

July 30, 2013

Testimony against Medicaid Expansion and HB 4714

Dear Esteemed Michigan Lawmakers,

Not one of you believes that this is financially responsible legislation. Adding to State & Federal spending is no virtue! The nation is \$17T in debt!! Since when is it moral and just to leave debt to future generations of Americans?

Not one of you would willingly opt to enroll in Medicaid. We all know that Medicaid is just another top-heavy, failed bureaucratic mess. Many doctors refuse to participate in the program. Not only is Medicaid inefficient, it's also fertile grounds for waste, fraud and abuse. So why would you advance a program that you wouldn't want for yourself?

Not one of you believes that this does not roll out the red carpet for and usher in the implementation of Obamacare! Since when is socialized medicine considered healthy? We all know that single payer is Obamacare's end game.... which is Medicaid for all.

Not one of you wants anyone else in the exam room with you when you see your doctor. Advancing Medicaid brings more bureaucrats and more impositions on doctor/patient relationship.

A government program cannot top the free market in desirable outcomes.... The free market wins every time: quality of care, medical advances, efficient use of resources, cost reductions. Please stop putting your faith into and our tax dollars into bigger government when it comes to health care. Let's do right by humanity, and our budgets, by looking to the private sector and to free market solutions that empower the individual and consequently lift all of humanity.

Sincerely yours,

Isabelle Elise Terry  
5822 Olde Meadow Ct. NE  
Rockford, MI 49341



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# Healthcare Is Not A Right And Socialized Medicine Is Evil

By **TheCapitalist** (<http://thecapitalist.newsvine.com/>)

Fri Aug 28, 2009 6:06 PM

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Our rights, as stated in the Declaration of Independence, are the rights to life, liberty, property, and the pursuit of happiness. According to the Founding Fathers, we are not born with a right to a free healthcare, free food, free car insurance, or "free" anything.

The American rights system establishes no compulsion on other people, merely the obligation to leave you alone to pursue your own happiness as long as you're not imposing on other's rights. The founders did not look to the government as being the solution for all of societies problems. Yes, they had problems in the eighteenth century.

These rights, to life, liberty, property, and the pursuit of happiness, do not mean that your neighbors have to feed, clothe, insure, or medicate you; they mean that you have the right and freedom to earn your own food, clothing, insurance, and medication. Once earned, no one has the right to steal them from you if and when you have earned them.

Prior to the government's intrusion into medical arena, health care was regarded as a product like any other, subject to free market forces like food, clothing, or haircuts. Medical providers competed to provide the best quality services at the lowest possible prices. Doctors even made house calls! Then, almost all Americans could afford basic health care services, while those few who couldn't were able to depend on generous private charity.

If this freedom been allowed to continue, our rising productivity and standard of living would have allowed us to buy improved health care, just as, today, we buy better and greater varieties of food, clothing, and technology than our parents and grandparents did. As with food, clothing, technology, car insurance, or any other important product or service, there would be no crisis of affordability.

But by the time Medicare and Medicaid were enacted in 1965, health care began to be

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viewed, not as a product for which each individual is personally responsible for, but as a right, and entitlement, or as an unearned benefit to be provided at someone else's expense.

Today, what we have is not a system based on American individualism and personal responsibility, but a collectivist system that aims to relieve the individual of the responsibility of paying for his or her own health care by forcefully extracting its costs from his or her neighbors. This is evil.

Almost half of all healthcare spending in America is already in the form of government spending. It's no coincidence that affordability and access have declined in direct proportion to the amount of government involvement.

This article is also published at The Freedom Post: <http://www.myfreedompost.com> (<http://www.myfreedompost.com>)

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## How Taxpayers Will Bail Out Detroit

Posted By [Arnold Ahlert](#) On July 30, 2013 @ 12:40 am In [Daily Mailer,FrontPage](#) | [1 Comment](#)

On Sunday, Treasury Secretary Jack Lew ostensibly [ruled out](#) a federal government bailout of Detroit following its recent declaration of bankruptcy. "You know George, Detroit's economic problems have been a long time in developing...I think when it comes to the questions between Detroit and its creditors, that's what Detroit is going to have to work out with the creditors," he told ABC's George Stephanopoulos. Not quite. Detroit is [proposing](#) an effort to offload much of its bloated healthcare costs onto the American taxpayer, using ObamaCare as the vehicle for doing so.

"The Affordable Care Act does change the possibilities here dramatically," said Neil Bomberg, a program director at the [National League of Cities](#). "It offers a very high-quality, potentially very affordable way to get people into health care without the burden falling back onto the city and town." In reality, the proposal would do nothing more than shift the so-called "burden" of fiscal irresponsibility produced by decades of "city and town" politicians colluding with labor unions onto other cities and towns that had nothing to do with that irresponsibility. As for "affordability," such a statement is equally nonsensical. More affordability for Detroit, and other progressive sinkholes, equals less affordability for those expected to make up the difference.

Furthermore, Detroit is hardly an isolated case. A [study](#) conducted by the Pew Charitable Trusts revealed that "61 key cities across America ... emerged with a gap of more than \$217 billion between what they had promised their workers in pensions and retiree health care and what they had saved to pay that bill."

As the chart included with the study indicates, cities have been more responsible with regard to funding worker pension benefits. Of the 61 cities included in the study, 24 had pension funding levels of 80 percent or more, while 37 cities had less than 80 percent. Tellingly, Detroit was one of the more responsible cities in that regard, having funded 93 percent of their pension obligations. Considering Detroit has declared bankruptcy, it stands to reason that healthcare costs are either a much more onerous burden, or one that cities take far less seriously.

The second chart in the study reveals that underfunded healthcare plans have reached epic proportions. Only two of the 61 cities surveyed have funded worker healthcare costs at a level higher than 50 percent: Los Angeles, CA at 55 percent, and Denver, CO at 51 percent. The most prevalent number on this chart is *zero*. Thirty-three cities haven't set aside anything and four others are in red figures at negative one percent. The report notes the total shortfall for healthcare funding for cities in 2009, the latest fiscal year with the most complete data, amounted to \$118 billion.

The report also reveals the stunningly obvious correlation between such shortfalls and the quality of city services. "Annual pension or retiree health care payments come out of the same pool of local tax dollars as spending for key services such as education, public safety, sidewalks, and parks. If annual recommended contributions for pensions go up, dollars for other services can be squeezed."

No city epitomizes that [squeeze](#) better than Detroit. Two-thirds of the city's ambulances are out of service. Police take an average of 58 minutes to respond to emergencies, five times the national average. Forty percent of the city's streetlights don't work, and 210 of its 317 public parks are closed down. The city's public schools are also on the verge of bankruptcy, and remain some of the worst in the nation. The city's mass-transit system is virtually non-functional. The murder rate is the [highest](#) in nearly 40 years. Yet the most telling statistic is the reality that Detroit's retired city workers outnumber active city workers by a more than 2 to 1 ratio.

That is the burden Detroit would like to "cost shift" to the American taxpayer.

Not just Detroit. As the *New York Times* notes, while Detroit's restructuring must be approved by a federal judge, the plan being presented there "is being watched closely by municipal leaders around the nation, many of whom complain of mounting, unsustainable prices for the health care promised to retired city workers." The *Times* further notes efforts are in the process of being "planned or

contemplated" in Chicago, IL, Sheboygan County, WI and Stockton, CA.

Timothy S. Jost, a law professor at Washington and Lee University, illuminates the implications, noting that such a shift would amount to "a huge cost for the United States government, and its mandatory spending."

Chicago Mayor Rahm Emanuel isn't waiting to see what happens in Detroit. In May, he announced that Chicago will begin [cutting](#) benefits to retired city workers over the next three years, using ObamaCare to shift the cost burden to federal taxpayers. Police officers and firefighters who retired between the ages of 55 and 64 and are not yet eligible for Medicare will remain [covered](#) by the city, due to union contract guarantees. The same goes for workers who retired before August 1989 and are protected by a legal settlement. But beginning on January 1, 2014, the rest of the municipal workforce will see their benefits phased out, with the end result being retired workers paying for their own health insurance or getting ObamaCare subsidies. "The retirement healthcare system as it stands today is fiscally unsustainable, and we have a responsibility to ensure a secure financial path for Chicago taxpayers," Emanuel spokeswoman Kathleen Strand said in a statement at the time.

Apparently Moody's Investors rating service was [unimpressed](#). They handed Chicago an unprecedented triple-drop in the city's bond rating. Moody's cited "very large and growing" pension liabilities, "significant" debt service payments, "unrelenting public safety demands" and the city's historic reluctance to raise local taxes as the reason for the move.

Regardless, Dan Miller, Harrisburg, PA's controller thinks Detroit's cost-shifting plan would be a boon for his city as well. Harrisburg [filed](#) for bankruptcy in October 2011. "I'm applauding Detroit," said Miller. "I'm hoping that ObamaCare turns out to be a great solution, and I would love for our city to have the opportunity to do that."

The *entire state* of Rhode Island is also [considering](#) the same move. This is due to the reality that the state has promised more than \$3 billion in medical coverage to retired government and employees, even as it has set aside virtually nothing to cover those liabilities. "The big benefit to moving workers into the state marketplaces is that it shifts the burden of paying for health care from the city to the federal government," [writes](#) the *Washington Post's* Sara Kliff. That's a benefit for the city, at least. For the federal government, more cities moving retirees into the marketplaces means a higher price tag for Obamacare, as it subsidizes more individuals' coverage."

That would be a higher price tag on top of a higher price tag. In 2010, Americans were assured by the Obama administration and Democrats that the healthcare bill would [cost](#) \$898 billion over 10 years. Three years and four revisions later, the price tag has almost doubled to \$1.6 trillion. And again, those revisions were calculated *before* this latest scheme was envisioned.

"We can expect other cities to pick up on this," [said](#) Richard Nathan, the institute's former director of the Nelson A. Rockefeller Institute of Government. "I expect it to mushroom." What is really mushrooming is the thinly veiled attempt to take the Democrat party's unholy alliance with public service employees — in all its municipal and state budget-busting glory — and "redistribute" such misery nationwide. While it is happening, expect more Obama administration officials to continue denying, exactly as Lew did, that a "federal bailout" of Detroit is on the table. Under the table is more like it.

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# *Unprecedented: The Constitutional Challenge to Obamacare*

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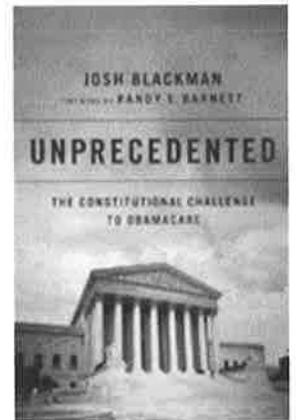
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In 2012 the U.S. Supreme Court became the center of the political world. In a dramatic and unexpected 5–4 decision, Chief Justice John Roberts voted to save the Affordable Care Act, commonly known as Obamacare. *Unprecedented* tells the inside story of how this constitutional challenge raced across all three branches of government and narrowly avoided a collision between the Supreme Court and President Obama. The book offers unrivaled inside access to the key decisionmakers in Washington, based on interviews with over 100 of the people who lived this journey — including the academics who began the challenge, the attorneys who litigated the case at all levels (and their allies at Cato and elsewhere), and the Obama administration attorneys who defended the law. It reads like a political thriller, providing the definitive account of how the Supreme Court almost struck down the president’s “unprecedented” law. It also explains what this decision means for the future of the Constitution, the limits on federal power, and the Supreme Court. Commenting on this book will be Randy Barnett, who has been called the “intellectual godfather” of the Obamacare constitutional challenge, and Jeffrey Rosen, now also president of the National Constitution Center.



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Everything New Orleans

## Gov. Bobby Jindal: Why I opposed Medicaid expansion

medicaid.jpg

A new analysis by the state Department of Health and Hospitals shows initial savings if Louisiana accepts the federal Medicaid expansion. (*The Times-Picayune archives*)

**Contributing Op-Ed columnist** By **Contributing Op-Ed columnist**

on July 23, 2013 at 11:30 AM, updated July 23, 2013 at 11:40 AM

One of the most contested issues in Louisiana's most recently completed regular legislative session was the debate over Medicaid expansion. The U.S. Supreme Court's ruling allowed states to decide for themselves whether to participate in this provision of the **Affordable Care Act**, i.e., Obamacare. Despite the fact that I was **one of the first governors to publicly oppose Medicaid expansion** and have consistently argued expansion would be bad for Louisiana's taxpayers, legislators tried to force expansion through stand-alone bills, amendments to unrelated bills, resolutions (that I can't veto), etc.

Many Democrats and a few Republicans in our Legislature, along with certain provider groups and liberal activists, made various arguments for expansion; and of course the chairwoman of the state Democrat Party famously went to the Senate floor to make the bizarre claim that opposition is based on the president's race. **Even though none of these efforts was successful**, this is a debate that is not likely going away. Therefore, it is useful to detail the reasons I believe Medicaid expansion would be bad for Louisiana's taxpayers and bad for our health care system. And no, I won't waste anyone's time dignifying the Democrat chairwoman's erroneous and irresponsible charges.

First, as a general principle, we should not move people from private insurance onto government-run programs. It seems a matter of common sense that we should want to encourage self-sufficiency and target taxpayer spending only for those most in need. But **Medicaid expansion** would have moved up to 171,000 Louisianians off private insurance and stopped another 77,000 people from obtaining private insurance. To cover 214,000 low-income uninsured people in Louisiana, Obamacare would add more than twice that number - more than 450,000 people - to the Medicaid rolls. This makes no sense.

The Obama administration has denied multiple requests to target expansion, impose stricter anti-crowd out policies, require more robust cost sharing, allow flexibility on benefit design or the use of premium assistance, or otherwise mitigate this unnecessary displacement from the private sector to the public sector.

A second related point is that we should design our policies so that more people are pulling the cart than riding in the cart. Expansion would result in 41 percent of Louisiana's population being enrolled in Medicaid. We should measure success by reducing the number of people on public assistance. But the Left has been very clear - their goal is to transform all health care in America into government-run health care.

I believe America must continue to be an aspirational society, where all our children can get a great education, work hard, and do better than their parents. An America where the circumstances of one's birth do not determine one's outcomes as an adult. An America where one's gender, race, ZIP code and parents' wealth do not dictate one's opportunities. An America where we guarantee equality of opportunity, not equality of results. We certainly need to provide a safety net for those truly in need and a helping hand to get folks back on their feet, but our policies should be focused on growing the economy not simply redistributing a shrinking pie. It seems that our federal government measures progress by how many Americans it can put onto public assistance programs.

Third, **Medicaid expansion could cost Louisiana taxpayers up to \$1.7 billion** over the first 10 years of implementation, and the cost will keep rising. Even President Obama has previously supported a "blended" federal matching rate, which is a euphemism for shifting costs to the states. Even if you believe the federal government will keep its promises and won't further shift costs to states (and they recently cut our match rate to its lowest point in 25 years), even advocates for Obamacare admit the federal subsidies are front-loaded and that expansion will eventually cost the states. Some argue they will be able to cut Medicaid eligibility back after the first three years of federal cost sharing is reduced, but this ignores both the federal government's history of imposing maintenance of effort mandates on states, e.g., during the president's stimulus spending, and also the practical difficulty of taking benefits away. The history of government welfare programs is overwhelmingly biased towards expansion; hence, President Reagan's quote about a government program being the closest thing to eternal life we will see on earth. All federal government programs end up being more expensive than originally planned, and the federal government is already mortgaged to the hilt. So the truth is, the real cost to Louisiana is likely to be far higher than the \$1.7 billion estimate we have today.

Fourth, states should preserve their ability to cut taxes, invest in roads, invest in safety and invest in education. The percentage of our state funds spent on Medicaid has nearly doubled over the last 16 years. Expanding the program will make it even harder for Louisiana to invest in programs that will grow the private sector, not the government sector, and to reduce our tax burden. Our federal government is already drowning in entitlement spending; now the feds are trying to drown us as well. States do not need to mindlessly follow this example.

Fifth, there are better ways to improve health care outcomes for the uninsured and to do so in a more cost effective manner. In Louisiana, the remaining low income uninsured will be less than 6 percent. Our system is completely unique. We have been operating a system of 10 state-owned charity hospitals that is now being transformed via public-private partnerships. We are closing two hospitals, providing services instead in local privately run hospitals, and transferring the operations of seven other hospitals to the private sector. We are expanding services, for example offering level one trauma care in Baton Rouge for the first time and expanding outpatient services, while saving taxpayers millions of dollars. Indiana and other states have their own free-market, patient-first policies, and others want to offer consumer-driven policies. Given the results from the Oregon Experiment, which at the very least raise serious doubts about whether expanding Medicaid will result in the promised health benefits, states should be given the flexibility to design their own programs for their own populations rather than implementing a one-size-fits-all Washington mandate.

Sixth, contrary to what the president believes, borrowing money from China to expand government spending is not

economic development. We've all heard people say, "Well, if we don't grab these federal dollars, our tax money will go to Medicaid expansion in other states." Sounds logical, too bad it is 100 percent false. Medicaid is an entitlement program, and therefore there is no fixed amount of federal Medicaid spending to be reallocated from state to state. Unlike certain infrastructure grants, states that choose to participate do not have the opportunity to receive extra dollars when other states decline to participate. Every dollar we refuse to spend on Medicaid expansion is one dollar less that we have to borrow from China, not one dollar more that goes to another state. Our refusal to expand Medicaid does in fact help to reduce the growth in federal spending, which is yet another reason why every state should do the same.

This argument over Medicaid expansion is more than a fight about the Left's desire for a single-payer health care system, it's more than a fight about dollars and cents, and it's more than a fight about expanding a program that already delivers subpar outcomes. Rather, the fight over Medicaid expansion is a microcosm of this president's push towards centralized government control. We are day by day giving up more and more of our freedoms to an ever larger and more powerful government. This president has shown through his policies and rhetoric that he does not trust the American people, does not believe in a local control approach to the problems we face, and instead prefers to expand the power, the price and the reach of government. The era of big government is here.

Bobby Jindal is governor of Louisiana.

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