

Socialized Health Care CHART (with Analysis)

Comparing Japanese Socialized Healthcare with American Free-Market-based healthcare:

We try to look at "Socialized Healthcare" and see if it works

By Gordon Wayne Watts, *The Register* | Wednesday, 01 March 2017

This 'pro's' & 'con's' chart wasn't meant simply to see if Socialised Healthcare was 'good,' but more-specifically, I created it because the Affordable Care Act (ACA), aka: 'ObamaCare,' was causing trouble (*for example: the 'affordable' care act WASN'T 'affordable' & people were unable to keep their own doctors as had been promised, not as bad as being unable to afford any coverage, but still a concern*). So, I wanted to see if it should be kept (the Liberal argument) or removed (the Conservative argument). My findings suggest that the truth is squarely in the middle, which means that, if my analyses are correct, I'm "Liberal" in this one area, but not totally Liberal: It looks like a smaller, scaled-down version of the ACA would work & not be "unaffordable." Interestingly-enough, Pres. Donald Trump is *also* truly "Liberal" in only one area - Healthcare - which means that his views are very similar to mine: Pres. Trump, who had made campaign statements that he didn't want to see people dying in the streets, supporting some form of Universal Healthcare, has repeated his stance recently: "[Trump vows 'insurance for everybody' in Obamacare replacement plan](#)," by Robert Costa and Amy Goldstein, *The Washington Post*, Jan 15, 2017 * "[Trump promises his Obamacare replacement plan will cover everybody, report says](#)," by Tami Luhby, *CNN*, Jan 17, 2017 * "[Trump insists health care replacement will have 'insurance for everybody'](#)," *FoxNews* (The Associated Press contributed to this report), Jan 16, 2017

* The full weight of evidence suggests that a smaller version of Universal Healthcare would be the optimally-correct solution for U.S. Lawmakers to use as a replacement to the ACA, in the "repeal & replace" debate. Also, it should be noted that while my research isn't dependent on any one source, most or all sources did their genuine & sincere best - except one: Talk radio host, Sean Hannity, who is usually right (and works quite hard) has horrible call-in screeners, and they repeatedly refused to put my calls through, even though I was genuinely confused and wanted to be "Hannitized" (helped & educated) on this issue. While, in the past, they have treated me with respect, their rude (and very counter-productive) behaviour has been carefully documented, and while Mr. Hannity, himself, is not at fault, he is their boss, and so the buck stops here; I hope to issue a report shortly on this very odd development. *

CONCLUSION: I did my best to refute Socialised Healthcare, and yet I still fell short, concluding that, while the ACA was too ambitious (and too expensive), some form of Socialised or Universal Healthcare was an appropriate use of Tax Dollars -and possibly helpful in preventative medicine to prevent costly emergency room visits. (*So, to the call-screener(s) who repeatedly made fun of me & said she didn't care if I was 'Liberal' on the healthcare issues, you have only yourself to blame if I, eventually, "went Liberal" on this key issue. REMEMBER, Ms. Lynda McLaughlin & other Hannity call-screeners: SENSELESS INFIGHTING, such as this, is NOT productive for our Conservative Cause, & besides, it makes your boss' show look stupid. I'm not perfect, I admit, but I'm NOT stupid, OK? Word.*) Hang on as I do my best to see both sides of the issue. No matter your views, you would be wise to look at the opposing view to be more open-minded & educate yourself.

X

*** Pros -&- Cons ***

Subject

"BLUE STATE" Liberal (pro-socialism) points

"RED STATE" Conservative (anti-socialism) points

The Ledger editorial, shown below, in a small 'Fair Use' quote,

Constitutional
Construction

addressing POLK County, Florida's county indigent healthcare plan seems (to me, at least) to imply that Socialised Healthcare (on a National level) has many benefits "for the common good." So: One 'Constitutional' argument in favour of Socialised Healthcare is that it might "promote the general Welfare" of the nation, as outlined in both the Preamble and in Art. 1, Sec. 8, Clause 1, of the U.S. Constitution: "The Congress shall have Power To lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts **and provide for the common Defence and general Welfare of the United States;**... (Emphasis added, with boldface & underline, for clarify; not in original)

The Ledger writes: "With the tax, Polk County's rankings improved for both "health outcomes" — which applies to things like longer lifespans and quality of life — and "health factors" — which refers to behaviors that will improve health in the future, such as smoking cessation, curtailing the spread of sexually transmitted diseases, reducing obesity and expanding access to primary care. While outcomes might not change if the tax disappeared, factors would certainly regress, the report concludes. In addition, BEBR [University of Florida's well respected Bureau of Business and Economic Research] found that the tax, by helping fund preventative care, has resulted in a "remarkably lower" growth rate of preventable hospitalizations and a reduction in emergency room visits. Stated differently, as BEBR's analysts concluded, the "consistently positive effects" on both care and employment created by the tax would give way to "not only . . . fewer people receiving medical care, but in higher cost care — costs that will likely be shouldered by the insured and care providers." Source: "[Editorial: New evidence to support the indigent health care tax](#)," (Editorial) *The Ledger*, Aug 26, 2016. (line-breaks removed for brevity)

ObamaCare (and Socialised Healthcare in general) can be described as a Tax, not a Mandate: RULING: "The Affordable Care Act's requirement that certain individuals pay a financial

US Constitution does not specifically authorise healthcare for **citizens**, since the powers to specifically granted to the Federal Government are reserved[[**]] to the States. That would be like calling the FBI to respond when a criminal breaks-in to your house. No – they would refer you to your state or local police. The Feds only exist to address the 'national good' like when crimes cross state lines or the like. (Thanks to Debra JM Smith for this one.) [[**]] **Editor's Note:** This sounds like like a classic 9th Amendment "Retained" or "Reserved Rights" constitutional Argument for "**Citizens' Rights**," which, of course, is not unlike a Classic 10th Amendment "States' Rights" argument: **Amendment IX** - The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained **by the people**. **Amendment X** - The powers not delegated to the United States by the Constitution, nor prohibited by it to the states, are reserved to the states respectively, **or to the people**.

Even if Socialized Healthcare were a good idea, and worked in Japan and other countries –and would work here in the U.S.A., it is a violation of the 14th Amendment to seize one person's property or money without Due Process and 'redistribute the wealth' to another –as would be the case in a national healthcare mandate. (Thanks to Debra JM Smith for this one.)

Argument against an individual mandate for citizens to get Healthcare: An "individual mandate" can't be upheld under the Commerce Clause because doing so would impose no meaningful limits on Federal power to require individuals to

penalty for not obtaining health insurance may reasonably be characterized as a tax,” Chief Justice Roberts wrote in the majority opinion. “Because the Constitution permits such a tax, it is not our role to forbid it, or to pass upon its wisdom or fairness.” Source: [“Supreme Court Upholds Health Care Law, 5-4, in Victory for Obama,”](#) By ADAM LIPTAK, *NY Times*, June 28, 2012. See also: [“The individual mandate as a tax: what the Court said,”](#) By Scott Harrington (Healthcare Writer/Reporter), *Forbes*, June 28, 2012, citing the court's ruling: [*Nat'l Fed. Of Ind. Businesses, et al. v. Sebelius, et al.*](#), 132 S.Ct. 2566 (2012), 183 L.Ed.2d 450: <https://www.SupremeCourt.gov/opinions/11pdf/11-393e3a2.pdf>

engage in specific activities. The U.S. Supreme Court agrees: RULING: “Construing the Commerce Clause to permit Congress to regulate individuals precisely because they are doing nothing would open a new and potentially vast domain to congressional authority. Congress already possesses expansive power to regulate what people do. Upholding the Affordable Care Act under the Commerce Clause would give Congress the same license to regulate what people do not do. The Framers knew the difference between doing something and doing nothing. They gave Congress the power to regulate commerce, not to compel it.” Citation: [*Nat'l Fed. Of Ind. Businesses, et al. v. Sebelius, et al.*](#), 132 S.Ct. 2566 (2012), 183 L.Ed.2d 450.

"Hana Mukai, a fashion merchandiser in Tokyo, said she cannot think of anything wrong with health care in Japan," because, in spite of her approx.75 minute waiting-room time, she doesn't need an appointment, the visits are usually only a few minutes, and neither the visit nor the prescription drugs cost her anything, due, in part to a local co-pay, according to: [“Health Care in Japan: Low-Cost, for Now; Aging Population Could Strain System,”](#) by Blaine Harden, *The Washington Post*, page A1 (Sept 07, 2009).

“Injured man dies after rejection by 14 hospitals: Case of 69-year-old man in Japan underscores country's doctor shortage,” Source: AP, MARI YAMAGUCHI Associated Press Writer, Feb. 4, 2009: [on NbcNews](#) * [on The Oakland Press](#) * [on FoxNews](#) * [on The SanDiego Union-Tribune](#) * [on HeraldNet.com](#) * [Injured man in Japan dies after 14 hospitals reject him \(on Chron.com\)](#) (Thanks to Rush Limbaugh for bringing this to my attention, when I called in to his show on "Open Line Friday," [16 October 2009.](#))

This writer (Gordon Wayne Watts) has has good experiences with POLK County (Fla.) indigent healthcare, which is even less comprehensive than the proposed ACA (Affordable Healthcare Act) aka: "ObamaCare." I have had cataract surgery done through this plan, regular physical exams (checkups), and even an offer for other surgery and/or exams, if needed. Besides providing provides excellent services (regular checkups, and extensive medical care, operations, tests, etc.), it is easy to qualify financially, since the \$11,880/year cutoff for a family of 1 person is about only \$990/month (or about \$228.46/week, were one to work 40hrs/week @ about \$5.71/hr). This covers a LOT of "working poor" citizens!

“Emergency room service is often spotty, as ER beds in many hospitals are limited and diagnostic expertise is sometimes lacking.” Source: [“Health Care in Japan: Low-Cost, for Now; Aging Population Could Strain System,”](#) by Blaine Harden, page A1, *Washington Post*, Sept 07, 2009:

Also cited as: “Japan's Health-Care System Has Many Advantages, but May Not Be Sustainable,” By Blaine Harden, *Washington Post* (Foreign Service), Monday, September 7, 2009: <http://www.WashingtonPost.com/wp-dyn/content/article/2009/09/06/AR2009090601630.html>

Personal
Testimonials

One POLK County (Fla.) resident has had good experiences with the POLK County Indigent healthcare: “Jose Rivera, 53, of Bartow (Florida) is enrolled in the Polk Health Care Plan. He was diagnosed with diabetes 13 years ago and, in spite of taking insulin and medications, has had difficulty controlling it...He worked as a mechanic and technician until two years ago, when, he said, a workers’ compensation doctor said he could not go back to work...Rivera has been a patient at Central Florida Health Care since he moved to Polk County from Miami four years ago. He said he works closely with doctors and other clinicians trying to keep his blood sugar levels under control..”

Source: “Polk voters to decide whether to keep sales tax for indigent care,” By Marilyn Meyer, *The Ledger*, Oct 17, 2016: <http://www.TheLedger.com/news/20161017/polk-voters-to-decide-whether-to-keep-sales-tax-for-indigent-care>

This writer (Gordon Wayne Watts), when making phone-bank calls on behalf of Republican candidates (see above), accidentally called one woman who was Canadian in nationality (and thus could not vote in the U.S. election), but who was

To be fair, another POLK resident ([Tracy Achinger](#), who posted to the public Facebook page of [Congressman Dennis Ross](#)), had a different experience with POLK County (Fla.) indigent healthcare:

“[Tracy Achinger](#) {{said}} [Gordon Wayne Watts](#) - I do think Polk County has made strides to assist the indigent population. This is not simply because of the 1/2 cent tax, but in conjunction with large financial donations, physician volunteers, and organizations such as Talbot House. Access to specialty care needs to be improved to reduce chronic conditions as well. BUT this program only reaches about half of Polk County's uninsured. What about the other almost 50,000 that had no insurance because they make more than \$16,000 a year (family maximum to qualify), but not enough to afford insurance or that have a pre-existing condition that prevents them from getting insurance. My mom fell into this category and we were helpless to get the care she needed. For years she declined until she was in such pain and near losing her legs that she was admitted through the ER. Shortly after this, she qualified to buy insurance under ACA.”

Unlike · Reply · 3 · [January 14 at 7:38am](#)

In other comments, she also clarified additional points:

“...This [she is referring to the POLK County, indigent healthcare, here] is necessary partly because Florida did not expand medicaid...The ACA is aimed at reaching many more people than the indigent population.”

Unlike · Reply · 3 · [January 14 at 7:25am](#)

This writer (Gordon Wayne Watts) became friends with one phone bank caller (whose name I do not recall), and who was from Australia. Since we were both making phone calls on behalf of Republican candidates in late 2016, and were in agreement on most or all political issues, I trusted her

politically Conservative (like myself, so I trusted her). I recall that she told me that the socialised Healthcare system in Canada worked well for her & her family.

recollection and assessment. I recall her telling me that Australia's Socialised (Universal) Healthcare system **did not work well.**

This writer (Gordon Wayne Watts), vividly recalls a married couple, who were customers of his father's auto parts business (Bobby Watts Speed Shop & Engine/Auto Parts), here in Lakeland, Fla. -- I vividly recall them saying that they were from Canada, and visiting the U.S., and I asked them about their experiences with Canada's socialised healthcare system. I vividly recall them telling me & my father that their experiences were generally good, in this regard.

It's the 'personal testimony' of the U.S. Public that the "Affordable Healthcare Act," is NOT 'affordable.' This is widely-believed to be a chief reason why Democrats lost control of the House & Senate in the 2010 mid-term elections. While *CNN* reports that ["Polls: Support for Obamacare at all-time high" \(By David Wright & Tami Luhby, Feb 24, 2017\)](#) and *VOX* reporting similar support ["A dozen polls now show Obamacare is more popular than ever" \(By Julia Belluz, Feb 24, 2017\)](#) even *VOX's* graph documents that support for the ACA, support hasn't been constant, but but rather fluctuated greatly.

The American Spectator reports that: "The White House and the legacy media continue to claim that Obamacare is a "historic" success. Its actual enrollees, oddly enough, failed to get that memo. A new [survey](#) conducted by the Kaiser Family Foundation shows that a majority are dissatisfied with their plans: "Just over half (54 percent) now rate the value of their coverage as 'only fair' or 'poor.'" Moreover, the percentage of Obamacare enrollees unhappy with their premiums and deductibles has been going up: "Nearly half now say they are dissatisfied with their plan's annual deductible... and four in ten are dissatisfied with their monthly premium." (["Obamacare Poll: Most Enrollees Hate Their Plans" \(Subtitle: "A new nonpartisan survey shows that they are unhappy with the coverage and its cost."\)](#) By DAVID CATRON, May 23, 2016, citing: [Survey of Non-Group Health Insurance Enrollees, Wave 3, Kaiser Family Foundation](#); By Liz Hamel, Jamie Firth, Larry Levitt, May 20, 2016

Even the Liberal *Huffington Post* has bad things to say about ObamaCare: ["The Surprising Reason So Many People Still Don't Like Obamacare."](#) (By Mark Blumenthal & Jonathan

		Cohn, 06/21/2015, Updated Jun 22, 2015). These polls support the theory that the 2010 mid-term elections [kicking out Democrats in the House & Senate] were a referendum & message about the ACA, which was pushed through Congress by Democrats, but without any Republican support.
Availability of specialists	This writer (Gordon Wayne Watts), vividly recalls (from personal experience) that POLK County's (Fla.) indigent healthcare plan, even with its weaker coverage (when compared with the ACA) had fairly good (even if not instantaneous) access & availability to specialists of various sorts.	In Japan there are "shortages of obstetricians, anesthesiologists and emergency room specialists" due, in part, to lower pay, longer hours, and high levels of stress, according to <i>The Washington Post</i> article, linked above: "Health Care in Japan: Low-Cost, for Now; Aging Population Could Strain System," by Blaine Harden, page A1 (Sept 07, 2009). (Thanks to Rush Limbaugh for bringing this to my attention, when I called in to his show on "Open Line Friday," 16 October 2009 .)
Regulation of Insurance Industry	"For generations, Japan has achieved its successes by maintaining a vise-like grip on costs. After hard bargaining with medical providers every two years, the government sets a price for treatment and drugs -- and tolerates no fudging. [line-break] As a result, most Japanese doctors make far less money than their U.S. counterparts. [And therefore: Healthcare] [a]dministrative costs are four times lower [in Japan] than they are in the United States, in part because insurance companies do not set rates for treatment or deny claims. By law, they [the insurance companies] cannot make profits or advertise to attract low-risk, high-profit clients." Source: "Health Care in Japan: Low-Cost, for Now; Aging Population Could Strain System," by Blaine Harden, page A1, <i>The Washington Post</i> , Sept 07, 2009, linked above.	Cap medical malpractice lawsuit awards (I don't know if this is a reason for Japan's apparent success, but it *would* help cut healthcare costs --since doctors would not need as much medical insurance --THIS is a good conservative idea.) From <i>The Washington Post</i> , article, linked above: "Medical malpractice insurance in Japan is not a major expense for many doctors, in part because there are relatively few lawyers. [Dr. Toshihiko] Oba pays only about \$1,000 a year." [EDITOR'S NOTE: This is a 'Conservative' method for Regulation of Insurance Industry.]
Healthcare Costs	"Half a world away from the U.S. health-care debate, Japan has a system that costs half as much and often achieves better medical outcomes than its American counterpart." Source: "Health Care in Japan: Low-Cost, for Now; Aging Population Could Strain System," by Blaine Harden, page A1, <i>The Washington Post</i> , linked above, Sept 07, 2009	Polls (see above) reveal that one of the chief complaints against the ACA (at least, here in the U.S.A.) were the costs, that is, that the "Affordable" Care act was NOT 'affordable.'

End-Result
Quality

“Statistics show that the Japanese are much less likely to have heart attacks than people in the United States, but that when they do, their chance of dying is twice as high.” Source: “Health Care in Japan: Low-Cost, for Now; Aging Population Could Strain System,” by Blaine Harden, page A1 (*Washington Post*, Sept 07, 2009).

“All that medical care helps keep the Japanese alive longer than any other people on Earth while fostering one of the world's lowest infant mortality rates. Source: “Health Care in Japan: Low-Cost, for Now; Aging Population Could Strain System,” by Blaine Harden, page A1 (*Washington Post*, Sept 07, 2009).

"Americans are living longer than ever, but not as long as people in 41 other countries...Dr Christopher Murray, head of the Institute of Health Metrics and Evaluation at the University of Washington, said: "Something's wrong here when one of the richest countries in the world, the one that spends the most on health care, is not able to keep up with other countries." Sources:

* ["US tumbles down the world ratings list for life expectancy,"](#) The Guardian, Monday August 13, 2007

* ["US Slipping in Life Expectancy Rankings: US Slipping in Life Expectancy Rankings; Other Nations Improving Health Care, Nutrition,"](#) By STEPHEN OHLEMACHER, *Associated Press* Writer, WASHINGTON, August 12, 2007 (AP)

* ["US Slipping in Life Expectancy Rankings,"](#) By STEPHEN OHLEMACHER, *The Associated Press*, Sunday, August 12, 2007; 5:02 AM

* ["U.S. life span shorter,"](#) By Stephen Ohlemacher, *Associated Press* Writer, August 11, 2007

"With breast cancer rates continuing to rise in the United States and Europe, researchers have begun to look toward Asia for insights as to why Asian women on the whole have much lower incidence of this devastating disease. Specifically, the age-

“Statistics show that the Japanese are much less likely to have heart attacks than people in the United States, but that when they do, their chance of dying is twice as high.” Source: “Health Care in Japan: Low-Cost, for Now; Aging Population Could Strain System,” by Blaine Harden, page A1 (*Washington Post*, Sept 07, 2009).

Pro's for Polk County (Fla.) indigent Healthcare: Not only helped poor obtain healthcare and probably saved money in reduced Emergency Room visit costs, but also generated jobs & kept property taxes down. [NOTE: This looks like a left-wing or "Liberal" argument for socialised healthcare, but please note that I'm placing that argument here because the POLK County, Fla. indigent healthcare program is less powerful than the more-expensive (and VERY unaffordable so-called "Affordable Care Act"). Thus, this speaks to "smaller government," a right-wing or 'Conservative' theme. The "End-Result Quality" of POLK Care is both affordable, quite effective, and available to many poor people: The \$990.00/month income limit for a household of one covers MANY indigent "working poor." Thus, this argues that 'smaller government' is better, where "less is more."]

Generally, when there is bigger government, there is more Bureaucratic Red Tape & more regulation - and more things that can get messed up. Thus, the "Classic 'Smaller Government' Argument," held by right-wingers & conservatives is that, as a general rule, 'smaller government' is 'better' government. Thanks to a call-screener at [The Glenn Beck](#) talk radio program. I can't remember the specifics of what he said. While he didn't see fit to let me call-in to the show & get on live, that day, I appreciate that he was sincere in trying to help me understand why he

adjusted death rates due to breast cancer from 1990-1993 were 3.3 times lower for Japanese women than American woman and 4.5 times lower for Chinese women compared to American women. (Parker SL, Tung T, Bolden S, Wingo P: Cancer statistics, 1996. *Ca: a Cancer Journal for Clinicians*. 1996;46(1):5-27.), cited in: "The Possible Role of Soy in Breast Cancer Prevention and Treatment," by Lisa Rood (University of California, Los Angeles), eScholarship, Nutrition Bytes, Publication Date: 1998, Permalink: <http://eScholarship.org/uc/item/7h85p319>

See also the Gordon Wayne Watts health research page:

* <http://GordonWatts.com/consumer.html> or:

* <http://GordonWayneWatts.com/consumer.html>

believed that the liberal view of Socialised Healthcare was a bad idea. Therefore, I'm going to give the program a shout out and mention here:

* <http://www.GlennBeck.com>

* <http://www.GlennBeck.com/audio>

* <http://www.TheBlaze.com>

* <http://www.TheBlaze.com/radio>

* <http://www.TheBlaze.com/glenn-beck>

Other
'Talking
Points'

LIBERAL COUNTER-POINT: Japan is more socialized than America and yet more successful in both quality of health (diseases), quantity of health (life-spans), and even and cost metrics. *(See above for documentation of this claim.)*

CONSERVATIVE TALKING-POINT: However, Japan is not totally "socialized" -since doctors' offices are privately run, and only hospitals are state-run. Thus Japan's "Free Market" principles are a part of the success of their healthcare system.

Outside
Factors

"Liberal" talking point: While the data to the right may explain why "Socialized Healthcare" can not take full credit, Socialized Government of Japan, nonetheless, might theoretically be partly responsible for lower crime, less obesity, etc. -due, for example, by forced healthcare screenings of about 70% of the citizens -and mandatory diet and exercise counseling if they are too obese.

The Japanese "Socialized" Healthcare system can not take full credit for successes at lower cost & higher quality because "outside factors" may take some credit:

* Japan has less violent crime than America, which affects average life-span.

* Japan has fewer car accidents than America, which also affects average life-span.

* Japanese diet & lifestyle are generally *much* healthier than for Americans -especially regarding America's obesity epidemic: About 3% obese in Japan to 30% or more in the USA.

CONCLUSION: With all its limitations, at least "Polk Care" is not 'unaffordable,' and it still helps many people greatly, very well (even if not totally), which is why I think it's a great "compromise" as a "replacement" in the "repeal & replace the ACA" debate. ADDITIONALLY, 'neutral' add-on's (such as allowing the sales of insurance "Across State Lines," to help reduce costs, due to Conservative Free Market pressures from competition) might be used, in addition to "scaling down" the size of the final product. *(See e.g., the comparisons with both "RomneyCare" and*

the POLK plan, both discussed in this page.) HOWEVER, I do not know it all: This is a difficult issue, and I appreciate your feedback, which ensures that both sides of the issue are heard in any public debate or analysis of this issue. NONETHELESS, after looking at the relative successes of Japan, Canada, RomneyCare, and POLK County, Florida's indigent care, it seems that "Less is More," and, per Occam's Razor, sometimes the correct answer is the simplest answer: ObamaCare, the "Affordable" Care Act, was simply too big & too ambitious - and thus too expensive (and, ironically, NOT "affordable"), **strongly suggesting that we use Japan, Canada, RomneyCare, or even the POLK plan as a role model to replace the ACA, in the "repeal & replace" debate.**

Wild-cards: Possible skew of averages (which could skew the result *either* way) due to differences in crime rates, highway wreck deaths, abortions, fetus mortality rates, inaccurate reporting, differences in levels of illegal immigration, and differences in diet, lifestyle, & obesity levels.

Neutral idea: I.e., an idea that neither supports nor opposes Universal Healthcare, but only asks "what if" we have it: Should Federal Lawmakers (Senate & House) be forced to use the same plan as we, citizens, would be forced to have?

PRO's: Yes, Congress should be forced to have the same plan as ordinary citizens. That way, there, they won't push some garbage plan down our throats.

CON's: No, Congress shouldn't be forced to have the same plan as ordinary citizens. After all, if The President is given a better plan (and better protection) than ordinary citizens, why not Congress, Federal Judges, etc.? Since there is solid logic for protecting The President, to a greater degree than ordinary citizens, then at least some of that logic should carry over to Members of Congress, even if not to the same extent as for The President or Vice President.

NEUTRAL comparison between "RomneyCare" (the Massachusetts law enacted in 2006 under former Gov. Mitt Romney) and "ObamaCare" (the Affordable Healthcare Act)

Similarities include:

- * Both laws create State-based exchanges where people can compare & purchase "basic minimum-level" private insurance policies.
- * Both are guaranteed (prohibit being denied coverage due to pre-existing health conditions).
- * Subsidies -RomneyCare subsidizes coverage for families & individuals up to 300% of the FPL (Federal Poverty [income] Level), while ObamaCare's subsidies go up to 400% of the FPL. Thus, ObamaCare is slightly larger (more expensive). Source: "[Romneycare Vs. Obamacare: Key Similarities & Differences](#)," by Gillian Burdett, *CBS Boston*, Nov 13, 2013. By contrast, "Obamacare offers Medicaid to Americans earning less than 133 percent of the federal poverty level...[whereas]...Romneycare [actually] offers Medicaid to Massachusetts residents earning less than 150 percent of the federal poverty level." Source:"[Obamacare Versus Romneycare: How Similar Are They?](#)," by Brad Burd, *The Huffington Post*, Dec 10, 2012. (Thus, we see RomneyCare was slightly larger, in its income cutoff, for Medicaid subsidies, which somewhat cancels out the other subsidy difference, making both very similar.)

* Both required individuals who could afford insurance to purchase it or face a financial penalty (until RomneyCare's analogous standard was repealed in July 2013 in anticipation of the ACA business mandate. Source: "[Romneycare Vs. Obamacare: Key Similarities & Differences](#)," by Gillian Burdett, *CBS Boston*, Nov 13, 2013. I.e., both plans had an individual mandate: Source: "[Obamacare Versus Romneycare: How Similar Are They?](#)," by Brad Burd, *The Huffington Post*, Dec 10, 2012

Difference include:

* **Size & scope: ObamaCare was much larger in coverage (and thus cost to the taxpayer)**, including preventative screening, wellness & nutrition programs, and community health centres. However, RomneyCare "was expanded for children, parents, pregnant women and the long-term unemployed...[whereas] Under the ACA, states [merely] have the option of expanding the Medicaid program to all families and Individuals with incomes up to 138 percent* of the FPL. {Note} *133 percent, plus a 5 percent automatic income disregard." Source: "[Romneycare Vs. Obamacare: Key Similarities & Differences](#)," by Gillian Burdett, *CBS Boston*, Nov 13, 2013

* **Benefit Limits: Obamacare forbids both both annual and lifetime benefits**, whereas, in RomneyCare, limits aren't forbidden (although most MA insurers don't require such limits). Source: "[Obamacare vs. Romneycare: Comparison chart](#)," *Diffen.com* (undated article)

* **ObamaCare would have an estimated \$500 Billion in new or increased taxes, whereas no new taxes would ensue for RomneyCare. And ObamaCare would have an estimated \$500 Billion in cuts to Medicare.** Source: "[RomneyCare & ObamaCare: Can you tell the difference?](#)," by Angie Drobic Holan, *PolitiFact*, March 20th, 2012. [NOTE: This means that it cuts Medicare, decreasing performance, but costs more, apparently because the replacement plan is larger.] In fact, the new figure is around 700 or 800 Billion dollars. Moreover, this assessment is generally true: "The law does reduce Medicare spending, but not in the way Huckabee suggests. The Affordable Care Act aims to cut future Medicare costs by reducing payments to private insurers and hospitals, not beneficiaries, though this could indirectly squeeze beneficiaries. [line-break] The claim is partially accurate but leaves out important context. We rate it Half True." Source: "[Obamacare 'robbed' Medicare of \\$700B, says Huckabee](#)," by Linda Qiu, *PolitiFact*, Aug 7, 2015. See also: "The majority of the cuts, as you can see in this chart below, come from reductions in how much Medicare reimburses hospitals and private health insurance companies." Source: "[Romney's right: Obamacare cuts Medicare by \\$716 billion. Here's how.](#)," by Sarah Kliff, *The Washington Post*, Aug 14, 2012. Cf "Even with the ACA cuts, the CBO says the cost of Medicare is expected to grow from about \$500 billion in 2012 to nearly \$900 billion by 2022...In theory, these plans are supposed to manage health care spending better than fee-for-service Medicare. But they don't actually save the federal government any money. They cost, per patient, 14% more than traditional Medicare...The second bunch of money that gets cut from Medicare under Obamacare comes from providers. Hospitals, home health agencies and others will see Medicare payments grow more slowly than they have in the past. [line-break] Medicare benefits will not change – in theory. However, providers who get paid less from Medicare in the future may be less inclined to accept Medicare patients, thereby reducing access...If Congress can't find alternative ways to keep Medicare spending growth under the inflation or GDP benchmark, the IPAB recommendations will automatically go into effect. This too could reduce access. Bonus Medicare Advantage benefits – like free gym memberships – may go away." Source: "[Fact Check: Obamacare's Medicare Cuts](#)," by Kate Pickert, *TIME*, Aug. 16, 2012.

Assessment:

The chief difference appears to be that RomneyCare is not as ambitious in scope & size, and therefore not too expensive (e.g., more "affordable").

“The Indigent Health Care Division manages and administers the Polk HealthCare Plan for those who are caught in the gap between not qualifying for Medicaid, and not being able to afford market place insurance.

While the Polk HealthCare Plan is not insurance, it is a way for qualifying individuals to get healthcare. IHC manages a provider network for the healthcare plan that includes primary care and specialty care physicians, urgent care centers and five area hospitals. Sponsored services include primary and specialty care services, routine diagnostic testing, lab, radiology, hospital inpatient, outpatient and emergency services, and a Plan formulary.

Because the PHP is not insurance, participants have no annual deductibles and no claim forms. Most services require a low co-payment, which is collected by [sic: missing space] the provider.” Source: “Polk Healthcare Plan,” POLK COUNTY, Fla., USA: <http://www.Polk-County.net/boccsite/Our-Community/Health-Services/Polk-Healthcare-Plan>

Gordon's comments: According to the POLK County website and *The Ledger* article, in POLK County, Fla. (est. 2015 population: 650,092), nearly 98,000 Polk residents were uninsured, in 2015 but only 57,331 met financial criteria for Polk's "stop-gap" Indigent Health Care, and only 42,867 that year. Moreover: The income must not exceed \$11,880 for a family of 1, \$16,020 for a family of 2, etc., which is the income at or below 100 percent of the Federal Office of Management and Budget poverty level or lower. [One infographic](#) on their website shows 57,331 Total population were potentially eligible for services provided by POLK's Indigent HealthCare. -- Polk County est. 2015 population: 650,092: <http://www.Florida-Demographics.com/polk-county-demographics> ** <https://www.Census.gov> **

Other Resources: [Lakeland Volunteers in Medicine \(LVIM\)](#) offers free, high quality outpatient healthcare for the working uninsured. [Catholic Charities of Central Florida](#), based in Lakeland, also runs offers various assistance programs, such as the Emergency Assistance Program to provide crisis & emergency services for low income and other clients in need of urgent basic human needs. Here are links to other programs, yet: http://www.AHCA.myflorida.com/medicaid/pdffiles/alternative_medica_resources_july_2010.pdf and: http://www.NeedHelpPayingBills.com/html/polk_county_assistance_program.html

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