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1. Introduction

Health care has been a hot topic for recent decades in the United States. Many citizens have been unsatisfied with the health care services provided in the U.S. To mention an example, the movie “Sicko” by Michael Moore shows the problems in connection with the health care system quite vividly. Plainly speaking, every person will be in need of health care facilities some time in their lives. Thus, the importance of health care is self-explanatory, and the current President of the United States, Mr. Barack Obama, acknowledged this importance by establishing the Patient Protection and Affordable Care Act of 2010. This Act, commonly known as ObamaCare, represents the most important health care overhaul in recent history.

Many books and articles have dealt with health-related issues and some of them are quoted in this thesis. There are critical opinions as well as supportive arguments for the change in health care of 2010. This thesis provides an overview of the most prominent voices in connection to the health care reform.

In order to gain an understanding of the United States judicial system, the reader is invited to read Chapter 2 of this thesis. Knowledge of judicial processes in the U.S. is important, because it differs from the system in Austria. To learn how many steps are involved in the process of lawmaking also contributes to an understanding of the importance of the Patient Protection and Affordable Care Act of 2010. Therefore, a subchapter explains this process in detail. In connection to chapter 5 of this thesis, the judicial entities Courts of Appeals and The United States Supreme Court are described in detail, as this is essential for comprehension of the current judicial developments of the health care reform.

Even though there are, as mentioned above, opposing as well as approving opinions on the health care reform, scholars agree at least at one point: the Patient Protection and Affordable Care Act of 2010 has changed and will change in the years to come United States’ society. Chapter 3 explains what these changes are and also reflects on negative reactions to the change. In addition, it will provide a summary of possible advantages ObamaCare brings to United States citizens.

The reasons for opposition to ObamaCare U.S. American citizens have are investigated in Chapter 4. Newspapers were analyzed in order to find the sources of opposition. There are ‘rational’ reasons that can be justified with figures, e.g. costs of the health care reform. In addition, people in the United States seem to have

ideological reasons for opposition as well, which is explained in the subchapter 'Limitation of Freedom'. Many citizens were afraid of practices they were made to believe ObamaCare will ultimately bring, however, if the practice of death panels will be carried out in fact is questioned. The subchapter on the 'Death Panel Rumor and Euthanasia' explains the development of this rumor and the reactions of citizens to it. Opposition to ObamaCare was also noticeable in the nation's capital Washington, D.C., which is displayed in the Field Study of chapter 4.

The last chapter of this thesis deals with the current struggles of the Patient Protection and Affordable Care Act of 2010. Cases, which were brought to Courts of Appeals, are discussed. In addition, the chapter shows that The United States Supreme Court will decide about the future of ObamaCare. At the end of this thesis, the reader will be informed about many aspects of health care in the United States.

2. The United States Judicial System

2.1. Introduction

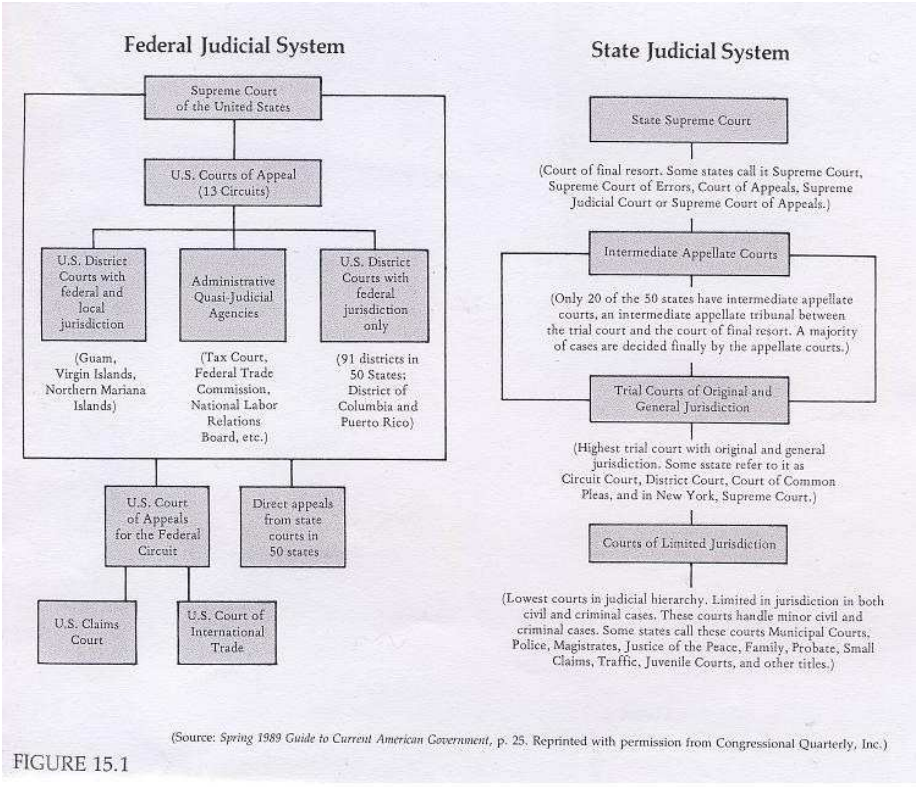
This chapter explains how the United States judicial system functions, and in addition, the interesting procedure of passing laws in the United States. In order to understand the current struggles of ObamaCare, which will be dealt with in chapter 5, the judicial entities Courts of Appeals and The United States Supreme Court are displayed.

2.2. The Institutions of the United States Judicial System

Neubauer defines the terms 'law' and 'courts', which are the main entities of the institutions of law in the United States. "Law is a body of rules, enacted by public officials, and backed by the force of the state. Courts decide disputes based on law." (1997: 6) A very interesting sentence concerning how laws are passed in the United States is the following: "Courts in the United States do not just interpret the law […] the courts also make law." (1997: 6) This is done by creating precedent cases. This fact will have a great impact on the fifth chapter of this thesis, which deals with the current legal struggles concerning health care reform.

The nature of law in the United States is described by Neubauer. He states that the law in the United States derived from the English common law. The main characteristics of English common law is the “doctrine of ‘precedent” (1997:13), meaning that the rulings of court can form law. This also means that the law and court system in the United States allows a wide range of interpretation of the law’s meaning for judges and lawyers. One of the main distinctive characteristics of the United States court system is its duality: there is a national court structure as well as court systems in every state. (14)

Now that we know there are two different entities for judicial processes in the United States, namely federal and state judicial systems, this chapter will explain the federal judicial system in detail as it contains more relevance for the purpose of understanding the juridical terms concerning health care reform. Woll and Binstock provide an interesting overview of the federal judicial system as well as the state judicial system.



(Woll and Binstock 1991:417)

Woll and Binstock (1991) explain the differences between legislature and judicial power. Legislature is responsible for making laws that are applicable for the whole United States, whereas judicial power deals with interpreting the law for

specific parties and individuals. As mentioned above, judiciary is also able to establish precedents in order to form new law, however, more common is the interpretation of law for individual cases. (415) Woll and Binstock state: […] in reality political factors may also shape judicial decisions. (The Supreme Court, in particular, takes notice of political realities.)" (Woll and Binstock 1991:415)

Concerning federal court jurisdiction, Woll and Binstock explain that federal courts are only allowed to decide cases involving federal law. That is, in particular, those cases that are "'arising under [the] Constitution, the Laws of the United States, and Treaties'." (1991:416) As a consequence, conflicts that arise in connection to the health reform are only decided at federal courts. This rule is regulated by the Third Article of Constitution of the United States of America. Furthermore, this article of the Constitution clearly separates federal court jurisdiction from the jurisdiction of individual states. All cases or issues that occur under the law of particular states must be solved in courts of the state in question. However, there is an exception to that rule: "Only when a case involves a conflict between a state law and a federal law or the federal Constitution does a state question become a matter for a federal court. In such instances appeals are taken directly […] from the highest court of the state to the Supreme Court of the United States." (Woll and Binstock 1991:416)

2.3. How A Law Is Passed

In a very simple and plain manner, *Our Constitution and Government – A Home Study Course* (1943: 66) explains how the United States are governed. "When a proposed law is being considered by the Congress, it is called a bill." Those bills could be handed in to the Congress either by a member of the House of Representatives or even the President himself. Many thousands of bills are proposed to the Congress every year. In order to administrate those bills better, members of the Congress form so-called 'committees' where the different bills are dealt with. (66) Those committee members can address the Congress and ask for a bill to be passed or for changes in the bill. When the voting procedure in the House starts, the House usually seconds what the committee members produced in their sessions. (72)

The webpage *USConstitution.net* explains the process of how a bill becomes a law in greater detail. In short, a bill has to pass the House of Representatives and the

Senate by a majority vote. If this happens, it is sent for a signature to the President. If the President is in favor of the bill and signs it, it becomes law. The whole process is slightly more complex, and thus it will be explained in the next few paragraphs.

The first question that arises is: where do bills come from? Bills have different sources, however, they originate mainly from individual members of the Congress. Other ways of having a bill debated is that state legislatures forward a bill to a member of Congress. As a third possibility, also the President of the United States as well as his administration is able to suggest a bill. (Mount 2010) It is not of importance whether the bills are brought in for discussion in the House of Representatives or in the Senate, however, as mentioned above, bills need to pass both houses in order to become law. There is only one exception to this rule: bills for raising revenue need to be brought in by the House of Representatives.

As mentioned before, both the House of Representatives and the Senate are organized in work groups, the so-called 'Committees'. Those committees can be further divided into 'subcommittees'; for example the committee for Military is further organized into a subcommittee called 'Military Nuclear Weapons'. Most bills introduced to either the House or the Senate are immediately forwarded to the respective subcommittee. Every bill is acknowledged by a hearing, where an explanation for the purpose of the bill is given by witnesses. Those witnesses may also be asked questions by the subcommittee members. After this procedure, the voting starts on this bill which determines whether the bill will be proceeded to the full committee or is rejected by the sub-committee and as a consequence dies. The bill is then discussed in the committee, which might also include witnesses who are questioned. Then again, the voting procedure begins. If the vote decides in favor of the bill, it is sent to the full house. If it is voted against, the bill dies. (Mount 2010)

The House of Representatives procedure is presented as follows: Most of the bills which were passed in the sub-committees and committees are passed on to the so-called 'Committee of the Whole', which includes all members of the House, however, this Committee has a much lower quorum requirement. In this 'Committee of the Whole', the bill is again debated and voted upon; the only changes that could be made is that the 'Committee of the Whole' is allowed to include amendments to the bills – again after a voting procedure. As soon as the 'Committee of the Whole' is done with the bill, it is progressed back to the full House of Representatives. It is important to know that a bill cannot be killed in the so-called 'Committee of the

Whole', however, with the amendments that they are allowed to place on bills, they are able to make those bills undesirable. If this happens, it is called a "poison pill". When it is again in the hands of the full House of Representatives, the amendments to the bill added by the 'Committee of the Whole' are voted upon, either en masse or one at a time. Following that procedure, one of two voting procedures happen: either a vote to recommit or a vote on the bill itself, including the amendments. The vote to recommit would send the bill back to the respective committee. If a recommit vote is rejected, a full vote on the bill is taken. After the bill has then passed the House, it is organized and published. (Mount 2010)

In the Senate, the voting or passing of a bill procedure is slightly different. After it has passed a Senate committee, there are two ways a bill could pass in the Senate. First, a simple voice voting is done by the Senate members in order to pass or fail a bill. Amendments can also be made by the Senate and are then voted upon. Second, when no consent for the voice vote can be achieved, the bill is reviewed by the entire Senate on a later day. When the bill is then discussed again, objection against it can be voiced. If there is no objection, each Senator is given five minutes to speak on the bill and tell the Senate his/her opinion on it. During this speaking time, amendments to the bill can be suggested. If there was objection to the bill voiced, each Senator is allowed to speak for an unlimited time. This opportunity is used for delaying tactics, which is effective for stopping action on a certain bill. By forming 'allies' with other Senators, the delaying tactics can also be helpful in forcing a compromise on items of the bill. As soon as all amendments are voted upon and all Senators spoke as long as they wanted to, the bill is put to a vote. (Mount 2010)

Once a bill has left the House and the Senate, the two versions of the bill are compared. If there are differences, even if it is only in punctuation, the bill is sent back to the House where it originated. Then the House in which the bill originated is able to vote on the bill again. If the changes made are only minor, the originating House might accept the changed version with no debate. However, if the changes are substantial, a conference takes place. In this conference, a number of Representatives and Senators meet to work out the differences. Members of the conference are called managers. Those managers are not able to change the bill in its substantial nature, however, they are allowed to add an amendment from one bill to the other version, or in the same way delete an amendment. In the case of continued disagreement, the managers are allowed to make changes to the text in

order to find a compromise, however, those changes must be consistent with the content of the bill. In other words, managers are not allowed to change the nature of the bill. After the managers' discussions, they write reports back to their respective houses. In the case that they were able to agree, both houses need to revote on the bill. However, if the managers only agreed on some parts or were even unable to find agreement, the bill may be redirected to a new conference committee, or may be taken all the steps back to committees in both houses, or it may just die due to the unbridgeable differences. (Mount 2010)

After the bill leaves the Congress, it is delivered to the President for his signature. When the bill is on the desk of the President, the content of the bill is no surprise to him. The President and his administration have surveyed the progress of the bills in the Congress, and the President may have voiced his objection to certain points to Congress members. They need to take the President's opinion into consideration, because as we will see, he is a very important figure in the law-making process. All bills that pass both houses of Congress need to be signed by the Speaker of the House and the President of the Senate before it is passed on to the President. This requirement of the two signatures could delay a bill for one or two days. As soon as the bill is delivered to the President of the United States, a time limit of 10 days starts. If the bill remains unsigned by the President for 10 days, it becomes law regardless of his signature. However, there is an exception to that rule: the so-called 'pocket veto': if the Congress adjourns "sine die", meaning for good, prior to the 10 days time limit, the bill does not become law and is thus killed. Adjournments "sine die" could be a longer adjournment during a break or when a Congress ends before the next starts. If the President decides to object a bill, his veto explanation is sent back to both Houses of Congress. If the Congress decides to revote on the bill, they need a two-third majority in order to pass the bill. If they take no immediate action, the bill can be scheduled for later discussion or send back to the respective committees for further work on the bill. However, if the Congress decides to immediately revote on the bill and it does not get a two-thirds majority, the bill dies. To sum up, the bill is considered a law as soon as the President signed it, 10 days have passed without the President's signature, or after the Congress overruled the President's veto with a two-thirds majority.

2.4. What Are Courts of Appeals?

Woll and Binstock explain the three different layers of the courts of the federal judicial system: “[…] district courts are trial courts that have been given original jurisdiction for most federal cases; the courts of appeals are intermediate appellate courts that may review district court decisions; and the Supreme Court has final appellate jurisdiction for certain types of cases as assigned by laws of Congress.” (1991:416) Furthermore, Woll and Binstock report on what exactly a court of appeals is. They explain that the first court of appeals was installed in 1789 in order to take some work away from the Supreme Court. Before the installation of Courts of Appeals, the Supreme Court had to review all the cases that were appealed from the district courts. Now, the Courts of Appeals carry out this function. Nowadays, there are 10 constitutional Courts of Appeals. All of the 50 states of the United States of America are referred to one of the 10 different Courts of Appeals in its respective appellate circuits, i.e. an area of jurisdiction. However, the District of Columbia is an exception: The District of Columbia has its own court of appeals, which represents not only the legislative court but a constitutional court as well. For every court hearing at the court of appeals, at least three judges are present. There is the possibility that more judges are present at hearings, if there are more judges assigned to this special court of appeals. “The Courts of Appeals have appellate jurisdiction only.” (1991:420) This means, in other words, that the Courts of Appeals may hear cases that were appealed by district courts within their circuits as well as from other legislative courts.

The decisions of the Courts of Appeals are made by the judges of the respective court, but no jury is present. (Woll and Binstock 1991:429) A case comes to the Courts of Appeals when an attorney of a party in a case hands in a petition for re-consideration to a higher court. The judges of this higher court have the possibility to get the information they need in order to decide the case from the lower courts. The Courts of Appeals judges review not only the information they receive from the lower courts, but they also study the rulings and procedural behavior of the judges in the lower courts. In addition, they find precedent cases and hear arguments of the attorneys of both of the opposing sides. After the judges have taken all the above mentioned factors into account, they will decide either in favor or against the decision of the lower court. They write a statement in which they explain the reasons they have for deciding either in favor or against. However, a decision made by the Courts

of Appeals does not need to be unanimous, as there are at least three different judges deciding on the matter. The majority opinion is expressed in the statement of the Court of Appeals. Concurring and dissenting opinions are also of great importance, especially if the decision is not unanimous. (Woll and Binstock 1991:430) A concurring opinion is written by a judge of the courts of appeals who in general agrees with the decision of the court, however, has different reasons for deciding in favor of the courts' decision. A dissenting opinion is written by judges who disagree with the majority opinion of the court. Those two statements are important because they may influence future decisions on the case.

Neubauer (1997:69) provides additional information to the legal authority Courts of Appeals. He states that the judges appointed to the Courts of Appeals are nominated by the President of the United States and confirmed by the Senate. In addition, the number of appointed judges for each circuit differs according to the caseload a certain Court of Appeals has to deal with. In general, as mentioned above, only three judges decide over cases, however, for some very difficult rulings, all the judges of a circuit can sit together and decide the case. Although this occurs very rarely, the so-called 'en banc' hearings happen less than one hundred times during a year throughout all the Courts of Appeals in the United States of America. In general, Courts of Appeals have the jurisdiction to rule over two different kinds of cases: first, they review "criminal and civil cases from the district courts". (Neubauer 1997:69) Second, Courts of Appeals decide cases originating in "administrative agencies such as the Securities and Exchange Commission and National Labor Relations Board." (1997:69) Included in this category will most likely be the cases concerning the Patient Protection and Affordable Care Act of 2010, commonly known as ObamaCare.

A decision made by the Courts of Appeals limits the rights of people to a certain extent, meaning that they only have one more option if they are not satisfied with the outcome of the Courts of Appeals' decision. The party that lost the case still has the right to request The United States Supreme Court to hear their case, however, such a request is hardly ever granted. "[…] only a very small percentage will be heard by the nation's highest court." (Neubauer 1997:70) Since November 14, 2011 it is certain that The U.S. Supreme Court will hear the court case of the Patient Protection and Affordable Care Act of 2010. This acknowledgement by The Supreme Court certainly shows the importance of this case.

2.5. What The United States Supreme Court Is Responsible For

Neubauer states that the “U.S. Supreme Court is the highest court in the nation.” (1997:71) The Supreme Court consists of nine justices (judges), i.e. eight associate justices and one chief justice. The chief justice receives his position by a nomination of the president. All of the justices need to be appointed by the President of the United States and confirmed by the Senate. All of them serve their position for life. “[…] the Supreme Court is the only court in the nation to have authority over all fifty-one separate legal systems […]” (Neubauer 1997:71) The Supreme Court determines which cases they intend to decide by the ‘rule of four’: four judges of the Supreme Court vote about the cases they intend to hear. As there are many cases filed in to the Supreme Court, only a small percentage is ever heard, namely about a hundred cases a year. One of the most important criteria to whether The Supreme Court hears a case is the following: “state court interpretations of state law can be appealed to the Supreme Court only if there is an alleged violation of either federal law or the U.S. Constitution.” (Neubauer 1997:71) The Patient Protection and Affordable Care Act of 2010 is accused of being unconstitutional due to the individual mandate provision it contains. As a consequence, The U.S. Supreme Court will decide the issue. To sum up, Neubauer states: “While the Supreme Court decides only a small fraction of all cases filed in the courts, these decisions set major policy for the entire nation.” (1997:71) In the case of ObamaCare, it certainly will.

2.6. Conclusion

This chapter explained the mechanisms concerning United States lawmaking and also provided a glimpse at two of the most important legal entities, i.e. important in terms of ObamaCare. It becomes obvious that The Supreme Court decision of ObamaCare in 2012 will have a great impact on U.S. American society. It remains thrilling if the decision will be in favor or against the new health care reform, and also the Supreme Court judges’ opinion will be of interest.

3. How The New Health Care System Will Affect U.S. Society

3.1. Introduction

It is common knowledge that President Obama signed the bill to make his health reform law in March 2010. His bill commonly known as “Patient Protection and Affordable Care Act of 2010” will ultimately bring many changes to the society of the United States. As these terms will appear in the following chapters, it is necessary to explain ‘Medicare’ and ‘Medicaid’. In plain words, Medicare is a governmental-run insurance option for the elderly, whereas Medicaid, which is also a governmental program, insures people with limited financial means.

Peter Grier underlines the importance of the changes ObamaCare will bring: “healthcare reform would be the most sweeping change in US domestic policy in a generation.” (Grier 2010) This chapter will not only explain what this ‘sweeping change’ means for United States citizens, but will also highlight the positive and negative reactions from the citizens who experience those changes.

3.2. Changes The New Health Reform Brings

Reuters provides an interesting summary of how the health care law of 2010 will change the health care system in the United States (Smith 2010). Changes to the health care system caused by the law of 2010 will come into effect in certain steps, namely within the first year of enactment; starting in 2011 there are yearly changes, and also by 2018 change will happen. Within the first year of enactment, significant differences compared to the health care system of 2009 are noticeable. Before ObamaCare, insurance companies were allowed to drop insured people and thus deny coverage in case of sickness. After 2010, however, insurance companies were forbidden to perform such practices. In addition, insurance companies are not allowed to deny children coverage because they suffer from pre-existing conditions. Often young adults were put in a difficult situation, because they were denied coverage when on their parents’ insurance plans at the age of 19 or after they graduated from college. With ObamaCare, insurance companies are no longer allowed to drop young adults on their parents’ plans until the age of 26. Unthinkable

before the new law, within the first year of enactment uninsured adults with pre-existing conditions are able to purchase health insurance through a new program. In 2010, early retirees between 55 and 64 got health care: a temporary program, which will expire in 2014, enables companies to pay for early retirees insurance. For small business owners, a tax credit system is installed in order to assist them in paying for their employees' health insurance. Another change of 2010 concerns practices that 'damage' the health of individuals, i.e. companies that use tanning beds with ultraviolet lamps are taxed with 10%.

Reuters explains what changes compared to the health care law before 2010 are made by the year 2011. Many of the changes are in regard to the program Medicare. Medicare provides 10 percent more money for primary care physicians and general surgeons. In addition, people who are insured with Medicare receive certain benefits: they are allowed one free wellness visit per year and also get a personalized prevention plan. Patients with Medicare are covered for preventive services with little or no costs for the patients with the a health care plan. Citizens insured by Medicare have one important benefit starting in October 2011, namely that they receive home and community based care for disabled patients in substitution of institutional care. In order to have a little more control over pharmaceutical companies, an annual fee is imposed on companies that produce pharmaceuticals according to those companies' market share. This fee does not go into effect for companies with less revenue than $5 million. (Smith 2010)

By 2012, more enhancements are being made in order to improve Medicare and Medicaid. For Medicare, reforms concerning the doctors' payments are made in order to "improve quality and efficiency of care." (Smith 2010) In acute care hospitals an incentive program is installed to improve the quality of care for Medicare patients. The Patient Protection and Affordable Health Care Act of 2010 also tries to cut down the readmission figures, therefore in centers for Medicare and Medicaid those readmission rates are being tracked and financial incentives are given in order to reduce readmissions that could be prevented. By 2013, Medicare will be enhanced even further by installing a national pilot program that will bundle payments in order to encourage doctors, hospitals and other care facilities to provide better coordinated patient care.

Starting in 2014, the state offers insurance exchanges where individual people and small businesses are able to purchase health insurance. By 2014, "Most people

will be required to obtain health insurance coverage or pay a fine if they don't." (Smith 2010) This regulation is commonly known as the 'individual mandate'. In addition, health insurance companies are no longer allowed to exclude dependents as a result of pre-existing conditions. Health insurance companies will also face a fee they have to pay based on their share on the market. Commencing in 2015, doctors will be financially rewarded for the quality of the care they provide rather than their amount of service. In 2018, an excise tax will be installed on high cost employer-provided health insurance plans. However, there are special regulations on this excise tax: only if a family plan exceeds $27,500 or an individual plan is higher than $10,200 the excise tax applies.

On *The White House* homepage the benefits of the new health care law are stated. The House of Representatives and the Senate intended to lower the health insurance premiums. They want to achieve this by increasing competition on the health insurance market, better ability to oversee the market, and "new accountability standards set by insurance exchanges". (*The White House* 2011) In addition, the new health care bills contain tax credits and reduced cost sharing for families with income that would be qualified as modest. They also offer a concrete example for this policy: For families with income lower than $44,000 the health insurance premiums are lower, and for families with income between $55,000 and $88,000 ObamaCare guarantees that the premiums will be less expensive. Of course, such deductions need to be financed. On *The White House* homepage, the strategies to finance those steps are explained. In order to achieve "substantial deficit reduction in the second decade and beyond, the health reform legislation includes a failsafe fiscal responsibility policy." (*The White House* 2011) This "failsafe fiscal responsibility policy" is presented as follows: if the costs of the premium tax reductions rise up to more than 90 percent of the CBO's (Congressional Budget Office) prediction, also the individual tax credits will rise. However, if the actual costs compared to the CBO estimations are lower than expected, the tax credits will be lowered to the rate guaranteed in the first decade.

The Patient Protection and Affordable Care Act of 2010 also attempts to close the so-called 'Donut Hole' in Medicare prescription drugs. *The White House* homepage explains what the term 'Donut Hole' refers to: "Medicare stops paying for prescriptions after the plan and beneficiary have spent $2,830 on prescription drugs, and only starts paying again after out-of-pocket spending hits $4,550." (*The White*

House 2011) This hole is the reason why many seniors who are dependent on financial aid and cannot afford the expensive drugs are simply not taking their medicine, or skip certain doses. This certainly is a dangerous trend, not only for individuals, but also for the health care system in general, as skipping doses of prescription drugs can cause other diseases and thus raise health care costs. The Senate bill suggests a 50 percent deduction on certain drugs in the donut hole. The House bill, on the other hand, attempts to entirely erase the donut hole by "phasing down the coinsurance so it is the standard 25% by 2020 throughout the coverage gap." (*The White House* 2011)

Another issue the Patient Protection and Affordable Care Act of 2010 addresses is the Community Health Centers. Both the Senate and the House bill put the attention on the importance of these facilities as they provide quality care with special emphasis on preventive and primary care. Health Care reformers intend to spend $11 billion for services and construction of Community Health Centers. (*The White House* 2011)

The White House again states and assures United States citizens that they will be able to keep the health care plan that they already have. However, they will add certain benefits to the so-called "grandfather" plans: "it prohibits rescissions, bans lifetime limits on benefit payments, and requires new plans and certain grandfathered plans to cover child dependents up to age 26." (*The White House* 2011) *The White House* assures that, starting with the exchanges of health insurances in 2014, no health insurance company will be allowed to have any benefit limits per year or deny insured people coverage due to pre-existing conditions.

Under the heading "Improve Individual Responsibility", *The White House* stresses the importance of having universal health care, meaning that all United States citizens will be able and required to acquire health insurance. According to their homepage, *The White House* explains that with the new reform, both the insured and the uninsured would benefit, as the insured people would help paying the costs of the people without insurance. In addition, with their payments people would help lowering down the cases of insurance company abuses and increase the security as well as stability of the health care system in the United States. "The House and Senate bills require individuals who have affordable options but who choose to remain uninsured to make a payment to offset the cost of care they will inevitably need." This sentence clearly states that people without insurance will be

asked to buy one. Thus they are not allowed to restrain from buying a health insurance. However, the House and Senate bills take into consideration financial means of their citizens. There are special regulations in regard to financing health insurance: This payment noted in the quote above is seen by the House as a percentage of individuals' income, whereas the Senate would rather have it as a flat amount of money or a percentage of income, whichever is higher. However, the amount of payment does not exceed the lowest premium in the area. The House and Senate also included a low-income exemption. For the House this would affect people whose income is below the tax filing threshold, whereas for the Senate it is for people who live below the poverty threshold. The Senate announced a "hardship" exemption to be part of the bill, which means that it affects people whose premiums would be more than 8 percent of their income. In this case, they would not have to pay any assessment. Furthermore, they state: "they can purchase a low-cost catastrophic plan in the exchange if they choose." (*The White House* 2011) The last three words of this sentence are interesting, as they allow people the free will of choosing whether they want to purchase insurance in the exchange or not. Concerning paying the assessment, the suggestion by the Senate made it into the health reform, however, with slight adoptions: the flat dollar assessment was lowered, whereas the percentage of income assessment was raised. In order to make administration simpler, health reform adopted the idea brought in by the House that the payment exemption will affect people with income below the tax filing threshold. In addition, the Senate's "hardship" exemption was included into the health reform.

Also for businesses, the new health care reform brings changes. Health reform does not force businesses to purchase health insurance for their workers, however, they need to assist in paying the bills for their employees' health insurance. This is obligatory for companies with more than 50 employees. As an amendment to this regulation, the first 30 employees are "free" from charge, e.g. a company that employs 51 workers only has to pay for 21 employees. Within the new health reform, also small businesses receive financial assistance: they get $40 billion in tax credits in order to enhance health care for their workers. (*The White House* 2011)

3.3. Opinions On The Changes

3.3.1. Negative Reactions To President Obama's Change

Negative voices concerning Obama's Health Care Plan and the effects this reform will have on American citizens come from various corners. CBS News reporter Michelle Andrews expresses her concern about the issue whether consumers could keep their already existing insurance plans. She states: "Even if you keep your current company-sponsored policy, health reform could put you on the hook for a bigger chunk of the premium." (Andrews 2009) This means, in plain words, that employers will be required to pay a certain percentage of the health care insurance of their employees. The Senate and House acknowledged certain percentages to be a minimum, however, in 2009 employers were more generous than that and contributed more to their employees' health insurance. Andrews believes, as the minimum percentages are below the average contribution, employers will start to reduce their support and employees will have to pay the difference.

A significant change to taxation concerning health care is also made by the reformers. In 2009, the situation was presented as follows: employees were not taxed on the health benefits they receive, and also companies did not have to pay any taxes for offering those benefits to their employees. However, there are many opponents to this situation. Michelle Andrews reports on the likely compromise President Obama's health care reform will bring: Either there will be an end to the tax exemption for the most generous benefits, or it might change to full taxation if you as a consumer have a so-called "Cadillac" contract, i.e. a high-priced insurance contract. Another possibility would be that the employee is taxed if the value of his/her policy exceeds the average value of a employer-sponsored health insurance. For Andrews, taxation is an issue, no matter which option the reformers intend to adopt. Even if employees are not taxed and companies and insurers have to pay the taxes – those increased taxes will end up in higher premiums, co-payments, and deductibles for employees.

Most experts agree that you cannot adopt a reform that costs over 1 trillion dollars all in all, if you do not increase taxes to a certain amount. Reformers of health care included a tax surcharge of up to 5.4 percent for rich households. The definition of "rich" comes from Washington as follows: rich are those people who earn more

than $280,000 yearly if single and $350,000 for couples. By the taxation of the rich people, “the surcharge has the virtue of allowing Obama to keep his campaign promise not to tax the middle class.”, (Andrews 2009) a member of the New America Foundation, a nonpartisan public policy think tank, is quoted.

Both the House of Representatives and the Senate decided to include insurance subsidies for consumers into the bill. This means, in general, that families of the income of up to four times the federal poverty level would receive financial help to pay their insurance coverage. An MIT economic expert stresses the importance of four times the federal poverty level, as he investigated that three times the level would leave too many people without coverage. However, legislators noticed that the health care reform will cost too much money, and thus they try to reduce costs – financial subsidies will be an easy target. As a consequence, there have been rumors of reducing the subsidies to three times the federal poverty level. (Andrews 2009)

Interestingly, the House and Senate seem to not agree with the Senate Finance Committee when it comes to insurance premiums. Both bills suggested by the House and Senate prohibit insurance companies to charge people suffering from pre-existing conditions with higher premiums or to charge them on gender. However, insurance companies are allowed to take age into consideration. The rule that insurance premiums cannot be twice as expensive for older as for younger people, applies. The Senate Finance Committee discussed the issue of allowing insurance companies to charge the elder five times more than younger people. (Andrews 2009)

A possible disadvantage for employees in small companies is explained by Andrews (2009). The House and Senate decided to allow tax credits in order to make it easier for small companies to provide health care for their employees. However, if those small businesses are not paying for their employees’ health care, they are not required to pay the same penalty as larger companies.

John Boehner, R-OH and Speaker of the House, states that ObamaCare and the so-called ‘employer mandate’ will ultimately lead to a decrease in jobs. He states that the National Federation of Independent Businesses (NFIB) found that the ‘employer mandate’ could have the consequence of 1.6 million job losses. The new health care law, on the other hand, will create only 400,000 jobs. Thus, according to Boehner, this is a great disadvantage for American citizens. (Boehner 2011:2)

Peter Grier describes in a very ironic way the effects the new health reform will have on United States citizens. (Grier 2010) In his article “Who must buy insurance?”

he states that the health care reform would expand the coverage of health insurance to all United States citizens. He clearly announces that the reform will require citizens to buy health insurance, either through their employers or they purchase it themselves, on the so-called ‘exchanges’. Grier also notes that people who refuse to buy insurance will have to pay a tax penalty to the federal government. This process starts in 2014, and at the beginning the payments will be rather low, however, by 2016, when the fines are fully phased, the amount of money having to be paid will be relatively high. Grier notes that there are certain exceptions to that rule: People with objections due to their religious belief, Native Americans, illegal immigrants, and imprisoned people do not have to pay this fine. In answering the question for the reason of this implied fine, Grier states that that it is very obvious to him why the new health reform demands that all people are insured. By demanding this, the Congress intends to bring new customers to health insurance companies. Among those customers are also young people who, in most cases, do not need as much healthcare as is provided by their health care plans. He considers this a disadvantage for young people. Furthermore, Grier highlights what this policy means for insurance companies. Due to the regulations in the health reform, insurance companies will not be able to deny customers coverage because of possible pre-existing conditions. Therefore, the companies will use the extra money they earn by having new customers to balance out the losses they face by not being allowed to deny coverage.

On the question “Who gets subsidized insurance?”, Peter Grier explains in the same-named part of the article that unemployed people, people who are self-employed, or workers for companies which do not offer health insurance are eligible for federal financial aid. (Grier 2010) He notes that those people will have to purchase their insurance at a so-called health exchange, which he compares to shopping malls for health insurances. According to congressional budget experts, it is estimated that about 25 million people will purchase their health insurance in those health exchanges, and 19 million of them will qualify for financial assistance. The limit to qualify for financial aid is four times the poverty level. However, also people who earn less than this limit are able to apply for financial aid, because the government assures its citizens that they will never have to pay more than 9.8 percent of their income for health insurance. Grier notes that only the Department of Health and Human Services will be able to determine in the end who will receive or will not

receive financial assistance for purchasing health insurance. He believes that this will be a trigger for many appeals of decisions the Department of Health and Human Services makes. And this, as a consequence, will mean tremendous administrative work. (Grier 2010)

Grier also addresses the issue of how the new health reform will affect businesses. If the company consists of less than 50 employees, there is no effect for the company. However, as soon as the size of the company exceeds 50 workers, regulations kick in. There are two options: first, if the company does not offer health insurance to their employees and at least one of the workers is eligible for federal subsidy, the company has to pay a fine of $2.000 for each worker (however, the company does not have to pay for their first 30 employees). Second, if the company does offer health insurance to its employees, but one worker decides that he or she does not want to enroll in this company plan and his current health insurance consumes more than 8 percent but less than 9.8 percent of his income, the worker qualifies to purchase health insurance at the exchanges market. If this is the case, the employer has to financially assist in the purchase, namely he/she has to give the employee the same amount of money as they would have paid for the company plan. This is called a 'free choice voucher'. To make the whole regulations even more confusing, there are different rules for companies with more than 200 employees. If this is the case, the head of the company has to automatically enroll all of their employees in the company health care plan. However, workers still have the freedom to decide whether they want this plan or not, but they have to make the decision. The heads of companies have no voice in the decision whatsoever, which Grier considers a disadvantage.

Concerning the issue of how the new health reform affects families and children, Grier answers very plainly: those people with limited income and who did not have insurance before the health care reform bill became law, they are under certain circumstances eligible for financial assistance in order to be able to purchase health insurance. On the other hand, Grier states: "For those at the top end of the income scale, it will mean higher taxes, fairly soon." (Grier 2010) He goes on explaining all the advantages children will experience as soon as ObamaCare becomes law, but it seems that he is still disturbed by the fact that people with high income will have to pay more in order to afford all the new securities in terms of health care for children.

David Limbaugh explains that there will be new tax payments for middle class families with ObamaCare, which will be a revenue of over $316 billion. Those new taxes that will be installed are: “[…] a new tax on individuals who do not purchase government-approved health insurance; a new tax on employers who fail to fully comply with government health insurance mandates; a new 40 percent excise tax on certain high-cost health plans […]” (Limbaugh 2011:72) This is considered a burden for middle class families.

Certainly, the new health reform also affects the elderly, especially those on the Medicare program. Grier (2010) acknowledges that some seniors are in danger of losing certain Medicare benefits as soon as the bill is passed. He explains that before the new law, many seniors had a Medicare Advantage plan, which is a plan run by private insurance companies and are an alternative to the governmental-run Medicare. The significant difference between those two options is that Medicare Advantage offers extra benefits. However, as government intends to cut their payments for Medicare Advantage, those extra benefits are very likely to be erased. Traditional Medicare benefits will not be denied, however, payments for home care will be cut by $40 billion over the next 9 years. In addition, he notes that also certain payments to health care facilities such as hospitals will be reduced by $22 billion. Grier explains that through health care reform, an advisory board will be installed. The so-called ‘Independent Payment Advisory Board’, consisting of 15 members, will have the power to submit legislative proposal to limit Medicare spending if the costs grow too fast. By too fast they mean “exceeding the growth rate of Consumer Price Index measures for a five year period that ends in 2013.” (Grier 2010) In case this becomes a reality, the board is allowed to submit suggestions to the president and the Congress. Of course, certain critics regard this advisory board as “the leading edge of Medicare reductions.” (Grier 2010) Grier acknowledges, however, that it is contained in the health reform legal text that the advisory board is not allowed to hand in any suggestions that would result in increased taxes, changed benefits, or rationed care.

3.3.2. Possible Advantages Of The Healthcare Reform

People seem to be opposed to the fact that the new health reform intends to expand health coverage to all American citizens, which means in fact that many people who did not have insurance will have to purchase one. As mentioned before, Grier seemed to be disturbed by the fact that also younger people, who are in general not in need of health care as much as seniors will still have to buy insurance. The article by Linda J. Blumberg and John Holahan (2009) explains why this mechanism is so essential to make a health system work. Before the new health reform, no United States citizen (outside of the state of Massachusetts) was required to purchase health insurance. Blumberg and Holahan consider this dangerous for the quality of the health care system in general, and therefore opt for the so-called individual mandate. They define this term as following: “require[d] that every person obtain at least a minimum package of health insurance benefits”. (Blumberg and Holahan 2009) They explain that for insurance companies in order to limit down their costs, they use the mechanism of ‘adverse selection’. This selective process contains “the disproportionate enrollment in insurance plans of people with higher-than-average health risk.” (Blumberg and Holahan 2009) This develops naturally within the system, as people in general show the tendency to buy only coverage when they actually need medical help. Due to this, the health insurance system cannot remain stable, and this leads, as a consequence, to denial of coverage for people with pre-existing conditions, higher premiums, or denying of health insurance coverage in general. By installing the individual mandate, we would be able to erase adverse selection, Blumberg and Holahan are convinced. However, they have the opinion that as soon as you would allow people to chose whether they want health coverage or not, soon the positive effect of the individual mandate would vanish. If this happens, the only way to establish the same system as with the individual mandate would be governmental subsidization of costs. To cover those costs, the government would need health care unrelated revenues they would get through different taxes.

Certainly, the government is not generally able to force people to buy coverage, and this is why so many different exceptions to the regulations exist. However, as mentioned in the chapter before, the government aims to the result that every American citizen has health insurance. Plainly speaking, if some people chose to refrain from health coverage, they have to pay a tax penalty to the federal government. Blumberg and Holahan consider this a perfect way to shape a fair

health care system: “We believe that enforcement through the tax system is the most efficient approach.” (2009) They conclude their arguments by stating, “In our view, an enforceable individual mandate, with adequate subsidies and benefits, as well as a choice of plans, is the most politically feasible route to universal coverage in the United States today.” (Blumberg and Holahan 2009)

An additional advantage of ObamaCare is that it enhances the quality of care people receive. This is done by doctors forming health care organizations in order to increase the effectiveness of health care. Officials of Medicare and Medicaid will monitor hospital readmission rates in order to improve the health care service. In addition, starting in 2015, Medicare will establish a program that rewards doctors for the quality of care instead of the amount of work they do. In short, “ObamaCare is not very different from existing programs, except that it expands insurance coverage while, at the same time, it forces insurers to face greater restrictions than they face now.” (Sánchez et al 2010:63)

Johnson (2010) also stresses the advantages of the individual mandate. She explains that the fact that every American citizen will have health insurance (ideally) would be of benefit for every citizen on the long run. Johnson states that health care is still provided for people who cannot afford it (because it is law that hospitals are not allowed to deny people treatment when their life is in danger); the consequences of those practices are noticeable in higher insurance premiums and costs of health care in general. Johnson interviewed a hospital CFO and asked him why they charge uninsured people three times as much for a treatment as patients on Medicare or insured people. The respondent answered that they are legally not allowed to deny uninsured people treatment, therefore they have to provide it; however, most of the patients never pay their hospital bills. Thus, they have to raise prices to uninsured people who are willing and can afford to pay. They are legally also not able to charge Medicare or insured people more for their treatment, because the prices are negotiated in advance. Thus, it leaves the hospitals with no choice but charge uninsured people all the losses they have suffered. Johnson interestingly compares those practices to shoplifting: if a shop is faced with shoplifters all the time, they of course make losses during the business year; as a consequence they have to raise prices in order to cope with the losses, and customers who are not responsible for the shoplifting have to pay more. To sum up this point, Johnson states that even people who have health insurance now should ultimately be glad that so many

uninsured people will have insurance, because “Any law that lowers the number of people who can’t pay should theoretically save the entire health care system a lot of money, which in turn should reduce not just the overall cost of health care, but ultimately the health insurance premiums of every American.” (Johnson 2010) In addition, Johnson considers an increased amount of insured people an advantage, as more people in the insured pool will help to spread the risk and costs of health care. She states, however, that the positive effects of more insured people will not begin before 2014, and even then, it will take some time until the effects will become noticeable. She explains that one reason for the prolonging of the effects is the installing of health insurance exchanges, which is done to increase the competition in order to lower health insurance premiums. Installing these exchanges takes time. The second reason is that insurance companies will try as much as they can to prolong the effects, because, as Johnson explains, it is in lobbyists’ interest that the effects noticed are not immediate.

Another advantage of the health care reform Johnson considers is that insurance companies are no longer able to include lifetime caps on people’s insurance contract. In the past, this meant that insured people were granted to use up a certain amount of money for their health care costs (ranging between $1 million to $3 million), but as soon as a patient’s costs exceeded this amount during their lifetime, insurance companies were allowed to deny coverage and people had to cover the costs for their health care on their own. It should be considered that, as insurance companies are not allowed to work with those practices anymore, the company’s risk and probable costs increase, which could be noticeable in higher premiums. However, the benefits this erasing of lifetime caps on peoples’ contracts have are far higher than this possible risk. It means, in plain words, that people will not go bankrupt in case of a serious illness. (Johnson 2010)

Johnson (2010) especially favors the provisions that insurance companies are no longer allowed to deny coverage based on pre-existing conditions. In addition, young adults up to 26 years old are allowed to be insured with their parents’ health insurance, which she considers a cheaper way of granting health insurance than to insure those young adults individually.

Another good provision in the new health reform is, according to Johnson (2010), the free preventive health care. Before President Obama’s health reform, preventive visits to doctors were subject to co-payments or deductibles. With the new

law, those practices are history. The idea behind this part of the new law is that people will use preventive health care and will therefore hinder life-threatening diseases to develop, which will ultimately benefit to the overall health care costs.

Johnson (2010) passionately arguments against people opposed to health care due to the individual mandate. She states that she agrees that people should not be forced to buy health insurance, however, she considers that the solution to this problem is not to provide substitutions to the poor and let other people take the costs. To her, the solution would be governmental supply of health care. Johnson argues that many people in the United States consider governmental interference a step towards communism, and thus this is not an option. A better way to solve this issue is passing a law in order to make private insurance available to everyone. By doing that, the uninsured would not be a financial burden on the whole society.

A collective of journalists brought together what they consider advantages of the new health care reform. They explain that with universal health care ,all parts of the health care system, e.g. doctors, hospitals, nurses etc. would stay independent. They also state that the costs for universal health care would be lower than a private system due to the competition on the market. In the system of universal health care, those who are uninsured would have to pay for the services they still receive without insurance through taxes. Because the costs are now distributed among many people, this will ultimately reduce personal costs of already insured people. Addressing the opposition concerning taxation forced upon them, they argue: “Those that might object to forced taxation should know this is no different than the shared costs of road construction, school funding, or space exploration.” (“Pros of Universal Health Care” 2011)

3.4. Conclusion

Concerning different medical practices ObamaCare brings to United States society, opinions on the changes differ. Many citizens acknowledge the possibilities they have with the new health care reform, however, people also seem to be worried about certain changes. All in all, the signature of President Obama to make the health care reform bill a law in 2010 seems not to have had an effect about the indecisiveness among the public. People are still not fully convinced that ObamaCare is an advantage for society, which becomes obvious in the many opposed voices.

4. Why Americans Are So Indecisive About ObamaCare

4.1. Introduction

From a European point of view it is challenging to understand the opposition concerning President Obama's health care reform not only among U.S. American politicians, but also among the wider public. There are various reasons for opposition. This section is to explain why Americans often show indecisive as well as opposed attitudes towards ObamaCare.

Katie Connolly for BBC News reports that "the public opinion is split along partisan or ideological lines. In short, Democrats like the bill, Republicans don't." (Connolly 2010) Furthermore, she refers to an opinion poll which tried to find the reasons for opposition to President Obama's Health Care plan. The respondents answered that they are not angry at the bill's content, but at "the process or […] the direction of Washington". (Connolly 2010) Therefore, it is legitimate to note that ObamaCare has become a symbol of the public's opposition of government's actions and way of addressing issues.

According to a July 2009 Foxnews article, doctors throughout the United States ran against Obama's Health Care change. Those doctors used the term socialized medicine to scare the public and draw a negative picture of the new health care plan. As a reason for the doctors' opposition, they mention that ObamaCare will cause "inferior patient care as physician offices around the country triple their patient lists" (*Foxnews.com* 2009). The president-elect of the American Association of Physicians and Surgeons, Dr. George Watson, is reported of having said that Obama's health care bill contains so many regulations that it will cause bad patient care. Moreover, ObamaCare will result in patients having to wait long to get a doctor's appointment. Most doctors want a different approach to a changed health care: a system that emphasizes quality over quantity. They realize that the new health care plan will eliminate private health insurance companies, and for them this means "rationing, long lines, and loss of access to physicians in the patient hour of need" (*Foxnews.com* 2009). One doctor argues against ObamaCare by saying that it will decrease the patient's possibility to contract with their doctors. In addition, it will discourage future doctors from getting a degree in medicine, which adds to the already existing fear of not having enough doctors to treat all the patients. However,

the House committees on Ways and Means, Energy and Commerce and Education and Labor have already worked on increasing the size of this workforce by offering training programs. One of the congressional leaders, Rep. Jim McDermott, responds to this discussion by saying that those doctors are simply greedy and have obviously forgotten what the Hippocratic Oath means. Rep. Vic Snyder is reported to having said that all the above mentioned arguments are “one of the most ridiculous criticisms I have ever heard”. (*FoxNews.com* 2009, “Doctors Wage War Against Obama’s Health Care Overhaul”)

Above all the already mentioned reasons against ‘Obamacare’, three topics seem to fuel the debate: costs, loss of freedom, and the death panel myth.

4.2. The Cost Factor

In 2009, protests against Obama’s health care overhaul in Washington, D.C. filled media news reports. Opposition among the public became evident. This protest is interesting because it shows why Americans are so indecisive about and often opposed to ObamaCare. Carol Wolf (2009) summarizes the protesters’ opinion: they are against ObamaCare because the government would spend $ 900 billion over 10 years for the new health care plan. However, for now, health care costs make up about one-sixth of the United States economy. Therefore, on the long run, ObamaCare would pay off as it would reduce health care costs. Katie Connolly reports on President Obama’s opinion. He is quoted: “Healthcare was one of those issues that we could no longer ignore. […] It was bankrupting families, companies, and our government”. (Connolly 2010) However, the public does not seem to notice the benefits, which could mainly be due to the economic downturn in the US. People in the United States simply do not understand why President Obama decided to work on an improvement for health care while they were struggling to keep their jobs. (Connolly 2010)

A 2009 article on the *California Healthline* Website reveils the estimated costs of Obama’s health care proposal. John Sheils, a senior vice president of the Lewin Group, estimates the costs for Obama’s health care spending between $1.5 trillion and $1.7 trillion over the next 10 years. The White House Office of Management and Budget director responded that most of the required money will be paid through the reserve fund. However, John Rother, public policy director for AARP (American

Association of Retired Persons), believes that the whole costs for the health care overhaul can not be paid with the reserve fund. As a consequence, Sheils fears that due to the high costs, ObamaCare will not work out. He says, “We need to have a much better sense of what we are talking about doing, and whether or not it’s affordable and sustainable over time”. (Alonso-Zaldivar 2009)

Rep. Paul Ryan of Wisconsin said at a healthcare summit in February 2010: “This bill adds a new healthcare entitlement when we have no idea how to pay for the entitlements we already have.” (Trumbull 2010) This very much sums up the opinion Republicans held about President Obama’s health care proposal of 2010. This point of view made its way to the American public, as an ABC News/Washington Post opinion poll of March 2010 showed. 59 percent of the American public thought Obama’s new health care would be “too expensive”. (Trumbull 2010)

As mentioned above, Obama’s health care politics would grant 31 million Americans, who now have no health insurance, the possibility of being granted insurance by 2019. Trumbull explains that President Obama intends to achieve those figures by creating mandates for individual people in order to buy health insurance or face a penalty. In addition, he wants to spend money on subsidies to help lower income families to pay the insurance. According to an analysis of the Congressional Budget Office, the government would spend an estimated 84 billion dollars on subsidies and $87 billion for the extension of Medicaid in order to cover more low-income American families in the year 2019. All in all, Obama’s health care plan would cost the government nearly $1 trillion over the coming 10 years. “Obama plans to pay for that mainly by squeezing waste or excessive costs out of Medicare and imposing a tax on high-end health insurance plans.” (Trumbull 2010), opponents are convinced.

FoxNews.com reports in an article of 2010 on the impact the new health care legislation will have on the budget. (“Gov’t: Spending to Rise Under Obama’s Health Care Overhaul” 2010) It is reported that the increase ObamaCare will bring to the total spending for health coverage is moderate. That statement is proven by the following figures: In 2019, Americans will spend $13,652 per person a year on the average, whereas without ObamaCare people will spend $13,387. People need to keep in mind that the main advantage still is the additional 32 million Americans that will receive medical insurance through Obama’s healthcare overhaul. However, for critics, those figures show that Obama’s new health care law did not reduce costs, as was promised. In 2010, the spending for health care was about 17 percent of the

economy, and this percentage will rise to about 20 percent of the economy by 2019. People think that the 17% are already too much money spent on health care, and the increase will certainly have a negative effect: the increase takes away money that could be spent otherwise, for example on education, medical research, and transportation. Supporters of the new healthcare legislation acknowledge the rising costs, however, they believe that this is a rather small price they pay if they receive 93 percent of insured Americans in exchange. In addition, it is estimated that the growth in healthcare spending will slow down starting in the year 2018. By 2014, there are several benefits Americans receive with President Obama's health care policy, for example Medicaid will be available for additional millions of Americans, government will help middle-class families to buy private insurance by offering tax credits, and insurers will be required to accept every applicant, regardless of their already existing health condition. The government forecast moreover showed that, regardless if ObamaCare became law or not, government will become the main protagonist in health care. "Federal, state and local government spending will overtake private sources in 2011, […]" ("Gov't: Spending to Rise Under Obama's Health Care Overhaul" 2010) In addition, three out of five Americans aged 65 or younger will still have private insurance, even with Obama's new health care plan. The study also showed that with ObamaCare two federal-state programs, namely Medicaid and children's health insurance, will grow tremendously. This leads to a bigger government's involvement, but they will also have to face increased pressure. The White House released another study painting a different picture of the health care predictions: according to Nancy-Ann DeParle, by 2019 the spending on health care per person a year is $14,720 on the average under President Obama's new health care law, in comparison with $16,120 if ObamaCare had not become law. DeParle confessed that the spending for health care would rise in the beginning due to so many newly insured people, however, the rate of growth for spending is predicted to slow down in the second half of the decade. "A close look at this report's data suggest that for average Americans, the Affordable Care Act will live up to its promise.", DeParle is quoted. (*FoxNews.com* 2010)

Smith sees one of the reasons why health care costs are so high in the way health care is organized in the United States. He says that to some observers the health care organization is presented as a cartel more than a competitive marketplace. Smiths describes this cartel as "a highly profitable and politically

powerful group of companies […] using their clout to limit competition and establish highly profitable pricing." (Smith 2010) However, he admits that the health care cartel is not a cartel in the formal sense of the word, not comparable with cartels like the OPEC (Organization of the Petroleum Exporting Countries), but a group of firms that control specific markets and therefore embody tremendous political and pricing power within those segments of the market. For Smith it seems clear that President Obama's health care reform does not do enough to change this power. He even goes further by stating that it represents the cartel's enormous power that the health care bill ignored some of the biggest reasons for the tremendous costs of American health care. In 2010, the United States spent double the percentage on health care compared to other developed countries. When asked for the reasons, health care industry shifts the blame to the following factors: "Doctors, hospitals, insurers, HMOs, pharmaceutical companies, malpractice lawsuits and the courts that award huge settlements, federal regulatory agencies, Medicare […]" (Smith 2010) A Health Maintenance Organization, short HMO, is an organization that offers health insurance with providers under contract. Those contracts are different from other providers, as the premiums patients have to pay are lower. This is due to the fact that health providers have the patients directed to them. In addition, with the Health Maintenance Organization Act of 1973 employers with more than 25 employees are obliged to offer a federally certified HMO to their workers. (*Investopedia.com*) Smith draws the conclusion that if not only one factor is responsible for the high health care costs, there must be something wrong with the whole system. He explains how the health system in the United States works:

> The system profits from guaranteed payments to private-sector companies and is protected by special political dispensations. It's based on regional networks of providers negotiating with insurers to exclude competitors and set exorbitant prices that are passed on as insurance premiums. While insurers complain about rising costs, they're exempt from antitrust laws and thus have the power to consolidate smaller insurers within a region and then pass on price increases to consumers and businesses alike. (Smith "Can Health Care Reform Possibly Control Costs?" 2010)

Smith holds the opinion that if those cost generators are not fought in President Obama's health care reform, it seems difficult to decrease the costs. A report by Massachusetts Attorney General Martha Coackley gave evidence that the huge prices in health care are in no relation to any free-market factors. As an example functions the story of Keith Smith, an anesthesiologist with the Oklahoma Surgery Center. He offers much lower prices than other comparable anesthesiologists,

however, preferred provider organizations (PPOs) and insurance companies do not have the wish to contract with him. To Keith Smith, this shows that the health care cartel intends to make only contracts which strengthen their monopoly in certain regions. Smith provides another example for the exorbitant health care costs: the amount of MRI (Magnetic Resonance Imaging) machines which are bought and used in the United States. The city of Pittsburgh possesses nearly as many MRI machines as the whole nation of Canada. Also the number of uses of MRI machines is much higher now than compared to the year 1999: the use of CT and MRI scans tripled from 85 to 234 per thousand people with health insurance. Certainly, supporters of MRI and CT scans defend their position by stating that those scans are much cheaper than comparable diagnostic procedures, however, a research found that a doctor who possesses his own MRI machine is four times more likely to prescribe a MRI scan to his patients than a doctor who does not own a machine. When General Electric, the MRI scanner manufacturer, found that the government wanted to downsize the amount of Medicare reimbursements for scans, they fought against those practices. They lost this battle because of the immense political pressure to minimize Medicare costs. However, some critics accuse producers of MRI scans of simply compensating this loss by an increased number of administered tests. (Smith 2010)

Smith explains that the main term for cost-reducing strategies in President Obama's health care bill is 'comparative effectiveness research'. This term means in plain words that the most effective treatments are determined by statistics. As an example functions a study that proves that generic drugs work in the same way as branded drugs. This tactics are of course not immune to marketing as well as lobbying and their influence on which drugs are labeled 'most effective'. As an example functions the proposed treatment for overweight teens and children, i.e. gastric surgery; a method that is rapidly increasing in the United States nowadays. The companies which produce gastric bands for this surgery are urging the FDA (Food and Drug Administration) to decrease the age limit for gastric surgeries to 14, which would open up a prospective market with many new patients. If the FDA gives in to this pressure, government programs such as Medicaid could be asked to respect and carry out payments for gastric surgeries as the 'most effective available' treatment for obesity in teenagers. In this step of the whole 'comparative effectiveness research' process, gastric surgeries would be labeled the 'most

effective treatment', however, Dr. Edward Livingston of the University of Texas Southwestern Medical Center holds a completely different opinion. Dr. Livingston has carried out gastric surgeries on adults for the past 17 years and reports that in many cases the patients regain weight after the surgery because their whole lifestyle and food habits did not change. As a consequence, an increased awareness of a healthy lifestyle among the public should be the goal, and not gastric surgery, is Dr. Livingston convinced. (Smith 2010) Dr. Walter C. Willett, chair of the Department of Nutrition at the Harvard School of Public Health, suggests a different approach to cost reducing methods. It is called 'choice architecture' in social sciences, and it is best explained by showing how it works with an example. Dr. Willett's goal is it to reduce heart disease and this can be achieved by little changes in the everyday environment of people in order to enable them to make better choices. Snack machines banned from hallways, city centers made more walkable and healthier menus in restaurants could be alternatives. Dr. Willett also suggested some national policy changes, such as healthy food in the food-stamp program, reducing targets for contained salt in food, establishing physical education in every school, and set the requirement of sidewalks and bike lanes in every federally funded road project. Certainly, those ideas seem brilliant to everyone who has common sense, but Smith is realistic by asking the following question: "[…] who will push for theses changes when the alternative treatments such as surgery are worth hundreds of millions of dollars in new revenues for medical device makers and providers?" Smith concludes that unless this whole wrong system is not changed, President Obama's health care reform will not be able to reduce costs as promised. (Smith 2010)

Many doubts arose about the costs President Obama's health care overhaul will create. Some of the reasons for these doubts are reported on by Trumbull (2010). One of the issues in connection with costs was the tax reduction of the so-called 'Cadillac' plans. It is stated that this reduction was carried out by President Obama due to the pressure of the labor unions. The scale back of the Cadillac plans tax gives reason for worries, as this was planned as a revenue raiser. As it was reduced, it certainly can not add to the entire health care system as this had been planned before. According to *Kaiser Health News* such a 'Cadillac' insurance plan is a high-cost policy that holds many benefits for the insured person: low deductibles and coverage of even the most expensive medical treatments. (Gold 2010). The second reason for worries about costs of Obama's health care plan was the premium

payments insured people have to pay in the private sector. In other words, insured people still have to pay high insurance premiums and out-of-pocket expenses. How much money President Obama spends on the whole health care renewal does not influence those payments. Third, the public is worried because certain factors, i.e. certain healthcare spending, are not included in President Obama's health care bill. An example is the 371 billion dollars for the so-called 'doc fix', which is a prevention of annual cutting of reimbursements paid to doctors. In general, Trumbull states that all those figures are perceived with an uncertainty, which could be an advantage, but also a disadvantage. A negative effect of this uncertainty would become reality if more employers than expected opt to drop the health care benefits. Positive developments could be seen in a faster than expected development of new models of health care. (Trumbull 2010)

On February 23, 2010, Meckler and Adamy reported on a new health care proposal by President Obama, which contains some amendments to the already introduced health care reform. Those additional ideas included were in general: "adding more spending, more subsidies and a revised mix of taxes" (Meckler and Adamy 2010) The White House officially announced that President Obama's February 2010 health care proposal mainly kept all the benefits of the Senate bill, but included more affordable health insurance for lower- and middle-income US citizens. Moreover, 31 million additional Americans would be insured by granting them tax credits in order to compensate the coverage costs. In addition, the Medicaid federal-state insurance program would be expanded. (Meckler and Adamy 2010)

President Obama was criticized by unions for his reduction of taxes on 'Cadillac' insurance plans. Meckler and Adamy (2010) explain the outcome of this tax back scale. The Senate Plan wanted this tax on the 'Cadillac' insurance plan to be their main revenue, however, President Obama's cutback reaches only one fifth of the amount the Senate has planned. The Obama plan would only be associated with family plans that have the worth of minimum $27,500. Another change to the Senate plan would concern couples who earn more than $250,000 per year – they will have to face higher Medicare taxes. With the Obama plan more reduction to Medicare Advantage, a program under which senior citizens receive their Medicare benefit through private insurers, will be made. This is done to assemble money in order to generate subsidies for lower earners in order to help them buy health care coverage. President Obama kept from the Senate bill the following provision: there is no

government-run health care plan or public opinion included in the proposal that would raise competition with private insurers. (Meckler and Adamy 2010)

Certainly, it is President Obama's duty to comment and defend his health care proposal. He is reported of referring to his health care law when speaking to a gathering in Washington, "You may have heard once or twice that this is a job-crushing, granny-threatening, budget-busting monstrosity. That's about how it's been portrayed by opponents" (Angle 2011) Obama in part grounds his defense on a Health and Human Services Report, which states that his law will save families money. Indeed, this report says, after having taken into account a 2009 analysis from the Congressional Budget Office, that some provisions will decrease the average premiums of around 7 to 10 percent. This above mentioned report, however, also states that other premiums will be 27 to 30 percent higher. Michigan Rep. Dave Camp, the Republican chairman of the Ways and Means Committee, responded to this discussion by saying: "This report would be laughable if it wasn't so disingenuous. The facts remain clear: the Democrats' health care law increases health care costs." (Angle 2011) Having said this, granting waivers also seems to be of concern in connection with health care costs. Angle reports that the government under President Obama has granted 3 times more waivers to employers who are not able to meet the demands of Obama's new law than the number of waivers granted before. Jim Capretta of the Ethics and Public Policy Center holds the opinion that by granting those waivers, the government admits that they have to make exceptions to the law, otherwise they would end up with more uninsured American citizens. John Goodman of the National Center for Policy Analysis drives this thought even further by saying that the administration under President Obama "is trying to force workers to have a health insurance plan that's more expensive than they or their employers can afford." (Angle 2011) In addition, Goodman worries that the new law will have some other scary effects, namely that firms or companies will not buy insurance for their employees and thus pay a fine, or simply employ fewer people. Another possibility, according to Goodman, would be temporary work or the employment of contract laborers. He says that already now hundreds of companies state that they can not meet the requirements of President Obama's new health care law. Angle refers to Goodman, who explains what the main costs of the new health care plan, according to his opinion, are: until 2014 everyone will have to have insurance, which American citizens either get through their employer or state-run exchanges. Those people who

earn 80 thousand dollars or less per year will receive federal subsidies. If a citizen is eligible for those federal subsidies, he or she is granted lower premiums. Goodman believes that this is the most cost-intensive part of President Obama's new health care law. (Angle 2011)

A 2009 article by Peter Grier recalls the reasons why President Obama regards the control of healthcare spending as one of the most important goals next to expanding health insurance to American citizens who now do not possess healthcare coverage. "[…] almost all the projected growth in the federal deficit will be caused by rising interest payments on the national debt and increased Medicare, Medicaid, and Social Security costs […]" (Grier 2009) According to the 2009 CBO (Congressional Budget Office) budget discussion, the spending for Medicare and Medicaid by 2080 will be the same size as the budget is today, which is an alarming estimation. In addition, experts estimate that 56 percent of the cost growth in Medicare and Medicaid in the following 25 years will be caused by the so-called excess cost growth. This term means "[…] an increase in medical spending per person, over and above normal inflation." (Grier 2009) This increased spending of money is mainly due to new medical technology, which is of course more expensive, new drugs, and other health-related innovations. Certainly, those innovations increase the costs for medical spending. However, supporters of Obama's health care bill see some advantages of the 'excess cost growth': they believe that the CBO cost predictions do not consider money which can be saved by increased efficiencies, such as computerization of medical records, which could save time and money. Alice Rivlin, a former CBO chief, is quoted: "Comprehensive health care reform means finding ways to deliver health care more efficiently, and that will help us restrain the rate of growth of government spending over the long run." (Grier 2009) The question remains how that comprehensive health care is being carried out.

How Medicare and other government-run programs are treated under President Obama's health care reform is explained by Amy Goldstein. She quotes the President who wants to reduce Medicare spending by sharing Medicaid and children's health-care spending with states. Those recommendations would save the nation $290 billion over the next 10 years. It is a fact that President Obama made almost no changes to the existing entitlement programs, which is opposed by Republicans. They would have liked to see some changes such as changing Medicare into a voucher program and Medicaid into block grants. Those block grants,

however, would grant more power to states in order to reduce benefits and expel people from the program. President Obama promised in a speech delivered at George Washington University that he will keep programs such as Medicare. One of the main factors in Mr. Obama's Medicare envision is the creation of a controversial board, which will have the power to find ways of reducing the spending of money if the costs rise faster than certain limits allow. More specific, the work of this council will be activated if the costs increase by one percent faster than the GDP (Gross Domestic Product). This board, known as the Independent Payment Advisory Board, makes suggestions and recommends steps to reduce Medicare costs to Congress. However, if the Congress does not react, the Department of Health and Human Services secretary is enabled to take the steps in order to reduce Medicare spending. This fact is opposed by many Republicans, because they believe it would weaken Congress' authority. Health-policy specialists, regardless their political affiliation, wonder about the possibility of reducing Medicare spending without significantly changing the way of health care's payment and delivery. Gail Wilensky, a senior fellow at Project Hope who operated Medicare and Medicaid with former President George H. W. Bush, is quoted: "If we don't redesign what we are doing, we can't just cut unit reimbursement and think we are somehow going to get a better system." (Goldstein 2011) This argument seems to be logical also to President Obama; this is probably why he created a working group that produced recommendations of how to reduce health care spending. Among the recommendations were suggestions that would create deductions on medical drugs for American citizens who are under government drug coverage and fulfill the criteria for both Medicare and Medicaid. However, this idea failed to become part of the final law. It seems that many ideas did not make it into the final proposal, such as "changes to payments for doctors who treat Medicare patients, a possible repeal of a new government program to insure long-term care, reductions in subsidies for medical education and new restrictions on private coverage to supplement Medicare." (Goldstein 2011) Certainly, those changes would bear disadvantages for some people, however, on the long run it would limit health care spending significantly. In a time where people are naturally worried about their country's fiscal politics, it leaves people to wonder why those changes did not become part of the new health care law. However, there are changes that President Obama included into the final health care law. A main change effects the way Medicare and Children's Health Insurance Program (CHIP) are being

paid for. Those two programs are jointly paid for by the federal government and states. How much the federal share of the payment exactly is, is dependent on the state's wealth. Of course, the federal government is of more financial assistance to states that are rather poor. Before ObamaCare, the two programs Medicare and CHIP had separate formulas for what the federal and what the state's government is paying, but the new health care law by President Obama seems to complicate the whole financial situation. Now, each state receives a single 'blended' rate for both programs while the federal government covers the entire costs for the first few years of Medicaid for people that are granted Medicaid insurance with the new law. The whole situation seems confusing, and that is why a senior administration official was asked to clarify the situation. He responds: "[…] 'the intent is to simplify the program,' adding that states might save money over the long term but that the details have not been worked out." (Goldstein 2011)

4.3. Limitation Of Freedom

The public in the United States, the commonly known "Land of the Free", is worried about the loss of their freedom in choice-making concerning their health care. Ms. Betsy McCaughey Ross (more on her in the section "Death Panels and Euthanasia" of this Diploma Thesis) expresses her concern very fiercely: "The Obama Health Law is a bruising blow to American freedom and medical excellence. But the war is not over. It cannot be. There can be no negotiation between freedom and coercion." (Ross McCaughey 2010:1) McCaughey is very consistent in her mission to inform people about the dangers of ObamaCare. "It will lower your standard of care, put the government in charge of your care, and take away something as precious as life itself: your liberty." She justifies her opinion by saying that the government will dictate the treatments doctors will give their patients, otherwise physicians will face a penalty. (Ross McCaughey 2010:1) McCaughey states that the freedom of people has never been so limited, and she is certain that the Constitution will not allow such practices. (McCaughey 2010:4) This decision will be made by the United States Supreme Court in 2012.

One of the main issues regarding the loss of freedom was the so-called public option. Cohen and Balz explain what this term means, namely "the idea of a government-sponsored health insurance option". For a European, it is hard to

understand why Americans are against such an option. However, taking into consideration the public's fear of losing their freedom, this point of view becomes understandable; in fact for the people a governmental health insurance would mean that they are no longer able to decide which health insurance they want to contract with. As a consequence, private health insurance companies would have to compete with these government-run health insurance plans, which is certainly not what the private health insurances would want to be faced with. It seems clear that the private health insurance companies and most Republicans are against this public option. Thus, it is no surprise that Sen. Olympia J. Snowe "urged the president to abandon the so-called public option." (Cohen and Balz 2009) She is quoted: "'It's universally opposed by all Republicans in the Senate, […] there's no way to pass a plan that includes the public option.'" (Cohen and Balz 2009) According to a 2009 public opinion poll, opposing opinions concerning Obamacare among the public would decrease by 6 percent if the public option was removed from the Health Care Plan. Also, this opinion poll shows that support for Obamacare would rise to 76 percent (from 46 percent) if this public option would only be limited to those people who are not able to afford private health insurance. Overall, one gets the feeling that Americans simply detest the idea of the government having too much power. "Nearly half of all Americans, 45 percent, say the reform plan would create too much government involvement in the system […]." (Cohen and Balz 2009)

Pipes also opts for a free market and is clearly against government involvement. She is sure that a free market itself will solve the health related problems: "If we want efficiency, low costs, and high quality service, we need to let the market do its work." (Pipes 2010:28) She justifies her opinion by saying that more spending for bureaucracy would never solve the problems that the United States health care system has right now.

Politicians engage in this discussion as well. The Republican politician Sarah Palin states on her Facebook page:

> Nationalizing our health care system is a point of no return for government interference in the lives of its citizens. If we go down this path, there will be no turning back. Ronald Reagan once wrote, "Government programs, once launched, never disappear. Actually, a government bureau is the nearest thing to eternal life we'll ever see on this earth." Let's stop and think and make our voices heard before it's too late. (Sarah Palin "Statement on the current health care debate" 2009)

Clearly, Mrs. Palin is strictly against government involvement and the thus resulting loss of freedom in choice-making. She even dramatizes this issue by saying

a government program is a “point of no return”. This certainly scares the public by making them afraid of governmental programs in general.

Hatter’s article on *Now Public* draws a new light on people’s loss of freedom and faith in the United States. (Hatter 2009) She reports that for a very long time people in the U.S. have felt betrayed by their government. American people voted for certain representatives because they promised actions and innovations that never took place after the election. In addition, American citizens believe that the actions politicians take are mainly not in the interest of the people. By saying this, Hatter explains the roots of people’s attitudes against their government. This is also evident in the way the government is portrayed in the media, namely that the sole word ‘government’ is “spoken in low, snarling and ominous tones […]” (Hatter 2009) This is certainly one of the reasons why people feel uncomfortable, if not even insulted, by the thought that the government is interfering in the health care system. Hatter reports that among the American public, people have the feeling that the new health care law “takes resources away from truly worthy citizen recipients to be given to those who are being characterized as undeserving, undocumented persons, also known as ‘illegal aliens’, in conjunction with care being dispensed to other American citizens, who are being characterized as lazy, nonproductive members in American society.” (Hatter 2009)

Wolf reports on some protesters’ opinion concerning their felt loss of freedom: “This tax-and-spend government wants to limit our freedom and erode peoples’ rights […] We’re building a giant bureaucracy headed to fascism using untruthfulness and lies.”, one of the protesters is quoted. (Wolf 2009) A gathering in Minneapolis listened to what President Obama had to say. He seemed to be aware of the ongoing activities, that is why he probably announced: “This is when they’ll spread all kinds of wild rumors to scare and intimidate people.” (Wolf 2009). Indeed, interesting tactics were carried out to shock the public. As reported by Carol Wolf, one protester at the Washington rally showed around sheets of paper depicting Obama with a Hitler-like moustache. This most likely stands in connection to the euthanasia and Nazi programs accusations, which will be in depth dealt with in the following subchapter. At some of the protesters’ signs Obama was displayed as the “Joker”, the bad person in the Batman movies and books. (Wolf 2009) Such accusations seem to have an effect on the public as they are influencing the citizens’ opinion.

Tully (2009) summarizes the main freedoms that Americans would lose, according to his opinion, under President Obama's health care plan. He has a very opposed attitude to the new health care law. Tully states clearly: "[…] the Obama platform would mandate extremely full, expensive, and highly subsidized coverage – including a lot of benefits people would never pay for with their own money […] (Tully 2009). The first freedom people would lose under President Obama's new health care law would be the "Freedom to choose what's in your plan". (Tully 2009) Tully explains that every American citizen is required to buy insurance which is subject to restrictions determined by the government. Qualified insurance plans are offered by health-care 'exchanges' which are installed in each state, respectively. However, Tully sees a problem in the price-performance ratio of those exchanges. The reason for this is that the government decides on the minimum of benefits those plans offer. With the new health care law, states demand those so-called 'standard benefits packages'. For Tully, this is a main cause for the rising costs of Obama's health care plan. As a consequence of those lists of minimum benefits, Tully believes that certain groups, for example chiropractors or alcohol-abuse councelors, will perform lobbying in order to get included in those lists. In addition, President Obama's health care plan gives authority to the Department of Health and Human Services to include certain benefits in the list, founded on recommendations of experts. He holds the opinion that Americans would therefore not even exactly know what is in their insurance plans until ObamaCare becomes law.

The second freedom, according to Tully, that American citizens would lose under President Obama's health care plan would be the "Freedom to be rewarded for healthy living, or pay your real costs". He explains that with ObamaCare, an entity called community rating would become part of the law. This term means that every insured person pays the same amount for their health insurance, not taking into account the age of a person or their medical condition. Tully has two reasons why he is opposed to 'community rating': First, young people, who do not cost the health care system as much as older people, have to, as a consequence, pay far more than they cost, which grants older people a certain benefit. Tully provides an example: image a 20-year-old takes up $800 a year for visits to doctors or medical prescriptions; however, this person still pays $2,500. A senior citizen aged 62 would perhaps cost the health care system $7,500 a year, but only pays $5,000. The second reason for being against community rating Tully mentions is the fact that

insurance companies do not take into consideration the health condition of their customers. If a patient suffers from a preexisting condition, he certainly has an advantage. However, if the insured person maintains a healthy lifestyle, he or she is not being rewarded for his or her excellent health. Tully draws an interesting comparison: “It’s as if car insurers had to charge the same rates to safe drivers as to chronic speeders with a history of accidents.” (Tully 2009)

The third freedom the American people would lose with ObamaCare is the “Freedom to choose high-deductible coverage”. (Tully 2009) Tully values a free market very highly and has the feeling that under the new health care law, this freedom is threatened. He reports on the health system in regard to deductibles before ObamaCare. Back then, employees paid tax-free money into so-called Health Savings Accounts (HSA) while receiving a matching payment from their employers. Before ObamaCare, preventive care was reimbursed by the health insurance, however, all other payments such as routine doctor visits and tests had to be paid with the employees’ own money taken from the HSA. Tully regards this as an advantage, as with the above described system the patients were much more aware of costs. He believes that if all your expenses are reimbursed, people are not cost-conscious concerning health care expenses. As the government with President Obama’s new health care law has the power to demand the above mentioned minimum packages, patients no longer have the freedom to decide for an insurance plan that would reimburse only the major medical expenses. Tully quotes John Goodman of the National Center for Policy Analysis, who has the opinion that the government by installing low deductibles would, as a consequence, reduce HSAs.

The “Freedom to keep your existing plan” has been discussed intensively. (Tully 2009) President Obama has often promised American citizens that they will be granted the freedom to keep the insurance plan that they already have. However, Tully reveals that for many employees, this is not the case. American law divides insured people into two categories: the first category is workers in big companies such as General Electrics, who are covered by the Employee Retirement Security Act (ERISA) of 1974. Those big companies with the ERISA program have the freedom to be self-insured, meaning that those companies are able to pay reimbursements out of their cash flow. Due to the freedom enabled by the ERISA program companies have many possibilities, such as to reward workers for their healthy lifestyle. Obama’s new health care law grants those companies and their

employees with ERISA the period of five years to keep the plan that they already have. After this time is over, the big companies will have to offer the federally approved insurance plans with all the consequences mentioned before. Tully states: “So for Americans in large corporations, ‘keeping your own plan’ has a strict deadline.” (Tully 2009) The second group of insured people are employees who are not insured with ERISA, but maintain coverage either on their own or through small businesses. Now with President Obama’s health care plan, all those small businesses have to offer only ‘qualified’ plans determined by the government via the exchanges. As President Obama promised, all employees who got their insurance before his health care plan became law are allowed to keep their already existing plan. However, if anything changes in the plan they have, such as deductibles or a switch in coverage for a certain drug, they are excluded from their plan and are as a consequence forced to gain a new plan with President Obama’s law containing the lists of minimum benefits etc. On the average, health insurance plans change every year, thus it is very likely that those people will have to change their insurance plan to the ‘qualified’ plans by President Obama’s government within 12 months.

The fifth and last freedom American people fear to lose is the “Freedom to choose your doctors”. (Tully 2009) Tully explains that all Americans that get insurance with President Obama’s health care law by buying coverage through the exchanges are required to receive care through the so-called ‘medical home’. This entity is similar to HMOs. With the medical home program the patient is assigned a primary care doctor. This doctor has the power to forward the patient to certain specialists. Also in the primary doctor’s power is the decision of the type of treatment or the service which is best for the patient and he or she thus determines when a person needs to see a specialist. In addition, there are certain gatekeepers that prescribe treatments that have proven to be most cost-effective. Tully sees a potential problem for this medical home entity, which already existed in the HMO program; i.e. with the HMO program, doctors received financial rewards for denying patients the care they needed. (Tully 2009)

4.4. Death Panel Rumor And Euthanasia

Brendan Nyhan, a Robert Wood Johnson Scholar in Health Policy Research at the University of Michigan, wrote an interesting paper on the death panel myth and how it influenced the public opinion on Obama's Health Care proposal. In general, Nyhan found out that misinterpretation of a proposed legislation is encouraged by elites who are against those proposals due to their ideologies. That misperception deforms the debate in the United States; it is misleading for many Americans, and it destructs the reputation of the proposed bill before Congress. (Nyhan 2010:4)

According to the New York Times online edition, the public has been worried about that "President Obama's health care proposals would create government-sponsored 'death panels' to decide which patients were worthy of living […]" (Rutenberg and Calmes 2009) People seem to be concerned not only about the creation of death panels, but also about the refusal of granting critically ill persons medical support. The rumor of death panels was fed, besides by Former Alaska Gov. Sarah Palin, through pro-abortion and pro-euthanasia discussions. Certainly this was tremendously disturbing for the anti-abortion conservatives.

It seems that first the democrats wanted to include to the health care plan a provision that would authorize Medicare to finance "potentially life-saving interventions later in life". (Rutenberg and Calmes 2009) However, because of the possible misinterpretation and incorrect implementation, this well-meant provision was declined by the Senate.

A supporter of Obama's health care plan states his opinion on the ongoing death panel debate: "'I guess what surprised me is the ferocity, it's much stronger than I expected.'" He continues by saying: "'It's people who are ideologically opposed to Mr. Obama, and this is the opportunity to weaken the president.'" (Rutenberg and Calmes 2009) With the President's election in November 2012 not too far in the future, the moment to weaken President Obama's reputation is certainly wisely chosen.

Another issue concerning death panels is being brought forward by Angie Holan. She interviewed Ian Dowbiggin, a history professor who wrote several books on medical history. According to Dowbiggin, the phrase death panels evokes pictures of the euthanasia program of Nazi Germany, which refused life-saving health care to individuals who were seemingly not useful for the whole society. Downbiggins admits that people easily find similarities with those practices when the government is more

and more involved in a health care system, however, "[…] the Nazi example should be used very advisedly." (Holan "PolitiFact's Lie of the Year: 'Death Panels'" 2009) Furthermore, he discusses the effects that the Nazi comparison has on the political discourse: opponents of the health care reform use this image for their advantage, as they are dramatizing the issue as much as they can to fuel the opposition. However, health care policy experts from both the Democratic and the Republican party said that the comparisons of the health care bill to euthanasia practices were "inaccurate". (Holan "PolitiFact's Lie of the Year: 'Death Panels'" 2009)

Nyhan (2010:9) provides a table showing how and by who the death panel myth was spread in summer 2009:

Speaker	Media outlet	Date
Betsy McCaughey	The Fred Thompson Show	7/16/09
Betsy McCaughey	*New York Post* op-ed	7/17/09
Sean Hannity	The Sean Hannity Show	7/17/09
Laura Ingraham	The Laura Ingraham Show	7/17/09
Rush Limbaugh	The Rush Limbaugh Show	7/21/09
Betsy McCaughey	Wall Street Journal op-ed	7/23/09
Rep. Boehner (R-OH)	Press release	7/23/09
Rep. Bachmann (R-MN)	House of Representatives speech	7/27/09
Peter Johnson Jr.	Fox News Channel	7/27/09
Rep. Foxx (R-NC)	House of Representatives speech	7/28/09
Washington Times	Editorial	7/29/09
Sarah Palin	Facebook posting	8/7/09
Glenn Beck	The Glenn Beck Program	8/10/09
Rush Limbaugh	The Rush Limbaugh Show	8/10/09
Sen. Grassley (R-IA)	Town hall in Winterset, IA	8/12/09
Rush Limbaugh	The Rush Limbaugh Show	8/13/09
Rep. Broun (R-GA)	American Conservative Union letter	8/14/09

(Brendan Nyhan "Misinformation in the Health Care Reform Debate" 2010, p. 9)

Nyhan notes that mostly conservatives made negative remarks on Obama's health care plan, which can be observed in the table above. In addition, the table shows how influential the media has become, as most of the accusations were made through the internet or on television.

Michael Scherer (2010) wrote an article on the impact of the 'news cyclone', meaning the new means of media on the internet that have become more and more important in image-building and politics, e.g. YouTube, Facebook or Twitter. In general, Scherer explains that there is a constant discussion on political topics, including health care reform, on those platforms. Certainly, Sarah Palin's statements on Facebook had a great impact on the public. "Last summer, a single phrase – 'death panels' – nearly derailed health care reform […]. That there was no proposal for anything that resembled a death panel did not matter; the idea went viral anyway." (Scherer 2010) It seems obvious that shocking statements make their way into the heads of individuals and influence them tremendously in their opinion on certain topics. Moreover, this effect can be intensified by the new means of media and the access to internet platforms. "The current media culture doesn't reward getting things done in government. It rewards saying the most outlandish things.", Dan Pfeiffer, President Obama's communications director, is quoted. (Scherer 2010) Indeed, in the whole discourse on death panels the facts seem not to be in the center of the discussion. It seems that Sarah Palin is trying to attack the emotional part of every American individual. This has far-reaching consequences on the public's opinion, however, President Obama's advisors try to use the news cyclone to create something positive for the President: "You can't really control it [news cyclone] […] You've just got to sort of edge it in one direction or another" (Scherer 2010)

As mentioned above, Former Alaska Gov. Sarah Palin was the initiator of the term death panel. One of the first times this term was mentioned was on Sarah Palin's Facebook page where she writes: "The America I know and love is not one in which my parents or my baby with Down Syndrome will have to stand in front of Obama's "death panel" so his bureaucrats can decide, based on a subjective judgment of their "level of productivity in society," whether they are worthy of health care." Further, she explicitly states, "such a system is downright evil." (Palin 2009 "Statement on the Current Health Care Debate") Such statements certainly fuel the already existing fear among the public and also enhances the discussion on President Obama's Health Care politics.

President Obama reacted to the accusation of the death panel by saying: "I guess this arose out of a provision in one of the House bills that allowed Medicare to reimburse people for consultations about end-of-life care, setting up living wills, the availability of hospice […]" (Sarah Palin 2009 "Concerning the 'Death Panels'")

President Obama explicitly states what he intended with this bill: “So the intention of the members of Congress was to give people more information so that they could handle issues of end-of-life care when they’re ready on their own terms. It wasn’t forcing anybody to do anything.” (Sarah Palin 2009 “Concerning the ‘Death Panels’”). However, on her Facebook page Sarah Palin clearly formulates her opinion on this issue, namely that she thinks the elderly, the sick, and the disabled would face unjust treatment by such a government. Mrs. Palin explains the Section 1233 of HR 3200, which is called “Advance Care Planning Consultation”. This section of the bill entitles consultations for patients on Medicare every five years and whenever there is a major change in the health condition of the patient. Moreover, it gives insight into what such consultations mean: doctors explain to the patients all the means available for end-of-life services as well as palliative care and hospice. In addition, doctors give information on what services the government pays for. Sarah Palin reminds her readers that these consultations are part of a bill “whose stated purpose is ‘to reduce the growth in health care spending.’” (Sarah Palin 2009 “Concerning the ‘Death Panels’”) She continues by asking the following rhetorical question: “Is it any wonder that senior citizens might view such consultations as attempts to convince them to help reduce health care costs by accepting minimal end-of-life care?” (Sarah Palin 2009 “Concerning the ‘Death Panels’”) Further, Palin refers to the journalist Charles Lane from the *Washington Post*, who generally shares her view on the health care reform. Lane is quoted to having said that patients may refuse to go to those consultations without having to fear any consequences, however, they will most likely bend to the doctor’s authority and accept minimal end-of-life counseling. A supporter of Section 1233 holds the opinion that certainly no senior citizen is put under pressure to make a decision the person does not want to, however, Charles Lane considers this as being unrealistic. Eugene Robinson, a columnist and supporter of the health care plan, admits that an uncertainty among the public emerges: “If the government says it has to control health-care costs and then offers to pay doctors to give advice about hospice care, citizens are not delusional to conclude that the goal is to reduce end-of-life spending.” (Sarah Palin 2009 “Concerning the ‘Death Panels’”) Sarah Palin sees another problem in this Section 1233. According to Dr. Ezekiel Emanuel, a health care advisor to President Obama, end-of-life counseling should not be guaranteed to people who will most likely not become participating citizens because of their illness; an example would be patients with dementia. Sarah Palin’s

“Written Testimony Submitted to the New York State Senate Aging Committee” contains her opinion that such ideas are shocking, however, they could easily be used by the government to determine the health treatment of patients. She clearly states: “We must ensure that human dignity remains at the center of any proposed health care reform”. (Sarah Palin “Written Testimony Submitted to the New York State Senate Aging Committee” 2009) As a conclusion, Sarah Palin states that this Democratic health care proposal will lead to a rationed health care system and will thus never lead to a good health care reform. (Sarah Palin “Concerning the ‘Death Panels’” 2009)

In Sarah Palin’s “Written Testimony Submitted to the New York State Senate Aging Committee” of 2009 she provides a definition of the term death panel, one that she invented: “The fact is that any group of government bureaucrats that makes decisions affecting life or death is essentially a ‘death panel.’” She refers to Jim Towey, the former head of the White House Office of Faith-Based Initiatives, who holds the opinion that the death panel policy is already in practice when it comes to the treatment of veterans. Towey is convinced that what starts with simply reducing costs, can easily develop into denial of care. (Sarah Palin “Written Testimony Submitted to the New York State Senate Aging Committee” 2009)

Holan responds to Palin’s release on her Facebook page. She clearly states that Palin’s interpretation of HR 3200 on *Facebook* was not what President Obama or any other Democrat intended. The author says she has read all the 1000 pages of the Health Care proposal and has not found any death panel or line in it that would judge people’s level of productivity for society and, as a consequence, a determination of worthiness of health care treatment. Holan also states clearly that the counseling sessions proposed by President Obama are “completely optional.” (Holan “’Death Panel’ not found in any health reform bill” 2009) On the web page *Politifact.com* Holan again stresses the fact that those counseling sessions are indeed not mandatory. The bill simply suggests that Medicare would reimburse doctors for their counseling sessions on living wills and health care directives. (Holan “PolitiFact’s Lie of the Year: ‘Death Panels’” 2009) In addition, Holan reports that Palin may have incorrectly interpreted Obama’s and his administration’s efforts to enhance comparative effectiveness research. According to Holan, this research has no connection to an evaluation of patients for their worthiness. On the contrary, comparative effectiveness research’s goal is to evaluate which treatment has better

quality compared to other treatment options. With this research, Obama and his administration intended to simplify the process for doctors, health care workers, insurance companies, and patients of finding the most effective treatments. This process is determined by clinical studies and other research. Moreover, the bill does not force doctors or patients to chose either one of the treatment options. To conclude, Holan announces that HR 3200 does not include any death panel nor does it encourage euthanasia. (Holan "'Death Panel' not found in any health reform bill" 2009)

Sarah Palin reacted on November 17, 2009 by saying that she did not regret what she said about death panels. More precisely, she responded as following:

> To me, while reading that section of the bill, it became so evident that there would be a panel of bureaucrats who would decide on levels of health care, decide on those who are worthy or not worthy of receiving some government-controlled coverage. […] Since health care would have to be rationed if it were promised to everyone, it would therefore lead to harm for many individuals not able to receive the government care. That leads, of course, to death. (Holan PolitiFact's Lie of the Year: 'Death Panels" 2009)

Certainly questionable is that Palin's statement concerning health care for everyone would in the end lead to death. As far as it is known, Obama's health care plan was introduced to grant health care to every U.S. citizen, as opposed to the system before, where only people who could afford health care were granted adequate treatment. Thus, it seems logical that the new health plan would not increase death of citizens, but increase the health care services people receive.

Palin continues her statement and explains why she used the phrase death panel:

> The term I used to describe the panel making these decisions should not be taken literally, […] The phrase is "a lot like when President Reagan used to refer to the Soviet Union as the 'evil empire'. He got his point across. He got people thinking and researching what he was talking about. It was quite effective. Same thing with the 'death panels'. I would characterize them like that again, in a heartbeat. (Holan PolitiFact's Lie of the Year: 'Death Panels" 2009)

Another accusation coming from the Conservatives was brought forward by Ms. Betsy McCaughey, who had already criticized former President Clinton's Health Care proposal in 1994. She holds the opinion that ObamaCare would create a system that monitors doctor's treatments in order to make it cost-effective. Thus, the government would decide whether the treatments are appropriate or not. However, it is a fact that the legislation is not giving coordinators the power to interfere in doctor's decisions of patients' treatments. (Rutenberg and Calmes 2009)

Betsy McCaughey, a former lieutenant governor of New York, shares the opposing opinion with Palin. McCaughey publicly stated that parts of the health care bill "would deliberately drive the elderly to early graves". (Dwyer 2009) Though this claim was rejected by many authorities including The White House, McCaughey's accusation was still a reason for worries on the Democrat's side. A reason for this is McCaughey's immense popularity and the thus resulting power she possesses. As an example for her power serves her 1994 article which influenced the rejection of a plan by Hillary Rodham Clinton. After this, Betsy McCaughey became a political star. Recently, McCaughey has mainly written pieces on decreasing hospital infections. Ms. McCaughey has made her opinion on the health care bill very clear in the public. She stated that on her first reading of the 2009 health care proposal she considered it as "disgusting" (Dwyer 2009) Betsy McCaughey goes in tenor with Sarah Palin when she argues that the provision of mandatory counseling every 5 years for Medicare patients would tell those people how to end their lives sooner. She goes on by saying "it encouraged people to cut their lives short 'in society's best interest'" (Dwyer 2009) When McCaughey was a guest at a U.S. American TV Show, she told the host that she considers it good that doctors would get payments for end-of-life counseling sessions, however "putting pressure on doctors to require patients to got through a consultation that's prescribed by the government […] and then to penalize them if the patient or their family changes their mind about their living will in a moment of crisis, that's really wrong." (Dwyer 2009) The TV Show host said in reply: "It would be really wrong if that was in any way what this said." (Dwyer 2009)

An article by David Saltonstall suggests that former lieutenant Governor Betsy McCaughey talked about end-of-life counseling repeatedly. On July 16, 2009 McCaughey "called the bill 'a vicious assault on elderly people' that will 'cut your life short'". (Saltonstall 2009) In a column on July 24, 2009, Ms McCaughey stated that President Obama's advisors in general do not give much about elderly people with Parkinson or a child with a perilous illness. The former lieutenant Governor considers her articles an "important public service". (Saltonstall 2009) She suggests that the members of Congress had not even been adequately reading the health care provision that was suggested in 2009. She considers this shameful. However, McCaughey publicly stated that she did not intend to use scare tactics to fight or even stop President Obama's health care plan. She told a newspaper: "If I were motivated to employ any tactics of that nature, I wouldn't be citing with precision the

provisions of the bill." (Saltonstall 2009). Other critics of Betsy McCaughey accused her of a conflict of interest, because they can prove that she received payments from Genta Inc., a drugmaking company, as well as from Cantel Medical Group, a company that produces medical equipment. Of course, McCaughey rejects any accusation of a conflict of interest by saying this would be "ridiculous". (Saltonstall 2009)

Richert also reports on McCaughey's opinion on the health care proposal of 2009. McCaughey again complains about the provision of the bill concerning the end-of-life counseling sessions. In addition to what McCaughey has already said about the health care bill, she states that "those sessions would help the elderly learn how to 'decline nutrition, how to decline being hydrated, how to go in to hospice care… all to do what's in society's best interest […]and cut your life short'" (Richert 2009). As those sessions would monitor health care treatments to see which are the, roughly said, cheapest, the elderly would suffer the most and would in addition be denied health care services, according to McCaughey. In tenor with McCaughey, Rush Limbaugh said on his TV show on July 21, 2009 that he considers those counseling session "an invasion of the right to privacy". (Richert 2009)

As McCaughey and other opponents to the health care proposal often rely on the bill itself, Richert's article restates the passage of the bill concerning end-of-life counseling sessions in order to avoid unclarity:

> Such consultation shall include the following: An explanation by the practitioner of advance care planning, including key questions and considerations, important steps, and suggested people to talk to; an explanation by the practitioner of advance directives, including living wills and durable powers of attorney, and their uses; an explanation by the practitioner of the role and responsibilities of a health care proxy. (Richert 2009)

The bill also states that Medicare would cover such a session every five years, however, if the medical condition of the patient would change significantly, Medicare would also cover extracurricular sessions. In the original text of the health care bill, the word "mandatory" is not used anywhere. Two other popular figures in the US, namely the vice president of public policy for the National Hospice and Palliative Care Organisation, Mr. Jon Keyserling, and Jim Dau, national spokeman for AARP (American Association of Retired Persons), are supporters of the health care reform and also believe that the counseling sessions are not mandatory. Mr. Keyserling believes that the bill does certainly not force seniors to make decisions that would end their lives, but it gives them the opportunity to have counseling for decisions that

require time and thoughtfulness. Mr. Dau responds that McCaughey's comments were "not just wrong, they are cruel". (Richert 2009). He and Mr. Keyserling are especially bothered that Betsy McCaughey repeatedly stated that the counseling sessions would be mandatory, because they are definitely not, according to them. Mr. Keyserling and Mr. Dau have given special attention to the exact wording of the Section 1233 of the bill and came to the conclusion that "this new consultation is just like all in Medicare: it's voluntary. […] The only thing mandatory is that Medicare will have to pay for the counseling." (Richert 2009)

The journalist Joel Connelly (2009) acknowledges the need for a health reform. He believes that the whole death panel debate is taking the attention of the public away from those urgent issues and quotes figures that make the need for change evident: 45 million Americans were uninsured in 2009, and this number was steadily increasing. Moreover, 25 million Americans were underinsured, meaning that they would have to pay extra for certain medical services. For many of them, the end of the road is bankruptcy. In addition, thousands of U.S. American citizens experience that their health insurance cuts off the payments because those citizens suffer from pre-existing conditions. What is even more shocking is the release of documents in court, which proved that Health Net, an insurance company, granted bonuses to employees when they were able to find reasons to cancel insurance policies.

In the small Midwestern town La Crosse, Wisconsin, a form of end-of-life counseling has been practiced since the Mid-1980s. It all started with Dr. Hammes, the director of medical humanities. He noticed that relatives of critically ill are mostly not able to make medical decisions for their loved ones due to the unawareness of the patient's wishes concerning their medical treatment. As a consequence, the hospital started to inform families about planning while their family members were still healthy. This was obviously taken seriously by the town's people, as figures show: "Today, more than 90 percent of people in town have directives when they die, double the national average." (MacGillis 2009) This preparation work seems to have more positive effects than simply helping people to make well-informed medical decisions; it has an impact on the days people spend in hospitals too: people at Gundersen Lutheran Hospital in La Crosse spend 13.5 days in the hospital in their final two years of life (on the average), whereas, as an example, people in the University of California at Los Angeles medical centers spend 31 days in the hospital. As a consequence, also the spending of costs concerning health care is reduced the

less days a patient spends in a hospital. Also very cost-effective is the "model of integrated care" where doctors establish the practice of working together in order to minimize costs. In addition, at Gundersen hospital doctors receive a monthly salary instead of being paid for every service they perform. Another reason why end-of-life counseling is so immensely popular in La Crosse is the way citizens view their end of life: they are very down to earth and not illusional about their future. "We all die, and we want to do so with the most dignity and most control, […] And it spares our children from making those decisions.", a citizen in her 70s is quoted. (MacGillis 2009). This end-of-life planning is spread among the citizens of La Crosse by word-of-mouth recommendation. It seems natural that in general people do not want to talk about what will happen in their final months or days, however, a son of a deathly ill patient says: "There needs to be a conversation.", referring to the necessity of talking about medical measures taken to help critically ill people. (MacGillis 2009) Certainly, those consultations and conversations are quite time-consuming for the doctors, and, as commonly known: time is money. However, according to the Medicare law, doctors are not reimbursed for those conversations they have with the patients. Thus, doctors at the hospital of La Crosse were very appreciative when the Democrats included such a passage into their health-care reform bill. Then Sarah Palin's death panels made its way into the discourse on health care, and people in La Crosse were furious: "It's totally absurd […] It's just the opposite – it's giving you a choice of how you want to be treated." (MacGillis 2009) Officials at the hospital of La Crosse were particularly upset when they heard that Representatives who first supported end-of-life counseling were then against this article in the health reform bill. Rep. of Wisconsin, Paul D. Ryan, has the opinion that this form of counseling certainly works for the Gundersen hospital in La Crosse, however, it is a different case if you want to adopt this nation-wide. Officials at Gundersen's were even more ambitious in their demanding of a reformed health care system: they wanted a provision stating that the Medicare payments should not be based on the procedure a patient receives in his or her final months, but on the wishes of the patient to be included in the bill. (MacGillis 2009)

The myth about bureaucrats who decide whether a person is worth receiving medical treatment or is refused to receive such reached its top with Sarah Palin's *Facebook* release. After the uproar she caused she got under pressure by various supporters of the health care reform. Palin defended her opinion by quoting Betsy

McCaughey and the counseling provision she identified as well as quoting academic papers written by Ezekiel Emanuel, an advisor for President Obama. However, independent observers unmasked Palin's accusation as being untrue. Nyhan admits that the health care reform has its goal to reduce costs, and this might lead to a more rationed care than it existed with the health care system before ObamaCare. Nonetheless, this does in no way justify an attack to the health care reform by saying that the elderly would be denied health care treatment, according to Nyhan (2010:10).

Opponents to the Health Care Plan and supporters of the death panels discussion include euthanasia to the discourse. This is a very heated debate, as the following example shows. An opponent is being quoted in the Rutenberg and Calmes article: "'Sometimes for the common good, you just have to say, "Hey, Grandpa, you've had a good life"'". (2009) This notion is even more ridiculed by a reference to the Nazi's Aktion T4 program, where disabled and psychologically ill people were murdered in the name of the common good and medical science. Former Senator Tom Daschle of South Dakota, who is a supporter of ObamaCare, sees these ridiculous accusations in a positive light. He even goes so far as to state that those accusations would help President Obama and his health care reform, as "any rational normal person isn't going to believe that assertion." (Rutenberg and Calmes 2009) He believes that therefore you would have the majority of people on your side, and thus the discussion of euthanasia contributes to the supporters.

As a reaction to the "pull the plug on Grandma"-statement, one official of Gundersen hospital in La Crosse states that they definitely are not talking patients into anything that they do not want to. They are simply providing them with information about what modern medicine is or is not able to do. In reality, this information does have the effect that people mainly decide on the less-care option, simply due to the fact that they do not want to die while they are hooked up to life prolonging machines. (MacGillis 2009)

The prominent Republican Sen. Charles Grassley of Iowa announced at a hall meeting that people "have every right to fear". (Holan "PolitiFact's Lie of the Year: 'Death Panels'" 2009) He states that he feels no opposition against living wills or such, however, he believes that decisions concerning people's end of life should be made within the family. Grassley explicitly rejects the idea of government involvement in this area. Holan (2009) reports on Drew Westen, who studies political communication. He states his opinion on the Democrats' reaction to the death panel

discussion. Westen considers the Democrats' reaction an ineffective strategy as they were basically just rolling their eyes and ridiculing the whole discussion. According to Westen, people all over the country understood that the whole health care reform was about lowering the costs for health care services, including end-of-life care. As a consequence, the phrase death panels enhanced the fear people already had. It mainly concerned seniors, whose attention was definitely caught with the death panel rumor. Westen holds the opinion that a better response to the death panels accusation would have been to say "[…] that there already are 'death panels' – run by insurance companies." (Holan "PolitiFact's Lie of the Year: 'Death Panels'" 2009) Whether this is a good response or not lies in the eyes of political experts, however, an accurate reaction to such an attack was definitely necessary. As an independent opinion poll showed, one week as well as one month after Palin's statement on *Facebook*, about 30 percent of the public believed that the so-called death panels were included in the new health care bill. It is no surprise that this opinion poll also showed that the belief of death panels was more prominent among senior citizens than younger ones. In addition, there was a partisan split concerning the issue of death panels, meaning that Republicans were more likely to believe in death panels than Democrats. Moreover, it was not clear if Palin's comments on *Facebook* influenced the opinion of the people who had not yet decided whether they liked the health care reform or not.

After the first uproar in the media about the death panels, Democrats used the Republicans' accusation for their advantage and tried to damage the Republicans' image by making them look unreasonable. President Obama reacted in a health care address on September 9, 2009:

> Some of people's concerns have grown out of bogus claims spread by those whose only agenda is to kill reform at any cost. The best example is the claim, made not just by radio and cable talk show hosts, but prominent politicians, that we plan to set up panels of bureaucrats with the power to kill off senior citizens. Such a charge would be laughable if it weren't so cynical and irresponsible. It's a lie, plain and simple. (Holan PolitiFact's Lie of the Year: 'Death Panels" 2009)

Rep. Earl Blumenauer, the Oregon Democrat, is quoted by Holan on his opinion. He considers positive and negative aspects for the public concerning the whole debate on death panels. On the one hand, among the advantages of the controversy are the newly awakened conversations about people's wishes about their end-of-life care. In other words, people have the possibility to talk about this admittedly complex and not-easy-to-tangle issue without having the fear to be judged. They are able to

express their fears and wishes concerning health care at the end of their lives. As a consequence, it gave people more control over the health care they receive and the decisions that go hand in hand with that. On the other hand, there are also disadvantages for the public. The whole discussion makes it clear that political falsification needs a prompt and forceful reaction to the accusations. Moreover, it seems that this discourse mainly involves politicians. As a consequence, average citizens are mostly not embedded in the controversial conversations, especially when those citizens are independent or do not share the thoughts of one particular political party. In addition, people lose the wish to participate in political discussions because they first would have to see through all the falsifications and accusations. Thus, the debate on death panels would drive the average citizen away and leave them with a prescreened opinion, because they receive the same point of view on the debate day for day. Blumenauer regards this whole development problematic. (Holan PolitiFact's Lie of the Year: 'Death Panels" 2009)

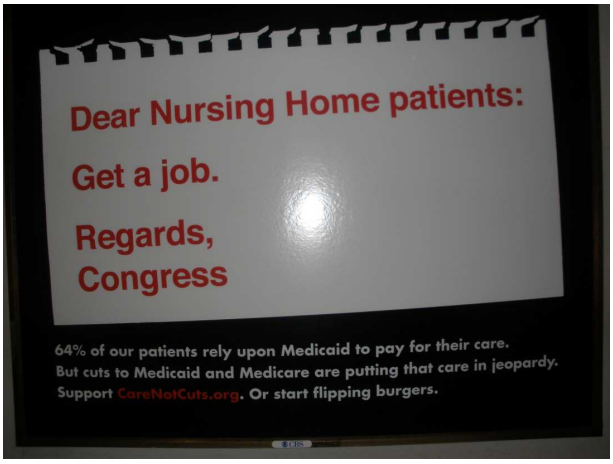
In his work "Why the 'Death Panel' Myth Wouldn't Die: Misinformation in the Health Care Reform Debate" Brendan Nyhan reports on a CNN/ORC opinion poll carried out in September 2009. (Nyhan 2010) First, respondents were asked about their knowledge of Obama's health care reform: "How much do you know about the details of President Obama's health care proposals – a great deal, a good amount, only some, or not much at all?" (Nyhan 2010:12) The answers were presented as follows: 11 percent of the people answered they knew a great deal, 32 percent a good amount, 37 percent admitted that they only knew some, and even 20 percent confessed that they do not know anything at all about Obama's health care proposal. The second interesting question the people were confronted with was: "Based on what you have read or heard about (Barack) Obama's health care plan, please tell me whether you think each of the following would or would not happen […] If Obama's plan became law, do you think senior citizens or seriously-ill patients would die because government panels would prevent them from getting the medical treatment they needed?" (Nyhan 2010:12) The answers CNN/ORC got were very alarming. 41 percent believed that government panels would withdraw medical treatment, 57 percent think this would not become reality, and 2 percent withheld their vote. Nyhan (2010:13) developed this opinion poll further by calculating how the belonging to a political party and the variable 'knowledge' are connected. He found out that there is a clear split and a differentiation between people who belong to the

Republican and Democratic party. Republicans who believed they know much about President Obama's health care plan were more likely to support the death panel myth. On the other hand, Democrats who would consider themselves educated in the health care reform were more likely to reject the rumor of government-based death panels. In addition, it seems that the whole death panel discussion influenced the debate around health care reform significantly, which can also be seen in the following figures provided by Nyhan (2010:15): support for Obama's health care reform dropped from 72 percent among United States citizens who did not believe in the death panel myth to 20 percent for those who believe in death panels.

Certainly, Palin's release on death panels created a great uproar. Nyhan reports on a *Time* article, which reads: "a single phrase – 'death panels' – nearly derailed health care reform, as town halls were flooded with angry voters who got their information online" (Nyhan 2010:11) This seems to have been possible due to the insecurity among the public. They mainly got their information on the internet and believed what was written there. What is also remarkable, according to Nyhan, is the speed in which the death panel myth spread not only among the media, but also among the public. Nyhan explains that the reason for the fast spread is that the public received misperceptions; they were not ignorant. He defends the argument by explaining the difference between misperceptions and ignorance: ignorant people are aware that they lack information, whereas people who hold misperceptions mainly believe that they are well informed about the ongoing issue. Nyhan adds: "the confidence with which these beliefs are held is one reason they are so difficult to correct". (Nyhan 2010:11)

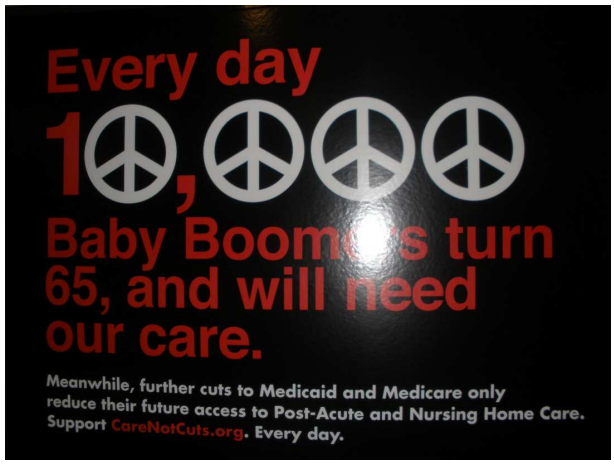
4.5. Field Study

Opposition became more than evident in the nation's capital Washington, D.C. in November 2011. During my internship at the Austrian Embassy in Washington, D.C., I had the possibility to take the following pictures of advertisements on November 10, 2011 at Union Station metro station:



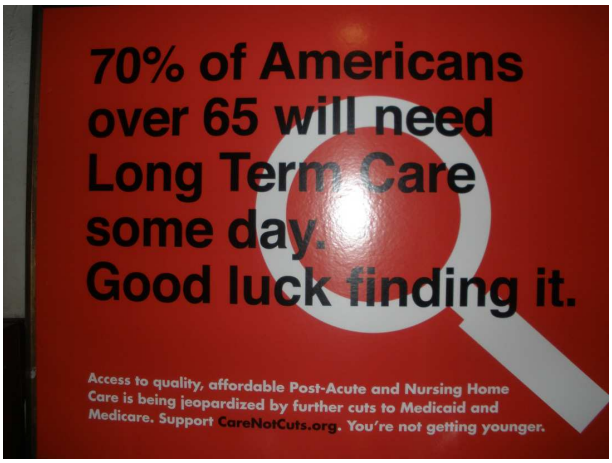
(my own picture no. 1)

This picture clearly accuses the Congress of cutting Medicaid and Medicare payments. They state that many people need Medicaid in order to pay their doctors' bills, and without the support of Medicaid, this would most likely not be possible.



(my own picture no. 2)

In this advertisement, it is accused that Medicaid and Medicare support is being reduced and that especially 'baby boomers', i.e. many people at the same age, need that support now.



(my own picture no. 3)

This advertisement is clearly directed to elder people and scares them that as soon as they need long term care, they will not get it due to reductions in Medicaid and Medicare payments.

(my own picture no. 4)

With this picture they try to inform people that usually Medicare patients need Post-Acute care. They make this even more evident with the graphic of 2 out of 4 people. They again stress that people will not receive this care and will be sent home directly due to the reductions in Medicare and Medicaid.

4.6. Conclusion

To sum up, ObamaCare has been and will remain a heated topic to discuss. The reader of this thesis now has a better idea of the reasons why U.S. Americans are often against the provisions contained in the Patient Protection and Affordable Care Act of 2010. Some are rooted in the U.S. American's ideology of freedom, some fear the upcoming costs ObamaCare will ultimately bring. Many citizens were also worried about the uproar the death panel myth created. However, all those causes did not only affect the public: politicians engaged in the lively discussion as well.

In general, it is fair to say that most Republicans were against the Patient Protection and Affordable Care Act of 2010. Before it became law in March 2010, Republican Eric Cantor voiced his opposition against ObamaCare: "If all of ObamaCare cannot be immediately repealed, then it is my intention to begin repealing it piece by piece, blocking funding for its implementation and blocking the issuance of the regulations necessary to implement it. In short, it is my intention to use every tool at our disposal to achieve full repeal of ObamaCare." (Lowe 2011:90) Republicans have not succeeded in this endeavor yet, however, debate on ObamaCare continues.

5. Current Struggles Of ObamaCare

5.1. Introduction

It is no secret that there has been great opposition against President Obama's health care overhaul. Even though the bill was passed and thus made law in March 2010, many legal entities had to and still will have to decide whether ObamaCare is going to be legally accepted and adopted or not. This chapter explains the struggles that the newly passed law had to face and what the future will possibly bring for it.

5.2. Cases Brought To Appeals Courts

Vicini (2011) explains that various U.S. appeals courts have ruled against the Patient Protection and Affordable Care Act of 2010, mainly focusing on the individual mandate provision because they believe that the provision that every United States citizen is required to be health insured or pay a fine is in general unconstitutional. Especially the appeals court in Atlanta has ruled against this individual mandate, and this decision makes it very likely that the U.S. Supreme Court will have to rule about the constitutionality of President Obama's health care reform. (Vicini 2011)

The federal appeals court in Cincinnati also questions the constitutionality of the health care reform; to be more precise, it questions the so-called individual mandate. (Mears 2011) The reporter for *CNN* is also convinced that the whole issue will be debated at the U.S. Supreme Court. Mears reports that three judges listened to arguments against the constitutionality of the Patient Protection and Affordable Care Act of 2010. One of the judges, Judge Jeffrey Sutton, debated whether American citizens could be mandated to buy health insurance. Judge James Graham seconds Judge Suttons opinion in stating that he questions whether Congress "is exceeding its authority under the Constitution's commerce and spending clauses." (Mears 2011) The third of the judges, Judge Boyce Martin, is affiliated with the liberal party. Mr. Martin holds the opinion that Justice Department lawyers should not be nailed down to the constitutional questions. Three opponent jurists that were present at the court hearing stated the possibility that every U.S. American citizen will sooner or later need medical care, and also suggest that by not buying insurance they will not contribute to cost control and the quality of the care provided.

Mears states that most likely the high court will be taking over jurisdiction of all the various health care appeals that arose in different states and could decide those matters by 2012, which is the presidential election year. One of the points that could help President Obama and his Patient Protection and Affordable Care Act of 2010 could be the 'standing' issue: the administration around President Obama asked the 6th Circuit (ruling affects the states Michigan, Ohio, Kentucky, and Tennessee) to let go of the case because one of the plaintiffs, Jann DeMars of Michigan, had bought health care insurance from her employer. Due to the fact that she already has purchased health insurance, she does not have the right to claim any harm from the individual mandate provision, Acting Solicitor General Neal Katyal argues. However, DeMars' lawyers state that the already purchased insurance of DeMars does not cover all the services that are needed to be bought with the health care reform; as a consequence she is allowed to claim harm from the individual mandate. For this case, the judges of the federal court have the opportunity to dismiss the appeal right away without having to bother of more substantive issues of the health care reform. If they decide to fight this appeal in their court, the whole matter could develop into something completely different: the courts might have to decide whether the expanding health insurance is regarded as economic activity, which would then be

considered appropriate to interfere for the Congress. Opponents of course see it as no economic activity. (Mears 2011)

The Justice Department again stresses that sooner or later, every American citizen will have to buy health insurance, as the costs of uninsured people are exploding and then passed on to health insurance companies and the insured in the form of higher premiums. However, the four individual plaintiffs officially stated that the have no interest in seeing the government interfering in their health insurance decisions. The 6th Circuit gave no official statement on how they intend decide the issue. In any case, their ruling will set the tone of how other courts will rule over similar issues. (Mears 2011) Appeals Courts in Atlanta and Richmond have been busy trying decide lawsuits filed in by different states. The question that arises is whether the provisions of the healthcare reform that have already been implemented are still enforced while Courts of Appeals are in the process of ruling. In June, 2011, when Bill Mears wrote his article, the following provisions were in effect: small business credits, consumer protection measures, and federal grants.

Pelofsky and Vicini (2011) report on an appeals court ruling in Atlanta that seems to be of great importance. The U.S. Appeals Court for the 11th Circuit ruled against President Obama's health care reform, because it believes that the Congress had no authority to require Americans to buy health insurance. Due to the fact that many appeals courts have decided differently on the so-called individual mandate, it is again very likely that the U.S. Supreme Court will have a final say concerning the legality of the individual mandate. People against the health care reform are certain that without the mandate, meaning that The U.S. Supreme Court will follow the appeals courts and will rule that the mandate is unconstitutional, the whole health reform will fall. On the constitutionality of the individual mandate, The White House reacted by stating that the whole provision is constitutional, referring to the Commerce Clause of the United States Constitution. This part of the Constitution will be explained in the following part of this chapter. The judges of the appeals courts in Atlanta justify their decision by the following statement: "This economic mandate represents a wholly novel and potentially unbounded assertion of congressional authority; the ability to compel Americans to purchase an expensive health insurance product they have elected not to buy, and to make them repurchase that insurance product every month for their entire lives." (Pelofsky and Vicini 2011)

5.3. The United States Supreme Court will decide about the future of ObamaCare

Since November 14, 2011 it is certain that The United States Supreme Court will hear the suits brought in by 26 different states and will thus decide whether the provision of the individual mandate is constitutional, reports Richard Cauchi, Program Director of the National Conference of State Legislatures Health Program. (2011)

Aizenman et al (2011) explain what exactly The US Supreme Court will consider. First, as mentioned above, it will decide whether the individual mandate provision is constitutional. Moreover, if The Supreme Court decides that the provision is unconstitutional, The Supreme Court will decide whether this provision can be separated from the rest of the health care reform. This means in plain words that, even when the part of the individual mandate is unconstitutional, the rest of the law will still go into effect in the respective years. Second, concerning the penalty that people have to pay when they are not insured and thus ignore the individual mandate, The Supreme Court will decide the question whether this penalty could be regarded as a tax or not. If it can be considered a tax, this provision cannot be legally challenged according to the Anti-Injunction Act until the day the penalty payments come into effect. Third, The Supreme Court will rule over the question brought in by 26 different states, namely whether the expansion of Medicaid in fact violates the states' sovereignty and thus forces the states to spend more money on Medicaid. This accusation, however, seems very likely not to be considered in the opponents' favorable way by the Supreme Court because an appeals court already rejected this accusation. The appeals court held the opinion that most of the costs for the expansion of Medicaid is going to be paid by the federal government and not the individual states.

Gingrich and Haley (2011:147) explain that ObamaCare's supporters justified the individual mandate and its constitutionality by the Commerce Clause. This clause of the Constitution states that Congress has the ability to regulate Commerce among all the states of the U.S. The intention of this provision was to eliminate the possibility of states to impose taxes on each other or perform business practices that would harm the individual states. However, Gingrich and Haley have the opinion that this clause has been misused in the last 100 years in order to justify federal regulations that concern energy or financial services. The two authors ask the rhetorical question: "If the government can coerce individuals – by threat of fines – to buy health

insurance, what is stopping it from forcing Americans to buy other products?" (Gingrich and Haley 2011:147) The Supreme Court will have a great impact on citizens' lives with the decision of the constitutionality of the individual mandate. If they decide that the Patient Protection and Affordable Care Act of 2010 including the provision of the individual mandate is constitutional, this will open doors for other companies. The authors provide the example of General Motors, a huge car producing company in the United States. They explain that the government has become involved in the business of General Motors, thus they have an interest in the success of this company. After the ruling of The Supreme Court, it might be possible that Americans will be required to buy a General Motors car, according to Gingrich and Haley. (2011:147)

However, there are also court files that The Supreme Court will not consider. First, the employer mandate, which requires businesses with more than 50 employees to either provide a minimum of health insurance or face penalty payments, was challenged by two suits. In those cases, the district courts ruled in favor of the new health care reform. Second, the newly installed health insurance exchanges in every state should help certain citizens purchase health care coverage. If the states decide to not set up such an exchange, the federal government will install one for them. This fact makes many states feel that their sovereignty is infringed, however, it is not going to be discussed in The United States Supreme Court. (Aizenman et al 2011)

University of Richmond assistant law professor Kevin Walsh is certain that the United States Supreme Court will find its decision by the summer of 2012. Vicini states that this decision will have a major impact on the presidential elections in November 2012. Mr. Obama seems to be not worried about the outcome of the U.S. Supreme Court ruling: "If the Supreme Court follows existing precedent, existing law, it should be upheld without a problem." However, Mr. Obama acknowledges the possibility that the Supreme Court could also rule against his law: "If the Supreme Court does not follow existing law and precedent, then we'll have to manage that when it happens." (Vicini 2011)

5.4. Conclusion

The United States Supreme Court decision concerning ObamaCare will certainly have tremendous effects on U.S. American citizens. Also the decisions of the courts of appeals will play an important role in the decision finding process. Some provisions of the new health care law were in effect at the time this thesis was written and have already brought a variety of changes to people's lives. It will remain interesting how The U.S. Supreme Court will decide about the fate of ObamaCare in reference to those changes. The main question that arises is: Will the changes that have already been in effect be cancelled? The decision of The U.S. Supreme Court will give the answer in the months to come.

6. Final Conclusion

In order to investigate the reasons for opposition among United States citizens' in connection to the health care reform, newspapers were analyzed by the author of this thesis. The findings were quite interesting: the reasons for opposition vary from ideological to fearful reasons. The ideological reasons for opposition are deeply rooted in the value system of the people of the United States of America. Freedom seems to be one of the core values of United States' citizens, and every infringement of this basic right is violently opposed. This is one reason why people in the United States are so passionate and emotional about the topic health care, and this opens doors for rumors about practices carried out with ObamaCare, such as the death panel rumor.

Another interesting aspect of this thesis is the summary on changes to the society brought by the new health care reform. Those changes are not only on the paper, the decisions on the political level have a direct impact on people's lives. It is no wonder that again the reactions to it are very emotional, and vary from approving to opposing points of view.

Due to the variety of opposing opinions, the discussion about ObamaCare has not come to an end yet: legal implications are the logical consequence, and thus The United States Supreme Court will discuss the court cases of the Patient Protection and Affordable Care Act of 2010. Already the rulings of the Courts of Appeals are important in itself: the decisions of the judges at the Courts of Appeals will certainly influence the far-reaching decision of The U.S. Supreme Court. This decision will not only have consequences for people's lives in the United States, it will also have a tremendous influence on a political level: The year 2012 is not only the year the final decision about ObamaCare will be made, it is also the year of the presidential elections. It remains thrilling if Mr. Barack Obama will be re-elected and, as a consequence, will serve a second term of his presidency.

7. Bibliography

Author Unknown (1943). *Our Constitution and Government – A Home Study Course.* Washington: United States Government Printing Office.

Boehner, John (2011). *Obamacare: A Budget-Busting, Job-Killing Health Care Law*. Diane Publishing.

Gingrich, Newt and Vince Haley (2011). *A Nation Like No Other: Why American Exceptionalism Matters*. Washington: Regnery Publishing.

Limbaugh, David (2011). *Crimes Against Liberty: An Indictment Of President Barack Obama*. Washington: Regnery Publishing, Inc.

Lowe, James H. (2011). *The Forces Working Against A Sitting President*. Xlibris Corporation.

Neubauer, David W. (1997). *Judicial Process: Law, Courts, and Politics in the United States.* Fort Worth: Harcourt Brace College Publishers.

Nyhan, Brendan (2010). "Why the 'Death Panel' Myth Wouldn't Die: Misinformation in the Health Care Reform Debate". *The Forum* 8.1:4-15.

Pipes, Sally C. (2010). *The Truth About Obamacare*. Washington: Regnery Publishing, Inc.

Ross McCaughey, Betsy (2010). *Obama Health Law: What It Says And How To Overturn It*. New York: Encounter Books.

Sánchez, Nicolás et al (2010). *Destined For Failure: American Prosperity In The Age of Bailouts*. Santa Barbara: ABC-CLIO.

Woll, Peter and Robert H. Binstock (1991). *America's Political System*. New York: McGraw-Hill.

8. Webliography

Aizenman, N.C., et al. (November 14, 2011). " Supreme Court takes up health-care law". *The Washington Post* [Online] http://www.washingtonpost.com/wp-srv/special/politics/supreme-court-health-care-law/ [2011, December 15].

Alonso-Zaldivar (March 18, 2009). "Experts Say Cost of Obama Health Care Plan Could Top $1.5 Trillion" *California Healthline* [Online] http://www.californiahealthline.org/articles/2009/3/18/experts-say-cost-of-obama-health-care-plan-could-top-15-trillion.aspx [2011, August 10].

Andrews, Michelle (August 11, 2009). "Health Care Reform: How It Will Affect You". *CBS News* [Online] http://www.cbsnews.com/stories/2009/08/07/business/moneywatch/main5225682.shtml [2011, October 20].

Angle, Jim (January 29, 2011). "Health Care Costs in Question as Obama Administration Grants Waivers" *FoxNews.com* [Online] http://www.foxnews.com/us/2011/01/28/health-care-costs-question-obama-administration-grant-waivers/ [2011, August 10].

Author unknown. "Health Maintenance Organization – HMO" *Investopedia* [Online] http://www.investopedia.com/terms/h/hmo.asp#axzz1W7h3gC00 [2011, August 26].

Author Unknown. "Policies to Improve Affordability and Accountability". *The White House* [Online] http://www.whitehouse.gov/health-care-meeting/proposal/whatsnew/affordability [2011, October 20].

Author Unknown. "Pros of Universal Health Care". [Online] http://www.universalhealthcareprosandcons.com/pros-and-cons-of-universal-health-care-in-the-united-states.php [2011, December 15].

Author unknown. (September 9, 2010). "Gov't: Spending to Rise Under Obama's

Health Care Overhaul". FoxNews.com [Online] http://www.foxnews.com/politics/2010/09/09/spending-rise-obamas-health-overhaul/ [2011, August 10].

Author unknown. (July 22, 2009). "Doctors Wage War Against Obama's Health Care Overhaul". *FoxNews.com*. [Online] http://www.foxnews.com/politics/2009/07/22/doctors-wage-war-obamas-health-care-overhaul/ [2011, April 6].

Blumberg, Linda J. and John Holahan (July 2, 2009). "The Individual Mandate – An Affordable and Fair Approach to Achieving Universal Coverage". *The New England Journal of Medicine* [Online] http://www.nejm.org/doi/full/10.1056/NEJMp0904729 [2011, October 20].

Cauchi, Richard (December 1, 2011). "State Legislation and Actions Challenging Certain Health Reforms, 2011". *National Conference of State Legislatures* [Online] http://www.ncsl.org/?tabid=18906 [2011, December 15].

Cohen, Jon and Dan Balz (September 14, 2009). "Reform Opposition Is High But Easing". *Washington Post* [Online] http://www.washingtonpost.com/wp-dyn/content/article/2009/09/13/AR2009091302962.html [2012, January 23].

Connelly, Joel (September 8, 2009). "Obama fights fear in Wednesday health care speech". *SeattlePi.com* [Online] http://www.seattlepi.com/local/connelly/article/Obama-fights-fear-in-Wednesday-health-care-speech-896791.php [2011, June 25].

Connolly, Katie (Sept. 23, 2010). "Why healthcare reform has been a tough sell". *BBC UK* [Online] http://www.bbc.co.uk/news/world-us-canada-11394374 [2011, February 14].

Dwyer, Jim (August 25, 2009). "Distortions on Health Bill, Homegrown". *The New York Times* [Online] http://www.nytimes.com/2009/08/26/nyregion/26about.html [2011, June 25].

Gold, Jenny (March 18, 2010). “Cadillac’ Insurance Plans Explained”. *Kaiser Health News Online* [Online] http://www.kaiserhealthnews.org/Stories/2009/September/22/cadillac-health-explainer-npr.aspx [2011, August 21].

Goldstein, Amy (April 14, 2011). “Obama proposes tighter curbs on health-care spending” *The Washington Post* [Online] http://www.washingtonpost.com/national/obama-proposes-tighter-curbs-on-health-care-for-older-americans/2011/04/13/AFDqJOYD_story.html [2011, August 10].

Grier, Peter (July 17, 2009). “How expensive is proposed healthcare legislation?” *The Christian Science Monitor* [Online] http://www.csmonitor.com/USA/Politics/2009/0717/how-expensive-is-proposed-healthcare-legislation [2011, August 10].

Grier, Peter (March 19, 2010). “Health care reform bill 101: Who must buy insurance?” *The Christian Science Monitor* [Online] http://www.csmonitor.com/USA/Politics/2010/0319/Health-care-reform-bill-101-Who-must-buy-insurance [2011, October 20].

Grier, Peter (March 20, 2010). “Health care reform bill 101: Who gets subsidized insurance?” *The Christian Science Monitor* [Online] http://www.csmonitor.com/USA/Politics/2010/0320/Health-care-reform-bill-101-Who-gets-subsidized-insurance [2011, October 20].

Grier, Peter (March 22, 2010). “Health care reform bill 101: What does it mean for kids and families?” *The Christian Science Monitor* [Online] http://www.csmonitor.com/USA/2010/0322/Health-care-reform-bill-101-What-does-it-mean-for-kids-and-families [2011, October 20].

Hatter, Karen (August 19, 2009). “How Can Health Care Reform Equal a Loss of

Liberty and Freedom?" *Now Public* [Online] http://www.nowpublic.com/world/how-can-health-care-reform-equal-loss-liberty-and-freedom [2011, August 10].

Holan, Angie Drobnic (December 18, 2009). "PolitiFact's Lie of the Year: 'Death Panels'". *Politifact.com* [Online] http://politifact.com/truth-o-meter/article/2009/dec/18/politifact-lie-year-death-panels/ [2011, June 25].

Holan, Angie Drobnic (August 11, 2009). "'Death Panel' not found in any health reform bill". *St. Petersburg Times* [Online] http://www.tampabay.com/news/article1026480.ece [2011, June 25].

Johnson, Stacy (March 24, 2010). "Health care reform: 8 positive impacts" *MSN Money* [Online] http://articles.moneycentral.msn.com/Insurance/InsureYourHealth/health-reform-8-positives.aspx?page=1 [2011, December 15].

MacGillis, Alex (September 4, 2009). "Debate Over End-of-Life Care Began in Small Midwestern Town". *The Washington Post* [Online] http://www.washingtonpost.com/wp-dyn/content/article/2009/09/03/AR2009090303833.html [2011, June 25].

Mears, Bill (June 1, 2011). "Federal Court expresses concern over health care reform law". *CNN* [Online] http://articles.cnn.com/2011-06-01/politics/health_care.courts_1_individual-mandate-provision-health-insurance-health-care?_s=PM:POLITICS [2011, December 15].

Meckler, Laura and Janet Adamy (February 23, 2010). "Obama Renews Health Push". *The Wall Street Journal Online* [Online] http://online.wsj.com/article/SB10001424052748704454304575081264262957600.html [2011, August 10].

Mount, Steve (January 24, 2010). "Constitutional Topic: How a Bill Becomes a Law". *USConstitution.net* [Online] http://www.usconstitution.net/consttop_law.html

[2011, April 11].

Palin, Sarah (August 12, 2009). “Concerning the ‘Death Panels’”. *Facebook* [Online] http://www.facebook.com/note.php?note_id=116471698434 [2011, June 25].

Palin, Sarah (September 8, 2009). “Written Testimony Submitted to the New York State Senate Aging Committee”. *Facebook* [Online] http://www.facebook.com/note.php?note_id=130383728434&ref=mf [2011, June 25].

Palin, Sarah (August 7, 2009). “Statement on the Current Health Care Debate”. *Facebook* [Online] http://www.facebook.com/note.php?note_id=113851103434 [2011, June 25].

Pelofsky, Jeremy and James Vicini (August 12, 2011). “Appeals court rules against Obama healthcare mandate”. *Reuters* [Online] http://www.reuters.com/article/2011/08/12/us-usa-healthcare-idUSTRE77B4J320110812 [2011, December 15].

Richert, Catharine (July 23, 2009). “McCaughey claims end-of-life counseling will be required for Medicare patients”. *Politifact.com* [Online] http://www.politifact.com/truth-o-meter/statements/2009/jul/23/betsy-mccaughey/mccaughey-claims-end-life-counseling-will-be-requi/ [2011, June 25].

Rutenberg, Jim and Jackie Calmes (August 13,2009). “False ‘Death Panel’ Rumor Has Some Familiar Roots”. *New York Times* [Online] http://www.nytimes.com/2009/08/14/health/policy/14panel.html [2011, May 5] .

Saltonstall, David (August 12, 2009). “Former Lt. Gov. Betsy McCaughey leads ‘death panel’ charge writing up talking points”. *NYdailyNews.com* [Online] http://www.nydailynews.com/news/2009/08/13/2009-08-13_former_lt_gov_mccaughey_leads_death_panel_charge_writing_up_talking_points_on_he.html [2011, June 25].

Scherer, Michael (March 4, 2010). “The White House Scrambles to Tame the News Cyclone”. *Time Magazine* [Online] http://www.time.com/time/politics/article/0,8599,1969571,00.html [2011, June 25].

Smith, Charles Hugh (April 10, 2010). “Can Health Care Reform Possibly Control Costs?” *Daily Finance* [Online] http://www.dailyfinance.com/2010/04/10/industry-power-threatens-health-care-reform/ [2011, August 26].

Smith, Donna (March 19, 2010). “Factbox-US healthcare bill would provide immediate benefits”. *Reuters* [Online] http://www.reuters.com/article/2010/03/19/usa-healthcare-timeline-idUSN1914020220100319 [2011, October 20].

Trumbull. Mark (March 4, 2010). “Will Obama’s healthcare plan reduce costs?” *The Christian Science Monitor* [Online] http://www.csmonitor.com/USA/Politics/2010/0304/Will-Obama-s-healthcare-plan-reduce-costs [2011, August 10].

Tully, Shawn (July 24, 2009). “5 freedoms you’d lose in health care reform” *CNN Money* [Online] http://money.cnn.com/2009/07/24/news/economy/health_care_reform_obama.fortune/index.htm?postversion=2009072410 [2011, August 10].

Vicini, James (August 15, 2011). “Obama healthcare law: two justices may decide fate”. *Reuters* [Online] http://www.reuters.com/article/2011/08/15/us-usa-healthcare-idUSTRE77E57Q20110815 [2011, December 15].

Wolf, Carol (Sept. 13, 2009). “Thousands Rally in Washington Against Obama

Health-Care Plan". *Bloomberg.com* [Online] http://www.bloomberg.com/apps/news?pid=newsarchive&sid=a1sfGhIvq5Dg [2012, January 23].