

PERSONALLY SPEAKING

Number 64

November 1, 2009

AFFORDABLE HEALTH CARE FOR AMERICA ACT

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Affordable Health Care for America Act (HR 3962) is the latest attempt by the Democratic leadership in the U.S. House of Representatives to forge a bill from three other legislative proposals. This blended-bill is divided into two divisions, 11 titles, and 28 subtitles and runs 1990 pages in length. Due to its gargantuan length and oblique language, it is unlikely that persons interested in public affairs, including Mayo Research Institute, have either the time or the energy to persevere in reading it carefully through to the very end.

For that reason, we searched the bill as posted on the *New York Times* website. Below we have ranked the number of “hits” to specific keywords or terms from highest to lowest.

Appropriate (adjective/verb). 491	Choice 58
Authorize 304	Fraud 45
Cost 303	Audit (noun/verb) 42
Insurance 248	Subsidy..... 34
Quality 220	Waste 32
Hospital 190	Poverty(federal poverty level) . 22
Standard 187	Abortion 11
Access 180	Death 10
Regulation 159	Neglect (noun/verb)..... 9
Physician 151	Opt out 6
Commissioner 143	Mandate(noun/verb)..... 6
Recommendation 129	Surcharge..... 4
Abuse (noun/verb)..... 115	Conscience..... 4
Affordable 109	Trigger (noun/verb)..... 3
Option 91	End of life 3
Penalty 85	Penalize..... 3
Government 77	Tort..... 2
Fee 60	Dignity..... 1
Tax 58	Freedom 1

This information, though crude at best, provides a glimpse into *Affordable Health Care for America Act* and suggests the dominant political ideology incorporated in the bill. Not surprisingly, the bill reflects special interest and overwhelmingly liberal/progressive/ thinking. Notice, for instance, that “tort” is used twice, “freedom” and “dignity” each are mentioned once. “Authorize” is found 304 times, “regulation” is used more than 150 times, and “commissioner” is mentioned 143 times.

“Appropriate” which is used 491 times is especially significant because as an adjective it is a value-laden word with a meaning which depends on the person defining and measuring

whatever it modifies as in “appropriate health care.” That person likely will be a federal official or bureaucrat.

The sections on Governance (pp. 131-139 of HR 3962) in particular caught our attention. The following language is drawn directly from those pages. A qualified health benefits plan “is a health benefits plan that meets the requirements for such a plan under Title II and *includes the public insurance option* and is offered by a QHBP [qualified health benefits plan] offering entity that meets the applicable requirements of such title with respect to such plan.” We use italics for added emphasis.

“There is hereby established, as an independent agency in the executive branch of the Government, a *Health Choices Administration*.”

“The Administration shall be headed by a *Health Choices Commissioner* who shall be *appointed by the President*, by and with the advice and consent of the Senate.”

“The Commissioner is responsible for carrying out the following functions:
The establishment of qualified health benefits plan standards under this title including the enforcement of such standards in coordination with State insurance regulators and the Secretaries of Labor and the Treasury ... [and] *Such additional functions as may be specified in this division*.”

“The Commissioner shall, in coordination with States, conduct audits of qualified health benefits plan compliance with Federal requirements. Such audits may include random compliance audits and *targeted audits in response to complaints or other suspected noncompliance*.”

“The Commissioner is authorized to *recoup* from qualified health benefits plans reimbursement of *the cost* of such examinations and audit of such QHBP offering entities.”

“The Commissioners *shall collect data* for purposes of promoting quality and value, protecting consumers, and *addressing disparities in health and health care* and may share such data with the Secretary of Health and Human Services.”

“In carrying out the Commissioner’s duties under this division, the Commissioner, as appropriate, shall consult at least with the following ... The Federal Trade Commission, specifically concerning the development and issuance of guidance, rules, or standards regarding *fair marketing practices* under section 231, or any consumer disclosure requirements under section 233 or otherwise.”

“The Commissioner shall appoint within the Health Choices Administration a *Qualified Health Benefits Plan Ombudsman* who shall have expertise and experience in the fields of health care and education of (and assistance to) individuals. The Qualified Health Benefits Plan Ombudsman shall, in a *linguistically appropriate manner* -- ... provide ... *assistance to such individuals in choosing a qualified health benefits plan in which to enroll* ... [and] *with any problems arising from disenrollment from such a plan*.”

The House of Representatives is expected to vote on HR 3962 shortly.

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