, is still far from over: A new stage of that fight, in fact, has only just begun.

*Adam Gaffney is a physician and writer in Massachusetts.*