

## ***What They Are Saying Personal Coverage Requirement***

### ***President Barack Obama:***

“Well, it turns out that if you don’t -- if you don’t make sure that everybody has health insurance, then you can’t eliminate insurance companies -- you can’t stop insurance companies from discriminating against people because of preexisting conditions. Well, if you’re going to give everybody health insurance, you’ve got to make sure it’s affordable. So it turns out that a lot of these things are interconnected.” (ABC News, 01/20/10)

### ***Former Senator Bill Frist:***

“...[the mandate] would reduce adverse selection. When healthier people opt not to carry insurance, only those with poorer health, and thus higher costs, remain in. This leads insurance prices to spiral up. And it further impedes markets’ ability to mitigate risks and prevent personal economic catastrophe. The ‘free-riders’ who do not purchase insurance and the ‘voluntarily uninsured’ who depend on emergency room care paid by others would then pay their fair share for services received.” (US News, Frist: An Individual Mandate for Health Insurance Would Benefit All, 09/28/09)

### ***Fortune:***

“A system mandating that insurers take all comers at close to the same premium can work — but only if it also imposes a powerful “individual mandate” requiring that everyone buy insurance.” (Fortune, Health Care’s New Hidden Danger, 02/02/10)

### ***USA Today:***

“At the heart of reform is a deal: Insurance companies will quit doing the things they do to save money and limit their own risk, such as refusing to cover people with pre-existing conditions or snatching away coverage on flimsy pretexts when people get sick. In return, insurers will get an influx of new customers, many young and healthy. Simply banning the noxious insurance practices would backfire because many people wouldn’t buy insurance until they got sick or injured. Premiums for more responsible people would skyrocket. Hence, the mandate and its rising penalties: Those who don’t comply will eventually pay up to 2.5% of their income to the IRS. Only by bringing in as many people as possible into the insurance pool to share the risk will we be able to keep costs down.” (USA Today, Our view: Health law needs the individual mandate, 02/13/10)

### ***The Concord Coalition:***

“...the individual mandate is a crucial leg in the stool of the expanded coverage provisions of the ACA. Under the legislation, insurers will no longer be allowed to discriminate against the sick when they attempt to purchase insurance -- a change that has widespread support, even among those opposed to the rest of the ACA. However, that provision alone gives healthy individuals an incentive to hold off purchasing insurance until they become sick, because there is no reason to pay for health insurance until then. This would lead to a sicker -- and thus, more costly -- pool of insured individuals. Insurance premiums would dramatically increase. Government spending would skyrocket

as a result, because the ACA provides subsidies for individuals to purchase insurance. The way to avoid this "death spiral" of increasing insurance costs is to guarantee a healthier insurance pool by making it either more attractive for the healthy to purchase insurance, or more costly for them to avoid purchasing it. The latter is the model used in the ACA, following the design of insurance market reforms enacted in Massachusetts. There, they mandate that everyone be insured and impose a penalty on those who are not. This system has been successful in having near-universal coverage without a sicker pool of insured. If the courts rule against the mandate but leave the rest of the insurance market reforms and subsidies in place, Congress will be faced with the choice of a world with dramatically increasing premiums for constituents and dramatically higher government expenditures, or the need to pass new legislation addressing the insurance pool issue, which will likely spark intense partisan debate." (The Tabulation, From a Budgetary Perspective, the Health Care Individual Mandate is Not Severable, 12/16/2010)

***Jonathan Oberlander:***

"Many analysts view this mandate as crucial to ensuring that healthier people join state-based insurance exchanges: since the law prohibits insurers from charging higher premiums to or turning away people with preexisting conditions, exchanges would otherwise attract disproportionately sicker, costlier enrollees. That adverse selection would drive up premium costs and threaten exchanges' stability." (New England Journal of Medicine, Under Siege — The Individual Mandate for Health Insurance and Its Alternatives, 02/16/11)

***Senator Claire McCaskill, D-MO:***

"Insurers will not end their practice of denying coverage to people with pre-existing conditions unless every individual is required to purchase insurance. But if lawmakers impose a mandate on individuals to own coverage, they feel an obligation to provide assistance in the form of tax subsidies, which make up the bulk of the bill's cost. 'Smaller packages are hard because they are all so interrelated,' said Sen. Claire McCaskill (D-Mo.). 'You can't do pre-existing conditions unless you do a mandate. And you can't do a mandate [unless] if you make insurance affordable. So someone has to explain it to me. Do you think everybody around here wanted a bill this big?'" (Politico, Dems weigh scaled-down reform, 01/20/10)

***Ron Pollack, Families USA:***

"As a number of states have learned, insurance market reforms – as important as they are – cannot work without expanded health coverage. Insurance market reforms implemented alone will lead to skyrocketing premiums as sicker, older people secure coverage and younger, healthier people don't." (Politico, Pollack: Scaled-back bill a "disaster", 01/21/10)

***Paul Krugman, Op-Ed columnist, The New York Times***

"Many health-care economists believe that a strong individual mandate, requiring that almost everyone sign up, will be needed to make health reform work." (The New York Times, A Hatchet Job So Bad It's Good, 10/15/09)

***Clive Crook***

“...Oliver Wyman points to the unhappy experience of individual states that have combined guaranteed issue and rating reform with weak coverage requirements.” (The Atlantic, Will health care reform raise premiums?, 12/04/09)

***Center on Budget & Policy Priorities***

“Requiring insurers to provide coverage to all at a price that didn’t discriminate based on health status led the less healthy to seek coverage; but with no requirement they become insured, the healthy were more likely to opt out...’ This contributed (along with other factors) to these states becoming some of the most expensive in the country in which to buy non-group insurance.’ They warned that the same thing could happen under a federal plan, ‘forcing both individuals and the government to pay more for coverage and possibly causing the exchanges to unravel.’” (Investor’s Business Daily, Weak Mandate Hurts Overall Health Plans Experts, Even Liberals, Say Overhaul May Fail, Point to Massachusetts, 10/28/09)

***Joseph Paduda, national health-care expert***

“What I see that’s scary is the lack of a strong mandate coupled with an end to most underwriting of medical coverage means people can sign up for health insurance when they need it, stop paying premiums when their care is completed, and then re-up if and when they need care again.” (Joseph Paduda’s Weblog, Health Plans, Stock Prices, and Reform, 11/12/09)

***The Kansas City Star:***

“Universally affordable care, especially for sick people, is the sweet spot of health care reform. But nearly all health policy experts think you have to swallow the bitter pill of mandated insurance purchases to get there. Seven states have tried to ban insurance discrimination based on pre-existing health conditions without requiring participation in insurance plans from healthy consumers. In each instance, the experiment failed miserably.” (The Kansas City Star, 08/18/10)