

# Politics of medicare

Routledge & K. Paul - Republicans' Public Opposition To Social Security And Medicare

Description: -

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- Interpersonal relations.
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- Oklahoma. Legislature -- Voting.
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- Planning -- Addresses, essays, lectures
- Social policy -- Addresses, essays, lectures
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- Wages -- Canada.
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- Working class -- Canada.
- Ventilation
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- Musical instruments in art -- Exhibitions
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- Gervais, Raymond, 1946- -- Exhibitions
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- City planning.
- English language -- Syntax
- English language -- Errors of usage
- English language -- Analogy
- United States -- Politics and government -- 1945-1989.
- Medicare.politics of medicare

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Notes: Bibliography: 139-[146]

This edition was published in 1970



Tags: #The #Politics #and #Realities #of #Medicare

## The Politics of Medicare

While that is a good short-term scare tactic, the awful negative numbers in Medicare will force a public reckoning. That is not as much as future spending projections would be if we did nothing. In fact, during the Senate hearings on the runup to the enactment of ObamaCare, Senator Harkin, committee chairman, refused to even listen to or allow the advocates of Single Payer to speak or be heard, and several times had their advocates forcefully removed from the hearing venue.

## The Politics of Medicare



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Costs in Medicare are now going up 10.

### The Politics of Medicare

It has a large reserve which is quickly disappearing but could be put back in order by a small increase in withholding to a total of 4. Hospitals now serve older, sicker patients with chronic conditions who need greater care for less reimbursement. The Medicare trustees, including the Clinton Administration's Treasury and Health and Human Services secretaries, have warned that the program will go bankrupt in seven years unless major changes are made.

### The Medicare Debate: Politics, Process, and Proposals for Reform

The conservative idea of Medicare reform is rooted in three basic principles: First, government control over medical pricing and inadequate incentives for individuals to control their own health-care costs lead to waste and inefficiencies. If you want a Volkswagen or if you want a Rolls Royce, it's your choice.

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None of this connected with them -- well, it connected with them; it scared them. What this means is that in designing a medical savings account, we have to make sure that adverse selection is minimized. The task is geometrically complicated by the divergent interests of the medical care recipients and multiple payers with conflicting interests.

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