A health care bill that takes away people's health care

Caring for the sick means keeping them in our risk pool.

From the Editors in the June 7, 2017 issue



Thinkstock

Days before the House of Representatives passed the American Health Care Act, CNN's Jake Tapper interviewed Representative Mo Brooks. The AHCA bill "will allow insurance companies to require people who have higher health care costs to contribute more to the insurance pool," said the Alabama Republican, "reducing the cost to those people who lead good lives, they're healthy, they've done the things to keep their bodies healthy."

It's a statement that raises a list of problems. The most obvious is that a healthy lifestyle very often does not result in good health. Some catastrophic illnesses and injuries are preventable; many are not. The rain falls on the prudent and the reckless alike.

What's more, Brooks's moralizing—his summary of healthy choices as "leading a good life"—is a shaky foundation for public policy. Which choices are good enough, and how consistently must you make them? How often can you skip your workout or cheat on your diet before you no longer deserve the decent insurance enjoyed by the healthy?

And even granting the kernel of truth here—yes, personal choices are a factor—it's quite a leap to single this out as the primary factor. David Ansell, a physician who has worked in public hospitals, argues in *The Death Gap* that health outcomes are largely tied to class, which determines what level of care particular people can afford. Brooks's implication is that separate insurance pools for the sick will help address health disparities (by incentivizing people to stay among the healthy). But if the AHCA's goal were to address the causes of health disparities, it would have to address the economic deprivation that blocks so many Americans' access to care.

In fact, it does just the opposite. The biggest problem with Brooks's quote is the policy he ably explains: the AHCA ghettoizes sick people so that healthy people don't have to subsidize them. That is, it makes insurance less like mutual aid and more like an exclusive and exclusionary service. Then, to double down, it makes drastic cuts to Medicaid, the major provider of health insurance to the poor, people with disabilities, and elders in need of long-term care.

In short, the bill makes health insurance do less for the people who need it most, or simply takes it away—all to pay for tax cuts for the rich. But that's hard to sell, so House leaders are selling it as technocratic health-care reform—though it's hard to find a health-care industry group or policy analyst that supports it.

When the disciples see a man born blind, they ask Jesus whose fault it is, that of the man or his parents. Neither, says Jesus: the point isn't personal fault but "that God's works might be revealed in him." How are God's works revealed today amid sickness and suffering? Surely one way is when people care for one another in communities of mutual aid—where the strong hold up the weak, knowing that sooner or later their own weakness will flare up, too.

A version of this article appears in the June 7 print edition under the title "Together in the risk pool."