Snowe Job

There will be a public option in ObamaCare; there won't be a public option; there will; there won't... it's beginning to sound like gossipers discussing a rumored divorce of a Hollywood celebrity. And, like a Hollywood divorce, it's a certainty that all parties involved will be hurt by the time it is all over.

If nothing else, the debate over whether to include government-run health insurance coverage (a "public option") in the gargantuan legislation that will be shoved down the throats of unwilling Americans has made the name of Senator Olympia Snowe a household name—at least in the households where people are paying attention to what is going on. Snowe, a nominal Republican one would not call a conservative, hails from the frigid state of Maine—where voters may eventually decide they've seen more than enough Snowe.

Snowe's sudden rise to power and influence is the result of her being so skeptical of the public option that she voted in the Senate Finance Committee to proceed with a bill that included it. Snowe was the lone Republican vote, something Democrats desperately want so they can label their legislation "bipartisan"—even though it has been anything but—and so they can blame Republicans for also having supported it after it turns out to be a complete disaster.

Snowe apparently knows socialism when she sees it, because she states that she opposes a government-run health plan. But she must have a soft spot for that same socialism, because she has also said she would consider a "trigger mechanism" that would implement a national government health care plan under the "right circumstances." Snowe is apparently willing to let Democrats decide behind closed doors what those circumstances would be, because she was not among the privileged few who assembled the latest monstrous bill—announced by her lugubrious colleague, Senator Majority Leader Harry Reid. (It is believed that Reid gained office only because the hot sun makes most Nevada voters delirious).

No one has yet seen legislation that includes a trigger mechanism, but it takes very little imagination to guess what it might involve. The two relevant issues are the cost of health care and the number of uninsured Americans. The trigger will undoubtedly relate to either or both of those parameters. For example, the "trigger" might be released (the public option would be activated) if the average cost of health insurance in the private market increased by a specified percentage over a certain period of time. Or the trigger might be released if, after a specified number of months or years, the number of uninsured Americans exceeds a certain percentage.

What should be obvious to everyone is that the trigger will be a hair trigger that will be set off with the gentlest touch. The provisions of ObamaCare will make it impossible for the trigger not to be pulled. Consider the following:

The proposed health care legislation raises taxes on the insurance industry; that will result in higher health insurance policy premiums.

The legislation adds taxes to medical equipment and supplies; that will result in higher premiums.

The legislation prohibits insurers from denying coverage for preexisting conditions; that will result in higher premiums.

The legislation does not address frivolous lawsuits filed against physicians; that will result in higher premiums.

The legislation requires that the disparity between premiums for young, healthy policyholders and older, sicker policyholders cannot be too great; that will result in higher premiums.

The legislation requires the elimination of high deductibles; that will result in higher premiums.

The legislation prohibits annual and lifetime benefit limits; that will result in higher premiums.

The legislation prohibits high co-pays; that will result in higher premiums.

The legislation calls for reductions in Medicare fees paid to doctors and hospitals, who will then make up the difference by charging private insurers more; that will result in higher premiums.

The legislation will require certain minimum standards for policies, forcing companies that sell low-cost, high-deductible, catastrophic-only policies to convert them to low-deductible policies that cover more services; that will result in higher premiums.

All the Democrat health care bills in Congress are chock full of requirements, taxes, and regulations that will cause insurance premiums to skyrocket. Thus, if the trigger mechanism is rising health insurance premiums, the trigger will most assuredly be pulled.

If the trigger mechanism is based on the number of Americans left uninsured, that too may be a hair trigger.

The legislation requires that all Americans be covered, either through employer-provided policies or individual policies. But the penalty for refusing to purchase an individual policy will be less than the cost of a policy, which will encourage the young and the healthy to not bother buying insurance; that will increase the number of uninsured Americans.

Because the legislation prohibits the denial of coverage based on preexisting conditions, healthy persons will have a greater incentive *not* to buy insurance, knowing they cannot be turned down if they apply for a policy *after* they become sick or injured; that will increase the number of uninsured Americans.

Because the legislation will prohibit low-cost, high-deductible, catastrophic-only policies, consumers will be forced into more expensive policies they cannot afford; they will respond by having no insurance.

Everything in the legislation that causes premium prices to increase will cause Americans to cancel their policies and go without coverage—knowing the risk is minimal when they cannot be turned down for coverage if they later apply.

In other words, the fix will be in if there is a trigger mechanism. The legislators will establish a trigger they are certain will be pulled. The trigger may as well be a decrease in the average length of a celebrity marriage.

The supporters of ObamaCare (or BaucusCare or PelosiCare or WhatSomeoneElsePaysForCare) have as their goal a national health plan, where private insurance carriers are put out of business and the federal government becomes the single payer of all health claims. That is not a frivolous claim. One need not search far to find Democrats who admit it openly. Obama himself has publicly stated that he is a "proponent of a single-payer system" (although his media sycophants rarely mention that). In April, Congresswoman Jan Schakowsky (D-IL) addressed a group of supporters and stated, "And next to me was a guy from the insurance company who then argued against the public health insurance option saying it wouldn't let private insurance compete, that a public option will put the private insurance industry out of business and lead to single-payer. My single-payer friends, he was right; the man was right." Schakowsky could not have been any clearer; her goal—and that of the Obama administration—is to put all private health insurance companies out of business and place all Americans at the mercy of the federal government for their health care. With a single payer system in place, millions more Americans will become totally dependent on the federal government—and they will be guaranteed Democrat voters. ObamaCare is about increasing power, not better health care.

The Democrat strategy is as obvious as it is simple: burden the private health insurance industry with as many taxes and regulations as possible so that it collapses. Even those Americans who had previously wanted absolutely nothing to do with a single payer system will eventually throw up their hands and cry "Uncle!"—or perhaps "Uncle Sam!" As former Libertarian Party presidential candidate (1996 and 2000) Harry Browne said: "The government is great at breaking your leg, handing you a crutch, and saying 'You see, without me you couldn't walk.'"

If Olympia Snowe is incapable of seeing the strategy that is right before her eyes, she does not deserve a seat in the United States Senate. If Snowe understands and agrees with the strategy, she should at least be honest enough to call herself a Democrat.

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