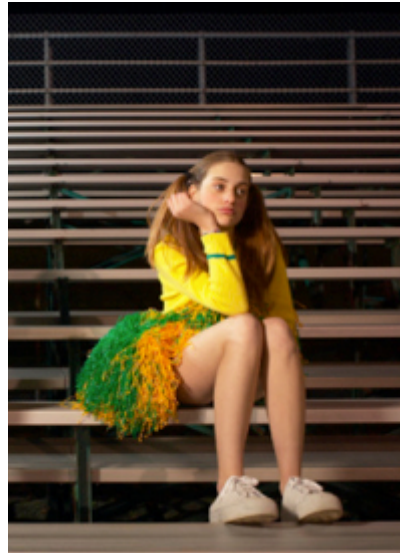




Written by [Joe Wolverton, II, J.D.](#) on December 2, 2009

Healthcare: Perplexing and Costly Provisions for the Middle Class

In the over 2,000 pages of the Senate’s “Patient Protection and Affordable Care Act,” there are bound to be a few perplexing provisions. While not all of these elements will make it in to the final bill, examining some of the less mundane aspects of the legislation that may become the law of the land is worthwhile.



Generally speaking, the lawmakers who contribute these unusual provisions to the text do so for some pet purpose or to satisfy some niche constituency, knowing full well that there’s slim chance the whole body of the House or Senate will approve them, but at least they can claim that they tried and failed. A few of the more uncommon proposed attempts to literally control the lives of citizens from the cradle to the grave follow.

First, the bill mandates that employers give new mothers a “reasonable break time” to breast-feed their babies or use a breast pump (the purchase of which is subsidized for most workers) and to provide them a secluded place other than restrooms wherein to perform these maternal duties. While companies with fewer than 50 employees are exempt, other employers would have to demonstrate “undue burden” to avoid penalties for non-compliance with this provision.

Employers are roundly criticizing the requirement, claiming that additional federal workplace mandates are pushing small businesses toward the brink of financial ruin and forcing them to lay off workers in order to finance mandatory federal programs. “Every additional mandated rule further burdens employers who are struggling to keep jobs afloat,” said Neil Trautwein, vice president of the National Retail Federation.

Apart from opposition from business owners, there is the fact that according to the National Conference of State Legislatures, 24 states have similar provisions in their state workforce codes, obviating the need for federal interference in an area already being handled by local government.

Another brow-furrowing section of the Senate’s attempt to nationalize healthcare is the nearly half a billion dollars in federal grants given to fund the establishment of sex-education classes and other classes to aid teens to make the transition to the responsibilities of adulthood. Remarkably, the “Personal Responsibility Education for Adulthood Training” section of the bill earmarks federal dollars for spending on courses teaching kids how to behave on dates, how to treat a member of the opposite sex, and how to improve self-esteem. Once upon a time in America, these lessons were taught in the home and in church.



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If one makes it through his teens (with the sage guidance from the Supernannies on Capitol Hill, of course), then he'll likely eventually reach the age of retirement, and he needn't worry it, for the Senate bill makes sure that the government will still be there to care for him. According to the bill, \$5 billion is allocated to subsidize insurance policies for those retirees whose coverage is still partially funded by their former employers. This prospect of this generous handout is being well received by labor unions and management alike.

Although advocates of government-funded healthcare schemes have consistently assured Americans that Washington would not involve itself in pricing or provider acceptance policies, the bill currently being debated by the Senate would mandate that hospitals lower their standards for admittance of uninsured patients who present themselves to the emergency room. Also, any treatment provided to those patients would have to be priced at the same rate or lower as the hospital charges the insurance companies of insured patients. Any way you slice it, that is the federal government taking an active and unprecedented role in deciding who receives a particular variety of healthcare and how much they will pay for it. As with other aspects of the bill, hospitals and insurance companies that fail to comply with this order will be penalized severely.

Not satisfied with establishing prices and procedures for hospitals, the Senate measure would also wrest control of financial considerations away from insurance companies, as well. According to mandates written into the legislation, the non-profit Blue Cross/Blue Shield insurance providers would be forced to spend at least 85 cents of every dollar paid in premiums in the providing of healthcare services or be liable to lose their tax-exempt status. While the special tax treatment enjoyed by Blue Cross/Blue Shield is itself not provided for in the Constitution, the notion that Congress can give with one hand and take away with the other is especially noxious and contrary to the principles of republican government. True enough, however, the Blue Cross/Blue Shield conglomerate is partially to blame for being too fixated on turning massive profits via exorbitant premiums and overly restrictive coverage policies. Notwithstanding this deplorable corporate behavior, however, there is nowhere to be found in the Constitution justification for the setting of marketplace rules by Congress.

Finally, the act ostensibly designed to protect patients and make healthcare affordable (through the legislative enactment of a false economy), contains a provision that is likely to increase the prices drug manufacturers charge insurance companies for the products. This is the probable outcome of an attempt in the bill to make the negotiation of prescription drug prices between manufacturers and the middle men known as pharmaceutical benefit managers (PBMs) transparent. This provision was amended to the bill by Senator Maria Cantwell of Washington State. The Senator believes that making such transactions and negotiations transparent would lower the price of prescription drugs by forcing PBMs to strive more diligently to obtain the lowest possible prices from pharmaceutical companies. The other way of looking at it is that it will reveal to those companies the prices being charged by their competitors, and they will raise their prices accordingly. The naïve belief that shame would motivate more honest and open dealing among such marketplace participants is unworthy of the education one expects of a United States Senator.

There is much in Harry Reid's healthcare overhaul plan that is worthy of opposition and derision. Startling numbers released in a report by the Congressional Budget Office (CBO) on Monday reveal the high price for "free" health care that will be borne by the usual pack animal of the socialist agenda: the American middle class. As if not burdened enough with paying for the litany of social programs already enacted into law, this new scheme will pile even heavier loads onto the backs of America's workforce by



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raising the premiums they pay for healthcare coverage by around 13 percent according to official CBO estimates.

In what is now a common practice, these higher rates will be paid only by those “wealthy” among us earning more than \$88,000 a year for a family of four. Those whose income exceeds that ceiling will be ineligible for federal assistance and thus will forcibly pay higher premiums to compensate for those earning less than that amount and in need of a federal boost.

The mathematics undergirding this wholesale restructuring of the healthcare system in America seems to discourage work, discourage savings, and discourage companies from setting costs according to market dictates. Instead, the federal government in all its hubris will employ overly complex equations calculated by scads of new bureaucratic minions to manage the prices and policies by which doctors and other medical professionals administer treatment.



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