



IT'S STILL GOVERNMENT-RUN HEALTH CARE IF...

IT HAS A 'PUBLIC OPTION TRIGGER' ...

Obama, Dems Open To Delaying Government-Run Insurance, Placing "Trigger" On Public Option. "The [trigger option] idea would give insurance companies a defined period to make changes in order to help cover more people and drive down long-term costs. If those changes failed to occur within the defined period, a trigger would provide for a public option to force change on the insurance companies." (Jim Acosta and Ed Hornick, "Obama About To Pull The 'Trigger' On Health Care?" CNN.com, 9/8/09)

But "Trigger" On Government-Run Health Care Will Eventually Be Pulled. "Liberals stressed that the shift does not amount to an abandonment of their commitment to a 'robust' public insurance option. They said they would only support a trigger if that approach guaranteed the same access, quality and affordability. ... If lawmakers agree to embrace the public option as a backstop, liberals want it to be a hair-trigger, more likely to be pulled than not." (Tory Newmyer and Steven T. Dennis, "Key Liberals Willing To Bargain," Roll Call, 9/8/09)

IT HAS 'CO-OPS' ...

Co-Ops Sound "More Politically Palatable," But Would Be Funded, Offered And Regulated By Government. "The primary attraction of health co-ops seems to be that they're more politically palatable than the public option, not that they're a better idea. In fact, there are plenty of reasons for skepticism ... Under a plan being considered in the Senate, non-profit, member-operated health cooperatives would be created to compete with insurers ... The government would provide seed money ... A temporary government board would help get things started ... People and small businesses would be able to buy co-op memberships through state insurance exchanges." (Editorial, "Our View On Health Care: Health Co-Ops Emerge As Weak Substitute," USA Today, 8/5/09)

Senate Majority Leader Harry Reid (D-NV) Says Co-Ops Just Another Form Of Government-Run Health Care. "We're going to have some type of public option, call it "co-op," call it what you want," Reid said, adding that Democrats are working on 'some version of a co-op that may satisfy everyone.'" (Trish Turner, "Reid Says Co-Ops Might Be Public Option," [Fox News's "The Speaker's Lobby" Blog](http://Fox News's 'The Speaker's Lobby' Blog), 7/9/09)

Federal Government Would Use Co-Ops To Monopolize Health Insurance. "[T]hese co-ops sound a lot like a health-care Fannie Mae and Freddie Mac, which Congress created because there was supposedly no secondary mortgage market. The duo proceeded to use their government subsidy to dominate the market and drive out private competitors." (Editorial, "Fannie Med," The Wall Street Journal, 7/30/09)

IT HAS "COMPARATIVE EFFECTIVENESS RESEARCH" SETTING STAGE FOR GOVERNMENT RATIONING OF LIFE-SAVING CARE ...

Pages 501-524, Section 1401 Of House Dems' Bill Creates "Comparative Effectiveness Research Commission" To Look At "Outcomes, Effectiveness And Appropriateness Of Health Care Services And Procedures." (H.R. 3200, "America's Affordable Health Choices Act," Introduced 7/14/09)

Obama Health Care Advisor Says "Comparative Effectiveness Research" Could Lead To Government Rationing Treatments Based On Age. "The complete lives system discriminates against older people ... Unlike allocation by sex or race,

allocation by age is not invidious discrimination; every person lives through different life stages rather than being a single age. Even if 25-year-olds receive priority over 65-year-olds, everyone who is 65 years now was previously 25 years." (Govind Persad, Alan Wertheimer, Ezekiel J Emanuel, "Principles For Allocation Of Scarce Medical Interventions," [Lancet 2009; 373: 423-31](#), 1/31/09)

"Comparative Effectiveness Research" Gives Government Ability To Deny "Lifesaving Therapies To Save Money."

"Skeptics, however, say Obama's decision to invest heavily in such research will lead to European-style rationing in which patients are denied lifesaving therapies to save money. It also has alarmed some drug companies and medical device manufacturers, which fear that a system of winners and losers is bound to reduce their bottom lines." (Ceci Connolly, "Comparison Shopping For Medicine," [The Washington Post](#), 3/17/09)

IT HAS NEW FEDERAL HEALTH INSURANCE CZAR ...

Page 84, Section 203 Of House Dems' Bill Creates Federal Health Insurance Czar, Agency For Government Takeover Of Health Care. (H.R. 3200, "[America's Affordable Health Choices Act](#)," Introduced 7/14/09)

New Czar Will Dictate What Different Plans Would Cover, Set Rules For How Plans Operate. "The commissioner and the new agency would run a kind of national purchasing pool through which individuals and small businesses could pick medical coverage from private plans and a government-sponsored alternative. The House legislation would open up this insurance exchange to all employers. The commissioner would get to decide when that happens. The agency would decide who qualifies for federal subsidies to help buy coverage. The commissioner would set standards for handling grievances and appeals for claims denied. The commissioner would set plan benefits for each year and police insurance marketing campaigns. The agency would enforce a requirement that the insurers spend on medical care at least 85 percent of what they collect in premiums." (Ricardo Alonso-Zaldivar, "Need For Federal Insurance Czar Is Questioned," [The Associated Press](#), 7/7/09)

IT FORCES INDIVIDUALS TO BUY APPROVED HEALTH COVERAGE THROUGH GOVERNMENT EXCHANGE ...

Page 167, Section 401 Would Place 2.5 Percent Income Tax On Americans Who Don't Purchase Health Insurance. (H.R. 3200, "[America's Affordable Health Choices Act](#)," Introduced 7/14/09)

And Americans Forced To Buy Coverage Approved In Czar-Managed Government Exchange. "GRANDFATHERED HEALTH INSURANCE COVERAGE DEFINED.—Subject to the succeeding provisions of this section, for purposes of establishing acceptable coverage under this division, the term 'grandfathered health insurance coverage' means individual health insurance coverage that is offered and in force and effect before the first day of Y1 if the following conditions are met: (1) LIMITATION ON NEW ENROLLMENT.—(A) IN GENERAL.—Except as provided in this paragraph, the individual health insurance issuer offering such coverage does not enroll any individual in such coverage if the first effective date of coverage is on or after the first day of Y1." (H.R. 3200, "[America's Affordable Health Choices Act of 2009](#)," Introduced 7/14/09)

IT FORCES BUSINESSES TO BUY APPROVED INSURANCE FOR EMPLOYEES ...

Page 149, Section 203 Would Place 8 Percent Payroll Tax On Employers Who Can't Afford Health Insurance For Their Employees. (H.R. 3200, "[America's Affordable Health Choices Act](#)," Introduced 7/14/09)

Tax On Businesses Who Can't Afford Government-Approved Health Insurance Will Kill Jobs, Reduce Wages. "An employer mandate with a punitive payroll tax: Research shows an employer mandate could cost 1.6 million jobs with more than 1 million of those jobs lost in the small business sector. The approach fails to increase affordability and, instead, devastates the economy - with the greatest impact being levied on the low-income community who will pay through depressed wages and lost jobs ..." (Susan Eckerly, Letter To Representative, [National Federation Of Independent Businesses](#), 7/15/09)

IT LETS GOVERNMENT PRY INTO YOUR FINANCES

Sections 245 And 431 Of Dems' Bill Will Force The IRS To Provide Taxpayer Identity Information To New Federal Health Insurance Czar. "Section 431(a) of the bill says that the IRS must divulge taxpayer identity information, including the

filing status, the modified adjusted gross income, the number of dependents, and 'other information as is prescribed by' regulation. That information will be provided to the new Health Choices Commissioner and state health programs and used to determine who qualifies for 'affordability credits.' Section 245(b)(2)(A) says the IRS must divulge tax return details -- there's no specified limit on what's available or unavailable -- to the Health Choices Commissioner. The purpose, again, is to verify 'affordability credits.'" (Declan McCullagh, "Democratic Health Care Bill Divulges IRS Tax Data," [CBS News' "Taking Liberties" Blog](#), 8/26/09)

Bill Creates "Unprecedented" Data Collection Powers Into Personal Banking Information. "According to section 163, the standards will 'enable the real-time (or near real-time) determination of an individual's financial responsibility at the point of service . . . ' In addition, they will 'enable electronic funds transfers, in order to allow automated reconciliation with related health care payment and remittance advice.' What is envisioned is a 'machine-readable health plan beneficiary card' that, in addition to information about a person's medical history, will contain checking-account or credit-card information, so as to allow electronic payments and, if a person is lucky, occasional remittances. Since under the proposed legislation everyone would be required to have health insurance, all Americans would have to provide this information. The required collection of such data is unprecedented. At no other time has the government sought to collect this type of financial information from everyone in America." (Diana Furchtgott-Roth, "Turning Uncle Sam Into Peeping Tom," [National Review Online](#), 8/20/09)