



House Votes to Repeal ObamaCare, Again

Thursday's House vote to repeal all of ObamaCare, 229-195, was the third such vote since 2011, and the 37th time a vote to turn back at least part of the Affordable Care Act (ACA) was taken. Every Republican voted to repeal along with two conservative Democrats.

Since there is no chance that the Senate will even consider the bill and that standing behind the Senate is President Obama who has vowed to veto any such legislation that would jeopardize his administration's key legislative "victory," some have asked why? Democrats like Reps. Mike Doyle (D-Pa.) and Louise Slaughter (D-N.Y.) said it was just a waste of time while others have asked "why bother since repealing Obamacare is a dead issue"?



There's a simple political answer: The firestorm over broken promises, higher insurance costs, and poorer medical services is already breaking out, and in the election years of 2014 and 2016, the full force of indignation and anger about the ACA will impact political races across the country. The Republicans are hoping to use that firestorm of disapproval to regain control of the Senate while the Democrats are hoping Americans will just go along with the ACA without a whimper.

Calling ObamaCare a "lobster trap," Minneapolis attorney Bill Butler explained:

The ACA [was sold to Americans as a way] to stop the gushing of red ink from federal Medicare and [state] Medicaid. The only way to do this is for the federal government to gain complete control of the market and deny payment, deny services or exclude providers who, according to the federal government, "overcharge."

By increasing the demand for medical services while restricting the supply of medical service providers by underpaying them, the natural predictable result is higher costs for fewer services. Back in February Thomas Hemphill, professor of business management at the University of Michigan, wrote that with the entry of some 34 million new people into coverage under the ACA, there is going to be a need for an estimated 52,000 additional primary care physicians by the year 2025. The only trouble is, with payments being continually reduced, not only are medical students more and more disinclined to undertake the burden (and the cost) of obtaining a medical degree, existing physicians are leaving the profession at a rapid rate. According to a study by the American Association of Medical Colleges, nearly one-third of all currently practicing physicians will retire in just seven years because of "ACA restrictions on personal autonomy, bureaucratic regulation and diminished job satisfaction."

Fewer suppliers in the face of increasing demand results in only one thing: higher medical costs. The Society of Actuaries <u>provided a glimpse</u> into the future under the ACA in its latest report, estimating that the costs of treating long-term illnesses will increase by one-third in just the next three years.



Written by **Bob Adelmann** on May 17, 2013



Diana Furchtgott-Roth, a senior fellow at the Manhattan Institute, wrote:

The report's conclusions are breathtaking. At the top end, Ohio and Wisconsin will see hikes of 80 percent....

The report projects that 42 states and the District of Columbia will see double-digit percentage increases.

And these estimates fail to take into account something called "anti-selection." With the costs for insurance under the ACA estimated by the IRS to reach \$20,000 a year for a family of four, many will simply opt to pay the tax penalties instead. Those penalties are \$95 in 2014, \$325 in 2015 and \$695 in 2016. If someone not covered gets sick, there is an "open enrollment period" under ACA so they can sign up for coverage when they need it. This will greatly degrade the overall health of the pool of insureds, which the Society of Actuaries failed to consider, resulting in even higher expected medical costs to the insurance companies involved.

That is going to have a huge negative impact on insurance premiums. In fact that impact is about to be felt. Seventeen of the nation's largest insurers (including Aetna, Blue Cross Blue Shield and Kaiser) have just estimated that health insurance premiums will double under ObamaCare, with some companies estimating 400 percent increases in premiums. That report concluded:

Despite promises that the law will lower costs, [the ACA] will in fact cause the premiums of many Americans to spike substantially. The broken promises are numerous, and the empirical data reveal that many Americans, from recent college graduates to older adults, will not be able to afford the law's higher costs.

England's single payer system, the National Health Service, provides a good example to see just how the ACA is likely to work here. One of the myths promoted to sell the ACA was that, with medical coverage mandated for everyone, they will likely stay in better health and consequently need fewer visits to the emergency room. Precisely the opposite is happening in Britain. British emergency room visits skyrocketed from 18 million in 2005 to 22 million in 2012. As researcher Furchtgott-Roth noted,

The truth is that in single-payer Britain long waits for non-emergency visits are common, and even scheduled surgeries, arranged months in advance, can be postponed without warning....

It has become increasingly difficult scheduling a regular visit with a GP [general practitioner] in Britain. Many GPs are booked up weeks in advance.

As costs skyrocketed in England, efforts to limit services were inevitable, resulting in the deaths of individuals who otherwise should have been treated. For example, Becky Ryder, aged 24, went to her GP about some abnormal bleeding but was denied a simple Pap test because of her age. Such a test was allowed only for females age 25 and over. She died of cervical cancer at age 26.

As the monstrosity of ObamaCare is implemented, Americans will finally be allowed to "see what's in the bill," and Republicans want to be sure that they are on the right side of the issue come the elections in 2014 and 2016. Thursday's vote was just another reminder.

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