

Debunking the Government Takeover Myth

By Stan Dorn and Stephen Zuckerman

Of the many unfounded claims now coloring the health care debate, at least one can be taken off the table. As President Obama told the nation September 9, it's time to stop making "wild claims about a government takeover of health care." He's right and here's why.

For starters, pending legislation would leave our largely private medical care system intact. Right now, more than 90 percent of doctors are in private practice and 84 percent of all hospital admissions are to private facilities. That wouldn't change as a result of any reform proposals.

If it's Big Brother in the examination room that seems chilling, that's not at issue either. Nothing in the thousand pages of reform proposals would give the federal government any new authority to intervene in private health care decisions. "Death panels" are as imaginary as Lord Voldemort, and government's role would be largely what it is now: helping low-income Americans pay for health coverage and regulating insurance companies so they better serve consumers.

Under the new proposals millions of Americans would see their health care options increase. Workers covered through small firms, for instance, could choose from a range of health plans available in a new health insurance "exchange," a convenient new marketplace that could make both private and public options available. Today, three fourths of these workers are offered only one health plan by their employer.

And when people work for themselves or a company that doesn't provide any insurance at all, they are on their own today. After reform, these people can choose one of the plans offered through the exchange. They will get financial help if they need it and won't have to worry, as many do today, that insurers will deny coverage if they or family members have pre-existing health problems.

Health care markets aren't headed for socialism under the new plans either. Assessing the original House of Representatives proposal in July, the nonpartisan Congressional Budget Office estimated that by 2019, about 12 million people (or 4 percent of Americans under age 65) would enroll in the public option. That means that about 191 million would still be covered by private insurance. And, importantly, it's the consumer who chooses between public and private.

As for the public plan's structure, if health care is delivered like it is in Medicare -- also a public program -- the plan will simply pay private doctors and hospitals for delivering covered services. The nation's doctors and nurses wouldn't suddenly become salaried employees of the state, and the government wouldn't gain new authority to dictate how physicians practice medicine. Remember too that while Medicare has become a wildly popular program, before its inception in the 1960s conservatives like

Ronald Reagan vehemently opposed it, arguing that the creation of Medicare “for this particular population” would soon expand into a system of “socialized medicine for every American.”

The high costs and stakes of health care -- with or without reform -- make it essential to look ahead. But letting imagination run wild also takes us far from the facts and far from what the current proposals say. Four percent of adults under 65 on a plan that resembles Medicare is not creeping socialism. Neither are subsidies to help small businesses and low-income Americans buy insurance or rules that keep insurance companies from denying coverage to those who need it the most.

With this imaginary enemy off our backs, maybe America’s century-long struggle for health reform, which Theodore Roosevelt started and Presidents Truman, Nixon, and Clinton continued, can finally come to a successful conclusion -- affordable, quality health care for all Americans.

Stan Dorn is a senior research associate and Stephen Zuckerman is a senior fellow at the Health Policy Center of the nonpartisan Urban Institute.