



## 2020 First Quarter in Review

This quarter was dominated by health policy. Obamacare turned age ten. The coronavirus attacked. The goal of the Goodman Institute was to identify and promote core reforms backed by think tanks, advocacy groups, members of Congress and the Trump administration – to give those reforms clarity, voice, intellectual support and leadership.

### Obamacare at Age Ten

In a [post at Forbes](#), John Goodman writes: Many lost the insurance they were promised they could keep. Many lost access to the doctor they were promised they could continue to see. Premiums have doubled. Deductibles have tripled. Provider networks are so narrow, people with serious health problems are routinely denied access to the best doctors and the best hospitals.

What about the people who came out ahead? Researchers in Oregon discovered that for the newly insured under Medicaid, there was [no improvement in physical health](#). And their reliance on emergency room doctors actually increased!

Even more astounding, Medicaid enrollees valued their newly acquired coverage for as little as [20 cents and no more than 40 cents](#) on the dollar. About one-third of people who qualified for enrollment didn't bother to sign up.

That means if we gave these folks the cash equivalent of the cost of Medicaid, they would never buy Medicaid with the money.

### Coronavirus and Trump Health Reform

Critics of President Trump's response to the coronavirus crisis characterize it as knee-jerk, spur-of-the-moment, and grasping at any straw within reach. Yet [another Goodman post](#) says that many of Trump's executive actions reflect a new approach to health policy that has been underway almost since the day Donald Trump was sworn into office.

These include the ability to be diagnosed and treated without ever leaving your own home; the ability to talk to doctors 24/7 by means of phone, email and Skype; and the ability of the chronically ill to have access to free diagnoses and treatments without losing their access to Health Savings Accounts.

## Meet Our Health Policy Experts



**Marie Fishpaw** is Director of Domestic Policy Studies at the Heritage Foundation. She oversees policy development on health care and welfare issues. She is the coauthor, with John Goodman, of a pathbreaking report on the Trump administration's health policy reforms, [A Health Plan for President Trump](#) (a Goodman Institute *Brief Analysis* + *National Review* commentary + Heritage Foundation publication). She is also a principal author of a health reform being developed by the Consensus Group, a coalition of right-of-center think tanks and public policy organizations.



**John C. Goodman, Ph.D.** is one of the nation's leading thinkers on health policy. *The Wall Street Journal* calls Dr. Goodman "the Father of Health Savings Accounts." *Modern Healthcare* says he is one of four people who have most influenced the changes shaping our health care system. Dr. Goodman is president and CEO of the Goodman Institute. Along with Rep. Pete Sessions and Sen. Bill Cassidy, he authored the *Health Affairs* article [How We Can Repeal the ACA and Still Insure the Uninsured](#). In recent years, he has worked tirelessly to bring together health policy experts, think tanks, members of Congress and Trump administration officials to endorse comprehensive health policy reform.



**Linda Gorman, Ph.D.** is Director of the Health Care Policy Center at the Independence Institute, a free-market think tank in Denver, Colorado. She studies and provides commentary on health care reform in Colorado and the United States. She may be singlehandedly responsible for the crushing defeat of a single-payer health care ballot initiative, as she explained in *Amendment 69 Could Be A Nightmare for Seniors* (Goodman Institute *Brief Analysis*). In [What Are We Getting for Our Health Care Dollars?](#) (Goodman Institute *Brief Analysis* + *Forbes* editorial), she explained that Obamacare is costing a great deal of money in return for very little benefit.



**David Henderson, Ph.D.** is a Research Fellow with the Hoover Institution and Emeritus Economics Professor at the Naval Postgraduate School, and Editor of *The Fortune Encyclopedia of Economics*, a compendium of essays from 141 top economists. With Charles Hooper, he is the author of [Are Some Drug Prices Too Low?](#) (Goodman Institute *Brief Analysis* + *Wall Street Journal* editorial) and [Why Are Drug Prices So High?](#) (Goodman Institute *Brief Analysis*). In both publications he showed that unwise government policies are keeping patients from having access to what is our most cost-effective form of medical therapy.



**Devon Herrick, Ph.D.** is a Policy Advisor to the Heartland Institute. He is a health economist who concentrates on issues such as consumer-driven health care, Internet-based medicine, telemedicine and medical tourism. He is the author (with John Goodman) of [How Obamacare Made Things Worse for People with Preexisting Conditions](#) (Heritage Foundation study + Townhall editorial).



**Charles L. Hooper, Ph.D.** is President and Co-founder of Objective Insights, Inc., a consulting firm dedicated to providing health care companies with marketing and financial analysis to help them make informed decisions about their business opportunities. With David Henderson, he is the author of [\*Are Some Drug Prices Too Low?\*](#) (Goodman Institute *Brief Analysis + Wall Street Journal* editorial) and [\*Why Are Drug Prices So High?\*](#) (Goodman Institute *Brief Analysis*).



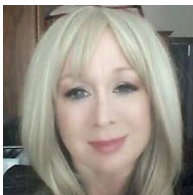
**Gerald Musgrave, Ph.D.** is President of Economics America, Inc., in Ann Arbor, Michigan. He has engaged in teaching and research at California State University, Michigan State University, the U.S. Naval Postgraduate School, Stanford University, and the University of Michigan. He is the coauthor (with John Goodman) of [\*Patient Power\*](#) (Cato Institute), the first book to advocate Health Savings Accounts.



**Andrew J. Rettenmaier, Ph.D.** is Executive Associate Director at the Private Enterprise Research Center at Texas A&M University. Along with John Goodman and Thomas Saving, he helped produce [\*A Framework for Reforming Medicare\*](#), a first-of-its-kind demonstration of how to privatize Medicare with personal savings accounts without raising taxes on workers or cutting benefits for seniors.



**Thomas R. Saving, Ph.D.** is a University Distinguished Professor of Economics at Texas A&M University, who was for many years the director of the Private Enterprise Research Center. In [\*The Trillion Dollar Surprise in the Budget Deal\*](#) (*Forbes* editorial), he sharply criticized Republican lawmakers for removing controls on future Medicare spending. In the *Health Affairs* article [\*A Better Way to Approach Medicare's Impossible Task\*](#) (with John Goodman) he noted that at any one time, Medicare is trying to set 6 billion prices and he proposed numerous free market reforms.



**Pam Villarreal** is Associate Director of the Colloquium for the Advancement of Free-Enterprise Education (CAFE) at the University of Texas at Dallas. She was a coauthor (with John Goodman) of the pioneering *Health Affairs* study [\*The Social Cost of Adverse Medical Events, And What We Can Do about It\*](#). She is one of the principal researchers whose work will be showcased in Dr. Goodman's new book on social insurance.



**Lawrence J. Wedekind** is founder and CEO of IntegraNet Health, an independent practice association (IPA) that serves over 1200 physicians and currently contracts with five of the largest national health plans. He is the author of [\*Opioids Are Killing Us: Here's What We Can Do About It\*](#). (Goodman Institute *Brief Analysis + Forbes* editorial). With John Goodman, he has coauthored [\*How the Trump Administration Is Reforming Medicare\*](#), (*Health Affairs* article), [\*Trump's Radical Reform of Medicare, Part I\*](#) (*Forbes* editorial), and [\*How Trump Is Reforming Medicare, Part II\*](#) (*Forbes* editorial).

## Has Obamacare Helped People with Pre-existing Conditions? In Many Cases, No

Despite the drumbeat of fearmongering on this issue from the left, many people who immigrate from the group to the individual market (say, because they become too sick to work) are actually worse off because of Obamacare. This is the conclusion of a new [Heritage Foundation study](#), authored by John Goodman and Devon Herrick.

Before 2010, a person with serious health problems in Texas generally had access to the state's risk pool. The insurance was administered by Blue Cross and it gave the insured access to almost every hospital and every doctor.

Yet there is not a single health plan in Dallas/Fort Worth today that will give an enrollee access to UT Southwestern Medical School – perhaps the best medical research facility in the world. There is no individual plan sold in the entire state of Texas that will get a cancer patient into MD Anderson Cancer Center in Houston.



*Sen. Bill Cassidy (R-LA) and John Goodman at work on health reform.*

This same pattern is repeated all over the country. In fact, the insurer that has been most successful in the Obamacare exchanges is [Centene](#) – a Medicaid contractor that generally covers only those providers who will accept Medicaid rates. What Centene offers enrollees is basically Medicaid with a very high deductible.

Meanwhile, middle-income families who are not getting a subsidy are literally getting priced out of the individual market. [Robert Laszewski](#) gives the example of a family of four in northern Virginia, one among the 40% of families who do not qualify for a subsidy. The family faces a premium of \$19,484 plus a \$6,500 deductible. In essence, the family will have to spend \$25,984 before they can collect any meaningful benefits.

No wonder almost [29 million people](#) have decided to avoid health insurance altogether.



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