

March 7, 2010

Today we're health care all the time. [Mark Steyn](#) explains the reason for the big push by the Dems.

*So there was President [Obama](#), giving his bazillionth speech on health care, droning yet again that "now is the hour when we must seize the moment," the same moment he's been seizing every day of the week for the past year, only this time his genius photo-op guys thought it would look good to have him surrounded by men in white coats.*

*Why is he doing this? Why let "health" "care" "reform" stagger on like the rotting husk in a low-grade creature feature who refuses to stay dead no matter how many stakes you pound through his chest?*

*Because it's worth it. Big time. I've been saying in this space for two years that the governmentalization of health care is the fastest way to a permanent left-of-center political culture. It redefines the relationship between the citizen and the state in fundamental ways that make limited government all but impossible. In most of the rest of the Western world, there are still nominally "conservative" parties, and they even win elections occasionally, but not to any great effect (Let's not forget that [Jacques Chirac](#) was, in French terms, a "conservative").*

*The result is a kind of two-party one-party state: Right-of-center parties will once in a while be in office, but never in power, merely presiding over vast left-wing bureaucracies that cruise on regardless.*

[John Steele Gordon](#) in *Contentions* writes on the year since the drive for health care "reform" was launched.

*... "I just want to figure out what works," Obama told them.*

*Too bad he didn't do that. Instead he turned everything over to the ultraliberal Pooh-Bahs of Congress, who produced a bill (or rather two bills, one in the House the other in the Senate) the unpopularity of which has only grown with time. That Obama wanted everything wrapped up by last year's August recess now seems a long-ago bad joke.*

*Today there is certainly still a call coming from the bottom up. Unfortunately for the Democrats, it's an ever-rising groundswell of opposition to ObamaCare, one that threatens to become a political hurricane that could sweep the Democrats out of the majority in both houses of Congress and render the president politically impotent for the rest of his term. ...*

[Charles Krauthammer](#) comments on the Obamacare death march.

*...Late last year, Democrats were marveling at how close they were to historic health-care reform, noting how much agreement had been achieved among so many factions. The only remaining detail was how to pay for it.*

*Well, yes. That has generally been the problem with democratic governance: cost. The disagreeable absence of a free lunch.*

*Which is what drove even strong Obama supporter Warren Buffett to go public with his judgment that the current Senate bill, while better than nothing, is a failure because the country desperately needs to bend the cost curve down, and the bill doesn't do it. Buffett's advice would be to start over and get it right with a bill that says ["we're just going to focus on costs and we're not going to dream up 2,000 pages of other things."](#)*

...

The [WSJ editors](#) review Paul Ryan's teachable moment with Obama at the healthcare summit, featured here last Monday.

*...Nearby, we reprint [Wisconsin Republican Paul Ryan's remarks](#) at the health summit last week, which methodically dismantle the falsehoods—there is no other way of putting it—that Mr. Obama has used to sell "reform" and repeated again yesterday. No one in the political class has even tried to refute Mr. Ryan's arguments, though he made them directly to the President and his allies, no doubt because they are irrefutable. If Democrats are willing to ignore overwhelming public opposition to ObamaCare and pass it anyway, then what's a trifling dispute over a couple of trillion dollars? ...*

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*...The President was (miraculously) struck dumb by Mr. Ryan's critique, and in his response drifted off into an irrelevant tangent about Medicare Advantage...*

In the [Corner](#), [Jeffrey Anderson](#) says to call your congressman now if you don't want Obamacare. He explains why:

*All of the talk about "reconciliation" seems to have distracted people — like a red herring — from a simple but crucial fact: If the House goes first, as now appears to be the plan, and passes the Senate health-care overhaul, the president would then have a bill in hand that had passed both houses of Congress, and — whether reconciliation subsequently succeeded or failed in the Senate — we would have Obamacare.*

*Reconciliation would then be like the exhibition ice skating in the Olympics after the medals have been awarded: interesting to some, but wholly irrelevant to anything that really matters.*

*The attention is on the Senate, but the battle is in the House. It's time for Americans from coast to coast to communicate their clear desires to their congressmen. If Americans don't want Obamacare — and every indication is that they emphatically don't — now is the time for swing-district Democrats to hear that full chorus of opposition: loudly, clearly, and forcibly.*

[Rich Lowry](#) agrees with Jeffrey Anderson's assessment. If the House passes the Senate version, Obamacare can be signed into law.

*This is an important point. I don't think people understand that reconciliation isn't really that important except as a promise to members of the House. Even Charles Krauthammer, if I understood him correctly, said last night that he thinks the bill will pass the House but fail during the reconciliation process. But if the bill passes the House, the same bill has passed the Senate and the House and [Obama](#) can just sign the thing. It won't matter if the reconciliation process bogs down, except to those Democrats who thought the bill would be "fixed." But once they've voted, they've voted. Obama can say, "See you in the Rose Garden and we'll try to fix it next year." Jeffrey Anderson makes this point [here](#). ...*

Also in the [Corner](#), [Yuval Levin](#) clarifies how the Democrat leadership in the House is trying to persuade congressmen.

*It's worth reiterating something [Rich](#) and [Jeff Anderson](#) have pointed out: The focus on reconciliation in the past few days confuses things a bit. The question in the health-care debate at the moment is whether Nancy Pelosi can get enough of her members to vote for the version of [Obamacare](#) that passed the Senate late last*

year. If the House passes that bill, it will have passed both houses, will go to the president, and will become law.

Some liberal [House Democrats](#) have problems with that bill — especially with some of its tax provisions, though also a few other things. So to get some of their votes, the leadership is now telling them that if they vote for the Senate bill, the House could then pass another bill that amends the Senate bill to fix some of what they don't like about it. The Senate could then pass that amendment bill by reconciliation and it would also become law, and so the sum of the two laws would be closer to what they want.

But that amending bill wouldn't change the basic character of what would be enacted (and to the extent it would change it at the edges, it would be mostly for the worse): Either way, if the House passes the Senate bill then Obamacare would become law, complete with its massive, overbearing, costly, intrusive, inefficient, and clumsy combination of mandates, taxes, subsidies, regulations, and new [government](#) programs intended to replace the American health-insurance industry with an enormous federal entitlement while failing to address the problem of costs. Just about everything the public hates about the bill is in both versions. The prospect of reconciliation is just one of the means that the Democratic leadership is employing to persuade members of the House to ignore the public's wishes and their own political future and enact Obamacare.

The fate of Obamacare therefore now rests not in the Senate but in the House. It is members of the House who must decide if it will be enacted, and it needs to be clear to voters exactly where their opposition to the Democrats' approach to [health care](#) should be focused now.

[Yuval Levin](#) also blogs about Georgia Congressman Nathan Deal, who is resigning. Deal decided to remain in the House long enough to vote against Obamacare.

Republican Congressman Nathan Deal of Georgia announced last week that he would resign from the House on March 8, to devote his time to running for governor. His departure would have meant that [House Democrats](#) only needed 216 votes, rather than 217, to pass their health-care bill. But Deal has just announced that he has decided to stay in Congress until the end of the month, which would be after the Democrats' self-imposed deadline for passing the bill (and would take them into the Easter recess, when members must again confront constituents, and which Speaker Pelosi therefore very much wants to avoid). He was not coy about the reason for his decision:

"Yesterday, as I listened to President Obama's aggressive push for a quick vote on 'Obama-Care,' it was clear that I must stay in [Congress](#) and continue to fight against the most liberal health care agenda ever proposed."

That makes Pelosi's job just a little bit harder.

And [Daniel Foster](#), in the [Corner](#), updates a few more votes that the Dems may not have. More bad news for Pelosi. Greg Sargent [reports](#) that Rep. Frank Kratovil (D., Md.), who voted 'no' on the first bill and was hitherto thought of as undecided on the Senate bill, has confirmed he will now vote no.

Also, freshman Rep. Kurt Schrader (D., Ore.), another 'yes' on the first bill, is now undecided.

[Jennifer Rubin](#) draws some conclusions about what is happening with the liberals over Obamacare.

[Greg Sargent](#) observes:

*One possible scenario that reform proponents dread is that Congress fails to pass reform before the Easter break — leaving Congressional Dems in the position of returning to their constituents empty-handed, just as they did over last summer's recess. In the Capitol just now, a top spokesperson for Nancy Pelosi refused to endorse the White House's preferred timetable for passing reform. Yesterday Robert Gibbs declared, perhaps unrealistically, that the White House would like the House to pass the Senate bill by March 18th, before the President goes abroad.*

*There are a few points worth noting. First, it's quite obvious that Pelosi is a long way from getting her votes lined up. There is no reason to drag this out, unless, of course, Pelosi still can't put together a majority. [Jake Tapper](#) has been keeping an unofficial whip count and there is far more bad news than good news for Pelosi, as the no's are hardening and previous supporters are turning undecided. Second, the underlying problem, as it was last year, is that their members need to be kept as far from the voters as possible. Send them back home with the vote still pending and they risk an avalanche of opposition. Not in recent memory (or ever?) can I recall congressional leaders so wary of their members' encounter with the electorate. That alone should tell those wavering members something. ...*

In the [Weekly Standard Blog](#), [Matthew Continetti](#) posts on Congressman Paul Ryan. *This is Paul Ryan's moment. If national security or social policy were at the center of debate, the Wisconsin congressman wouldn't be nearly as prominent as he is today. But President Obama wants to reshape the American economy and welfare state so that it looks more like a Western European social democracy. And since fiscal policy is Ryan's specialty, he's become the GOP point man when it comes to entitlements and health care. I continue to get emails from readers applauding [Ryan's performance at the health care summit a week ago](#). Type Ryan's name into [Google search](#) and the fifth prompt that comes up is "Paul Ryan for President." (Ryan says he won't run in 2012.)*

*In other entitlement news, Ryan recently published a [Politico Ideas piece](#) on America's looming fiscal crisis. And Newsweek's website featured Reason's Peter Suderman's take on [Ryan's Roadmap for America's Future](#).*

*Then there's health care reform. Ryan's deconstruction of the claim that Obamacare reduces the deficit has become [a minor YouTube classic](#). ...*

[David Harsanyi](#) is concerned that if Obamacare passes, Republicans will never have the courage to repeal it. Harsanyi brings up a valid concern, given the bipartisan spending spree that the government has been on.

*...Remember that Congress estimated Medicare's cost at \$12 billion for 1990 (adjusted for inflation) when the program kicked off in 1965. Medicare cost \$107 billion in 1990 and is quickly approaching \$500 billion. Who's going to stop it?*

*The template is used over and over again. Government is a growth industry. ...*

**Thomas Sowell** discusses some of the economic issues behind the rising costs of healthcare. *...What is the biggest complaint about the current medical care situation? "It costs too much." Yet one looks in vain for anything in the pending legislation that will lower those costs.*

*One of the biggest reasons for higher medical costs is that somebody else is paying those costs, whether an insurance company or the government. What is the politicians' answer? To have more costs paid by insurance companies and the government.*

*Back when the "single payer" was the patient, people were more selective in what they spent their own money on. You went to a doctor when you had a broken leg but not necessarily every time you had the sniffles or a skin rash. But, when someone else is paying, that is when medical care gets over-used — and bureaucratic rationing is then imposed, to replace self-rationing. ...*

*...Nothing would lower costs more than having each patient pay those costs. And nothing is less likely to happen. ...*

**Thomas Sowell** also looks at some simple ways that healthcare costs could be lowered, and government power could be decreased.

*...If medical insurance simply covered risks — which is what insurance is all about — that would be far less expensive than covering completely predictable things like annual checkups. Far more people could afford medical insurance, thereby reducing the ranks of the uninsured.*

*But all the political incentives are for politicians to create mandates forcing insurance companies to cover an ever increasing range of treatments, and thereby forcing those who buy insurance to pay ever higher premiums to cover the costs of these mandates.*

*...One of the ways of reducing the costs of medical insurance would be to pass federal legislation putting an end to state regulation of insurance companies. That would instantly eliminate thousands of state mandates, which force insurance to cover everything from wigs to marriage counseling, depending on which special interests are influential in which states.*

*It would also promote nationwide competition among insurance companies — and competition keeps prices down better than politicians will. Moreover, competition can bring down the costs behind the prices, in part by forcing less efficient insurance companies out of business. ...*

**Thomas Sowell** completes his hat trick on medical care.

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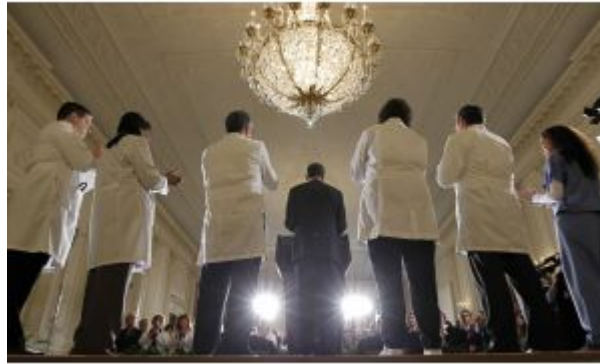
*But all the political incentives are for politicians to create mandates forcing insurance companies to cover an ever increasing range of treatments, and thereby forcing those who buy insurance to pay ever higher premiums to cover the costs of these mandates.*

*That way, politicians can play Santa Claus and make insurance companies play Scrooge. It is great political theater. Politicians who are pushing for a government-controlled medical care system say that it will "keep insurance companies honest." The very idea of politicians keeping other people honest ought to tell us what a farce this is. But if we keep buying it, they will keep selling it. ...*

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*President Barack Obama, center, speaks about health care reform, Wednesday, March 3, 2010, in the East Room of the White House in Washington.*

So there was President [Obama](#), giving his bazillionth speech on health care, droning yet again that "now is the hour when we must seize the moment," the same moment he's been seizing every day of the week for the past year, only this time his genius photo-op guys thought it would look good to have him surrounded by men in white coats.

Why is he doing this? Why let "health" "care" "reform" stagger on like the rotting husk in a low-grade creature feature who refuses to stay dead no matter how many stakes you pound through his chest?

Because it's worth it. Big time. I've been saying in this space for two years that the governmentalization of health care is the fastest way to a permanent left-of-center political culture. It redefines the relationship between the citizen and the state in fundamental ways that make limited government all but impossible. In most of the rest of the Western world, there are still nominally "conservative" parties, and they even win elections occasionally, but not to any great effect (Let's not forget that [Jacques Chirac](#) was, in French terms, a "conservative").

The result is a kind of two-party one-party state: Right-of-center parties will once in a while be in office, but never in power, merely presiding over vast left-wing bureaucracies that cruise on regardless.

[Republicans](#) seem to have difficulty grasping this basic dynamic. Less than three months ago, they were stunned at the way the [Democrats](#) managed to get 60 senators to vote for the health bill. Then Scott Brown took them back down to 59, and Republicans were again stunned to find the Dems talking about ramming this thing into law through the parliamentary device of "reconciliation." And, when polls showed an ever larger number of Americans ever more opposed to Obamacare (by margins approaching three-to-one), Republicans were further stunned to discover that, in order to advance "reconciliation," Democrat reconsiglieres had apparently been offering (illegally) various cosy Big Government sinecures to swing-state congressmen in order to induce them to climb into the cockpit for the kamikaze raid to push the bill through. The Democrats understand that politics is not just about Tuesday evenings every other November, but about everything else, too.

A year or two back, when the Canadian Islamic Congress attempted to criminalize my writing north of the border by taking me to the Canadian "Human Rights" Commission, a number of outraged American readers wrote to me, saying, "You need to start kicking up a fuss about this, Steyn, and then maybe Canadians will get mad and elect a conservative government that will end this nonsense."

Makes perfect sense. Except that Canada already has a Conservative government under a Conservative prime minister, and the very head of the "human rights" commission investigating me was herself the Conservative appointee of a Conservative minister of justice. Makes no difference.

Once the state swells to a certain size, the people available to fill the ever-expanding number of government jobs will be statist – sometimes hard-core Marxist statist, sometimes social-engineering multiculti statist, sometimes fluffily "compassionate" statist, but always statist. The short history of the post-war welfare state is that you don't need a president-for-life if you've got a bureaucracy-for-life: The people can elect "conservatives," as the Germans have done and the British are about to do, and the Left is mostly relaxed about it because, in all but exceptional cases (Thatcher), they fulfill the same function in the system as the first-year boys at wintry English boarding schools who, for tuppence-ha'penny or some such, would agree to go and warm the seat in the unheated lavatories until the prefects strolled in and took their rightful place.

Republicans are good at keeping the seat warm. A bigtime GOP consultant was on TV, crowing that Republicans wanted the Dems to pass Obamacare because it's so unpopular it will guarantee a GOP sweep in November.

OK, then what? You'll roll it back – like you've rolled back all those other unsustainable entitlements premised on cobwebbed actuarial tables from 80 years ago? Like you've undone the federal Department of Education and of Energy and all the other nickel'n'dime novelties of even a universally reviled one-term loser like [Jimmy Carter](#)? Andrew McCarthy concluded a shrewd analysis of the political realities thus:

"Health care is a loser for the Left only if the Right has the steel to undo it. The Left is banking on an absence of steel. Why is that a bad bet?"

Indeed. Look at it from the Dems' point of view. You pass Obamacare. You lose the 2010 election, which gives the GOP co-ownership of an awkward couple of years. And you come back in 2012 to find your health care apparatus is still in place, a fetid behemoth of toxic pustules oozing all over the basement, and, simply through the natural processes of government, already bigger and more expensive and more bureaucratic than it was when you passed it two years earlier. That's a huge prize, and well worth a midterm timeout.

I've been bandying comparisons with Britain and France, but that hardly begins to convey the scale of it. Obamacare represents the government annexation of "one-sixth of the U.S. economy" – i.e., the equivalent of the entire British or French economy, or the entire Indian economy twice over. Nobody has ever attempted this level of centralized planning for an advanced society of 300 million people. Even the control-freaks of the [European Union](#) have never tried to impose a unitary "comprehensive" health care system from Galway to Greece. The Soviet Union did, of course, and we know how that worked out.

This "reform" is not about health care, and certainly not about "controlling costs." As with Medicare, it "controls" costs by declining to acknowledge them, or pay them. Dr. William Schreiber of North Syracuse, N.Y., told CNN that he sees 120 patients per week – about 30 percent on Medicare, 65 private on private insurance plans whose payments take into account the Medicare reimbursement rates, and about 5 percent who do it the old-fashioned way and write a check. He calculates that, under Obamacare, for every \$5 he now makes, he'll get \$2 in the future. Which suggests now would be a good time to retrain as a realtor or accountant, or the night clerk at the convenience store. Yet Congresswoman Louise Slaughter, D-N.Y., justifies her support for Obamacare this way:

"I even had one constituent – you will not believe this, and I know you won't, but it's true – her sister died. This poor woman had no dentures. She wore her dead sister's teeth."

Is the problem of second-hand teeth a particular problem in this corner of New York? I haven't noticed an epidemic of ill-fitting dentures on recent visits to the Empire State. George Washington had wooden teeth, but, presumably, these days the [Sierra Club](#) would object to the clear-cutting. Yet, even granting Congresswoman Slaughter the benefit of the doubt, is annexing the equivalent of a G7 economy the solution to what would seem to be the statistically unrepresentative problem of her constituent's ill-fitting choppers?

Is it worth reducing the next generation of Americans to indentured servitude to pay for this poor New Yorker's indentured servitude?

Yes. Because government health care is not about health care, it's about government. Once you look at it that way, what the Dems are doing makes perfect sense. For them.

## Contentions

### What a Difference a Year Makes

by John Steele Gordon

It was a year ago today that President Obama launched his drive to reform health care. He was confident that he could do what Bill Clinton had failed to do 16 years earlier. As the *New York Times* [reported](#) on March 6, 2009:

Mr. Obama insisted that "this time is different" because "the call for reform is coming from the bottom up, from all across the spectrum — from doctors, nurses and patients, unions and businesses, hospitals, health care providers and community groups," as well as state and local officials.

The *Times* was reporting on "a day-long meeting on health care that brought together a diverse group of people, in and out of government."

"I just want to figure out what works," Obama told them.

Too bad he didn't do that. Instead he turned everything over to the ultraliberal Pooh-Bahs of Congress, who produced a bill (or rather two bills, one in the House the other in the Senate) the unpopularity of which has only grown with time. That Obama wanted everything wrapped up by last year's August recess now seems a long-ago bad joke.

Today there is certainly still a call coming from the bottom up. Unfortunately for the Democrats, it's an ever-rising groundswell of opposition to ObamaCare, one that threatens to become a political hurricane that could sweep the Democrats out of the majority in both houses of Congress and render the president politically impotent for the rest of his term.

And it isn't just at the federal level that politicians are feeling the hot wind of public anger rising. Politico [reports](#) that state legislatures have approval ratings that in some cases are even worse than Congress's. Only 16 percent of New Yorkers think their state Senate is doing a good or excellent job. (I guess 16 percent of New Yorkers live on the back of the moon.) Of course, New York is a poster child for legislative dysfunction, but even in Connecticut, only 30 percent approve. In Pennsylvania, it's 29 percent.

So 2010, thanks in large part to ObamaCare, is shaping up as the most interesting political year since 1980. That was the year that the American electorate began trying to get the political establishment's attention. They denied a second term to an elected president for the first time since Herbert Hoover and gave the Republicans a majority in the Senate for the first time in 26 years. In 1994 they tried again, ending the Democrat's majority in the House after 40 years, and even defeating a sitting speaker for the first time since the Civil War.

So the yearlong production, set to close after Massachusetts's devastatingly negative Jan. 19 review, saw the curtain raised one last time. Obamacare lives.

After 34 speeches, three sharp electoral rebukes (Virginia, New Jersey and Massachusetts) and a seven-hour seminar, the [president announced Wednesday his determination to make one last push to pass his health-care reform](#).

The final act was carefully choreographed. The rollout began a week earlier with a couple of shows of bipartisanship: a Feb. 25 [Blair House "summit" with Republicans](#), followed five days later with a few concessions tossed the Republicans' way.

Show is the operative noun. Among the few Republican suggestions President Obama pretended to incorporate was tort reform. What did he suggest to address the plague of defensive medicine that a [Massachusetts Medical Society study](#) showed leads to about 25 percent of doctor referrals, tests and procedures being done for no medical reason? A few ridiculously insignificant demonstration projects amounting to one-half of one-hundredth of 1 percent of the cost of his health-care bill.

As for the Blair House seminar, its theatrical quality was obvious even before it began. The Democrats had already decided to go for a purely partisan bill. Obama signaled precisely that intent at the end of the summit show -- then dramatically spelled it out just six days later in his 35th health-care speech: He is going for the party-line vote.

Unfortunately for Democrats, that seven-hour televised exercise had the unintended consequence of showing the Republicans to be not only highly informed on the subject, but also, as even Obama was forced to admit, possessed of principled objections -- contradicting the ubiquitous Democratic/media meme that Republican opposition was nothing but nihilistic partisanship.

Republicans did so well, in fact, that in his summation, Obama was reduced to suggesting that his health-care reform was indeed popular because when you ask people about individual items (for example, eliminating exclusions for preexisting conditions or capping individual out-of-pocket payments), they are in favor.

Yet mystifyingly they oppose the whole package. How can that be?

Allow me to demystify. Imagine a bill granting every American a free federally delivered ice cream every Sunday morning. Provision 2: steak on Monday, also home delivered. Provision 3: a dozen red roses every Tuesday. You get the idea. Would each individual provision be popular in the polls? Of course.

However (life is a vale of howevers) suppose these provisions were bundled into a bill that also spelled out how the goodies are to be paid for and managed -- say, half a trillion dollars in new taxes, half a trillion in Medicare cuts (cuts *not* to keep Medicare solvent but to pay for the ice cream, steak and flowers), 118 new boards and commissions to administer the bounty-giving, and government regulation dictating, for example, how your steak is to be cooked. How do you think this would poll?

Perhaps something like 3 to 1 against, which is what [the latest CNN poll](#) shows is the citizenry's feeling about the current Democratic health-care bills.

Late last year, Democrats were marveling at how close they were to historic health-care reform, noting how much agreement had been achieved among so many factions. The only remaining detail was how to pay for it.

Well, yes. That has generally been the problem with democratic governance: cost. The disagreeable absence of a free lunch.

Which is what drove even strong Obama supporter Warren Buffett to go public with his judgment that the current Senate bill, while better than nothing, is a failure because the country desperately needs to bend the cost curve down, and the bill doesn't do it. Buffett's advice would be to start over and get it right with a bill that says ["we're just going to focus on costs and we're not going to dream up 2,000 pages of other things."](#) (Disclosure: Buffett is a director of The Washington Post Co.)

Obama has chosen differently, however. The time for debate is over, declared the nation's seminar leader in chief. The man who vowed to undo Washington's devious and wicked ways has directed the Congress to ram Obamacare through, by one vote if necessary, under the parliamentary device of "budget reconciliation." The man who ran as a post-partisan is determined to remake a sixth of the U.S. economy despite the absence of support from a single Republican in either house, the first time anything of this size and scope has been enacted by pure party-line vote.

Surprised? You can only be disillusioned if you were once illusioned.

## WSJ - Editorial

### [Paul Ryan v. the President](#)

*The Republican dissects ObamaCare's real costs. Democrats stay mute.*

"Every argument has been made. Everything that there is to say about health care has been said, and just about everybody has said it," President Obama declared yesterday as he urged Democrats to steamroll his plan through Congress. What *hasn't* been heard, however, is even a shred of White House honesty about the true costs of ObamaCare, or its fiscal consequences.

Nearby, we reprint [Wisconsin Republican Paul Ryan's remarks](#) at the health summit last week, which methodically dismantle the falsehoods—there is no other way of putting it—that Mr. Obama has used to sell "reform" and repeated again yesterday. No one in the political class has even tried to refute Mr. Ryan's arguments, though he made them directly to the President and his allies, no doubt because they are irrefutable. If Democrats are willing to ignore overwhelming public opposition to ObamaCare and pass it anyway, then what's a trifling dispute over a couple of trillion dollars?

At his press conference yesterday, Mr. Obama claimed that "my proposal would bring down the cost of health care for millions—families, businesses and the federal government." He said it is "fully paid for" and "brings down our deficit by up to \$1 trillion over the next two decades." Never before has a vast new entitlement been sold on the basis of fiscal responsibility, and one reason ObamaCare is so unpopular is that Americans understand the contradiction between untold new government subsidies and claims of spending restraint. They know a Big Con when they hear one.

Mr. Obama's fiscal assertions are possible only because of the fraudulent accounting and budget gimmicks that Democrats spent months calibrating. Readers can find the gory details in Mr. Ryan's pre-emptive rebuttal nearby, though one of the most egregious deceptions is that the bill counts 10 years of taxes but only six years of spending.

The real cost over a decade is about \$2.3 trillion on paper, Mr. Ryan estimates, and even that is a lowball estimate considering how many people will flood to "free" health care and how many businesses will be induced to drop coverage. Mr. Obama claimed yesterday that the plan will cost "about \$100 billion per year," but in fact the costs ramp up each year the program exists. The far more likely deficits are \$460 billion over the first 10 years, and \$1.4 trillion over the next 10.

What Mr. Ryan calls "probably the most cynical gimmick" deserves special attention, which is known in Washington as the "doc fix." Next month Medicare physician payments are scheduled to be cut by 22% and deeper thereafter, though Congress is sure to postpone the reductions as it always does. Failing to account for this inevitability takes nearly a quarter-trillion dollars off the ObamaCare books and by itself wipes out the "savings" that the White House continues to take credit for.



*The House Budget Committee ranking Republican Rep. Paul Ryan, R-Wis.*

Some in the liberal cheering section now claim that this Medicare ruse isn't Mr. Obama's problem because it was first promised by Republicans and Bill Clinton in 1997. But then why did Democrats include the "doc fix" in all early versions of the bill to buy the support of the American Medical Association, only to dump this pricey item later when hiding it would make it easier to fake-reduce the deficit?

The President was (miraculously) struck dumb by Mr. Ryan's critique, and in his response drifted off into an irrelevant tangent about Medicare Advantage, while California Democrat Xavier Becerra claimed "you essentially said you can't trust the Congressional Budget Office." But Mr. Ryan was careful to note that he didn't doubt the professionalism of CBO, only the truthfulness of the Democratic gimmicks that the budget gnomes are asked to score.

Yesterday Mr. Obama again invoked the "nonpartisan, independent" authority of CBO, which misses the reality that if you feed the agency phony premises, you are going to get phony results at the other end.

The President also claimed the reason his plan is in trouble, and the reason Democrats must abuse the Senate's rules to ram this plan into law, is that "many Republicans in Congress just have a fundamental disagreement over whether we should have more or less oversight of insurance companies." So most of Mr. Obama's first year in office has been paralyzed over nothing more than minor regulatory hair-splitting. This is so preposterous that the President can't possibly believe it.

Congress's spring break begins on March 29, and Democratic leaders plan on jamming this monster through Congress before then. Americans have to hope that enough rank-and-file Democrats aren't as deaf to fiscal honesty as this President.

## **The Corner**

### **[Don't Leave the House Unattended](#)** [Jeffrey H. Anderson]

All of the talk about "reconciliation" seems to have distracted people — like a red herring — from a simple but crucial fact: If the House goes first, as now appears to be the plan, and passes the Senate health-care overhaul, the president would then have a bill in hand that had passed both houses of Congress, and — whether reconciliation subsequently succeeded or failed in the Senate — we would have Obamacare.

Reconciliation would then be like the exhibition ice skating in the Olympics after the medals have been awarded: interesting to some, but wholly irrelevant to anything that really matters.

The attention is on the Senate, but the battle is in the House. It's time for Americans from coast to coast to communicate their clear desires to their congressmen. If Americans don't want Obamacare — and every indication is that they emphatically don't — now is the time for swing-district Democrats to hear that full chorus of opposition: loudly, clearly, and forcibly.

### The Corner

#### Only the House Vote Matters [Rich Lowry]

This is an important point. I don't think people understand that reconciliation isn't really that important except as a promise to members of the House. Even Charles Krauthammer, if I understood him correctly, said last night that he thinks the bill will pass the House but fail during the reconciliation process. But if the bill passes the House, the same bill has passed the Senate and the House and Obama can just sign the thing. It won't matter if the reconciliation process bogs down, except to those Democrats who thought the bill would be "fixed." But once they've voted, they've voted. Obama can say, "See you in the Rose Garden and we'll try to fix it next year." Jeffrey Anderson makes this point here.

### The Corner

#### Re: Only the House Vote Matters [Yuval Levin]

It's worth reiterating something Rich and Jeff Anderson have pointed out: The focus on reconciliation in the past few days confuses things a bit. The question in the health-care debate at the moment is whether Nancy Pelosi can get enough of her members to vote for the version of Obamacare that passed the Senate late last year. If the House passes that bill, it will have passed both houses, will go to the president, and will become law.

Some liberal House Democrats have problems with that bill — especially with some of its tax provisions, though also a few other things. So to get some of their votes, the leadership is now telling them that if they vote for the Senate bill, the House could then pass another bill that amends the Senate bill to fix some of what they don't like about it. The Senate could then pass that amendment bill by reconciliation and it would also become law, and so the sum of the two laws would be closer to what they want.

But that amending bill wouldn't change the basic character of what would be enacted (and to the extent it would change it at the edges, it would be mostly for the worse): Either way, if the House passes the Senate bill then Obamacare would become law, complete with its massive, overbearing, costly, intrusive, inefficient, and clumsy combination of mandates, taxes, subsidies, regulations, and new government programs intended to replace the American health-insurance industry with an enormous federal entitlement while failing to address the problem of costs. Just about everything the public hates about the bill is in both versions. The prospect of reconciliation is just one of the means that the Democratic leadership is employing to persuade members of the House to ignore the public's wishes and their own political future and enact Obamacare.

The fate of Obamacare therefore now rests not in the Senate but in the House. It is members of the House who must decide if it will be enacted, and it needs to be clear to voters exactly where their opposition to the Democrats' approach to health care should be focused now.

### The Corner

#### One More No Vote [Yuval Levin]

Republican Congressman Nathan Deal of Georgia announced last week that he would resign from the House on March 8, to devote his time to running for governor. His departure would have meant that House Democrats only needed 216 votes, rather than 217, to pass their health-care bill. But Deal has just announced that he has decided to stay in Congress until the end of the month, which would be after the Democrats' self-imposed deadline for passing the bill (and would take them into the Easter recess, when

members must again confront constituents, and which Speaker Pelosi therefore very much wants to avoid). He was not coy about the reason for his decision:

“Yesterday, as I listened to President Obama’s aggressive push for a quick vote on ‘Obama-Care,’ it was clear that I must stay in [Congress](#) and continue to fight against the most liberal health care agenda ever proposed.”

That makes Pelosi’s job just a little bit harder.

## The Corner

### [Re: The Count](#) [Daniel Foster]

More bad news for Pelosi. Greg Sargent [reports](#) that Rep. Frank Kratovil (D., Md.), who voted 'no' on the first bill and was hitherto thought of as undecided on the Senate bill, has confirmed he will now vote no.

Also, freshman Rep. Kurt Schrader (D., Ore.), another 'yes' on the first bill, is now undecided.

## Contentions

### [Not the Voters!](#)

by Jennifer Rubin

[Greg Sargent](#) observes:

One possible scenario that reform proponents dread is that Congress fails to pass reform before the Easter break — leaving Congressional Dems in the position of returning to their constituents empty-handed, just as they did over last summer’s recess. In the Capitol just now, a top spokesperson for Nancy Pelosi refused to endorse the White House’s preferred timetable for passing reform. Yesterday Robert Gibbs declared, perhaps unrealistically, that the White House would like the House to pass the Senate bill by March 18th, before the President goes abroad.

There are a few points worth noting. First, it’s quite obvious that Pelosi is a long way from getting her votes lined up. There is no reason to drag this out, unless, of course, Pelosi still can’t put together a majority. [Jake Tapper](#) has been keeping an unofficial whip count and there is far more bad news than good news for Pelosi, as the no’s are hardening and previous supporters are turning undecided. Second, the underlying problem, as it was last year, is that their members need to be kept as far from the voters as possible. Send them back home with the vote still pending and they risk an avalanche of opposition. Not in recent memory (or ever?) can I recall congressional leaders so wary of their members’ encounter with the electorate. That alone should tell those wavering members something. And finally, the time when Congress took the White House very seriously is over: the White House can no longer influence the substance, let alone the timing, of the vote on the bill. Right now it comes down to House Democrats — can they be bullied into doing something so plainly not in their self-interest? Stay tuned.

## Weekly Standard Blog

### [Paul Ryan's Moment](#)

by Matthew Continetti

This is Paul Ryan's moment. If national security or social policy were at the center of debate, the Wisconsin congressman wouldn't be nearly as prominent as he is today. But President Obama wants to reshape the American economy and welfare state so that it looks more like a Western European social democracy. And

since fiscal policy is Ryan's specialty, he's become the GOP point man when it comes to entitlements and health care. I continue to get emails from readers applauding [Ryan's performance at the health care summit a week ago](#). Type Ryan's name into [Google search](#) and the fifth prompt that comes up is "Paul Ryan for President." (Ryan says he won't run in 2012.)

In other entitlement news, Ryan recently published [a Politico Ideas piece](#) on America's looming fiscal crisis. And *Newsweek's* website featured [Reason's Peter Suderman's take](#) on [Ryan's Roadmap for America's Future](#).

Then there's health care reform. Ryan's deconstruction of the claim that Obamacare reduces the deficit has become [a minor YouTube classic](#). The *Wall Street Journal* reprints [Ryan's remarks in today's paper](#). Democratic politicians have not bothered to refute Ryan's arguments -- they've left that job to liberal bloggers. But even the *Washington Post's* [Ezra Klein concedes](#) "the 10-year cost of the bill is really only counting six years of operation" and does not question Ryan's \$2.3 trillion Obamacare price tag. Klein says, instead, that Ryan "omits the information that's actually relevant for his presentation on cost control and deficit reduction."

Which information? That would be the [Congressional Budget Office's](#) conjecture that health care reform could reduce the deficit by as much as a trillion dollars in its second decade of operation. But that estimate was always couched in uncertainty. Here is the CBO:

These longer-term calculations assume that the provisions are enacted and remain unchanged throughout the next two decades. However, the legislation would maintain and put into effect a number of procedures that might be difficult to sustain over a long period of time.

Those provisions include the "Doc Fix" reduction in Medicare reimbursement rates and the Independent Medicare Advisory Board (IMAB) which would mandate future reductions in Medicare. "Doc Fix" has never happened. And "the projected longer-term savings for the legislation also assume that the Independent Payment Advisory Board is fairly effective in reducing costs beyond the reductions that would be achieved by other aspects of the legislation," CBO wrote. You know what happens when you assume! We don't know what will happen tomorrow. How can we say with any certainty what will happen 11 to 20 years from now?

Drastic cuts to current Medicare beneficiaries will face fierce resistance. [In a December 20, 2009, letter](#), CBO wrote that "It is unclear whether such a reduction in the growth rate could be achieved, and if so, whether it would be accomplished through greater efficiencies in the delivery of health care or would reduce access to care or diminish the quality of care." The actuaries at the Centers for Medicare and Medicaid Services do not mince words when they say Obamacare [will bend the cost curve upward](#) and [reduce access and quality of care](#).

Klein's second point is that the double-counting in the health care bill -- which counts a Medicare dollar as both reducing the program's deficit and paying for new spending -- is standard operating procedure. True enough. But [Ramesh Ponnuru points out](#) that:

Similar accounting procedures were used for the Iraq War and the Medicare prescription-drug benefit, both of which Ryan supported. That's fine as far as it goes, but there's a difference that seems to me big, which is that Obamacare is supposedly being paid for in large part by Medicare cuts. Nobody ever claimed that Medicare cuts were going to pay for the Iraq War.

The bottom line? Despite the liberal pushback, Ryan's arguments remain compelling. (The *Journal* has more on them [here](#).) Which shouldn't come as a surprise. When a politician finds his moment, everything breaks his way.

Denver Post

## Two steps forward, no steps back

by David Harsanyi

It's not the size that matters.

Today, President Barack Obama will unveil health care proposal Part VII. The new House bill, according to Speaker Nancy Pelosi, will be "much smaller" than previous efforts.

After surveying the brutal political conditions facing them, it seems, Democrats believe if they lay claim to more modest legislation, they lay claim to a less horrid bill.

If only that were true.

Though a political victory is a must for the Obama presidency, those ideologically invested in the promise of government-run health care surely understand that even a small victory today can be an enduring one.

Once Washington gains a toehold — and considering government controls 49 cents on every health care dollar spent, by toehold I mean "bear hug" — it is an inescapable reality that whatever they come up with will be expansive and expensive.

That's the message Pelosi was telegraphing to her allies when — in addition to pointing out how itty bitty the bill would be — she added that it would be "big enough" to put the country on a "path" toward sustainable health care reform.

The righteous "path," naturally, ends at the gates of a single-payer system. The infrastructure to reach this objective — price controls, new entitlements and wide-ranging mandates — will be set in place once Democrats use reconciliation to pass the bill, deal with the short-term electoral consequences, and let history work itself out.

You know how it goes: Did you hear about the appalling conditions those children are living under? Gotta expand it. How about the old lady who has 12 prescriptions when she only needs eight? Gotta control costs.

A minor victory for liberalism today will also be a colossal triumph tomorrow because it's improbable — implausible, actually — that Republicans will ever have the fortitude (or the votes in Congress) to repeal most of Obamacare should they regain power.

Remember that state participation in Medicaid is voluntary. What governor would pull out of that or any entitlement program?

Remember that Congress estimated Medicare's cost at \$12 billion for 1990 (adjusted for inflation) when the program kicked off in 1965. Medicare cost \$107 billion in 1990 and is quickly approaching \$500 billion. Who's going to stop it?

The template is used over and over again. Government is a growth industry.

Small or large, when you unwrap today's health care reform legislation, nearly every Democratic initiative is designed to affect the choices people make through some mechanism of top-down control.

On the flip side, so far, reform legislation has been devoid of any meaningful market-based solutions that would spur a healthier private-insurance sector, guaranteeing consumers will see rates rise and Democrats will have a boogeyman to point to as they "fix" the bill down the road.

I remember asking Denver's liberal congresswoman Diana DeGette — after she, for the umpteenth time, claimed that Republicans had presented no ideas in the health care debate — what she thought of the two GOP bills in the House at the time. She replied that they were too small and not "comprehensive" enough to really matter.

Now, apparently, small is OK. Why? It's never been an issue of how comprehensive a plan was, but how invasive it could be.

And no matter how many iterations of health care "reform" are foisted on the nation by Democrats, or what the exact dimensions of those iterations may be, or how many public relations angles are deployed to sell them, the core issue has not changed.

Though, it is clear, the tactic of incremental "progress" has been re-learned. Don't be fooled. The end game has not changed.

## **Jewish World Review**

### **[Alice in Health Care](#)**

by Thomas Sowell

Most discussions of health care are like something out of Alice in Wonderland.

What is the biggest complaint about the current medical care situation? "It costs too much." Yet one looks in vain for anything in the pending legislation that will lower those costs.

One of the biggest reasons for higher medical costs is that somebody else is paying those costs, whether an insurance company or the government. What is the politicians' answer? To have more costs paid by insurance companies and the government.

Back when the "single payer" was the patient, people were more selective in what they spent their own money on. You went to a doctor when you had a broken leg but not necessarily every time you had the sniffles or a skin rash. But, when someone else is paying, that is when medical care gets over-used — and bureaucratic rationing is then imposed, to replace self-rationing. Money is just one of the costs of people seeking more medical care than they would if they were paying for it with their own money. Both waiting lines and waiting lists grow longer when people with sniffles and minor skin rashes take up the time of doctors, while people with cancer are waiting.

In country after country, the original estimates of government medical care costs almost always turn out to be gross under-estimates of what it ultimately turns out to cost.

Even when the estimates are done honestly, they are based on how much medical care people use when they are paying for it themselves. But having someone else pay for medical care virtually guarantees that a lot more of it will be used.

Nothing would lower costs more than having each patient pay those costs. And nothing is less likely to happen.

One of the big costs that have actually forced some hospitals to close is the federal mandate that hospitals treat everyone who comes to an emergency room, whether they pay or not. But those who talk about "bringing down the cost of medical care" are not about to repeal that mandate. Often they want to add more mandates.

The most fundamental issue is not whether treating everyone who comes to an emergency room is a good policy or a bad policy in itself. If it is a good policy, then the federal government should pay for what it wants done, not force other institutions to pay for it. Then let the voters decide at the next election whether that is what they want their tax money spent for.

Confusion between costs and prices add to the Alice in Wonderland sense of unreality.

What is called lowering the costs is simply refusing to pay all the costs, by having the government set lower prices, whether for doctors' fees, hospital reimbursements or other charges. Surely no one believes that there will be no repercussions from refusing to pay for what we want. Some doctors are already refusing to accept Medicare or Medicaid patients because the government's reimbursement levels are so low.

Similarly, if it costs a billion dollars to create one new pharmaceutical drug, then either we are going to pay the billion dollars or we are not going to keep on getting new pharmaceutical drugs produced. There is no free lunch.

Virtually everything that is proposed by those who are talking about bringing down the costs of medical care will in fact raise those costs. Mandates on insurance companies? Why are insurance companies not already doing those things that new mandates would require? Because those things raise costs by an amount that people are unwilling to pay to get those benefits.

If not, it would be a slam dunk for the insurance companies to add those benefits to the policies and raise the premiums to cover them. What politicians want to do is look good by imposing mandates, and then let the insurance companies look bad by raising the premiums to cover the additional costs.

It is a great political game, but it does nothing to lower medical costs.

Politicians who want a government monopoly on health insurance can easily get it, just by making it impossible for private insurance companies to charge enough to cover the costs mandated by politicians. The "public option" will then be the only option — which is to say, we will no longer have any real option.

## **Jewish World Review**

### **[Alice in Health Care, Part II](#)**

by Thomas Sowell

What is most like Alice in Wonderland is discussing medical care reform in the abstract, as if there are not already government-run medical care systems in this country and elsewhere.

Yet there seems to be remarkably little interest in examining how government-run medical care actually turns out — medically and financially — whether in Medicare, Medicaid, Veterans Administration hospitals in this country, or in government-run medical systems in other countries.

We are repeatedly being told that we need to have a government-controlled medical care system, because other countries have it — as if our policies on something as serious as medical care should be based on the principle of monkey see, monkey do.

By all means look at other countries, but not just to see what to imitate. See how it actually turns out. Yet there seems to be an amazing lack of interest in examining what government-controlled medical care produces.

While our so-called health care "summit" last week was going on, British newspapers were carrying exposes of terrible, and often deadly, conditions in British hospitals under that country's National Health Service. But this has not become part of our debate on what to expect from government-controlled medical care.

Such scandals are an old story under the National Health Service in Britain, one repeatedly producing fresh scandals that their newspapers carry, but ours ignore.

In addition to a whole series of National Health Service scandals in Britain over the years, the government-run medical system in Britain has far less high-tech medical equipment than there is in the United States. Neither in Britain, Canada, nor in other countries with government-run medical care systems can people get to see doctors, especially surgeons, in as short a time as in the United States.

It is not uncommon for patients in those countries to have to wait for months before getting operations that Americans get within weeks, or even days, after being diagnosed with a condition that requires surgery. You can always "bring down the cost of medical care" by having a lower level of quality or availability.

But, again, you may never learn any of this by following most of the American mainstream media. It is not that they don't make comparisons between medical care in different countries. But they tend to feature news that will promote government-controlled care.

One of the statistics they spin endlessly is that life expectancy in some countries with government-controlled medical care is higher than in the United States. What they don't tell you is that, in some of these countries, all the infants that die are not included in infant mortality statistics, as they are in the United States.

More important, both political and media supporters of government-controlled medical care consistently confuse medical care with health care.

Much, if not most, of health care depends on what individuals do in the way they live their own lives — including eating habits, alcohol intake, exercise, narcotics and homicide. A study some years ago found that Mormons live a decade longer than other Americans. But nobody believes that Mormons' doctors are that much better than other doctors. When you don't do a lot of things that shorten your life, you live longer. That is not rocket science.

Americans tend to have higher rates of obesity, narcotics use and homicide than people in some other countries. And there is not much that doctors can do about that.

If those who make international comparisons were serious, instead of clever, they would compare the things that medical science can have a great effect on — cancer survival rates, for example. Americans have some of the highest cancer survival rates in the world, and for some particular cancers, the highest.

When you can get to see a doctor faster, and get treatments underway without waiting for months, while the cancer grows and spreads, you have a better chance of surviving. That, too, is not rocket science. But it is also something that you are not likely to see featured in most of the media, where people are promoting their own pet notions and agendas, instead of giving you the facts on which you can make up your own mind.

## **Jewish World Review**

### **[Alice in Health Care, Part III](#)**

by Thomas Sowell

With all the controversies, charges, counter-charges and buzzwords swirling around the issue of medical care in the United States, there is a lot to be said for going back to square one and asking just what is the fundamental problem.

The quality of the medical care itself is not the problem. Few — if any — countries can match American medical training, medical technology or the development of life-saving pharmaceutical drugs in the United States. Most countries with government-controlled medical care cannot come close to matching how fast an American can get medical treatment, particularly from specialists.

Political hype is no reason to throw all that away. In fact, policies based on political hype over the years are what have gotten us into what is most wrong with medical care today — namely, the way it is paid for.

Insurance companies or the government pay directly for most of the costs of most medical treatment in the United States. That is virtually a guarantee that more people will demand more medical treatment than they would if they were paying directly out of their own pockets, instead of paying indirectly in premiums and taxes.

Since people who staff either insurance company bureaucracies or government bureaucracies have to be paid, this is not bringing down the cost of medical care, but adding to it.

What also adds to the costs are politicians at both state and federal levels who mandate additional benefits to be paid for by insurance companies, thereby driving up the cost of insurance.

If medical insurance simply covered risks — which is what insurance is all about — that would be far less expensive than covering completely predictable things like annual checkups. Far more people could afford medical insurance, thereby reducing the ranks of the uninsured.

But all the political incentives are for politicians to create mandates forcing insurance companies to cover an ever increasing range of treatments, and thereby forcing those who buy insurance to pay ever higher premiums to cover the costs of these mandates.

That way, politicians can play Santa Claus and make insurance companies play Scrooge. It is great political theater. Politicians who are pushing for a government-controlled medical care system say that it will "keep insurance companies honest." The very idea of politicians keeping other people honest ought to tell us what a farce this is. But if we keep buying it, they will keep selling it.

One of the ways of reducing the costs of medical insurance would be to pass federal legislation putting an end to state regulation of insurance companies. That would instantly eliminate thousands of state mandates, which force insurance to cover everything from wigs to marriage counseling, depending on which special interests are influential in which states.

It would also promote nationwide competition among insurance companies — and competition keeps prices down better than politicians will. Moreover, competition can bring down the costs behind the prices, in part by forcing less efficient insurance companies out of business.

Another very real and very big cost behind the high prices for medical treatment are the many forms of expensive "defensive medicine" that doctors and hospitals have to practice, in order to avoid being sued by unscrupulous lawyers. Expensive and unnecessary tests and treatments cost even more than the multimillion dollar awards that clever lawyers can get from gullible juries.

Tightening up the laws, so that junk science does not prevail in courts, would create some real savings in medical costs. But, since plaintiff's lawyers are big financial contributors to the Democratic Party, that is unlikely to happen during this administration.

Finally, there are costs that are high because people want medical care in more comfortable surroundings — a private room rather than a bed in a ward, for example — and are willing to pay for that. This is more common among Americans.

There is no reason for others to interfere with that, just because of a mindless mantra of "bringing down the cost of medical care" or class warfare rhetoric about "Cadillac health plans."





