



The Daily Dish

Repealing Obamacare

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A new report released this week by the [Trust for America's Health](#) found that over half of U.S. states and DC scored a six or lower on ten key public health preparedness indicators. While the foundation believes that how each state prepares for a health emergency can be different, they argue that there are some basics that all states should be able to achieve. The report found that of the 50 states and DC, Alaska and Idaho tied for most ill-prepared, scoring only three out of ten; Massachusetts was the only state which was able to score a ten out of ten. While the overall results of the study were less than ideal, there were some positives, including information showing that 45 states and DC had been able to increase foodborne outbreak testing speeds.

Yesterday the [American Action Forum \(@AAF\)](#) released a new analysis examining the paperwork burden hours created by federal regulations. AAF analysis shows that despite former regulatory czar Cass Sunstein urging agencies in 2012 to cut between 50,000 to 2 million hours of paperwork, the paperwork burden has only increased. In 2012 the nation's average paperwork burden was 10.3 billion hours and today it stands at more than 11.5 billion.

Eakinomics: Repealing Obamacare

Plans are being made for a quick repeal of the Affordable Care Act (ACA, aka Obamacare) early in 2017. Given that the repeal will be done using the special parliamentary procedures known as reconciliation (more on that later), it is important to remember why the ACA must go. It is not simply a matter of partisan politics.

To begin, Obamacare is a monument to poor economic stewardship over the past 8 years. At a time of poor growth and high unemployment, the administration chose to pursue a reckless entitlement expansion that was anti-jobs and anti-growth, full of burdensome regulations, and littered with poor tax policy. It should be replaced by a market-oriented,

private-sector driven approach that does not interfere with the remainder of the economy.

It failed on its own merits. The Administration set targets for coverage and spending expansions. It has failed miserably to meet the coverage targets. It has managed to look cheaper on the federal books, but only because the coverage is lower; per person spending is higher than anticipated so that it would fail its budgetary tests if coverage goals were met.

It has failed to bend the cost curve. The double-digit premium increases and legions of insurers fleeing the exchanges are the most vivid pieces of evidence on this front. But at a major level, national health spending rose at an annual rate of 5.9 percent — much faster than the economy as a whole. In the horse race between resources (the economy) and costs (health care spending), it is Groundhog Day in America.

It was sold by deception. People who were told they could keep their insurance policies, could not. People who were told they could keep their doctors, could not. Young people who were told they would be mandated to buy insurance were given over a dozen ways out and so the young invincibles never showed up.

The list could go on, but the basic truth is that it is time to really fix the health sector in the U.S. economy and repealing Obamacare is only step one. And achieving step one will be a bit of a challenge. With Democrats unwilling to face reality, Republicans will be forced to quickly pass a budget resolution for fiscal year 2017 (the year that began October 1, 2016) when they return in January. Of course, it won't be a full, robust budget as the funding is already set for over one-half the year. They will have the chance to genuinely chart a budget trajectory in the fiscal 2018 budget resolution come April.

The 2017 resolution is simply the vehicle to get reconciliation authority, which fast tracks the resulting bill in the Senate and lowers the bar to a simple majority needed to repeal. Repeal is essential and the resolution should simply be viewed as a vehicle to this desirable end.