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Reconsidering the Health Care Law

FEBRUARY 05TH 2011 BY UNKNOWN

Reconsidering the Health Care Law

By Jo Ann Emerson

An effort to repeal the health care law failed in a Senate vote, but a second ruling that the measure is unconstitutional sent the signal last week that something will have to give. We cannot preserve this law which costs too much, expands government too far, and places too much unnecessary strain on employers in our American economy.

In the past year, the health care law has been both attacked and defended as a tax measure, which administration officials agree that it both is and is not. Small businesses have wondered that this law can promise health insurance for all, but cause them to drop insurance coverage for their workers. And Americans have watched the U.S. court system closely as it attempts to stop the federal government from penalizing them for choosing to not engage in the economic activity of purchasing an insurance plan.

It is apparent that the premise and the approach of the health care law were flawed, which is why we are now wrestling in Congress with this imperfect product. By limiting choices in the private market, adding costs and using the tax code for enforcement, the federal government cannot create a system of health care that coexists with a free society and free markets.

By reforming the law, however, I think we can create a free market system which emphasizes access, cost-effectiveness and fairness. We can promote affordable private insurance and prescription drugs, expand coverage, and keep our status as the world's

leading innovator in new health care strategies and technologies.

How do we accomplish this? There are some things we must have, and some things we must not have. First, instead of an individual mandate to carry health insurance through heavily-subsidized government-controlled policies, we should have a system of truly competitive insurance which is flexible, portable and fair. Part of the approach should be incentives for regular checkups and preventative medicine – practices that detect problems early when they are most treatable (saving the patient's health and saving the public's money on expensive, less-effective late stage treatments). The fairness in private insurance comes from reasonable requirements for policies to cover the dependents of their customers up to a certain age, to write policies for individuals even if they have pre-existing conditions, and to maintain coverage even if their customers change jobs, move to a new state, or retire early.

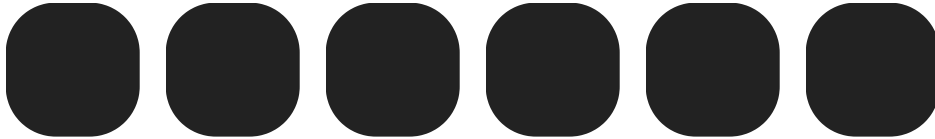
Second, instead of providing special deals to boost profits in the name-brand pharmaceutical industry, our health care system should promote competition and generic alternatives to costly treatments. The approval of a generic drug should not take longer at FDA than the approval of the original name-brand product years before, and patent protections should not be extended simply because the pill is a different shape or color. Even more important, where the health law encourages Medicare Part D beneficiaries to buy name-brands instead of generics in order to get their drug costs covered, we should instead have incentives for Americans who conscientiously attempt to keep their drug costs down, just as they would if they paying were the full cost for their own medicines.

Finally, in order to assure future generations of American retirees have access to health care, we must prevent fiscal shortfalls in the Medicare program without reducing benefits. Accomplishing savings this way will not be easy, but we must address the impending crisis in Medicare which could leave millions of future American seniors without adequate insurance when they will need it most.

With these outcomes in mind, Congress should start making commonsense changes today to a health care law that has broken trust with the American people and will not pass the tests applied to it in U.S. courts of law.

Jo Ann Emerson, R-Cape Girardeau, represents the Eighth Congressional District of Missouri in the United States House of Representatives.

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The Health Care Law, Unwound

JANUARY 27TH 2011 BY UNKNOWN

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.'

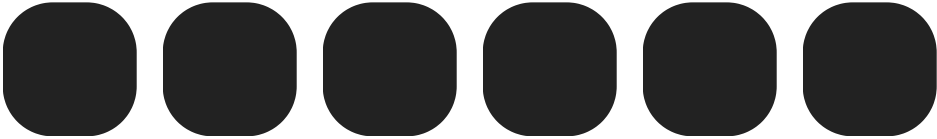
Likewise, there is broad agreement that Medicare Part D should be structured in a way to provide support to beneficiaries with prescription drug expenses no matter how great their cost. But the structure in the health care law only provides that support if patients choose brand name rather than generic 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.

Jo Ann Emerson, R-Cape Girardeau, represents the Eighth Congressional District of Missouri in the United States House of Representatives.

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