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The Health Care Law, Unwound

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The Health Care Law, Unwound

By Jo Ann Emerson

Last week, the U.S. House of Representatives voted to repeal a 2,000-page, trillion dollar piece of legislation which had been passed only a year earlier. The health care overhaul bill is a big mess, with hundreds of new government boards and panels, with penalties for Americans who do not buy health insurance and incentives for their employers to drop coverage, and with a budgetary gimmick that pays for six years of new programs with ten years of new taxes. Repealing it is the right thing to do, even if this vote in the House is doomed to failure in the Senate.

Our effort to repeal the health care law may be symbolic, but it sends a strong message: parts of the law are unfair, even more are unnecessary, and taken as a whole the law costs far more than the benefit it provides. This is what you get from a process conducted behind closed doors.

In the past, I've railed against the special deals for special interests, like the name-brand pharmaceutical industry which stands to gain billions in profit from the law. I've criticized the lack of savings in both the prescription drug and the insurance markets, where we need efficiencies like bulk price negotiation and portability of insurance policies. Not only do these things make government programs like Medicare and Medicaid more efficient and more solvent, they also save private consumers money when they go to the private market for competitive prices on health insurance and medicines.

In the months ahead, these ideas and many more will be debated, in the light of day, on their merits. These bills ought to be clear to the American reading them, and they will be available to any American who wants to read them long in advance of a vote in the U.S. House of Representatives. Lots of ideas exist which would improve our American system of health care, but few of them were included in the strong-arm procedure which led to passage of last year's law.

At the same time we have a public debate about changes to the health care law, we ought to have an equally-important discussion about the principles in it we should preserve. For instance, most Americans and a great majority of members of Congress can agree that citizens with pre-existing conditions deserve guaranteed access to health insurance products. And I think we can also add a key qualification to that standard: the word 'affordable.'

Likewise, there is broad agreement that Medicare Part D should be structured in a way to provide support to beneficiaries with prescription drug expenses no matter how great their cost. But the structure in the health care law only provides that support if patients choose brand name rather than generic drugs. The only people who stand to gain from this ridiculous arrangement work in the name-brand pharmaceutical industry. And the people who stand to lose the most are the younger Americans – our children and grandchildren – who we someday hope will have an opportunity to participate in the Medicare program as well.

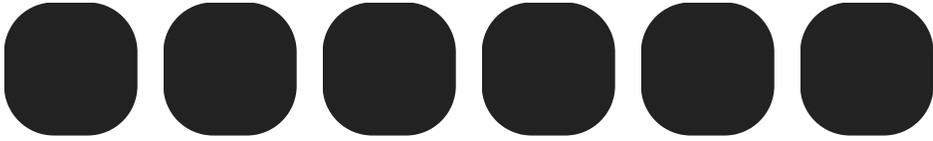
Conducting this debate is a responsibility of the Congress, and it is just as much a civic responsibility for the American people. I know we can improve on the health care law, saving money and bettering our system in the process. We must begin today, however, for every moment we waste is a setback, an expense and a risk for the American patients we serve.

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