
“Public” Health Insurance: The Beginning of the End

By Curtis Coleman
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In a July 8, 2009 “guest editorial” in the Arkansas Democrat-Gazette, Senator Blanche Lincoln stated her support for a government-sponsored health insurance option: “Health care reform must build upon what works and improve inefficiencies. Individuals should be able to choose from a range of quality health insurance plans. Options should include private plans as well as a quality, affordable **public plan** or non-profit plan that can accomplish the same goals as those of a public plan.”

This appears to be the opposite of what she reportedly told the [Arkansas News on June 18](#): “One of our biggest concerns is that it doesn’t need to be a government plan that usurps that ability to compete in the marketplace, which I’m concerned that a totally government-run option would do.”

Arkansans understand that Senator Lincoln’s public health insurance “option” will be the beginning of the end of the best health care in the world.

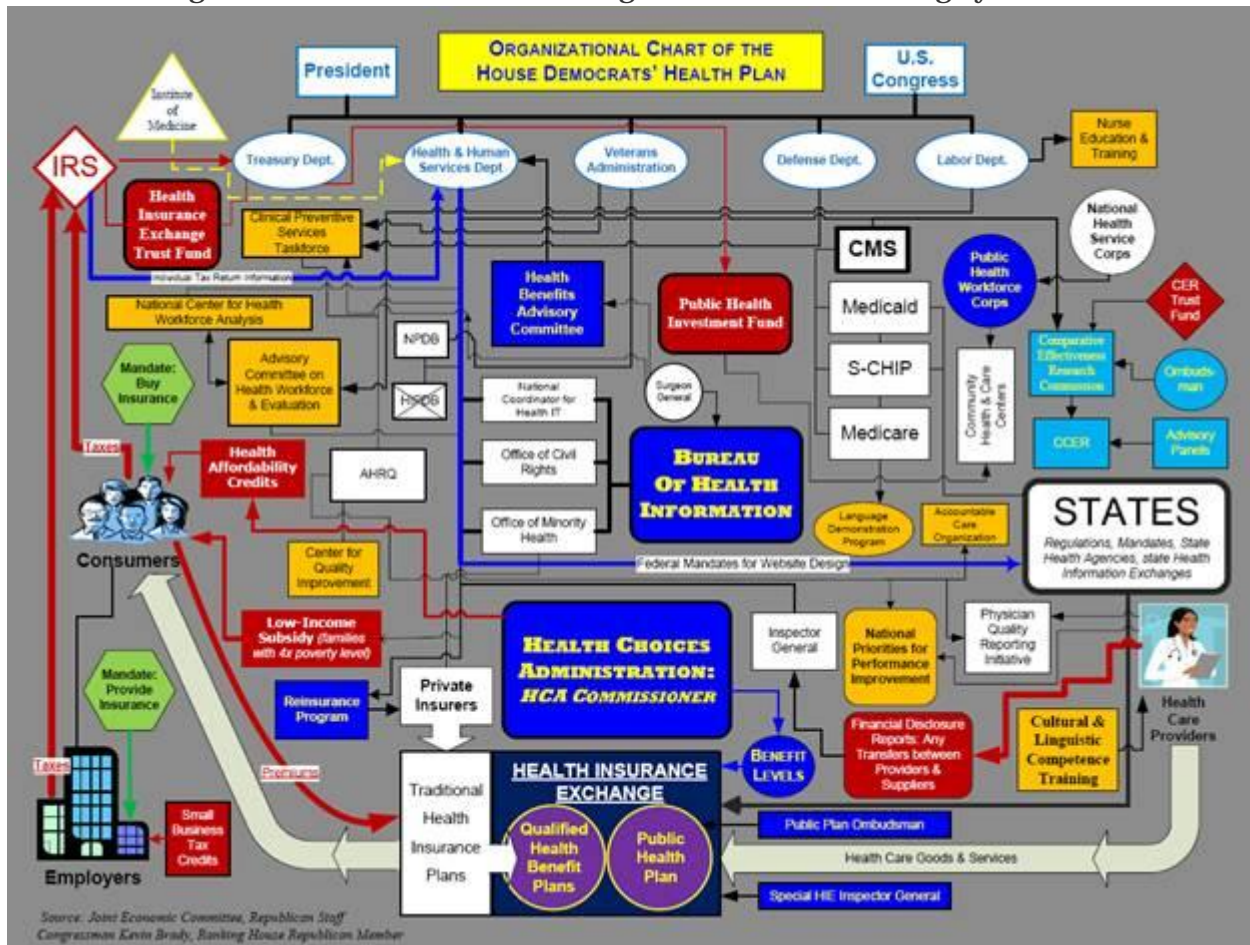
1. Like the business you own or work for, private insurance companies have to make a profit to survive. How long would your company last if your competitors could sharply undercut your prices because they didn’t have to make a profit? Not very long! And if America’s private insurance companies have to compete with a government-owned competitor, they won’t survive either.
2. When all of the private insurance companies have closed their businesses, only government-run health “insurance” will remain. That means there will be only one single entity – the government - that will pay for your health care.
3. If only the government **pays** for your health care, then the government will obviously completely **control** your health care.

Of course, the government won’t be paying for your health care – **you will be**. The government has only the money it takes from you. (Even the most conservative estimates have indicated that government-run health care will increase our country’s **deficit** by at least \$1 **trillion** by 2019.)

So the government will be paying your doctor and your hospital. Which means the

government will be deciding – **not you and your doctor** – which treatments you will or will not receive. What government agency can you think of that operates efficiently, or quickly, or responsively? Will their choices be made in **your** best interest?

Here’s the organizational chart for how the government will manage your health care:



Health care needs to be reformed. Not destroyed! And destruction of the finest health care in the world is exactly what this seemingly harmless little “public health insurance option” will do. Arkansans will not be duped by this. They understand this is the whole ballgame.

For more information on government-sponsored health insurance, see “[Refs Want to Put Their Own Team on the Field](#)”

