

Dr. John Lewis
Duke Professor Explains What the Health Care Bill Actually Says
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RUSH: Now, what I have here is very long. I cannot read the entire thing. But there are summaries that I can read. This is a piece entitled, "What the Health Care Bill Actually Says," and it was put together by John David Lewis. It is from the website Classical Ideals. John David Lewis is a professor of classics at Duke University, and here is how he introduces his analysis: "What does the bill, HR 3200, short-titled 'America's Affordable Health Choices Act of 2009,' actually say about major health care issues? I here pose a few questions in no particular order, citing relevant passages and offering a brief evaluation after each set of passages.

"This bill is 1017 pages long. It is knee-deep in legalese and references to other federal regulations and laws. I have only touched pieces of the bill here. For instance, I have not considered the establishment of (1) 'Health Choices Commissioner' (Section 141); (2) a 'Health Insurance Exchange,' (Section 201), basically a government run insurance scheme to coordinate all insurance activity; (3) a Public Health Insurance Option (Section 221); and similar provisions. This is the evaluation of someone who is neither a physician nor a legal professional. I am citizen, concerned about this bill's effects on my freedom as an American. I would rather have used my time in other ways -- but this is too important to ignore. We may answer one question up front: How will the government ... pay for all this?

"Higher taxes, more borrowing, printing money, cutting payments, or rationing services -- there are no other options. We will all pay for this, enrolled in the government 'option' or not." So, when we talk about how we're going to pay for it, "How will the government ... pay for all this?" it's all of the following: "Higher taxes, more borrowing, printing money, cutting payments, or rationing services -- there are no other options" to pay for it. "We will all pay for this, enrolled in the government 'option' or not." The first question that he wanted to discover here is: "Will the plan ration medical care?" Then he cites the relevant passages from the bill and then evaluates the passages in real language, not the legalese that he found. This section, rationing medical care:

"1. This section amends the Social Security Act. 2. The government has the power to determine what constitutes an 'applicable [medical] condition.' 3. The government has the power to determine who is allowed readmission into a hospital. 4. This determination will be made by statistics: when enough people have been discharged for the same condition, an individual may be readmitted." In other words, there's nothing personal about this. That's why Obama's answer to the woman with the 100-year-old mother, "Are you gonna take into account the spunk and spirit, the will to live?" was, "I don't think we can do that." It's going to be statistic based. "5. This is government rationing, pure, simple, and straight up."

There is no other way to analyze this section of the bill. "6. There can be no judicial review of decisions made here. The Secretary is above the courts." All this language is in this piece. The language from the bill is from the piece. I'm not just going to read that to you. I'm reading his evaluation, stripping away the legalese, what it all means. "7. The plan also allows the government to prohibit hospitals from expanding without federal permission: page 317-318." The next question that the classics professor at Duke researched is: "Will the plan punish Americans who try to opt out?" and then he gives the relevant portions from the bill as it's written followed by his evaluation. Number one... Remember the question here is: "Will the plan punish Americans who try to opt out? ... 1. This section amends the Internal Revenue Code.

2. Anyone caught without acceptable coverage and not in the government plan will pay a special tax." Now, this we know. We've seen this ourselves. "3. The IRS will be a major enforcement mechanism for

the plan," as written in this bill. The IRS will be a major enforcer. The next section that he analyzed: "What constitutes 'acceptable' coverage?" Because, in the previous passage the bill said: "Anyone caught without acceptable coverage and not in the government plan will pay a special tax" So, what is "'acceptable' coverage"? Here are the relevant passages, sentences from the bill. "Evaluation of the passages. 1. The bill defines 'acceptable coverage' and leaves no room for choice in this regard. 2. By setting a minimum 70% actuarial value of benefits, the bill makes health plans in which individuals pay for routine services, but carry insurance only for catastrophic events, (such as Health Savings Accounts) illegal."

Let me read that again: "1. The bill defines 'acceptable coverage' and leaves no room for choice in this regard. 2. By setting a minimum 70% actuarial value of benefits, the bill makes health plans in which individuals pay for routine services" out of their own pockets, "but carry insurance only for catastrophic events ... illegal." That is one of the solutions to the problem we have now. Pay for what you want -- a standard checkup, a standard visit to the doctor -- and catastrophic insurance for when that could break your bank. Doing that will be illegal in the House bill. In other words, paying for your own routine day-to-day services but only having insurance for catastrophic events will be illegal. The next section that our classics professor, an average citizen, was curious about: "'Will the PLAN destroy private health insurance? Here is what it requires, for businesses with payrolls greater than \$400,000 per year. (The bill uses 'contribution' to refer to mandatory payments to the government plan.)

"Pages 149-150, SEC. 313, EMPLOYER CONTRIBUTIONS IN LIEU OF COVERAGE," and then the relevant passages from the bill. Here is the evaluation of those passages. Again, what we're talking about here is: "Will the PLAN destroy private health insurance?" "1. The bill does not prohibit a person from buying private insurance. 2. Small businesses -- with say 8-10 employees -- will either have to provide insurance to federal standards, or pay an 8% payroll tax. Business costs for health care are higher than this, especially considering administrative costs. Any competitive business that tries to stay with a private plan will face a payroll disadvantage against competitors who go with the government 'option.'" Now, let me explain this. Small businesses, say eight-to-ten employees, will either have to provide insurance up "to federal standards." If they don't, they will pay an additional 8% payroll tax.

"Business costs for health care are higher than [what will be charged], especially considering administrative costs. Any competitive business that tries to stay with a private plan will face a payroll disadvantage against competitors who go with the government 'option.'" If they go to the government option, they're fine. If you don't and you stay private, you're going to pay a penalty. The penalty will make it ridiculous and stupid business-wise to stay with your private plan. Therefore, you will -- your small business will -- be forced out of private insurance onto the government option. "3. The pressure for business owners to terminate the private plans will be enormous," the financial pressure, the business pressure. "4. With employers ending plans, millions of Americans will lose their private coverage, and fewer companies will offer it."

Now, none of this is anything new. Everybody showing up at these town halls knows this. This is nothing that has already been learned when discussing it. That's why when Obama is saying, "If you like your plan you can keep it, it's not true, because the meat and potatoes of the bill is going to make it impossible." If your private plan is from an employer, your employer is going to find it very difficult to hold onto private insurance and remain competitive with businesses that opt out and go in the government option. When Barney Frank or Obama himself says, "We can't do this immediately. It's going to take 10 to 15 years," this



is what they're talking about: Eventually forcing small businesses and others out of private insurance because they won't be able to remain competitive with competitors who go the public option.

"5. The Commissioner (meaning, always, the bureaucrats) will determine whether a particular network of physicians, hospitals and insurance is acceptable" even if you do stay private. "6. With private insurance starved, many people enrolled in the government 'option' will have no place else to go" if they don't like it. So all this talk from Obama about adding to competition is the exact opposite, which is what everybody who's read this understands and which is why they know he's lying to them when he says, "If you like your plan you can keep it." Another way to look at that, "If you like your plan, you can keep it," is: What if everybody decided to do that, but he says the health care plan, the system we have now is unsustainable. It's horrible.

Yet if you like your plan you can keep it? How do those two go together? The next question that our classics professor at Duke wanted to figure out by reading the bill: "Does the plan TAX successful Americans more THAN OTHERS? Here is what the bill says, pages 197-198, SEC. 441. SURCHARGE ON HIGH INCOME INDIVIDUALS 'SEC. 59C. SURCHARGE ON HIGH INCOME INDIVIDUALS," and then it has the legalese. Here's the evaluation of what it says: "1. This bill amends the Internal Revenue Code. 2. Tax surcharges are levied on those with the highest incomes. 3. The plan manipulates the tax code to redistribute their wealth. 4. Successful business owners will bear the highest cost of this plan." Successful small business owners, will bear the highest cost of this plan.

"Does THE PLAN ALLOW THE GOVERNMENT TO set FEES FOR SERVICES? What it says, page 124, Sec. 223, PAYMENT RATES FOR ITEMS AND SERVICES," and then the legalese of the bill. The analysis or the evaluation: "1. The government's authority to set payments is basically unlimited. 2. The official" commissioner, bureaucrats "will decide what constitutes 'excessive,' 'deficient,' and 'efficient' payments and services. Will THE PLAN increase the power of government officials to SCRUTINIZE our private affairs? What it says, pages 195-196, SEC. 431. DISCLOSURES TO CARRY OUT HEALTH INSURANCE EXCHANGE SUBSIDIES," then the legalese in the bill.

The evaluation: "1. This section amends the Internal Revenue Code 2. The bill opens up income tax return information to federal officials. 3. Any stated 'limits' to such information are circumvented by item (v), which allows federal officials to decide what information is needed. 4. Employers are required to report whatever information the government says it needs to enforce the plan," meaning your medical records, your employment records, how you're living your life, what kind of risk that's posing to the health care system. Next: "Does the plan automatically enroll Americans in the GOVERNMENT plan? What it says, page 102, Section 205, Outreach and enrollment of Exchange-eligible individuals and employers in Exchange-participating health benefits plan," then the legalese. Here's the evaluation: "1. Do nothing and you are in" the government plan. "2. Employers are responsible for automatically enrolling people who still work. Does THE PLAN exempt federal OFFICIALS from COURT REVIEW?"

"What it says, page 124, Section 223, PAYMENT RATES FOR ITEMS AND SERVICES," then the legalese and the evaluation. "1. Sec. 1123 amends the Social Security Act, to allow the Secretary to identify areas of the country that underutilize the government's plan 'based on per capita spending.' 2. Parts of the plan are set above the review of the courts." So the question, "Does THE PLAN exempt federal officials from court review?" and parts of the plan do. This is Mr. Lewis again. His name is John David Lewis, professor of classics at Duke University. He's a common, average citizen. He's not a lawyer, not a doctor. What this goes to show is, just about anybody can figure out what's in this bill if they just take the time to read it. And a lot of people have, and the people showing up at these town hall meetings saying "no," already know what this bill says and the elements to it, or of it, that I just shared with you.