Reading the Fine Print in the Health Care Bill

by Phyllis Schlafly July 31, 2009

The House Democrats' health care bill is entitled "America's Affordable Health Choices Act of 2009." No clue is given as to how long we will have a choice, but it will probably be only until the "public option" chases private insurance out of business.

The bill's subtitle states its purpose as health care for everyone, reducing "the growth in health care spending," "and for other purposes." Note that the goal is not to reduce spending but only the "growth" in spending, and we need to worry about the "other purposes" that will be added by the bureaucrats' regulations.

The bill states that health-care benefits require "shared responsibility among workers, employers, and the government." That means the government will force all taxpayers to pay for health care for millions of people who don't now buy insurance because they don't need it, or because insurance doesn't cover what they do need. (p.5)

The bill states that the government will investigate "self-insured employers not being able to pay obligations." Government agents will audit and then harass small business owners to force them to pay for insurance they cannot afford. (p.22)

The bill provides for optional "nurse home visitation services" without specifying who has power to exercise the option. Among the various purposes listed are "increasing birth intervals between pregnancies" (this reminds us of China's policies to reduce childbirth by married couples), reducing "child abuse, neglect, and injury" (giving more authority to the already too powerful Child Protective Services), and promoting school readiness (will homeschooling be scorned?). (p.768)

The bill covers family planning. Those are well-known code words for taxpayer-funded contraception and abortion, and will impose mandatory coverage of abortion on demand in all health plans. (p.772)

The bill provides for "culturally and linguistically appropriate communication and health services," and "shall give priority to applicants that have developed partnerships with community organizations or with agencies with experience in language access." This opens up plenty of funding for health and translation services for illegal aliens. (pp.405 & 407)

Title II of the bill creates a "Health Insurance Exchange," pretending to be a marketplace for health insurance plans. Of course, so long as the "public option" is subsidized by the taxpayers, it can always undersell private plans. (p.72)

The government will specify the health benefits that must be included in any plan participating in the Health Insurance Exchange. If all private plans must include all government-specified benefits (which will surely include benefits unwanted by many people and will inevitably drive up costs), whatever happened to choice? (p.84)

Anyone who does not enroll in an Exchange-participating plan will be "automatically enrolled under Medicaid." The government will thus use force to achieve its goal of universal coverage. (p.102)

Employers will be subjected to a play-or-pay mandate. Those who do not provide health insurance to their employees must give the government a "contribution" equal to 8 percent of average wages paid. (p.149)

Seniors must submit to "advance care planning consultation" (a.k.a. end-of-life discussions) every five years, or more often if there is "a significant change in the health condition of the individual, including diagnosis of a chronic, progressive, life-limiting disease, a life-threatening or terminal diagnosis or life-threatening injury." Will these consultants advise seniors to hurry up and die because they are costing too much money? (pp.425 & 429)

Government bureaucrats will conduct "Comparative Effectiveness Research" to decide the effectiveness of treatments and drugs. That is the exotic label for rationing and, as House Appropriations Chairman David Obey (D-WI) admitted, drugs and treatments that are "found to be less effective and more expensive will no longer be prescribed." (pp.502 & 520)

Government bureaucrats (not the medical profession) shall determine national priorities for research. (p.505)

Preference in awarding grants or contracts will be given to entities that have trained "the greatest percentage" of public health workers in the government, and that have trained large percentages of "under-represented minority groups." (pp.909-910) Think ACORN!

The Senate bill's official summary also authorizes "home visits" to "improve immunization coverage." Will Americans tolerate a knock on the door from a government agent demanding that we and our children receive all government-ordered vaccines?

The fine print of the Democrats' health-care bill (which imposes incredible debt on our children) gives enormous power to the Obama bureaucrats to impose uniform, government-defined-benefits insurance, to decide how much we must pay or be hit with fines and penalties, and to determine what treatments and drugs are "effective" and will be permitted. This isn't America; this is Marxist Socialism.