

STUDY GUIDE

WHY IS HEALTH INSURANCE SO COMPLICATED?

KEY TERMS:

insurance
Obamacare

risk
premiums

health care plan
affordable

NOTE-TAKING COLUMN: Complete this section <u>during</u> the video. Include definitions and key terms.	CUE COLUMN: Complete this section <u>after</u> the video.
Why should higher risk individuals have to pay more to be insured?	How and why is health insurance different from other kinds of insurance?
What promise did Obamacare become legislation on?	How did Obamacare make health insurance more expensive?
How much did the price of health insurance rise in Arizona after Obamacare was made law?	

DISCUSSION & REVIEW QUESTIONS:

- Towards the beginning of the video, Dr. Chen argues that, "...since insurance is meant to share risk, it only stands to reason that higher risk individuals have to pay more to be insured. Someone who has had two accidents is going to pay more for car insurance than someone who has never had an accident. Why? Because their track record indicates they are more likely to have another accident." Do you agree with this reasoning? Why or why not? How does this example relate to the general debate on the topic of 'equality' versus 'merit' - i.e. is everyone deserving of equal coverage or do some people, for example those who make better health decisions, merit scaling, discounted coverage? Explain.
- Dr. Chen goes on to explain that, "Health insurance in America works very differently. Many of us have health insurance plans that aren't insurance at all. They're really pre-paid health care plans. They cover routine check-ups, less serious illnesses, and recurring expenses like prescription medications in addition to protecting you from a health disaster. All of this has made healthcare much more expensive and complex than any other form of insurance." Why do you think that the American system blends together proper health insurance with actual health care? In addition to expense and complexity, what other consequences have come about as a result of this blending of insurance and actual care?
- Later, Dr. Chen points out that, "The Affordable Care Act, known as Obamacare, was passed on the promise that it would fix these issues and bring down healthcare costs. But it has actually made the problem much worse." Why do you think that lawmakers who voted for Obamacare were either ignorant of or didn't care about the consequences of passing the Affordable Care Act? Explain. What problems do you think advocates of Obamacare were trying to solve with legislation? What might some better solutions to those problems have been? Considering the government's poor track record, why do you think that so many people consider legislation and government bureaucracy in general to be the best solution to many problems? Explain.
- Towards the end of the video, Dr. Chen shares with us that, "These two aspects of Obamacare – requiring all policies to have certain coverages and not allowing insurance companies to charge more for riskier clients – caused the price of insurance to rise dramatically... So, how do we undo this mess? ...First, stop making people buy plans that include things they won't use and don't want. Second, Allow health insurers to offer more options at different prices. Do these two things and you'd make health insurance a lot more affordable for a lot more people." Do you think it's right for the government to compel people to purchase products or services that they don't need, don't want, or even are contrary to their religious beliefs? Why or why not? If you had an opportunity to influence changes to the American health insurance and health care system, what suggestions would you make in order to improve it? Explain.

EXTEND THE LEARNING:

CASE STUDY: HHS Mandate

INSTRUCTIONS: Read the article “Obamacare, Religious Liberty, and Civil Society: What the Debate Is Really About,” then answer the questions that follow.

- What is the HHS Mandate, and what does it require? What problems does this cause? What was President Obama’s proposed solution? What is misconception #2, and what is the truth? What is misconception #4, and what is the truth? What is misconception #6, and what is the truth? What solution does Dr. Messmore offer?
- What are Dr. Messmore’s main points in the article? Why do you think that so many people have so many misconceptions about the HHS Mandate and about Obamacare in general? How does Obamacare fit into the progressive agenda of promoting and indeed forcing on everyone their values of so-called ‘fairness’ and ‘equality’ at the expense of everyone’s liberty?
- What points in the video are supported by this article, if any? Explain.



QUIZ

WHY IS HEALTH INSURANCE SO COMPLICATED?

1. Car insurance doesn't cover _____.
 - a. your vehicle being stolen
 - b. oil changes
 - c. an accident that you're not at fault for
 - d. an accident that you're at fault for

2. Higher-risk individuals pay the same insurance rate as everyone else.
 - a. True
 - b. False

3. What effect has The Affordable Care Act, known as Obamacare, had on healthcare?
 - a. It has made healthcare more affordable.
 - b. It has improved the quality of healthcare.
 - c. It has made problems much worse.
 - d. It has lowered healthcare costs.

4. How did Obamacare affect the price of insurance in Arizona between 2016 and 2017?
 - a. The price more than doubled.
 - b. The price remained the same.
 - c. The price only increased for low-income families.
 - d. The price increased only slightly.

5. What other types of insurance most resemble health insurance?
 - a. Life insurance
 - b. Homeowner's insurance
 - c. Pet insurance
 - d. None of the above.



QUIZ - ANSWER KEY

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<http://www.heritage.org/health-care-reform/report/obamacare-religious-liberty-and-civil-society-what-the-debate-really>

Obamacare, Religious Liberty, and Civil Society: What the Debate Is Really About

April 18, 2012



Ryan Messmore

The recent Health and Human Services (HHS) mandate under Obamacare, requiring nearly all insurance plans to cover abortion-inducing drugs, contraception, and sterilization, has sparked heated debate across the country. Although proponents of Obamacare have attempted to frame the debate differently, one question remains fundamentally at issue: Can the federal government mandate what insurance plans must cover, employers must offer, and individuals must buy?

This overreaching power is especially egregious when it forces institutions and individuals to violate their beliefs. The HHS mandate forces most employers to provide insurance coverage for these products and procedures, regardless of religious or moral objections, under penalty of federal fines. This mandate tramples basic freedoms in general—and the First Amendment freedom of religion in particular—and harms civil society institutions.

Empty Promises from the Administration

President Obama has proposed a hypothetical “accommodation” that would require insurance companies (rather than employers) to offer employees contraceptive care free of charge. Even if this so-called accommodation were to become law in the future, it would not resolve the moral issue, for insurance companies would still likely charge employers the premiums necessary to cover their employees’ morning-after pills. The President’s accommodation really is no more than a talking point.

The final anti-conscience mandate was published in the *Federal Register* on February 15, 2012, with no change from the version published on August 3, 2011, that caused the outrage in the first place. On March 16, 2012, the Administration released an advance notice of proposed rulemaking, requesting public comment on its suggested “accommodation.” The Administration’s suggestion does not hold the force of law and, even if it were implemented, is nothing but an accounting gimmick that would not solve the mandate’s fundamental religious liberty violation.

Amid all the political gimmicks and rhetoric, it is important to be clear: This debate is about the government’s relationship to civil society. Obamacare gives unprecedented power to the federal government to dictate how private individuals and institutions must behave. Further, because of its

extremely stringent exemption for religious groups—effectively covering only houses of worship—the HHS mandate takes an unduly narrow view of religious liberty, ignoring the religious identity of many institutions and weakening their role in society. Obamacare moves the dial of moral decision making drastically toward the state and attempts to remake civil society in the government’s own image.

Six Misconceptions About the Religious Liberty Debate

Ultimately, this debate is about the freedom of institutions that are guided by moral convictions—convictions that differ from those of the federal bureaucrats whom the new health care law places in charge of health care for everyone. It is about Americans’ freedom to live and work in line with their beliefs. But the debate has been plagued by six repeated misconceptions.

Misconception #1: This debate is about religious institutions violating the separation of church and state.

Correction: This is a debate about whether government should force religious institutions to violate deeply held religious beliefs. It is not about whether religious institutions are violating so-called separation of church and state by unduly influencing government policy. The phrase “separation of church and state” does not even appear in the Constitution, but if it means anything at all, it is that the state should not interfere in the affairs of religious institutions by forcing them to violate their consciences. Private employers that wish to provide contraception to employees are free to do so. Religious employers objecting to the anti-conscience mandate are simply asking for the same freedom to make decisions according to their convictions.

Misconception #2: This debate is about government money, and groups that get government funding have to play by government rules.

Correction: Obamacare’s anti-conscience mandate does not apply only to organizations that receive federal funding. In fact, it applies to insurance plans generally, so nearly all employers and individuals will be affected—a mark of just how far Obamacare’s mandates will reach. Even if the mandate were imposed only as a condition of receiving federal funds, it would be a bad policy. Just because the government, within certain limits, can establish rules as a condition of receiving federal funds does not mean that the government should establish rules that violate core freedoms. In any case, the mandate covers nearly all insurance plans—whether they receive federal funds or not.

Misconception #3: This debate is about exemptions for churches, which the original version of the law already provided.

Correction: All Americans, not just churches, should be free to provide or purchase health insurance consistent with their religious or moral beliefs. The new health care law exempts only religious organizations that hire and serve members of their own faith and whose primary mission is the inculcation of religious values. This extremely narrow exemption effectively protects only churches; it does not protect most religious hospitals, schools, and other charitable organizations, nor does it protect religious employers who run non-religious organizations or the many organizations that self-insure. The government should respect and protect the freedom of *all* employers and individuals to provide or purchase health care in a way that is consistent with their religious or moral beliefs.

Misconception #4: This debate is about religious organizations claiming freedoms that belong only to individuals.

Correction: Religious freedom is not just for individuals; it is for religious institutions too. For example, on January 11, 2012, the U.S. Supreme Court ruled in favor of constitutionally protected religious freedoms for a church-operated school. In addition, numerous federal and state statutes expressly protect the religious freedom of religious institutions. Several religious institutions are currently claiming protection from the Obamacare anti-conscience mandate under a federal law known as the Religious Freedom Restoration Act.

As relational beings, people live and accomplish basic needs in institutions. Through institutions, citizens form and express their identities and gain a sense of connection with the larger social realities of life. It makes sense, then, that both individuals and groups should enjoy religious liberty: It includes the freedom to exercise one's faith in the various institutions of day-to-day life.

Misconception #5: This debate is about organizations and individuals insisting that their taxes go only to enforce laws with which they agree.

Correction: Most people would agree that citizens should be required to pay duly imposed taxes, regardless of whether they agree with every law or government program that their taxes will support. That's not the issue here. Rather, the issue is whether government should coerce personal and institutional actions and, in particular, force people and groups to violate deeply held religious beliefs. All business owners must follow all just laws, but this mandate is unjust because it forces citizens to pay for health care products that violate their religious beliefs.

Misconception #6: This debate is about churches and employers wrongly interfering with members' personal decisions.

Correction: As with other employment opportunities, individuals voluntarily seek to work for religious organizations. In so doing, they freely choose to affiliate with the group's goals and mission and to accept terms of contracts, including those related to health care benefits. They are also free to change jobs if another employer aligns with their values more closely or if they prefer a different package of benefits. For many, the opportunity to work for a religious employer offers the opportunity to participate in an organizational mission and system of group benefits consistent with their individual beliefs. By contrast, centralizing health care policy in the federal government, as Obamacare has done, means that citizens do not have recourse to seek alternatives to the health insurance policies dictated by the federal government. Unlike in a private employment relationship, government can coerce compliance with its policies, which is why programs like Obamacare that expand government power pose such a threat to liberty.

Only One of Many Future Mandates

At its core, the debate over Obamacare's anti-conscience mandate is about freedom—freedom of religion and freedom from government coercion of groups and individuals to violate their consciences. This debate is about whether religious charities are free to serve the common good only if they change or disregard their beliefs according to government dictates.

The anti-conscience mandate is unprecedented and unconstitutional, and it is only the leading edge of the mandates that are likely to come as Obamacare is fully implemented through the regulatory process. Trampling of liberty is the inevitable result of the federal government's taking control of personal health decisions. No waiver or exemption will remedy the problem, which is the Obamacare system itself.

The only way adequately to protect civil society, liberty in general, and religious liberty in particular is to rescind the HHS mandate and repeal Obamacare. America needs real health care reform that respects religious freedom.

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