



The Daily Dish

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CHRISTOPHER HOLT | AUGUST 7, 2014

Vice President Biden [ripped into Congress](#) for not approving a gas tax to pay for the Highway Trust Fund. “Hell, Congress can’t even decide on a gas tax to keep the highway system going.” The Vice President may have forgotten that even the White House’s Press Secretary has dismissed the idea as “something that we’ve said a couple of times that we wouldn’t support.” [For the record](#), the gas tax no longer brings in the types of revenues needed. Additionally, it is not a good approximation of road use. The tax punishes people with older model cars while giving a pass for electric vehicles.

[The President will sign](#) the \$16.3 billion Veterans Affairs bill later today. Included in the bill are funds for more staff and paying veterans’ bills at a private doctor if they cannot get an appointment in 30 days at a VA facility.

Eakinomics: I’m Not Gonna Say I Told You So, But...– Guest Authored by Chris Holt, AAF Director of Health Care Policy

Almost exactly a year ago, I [wrote](#) about the Affordable Care Act’s (ACA) first open enrollment period. I suggested that opponents of the law should avoid getting too caught up in any enrollment problems or web glitches. Those problems would be temporary, and focusing criticism of the law on those issues would distract from the larger issues of cost, quality, and an overreaching federal hand.

Then the glitches came, and they [were epic](#). The scale of the administration’s incompetence was so grand that we were all distracted by it. However, soon enough the glitches were fixed, the wait times were down, and the numbers improved.

In April, the president took a victory lap, the White House touted ACA achievements, and the press—by and large—embraced a narrative that Obamacare was a success in year one. If the definition of success is 8 million people signing up for subsidized insurance, might we be aiming low? As Jimmy Fallon [put it](#), “It’s amazing what you can achieve when you make something mandatory and fine people if they don’t do it and then keep extending the deadline for months.”

No one voted against the ACA because they thought the web portal wasn’t going to work properly, or that people wouldn’t want subsidized health insurance. The primary opposition to the law’s enactment surrounded concerns of cost, quality, and the appropriate role of the federal government in Americans’ health care decisions.

The Congressional Budget Office (CBO) originally [projected](#) that the ACA would result in \$848 billion in new spending, but save \$130 billion over ten years when new revenue and cuts to Medicare were included. Those ten years included 2010–2013, years where revenue from the law was coming in, but spending hadn’t started. Now CBO [puts the ten year cost](#) of the law—including revenue raised—at \$1.4 trillion between 2015 and 2024. As to whether the net impact of the law in totality still saves money? CBO can’t really say anymore.

Last year I discussed several factors that would lead to even higher costs in the long-run that CBO doesn’t include in estimates. At the time I asked, “Can we afford Obamacare?” The answer then and now is the same:

No.

From the Forum

[Anti-Inversion Measures as Fiscal Policy](#) by Gordon Gray, AAF Director of Fiscal Policy

[Charting the Children's Health Insurance Landscape](#) by Conor Ryan, AAF Health Care Data Analyst