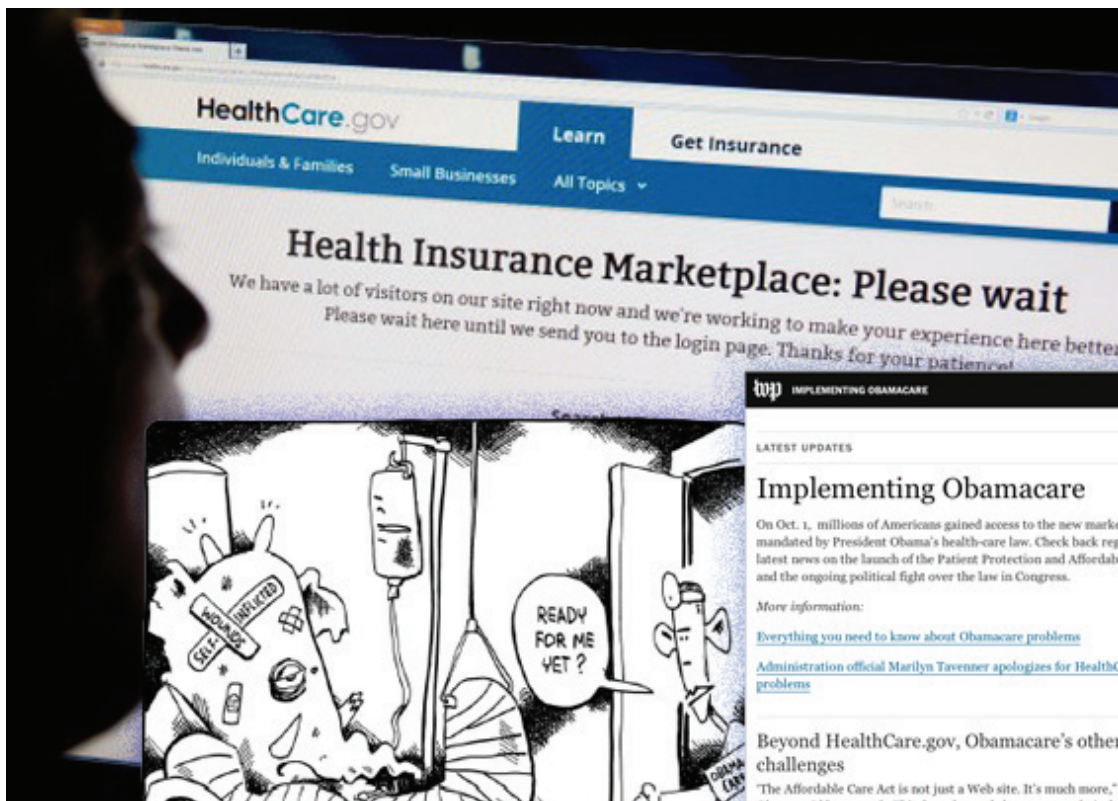


An Integrated Curriculum For The Washington Post Newspaper In Education Program

In *The Washington Post* — Affordable Care Act



- Editorial Reprint: “Cruz, uncontrolled”
- Editorial Reprint: “Waiting room”
- Editorial Reprint: “Sick at the start”
- Editorial Cartoon Study: Tom Toles | Ready For Me Yet?
- Editorial Cartoon Study: Tom Toles | The Patient Protection and Affordable Care Act
- Commentary: “5 myths about the Affordable Care Act”

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The Washington Post

AN INDEPENDENT NEWSPAPER

EDITORIALS

Cruz, uncontrolled

The senator wages a futile battle against Obamacare.

DEMOCRATIC POLITICS is a constant tug-of-war between principle and practicality. In a well-functioning system, legislators accept that fact and compromise accordingly; the electorate rewards them for maturity and realism. In the United States, however, democracy is not functioning particularly well at the moment. And so we have Sen. Ted Cruz of Texas.

Many — including, privately, many within his own party — accuse Mr. Cruz (R) of grandstanding. Even accepting his objection to Obamacare as a matter of high conservative principle responsive to the wishes of his constituents, the course he has chosen, with his fellow freshman Mike Lee (R-Utah) and a handful of other senators, is patently futile and counterproductive.

A Congressional Research Service analysis, provided at the request of Sen. Tom Coburn (R-Okla.), has demonstrated that most of the health law would still be implemented even if Congress excluded funds for it from a temporary spending bill. Meanwhile, that bill, whose ultimate passage Mr. Cruz is obstructing, would peg the overall budget at the truncated level set in the sequester — a limitation that we regard as indiscriminate and ill-advised but that the GOP could trumpet to its grass roots as a victory for small government, if not for Mr. Cruz's noisy crusade. And, of course, there's the public backlash that might hit Republicans if Congress can't pass the bill by Sept. 30, forcing a partial government shutdown.

The GOP's political interests are a matter of indifference to us. We raise these points merely to emphasize that Mr. Cruz's attempt to mount a legislative Battle of the Alamo is not worth waging even in terms of its

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Cruz, uncontrolled | *continued*

benefits to conservatism. Nor does it make sense on the merits, since the health-care law represents a step in the right direction toward universal coverage and controlling costs. And that's not to mention the real-world impact of a shutdown, actual or threatened, on federal programs and the workers who operate them.

The political and procedural reality in the Democrat-controlled Senate is that Mr. Cruz and Co. will fail; a continuing resolution with no defund-Obamacare language will probably pass near the Sept. 30 deadline. What happens in the House is anyone's guess, given that pressure from Mr. Cruz on conservative House back-benchers forced Speaker John A. Boehner (R-Ohio) to tie a defunding provision to the spending bill that's now in the Senate.

According to some conventional wisdom, even if Mr. Cruz loses, he wins, gaining popularity among the GOP base and, hence, clout on the Hill. In that view, Mr. Boehner would be under pressure once again to use the spending bill for another symbolic attack on the health-care law. We hope, instead, that Mr. Boehner and a large majority of his party learn a different lesson: that Mr. Cruz's extreme path is a road to ruin, for Republicans but, more important, for the country.

— *September 25, 2013*

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EDITORIALS

Waiting room

Obamacare's success should not beget its downfall.

“I’M GOING to try to download every movie ever made,” TV host Jon Stewart, opening a laptop, said to Health and Human Services Secretary Kathleen Sebelius this week, “and you are going to try to sign up for Obamacare, and we’ll see which happens first.”

It’s been an open secret that HealthCare.gov, the federal government’s insurance marketplace, would have some technical problems after opening on Oct. 1. But unfortunately for the millions of uninsured the Web site is supposed to help, what happened took some observers — and the Obama administration — by surprise.

Many of the millions who tried to access the Web site in its opening days were diverted to a virtual “waiting room,” where they couldn’t do anything useful. Once they did gain access to the site, it sometimes crashed as people attempted to create accounts, the first of three steps to getting coverage. At other stages in the process, some users got inaccurate information on whether they are eligible for government help in buying insurance or for state-run Medicaid programs. The sign-up information that insurance companies got from the federal interface also hasn’t always been complete, so they’ve had to fix applications by hand.

Administration officials have explained that too many people were visiting HealthCare.gov at one time. About 10 million unique visitors came to the site in its first week, a lot more than expected. At one point, the number of people trying to access it was five times the number it was built to accommodate. That’s a problem, especially when your Web site isn’t put together well. Information-technology experts have panned the site’s design, pointing to “stray code” and various other basic flaws that make Web sites balky and unstable.

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Waiting room | *continued*

HealthCare.gov isn't meant to serve every would-be insurance buyer in every state. Some states decided to cooperate in the implementation of the Affordable Care Act and set up their own online marketplaces. Some of their sites also had problems, but many others worked reasonably well and have reported encouraging enrollment figures. More than 28,000 Californians and more than 40,000 New Yorkers have purchased insurance, long before the first coverage deadlines. Federal officials won't say how many people have successfully signed up through HealthCare.gov. Republicans who refused to allow their states to create online sites almost certainly contributed to the technological breakdowns on the federal interface, which had to pick up the slack.

That doesn't give the administration a pass, though. The federal site simply wasn't ready to handle the phase-in of President Obama's signature legislative achievement.

The encouraging view is that the overwhelming number of visitors to the site indicates high demand for insurance in the new system. That's critical, because the more people who participate, the better the system works. The danger is that the technical foibles since Oct. 1 will discourage people from coming back, particularly the young and healthy customers the system needs to keep rates reasonable.

With some big deadlines approaching, the Obama administration needs to fix the bugs, and fast. People who need insurance from the federal marketplace have until mid-December to buy coverage that begins Jan. 1. If enrollment figures aren't robust by then, the new health-care system will have a problem even bigger than a frustrating Web site.

— *October 12, 2013*

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The Washington Post

AN INDEPENDENT NEWSPAPER

EDITORIALS

Sick at the start

*The White House must do more to explain
and fix glitches in Obamacare's rollout.*

THE FIRST step in dealing with a problem is to admit that you have one. By that standard, President Obama began Monday to resolve the embarrassing computer malfunctions that marred the opening phase of the Affordable Care Act. The administration has been tardy in dealing with a brewing crisis that could undermine confidence in the program.

Mr. Obama declared that “nobody’s madder than me” about the glitches, slow loading and stalls with the Web site HealthCare.gov that angered people wanting to explore their options or sign up for the new health insurance plans. While properly extolling the virtues of extending health care to millions of Americans who lack it, the president acknowledged, “There’s no sugarcoating” the computer mess. He said plaintively, “I want the cash registers to work. I want the checkout lines to be smooth.”

This is the kind of annoying sideshow for which Mr. Obama ought to demand accountability. How is it that the Department of Health and Human Services launched the president’s signature domestic program with a computer system that could not handle the anticipated load? We share Mr. Obama’s frustrations with efforts by House Republicans and GOP governors to sabotage Obamacare. But the computer snafu was self-inflicted incompetence.

Mr. Obama said Monday that “the number of people who’ve visited the site has been overwhelming,” with about 20 million site visits to date. Why is that so overwhelming? Commercial computer systems such as Google and Facebook manage to handle billions of visitors every month. The U.S. government runs supercomputers for national defense

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Sick at the start | *continued*

applications that are among the highest-performing in the world. Mr. Obama's administration seems to have behaved as if this project were not a priority.

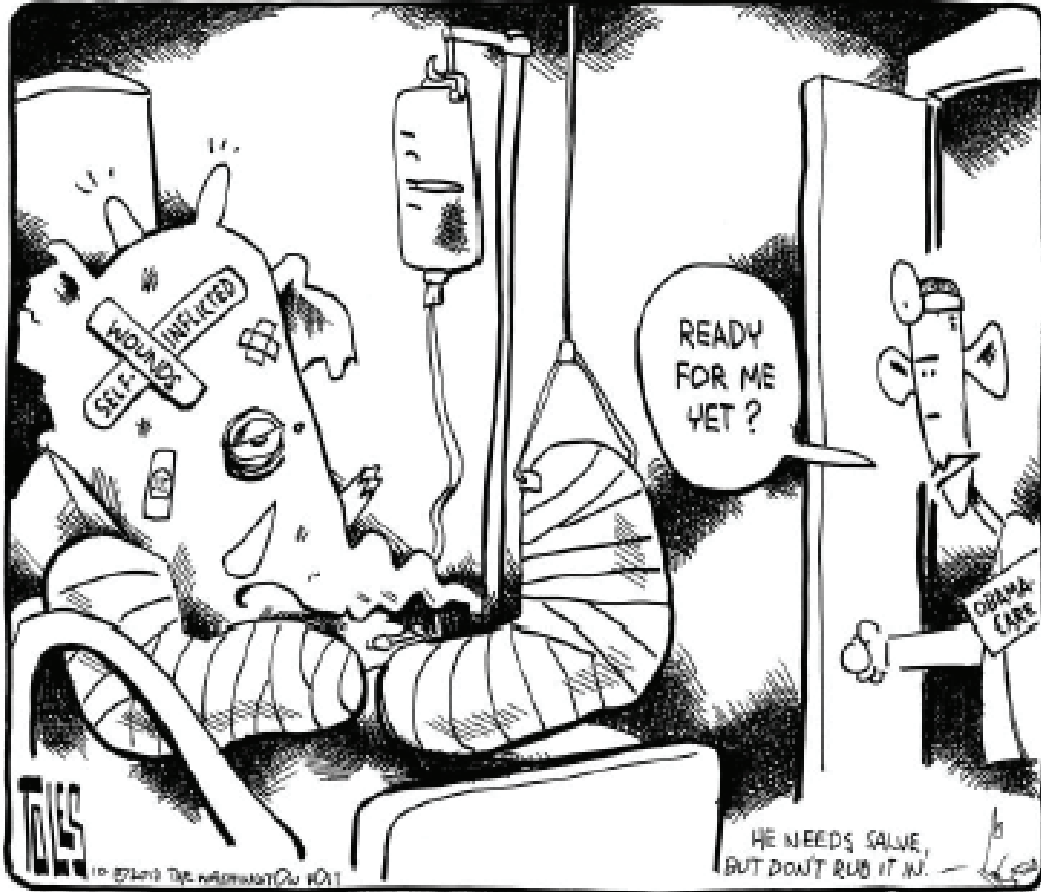
The most serious consequence of the computer failures may be to dent public confidence. This would be gravely damaging, since the program requires a large number of healthy people to sign up in order to make it viable to support the sick. Mr. Obama must do everything he can to erase doubts. Good thing he called in the techies to fix the site and is offering other methods for registering, including by phone and in person.

But he must also pay more attention to credibility and transparency. Why has Health and Human Services Secretary Kathleen Sebelius declined to testify this week before a House committee? She ought to meet critics head-on, instead of claiming a scheduling conflict. And officials refuse to say how many people have enrolled in the health-care plans through the federal portal. Why the secrecy? The administration is not going to restore confidence through secrecy and damage control.

— *October 23, 2013*

Tom Toles | *Ready for Me Yet?*

October 14, 2013



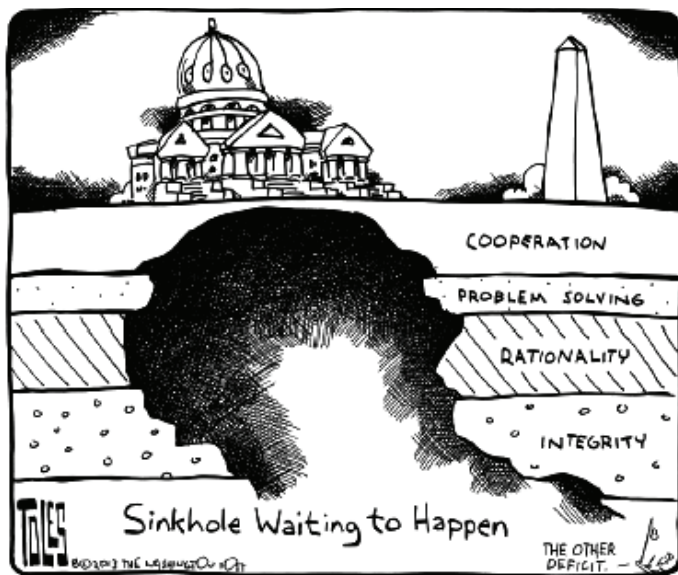
1. Who are the two main figures in the Tom Toles' editorial cartoon?
2. What is the setting for the visual commentary? Why is this an effective setting?
3. What words, symbols and images help to establish the setting and the current events reference?
4. What is the meaning and context of the question, "Ready for me yet?"
5. In the lower right corner, Tom Toles' alter ego appears. He adds an additional comment from his drawing board.
 - Categorize and explain the wounds suffered by the patient.
 - What does the phrase "Don't rub it in" mean?
 - What is a "salve"? For what is its medical use?
 - In what way does the alter ego add to the visual commentary?
6. What is Tom Toles' point of view?
7. Explain why you agree or disagree with Tom Toles.

Tom Toles | *The Patient Protection and Affordable Care Act*

The *Washington Post* editorial cartoonist Tom Toles comments on current events. After the passage and signing into law of The Patient Protection and Affordable Care Act, commonly known as ObamaCare, Toles' visual commentary covered the political, legal and social reaction to and impact of the provisions of the law and its entanglement in the national budget debate.

Read each of the cartoons, noting the dates they were published. On what aspect of the Patient Protection and Affordable Care Act debate is Toles commenting? Explain the allusions and symbols in each cartoon. What is Toles' point of view?

August 14, 2013 *Sinkhole Waiting to Happen*



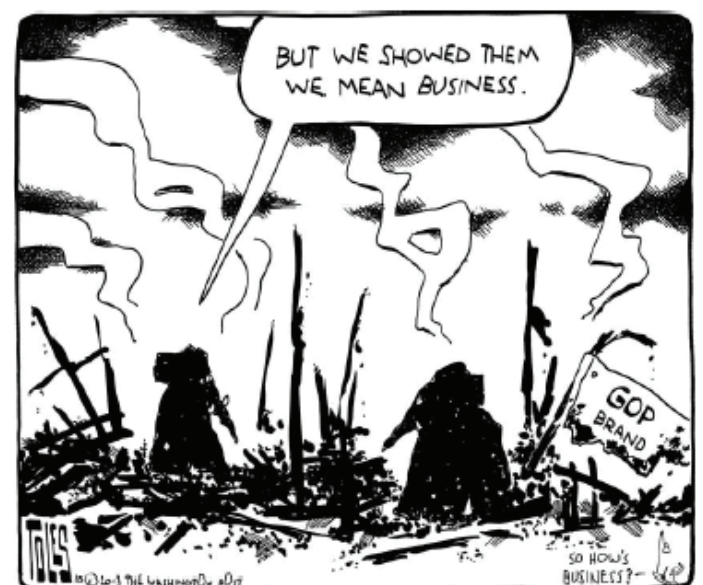
September 19, 2013 *Reality-Resistant Strain!*



September 25, 2013 *Basic Decency*



October 23, 2013 *But We Showed Them ...*



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Myths about the Affordable Care Act

BY SARAH KLIFF

“Frustrating.” A “debacle.” That is how President Obama’s own secretary of health and human services, Kathleen Sebelius, has described the rocky launch of HealthCare.gov. Americans were supposed to begin shopping for insurance coverage on Oct. 1, but millions have been unable to log into the federal online exchange. Congress, meanwhile, shut down the government for 16 days in a dispute over whether to fund the health-care law. As the debate continues, let’s look at some of the most persistent myths about the law — and some new ones that have cropped up.

1 Americans will be forced to buy health insurance.

The health-care law’s individual mandate, despite its name, isn’t meant to force Americans into health plans. Instead, it is supposed to encourage people to purchase coverage by giving them two options: Buy insurance or pay a fine. In 2014, that fine is \$95 or 1 percent of an individual’s income, whichever is higher.

The Internal Revenue Service is responsible for collecting this penalty from individuals who indicate on their annual tax filings that they have not purchased coverage. The agency can take the penalty out of a filer’s refund, but beyond that, its ability to recoup those dollars is extremely limited. The IRS cannot, for example, send agents to people’s homes or put liens on their houses. In the health-care law, Congress specifically curtailed the ability to

enforce this penalty, giving the IRS fewer ways to collect it than there are for other tax fines.

2 If you like your health plan, you can keep it.

Obama has repeatedly made this key promise about his signature legislation. “If you’re one of the more than 250 million Americans who already have health insurance, you will keep your health insurance,” he said in June 2012, shortly after the Supreme Court upheld the law.

In truth, the health-care law makes a number of changes to the insurance industry that will affect the nearly 165 million Americans covered by private plans. For one, it requires all health plans to include a wider set of benefits, among them maternity care and mental health services. Employers have responded by increasing premiums by less

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than 3 percent, on average, to make up for the cost of these new benefits.

The individual market, where 15 million Americans buy their own coverage, will see even bigger changes. Experts estimate that insurers will discontinue at least half of these plans in 2014 because they do not cover the benefits that the Affordable Care Act requires. Some say the number could be even higher, around 75 to 80 percent.

CBS News has reported that more than 2 million people have already received word from their insurers that the health plans they have now won't be available next year. Customers who receive a cancellation notice will need to shop for new coverage. Those plans could have a higher price tag because they offer more benefits, although many people will receive financial help from the government to buy a new policy.

3 The exchange's big problem is that it's overwhelmed by traffic.

The federal exchange did get a lot of web traffic at first; the White House estimates that 8 million people visited the site in its first four days. To put that in perspective, as one Web developer recently did, that's more users in HealthCare.gov's first 24 hours than Twitter had in its first 24 months.

Traffic has decreased since then, and some people have successfully purchased insurance through the online marketplace. That's led insurance companies to discover an even more serious problem with the exchange: It's sending inaccurate enrollment data to insurers. Companies are supposed to get a file from the exchange each time someone enrolls in one of their plans. These files include important information such as where the new subscriber lives and how many people are in her family. But insurers say these files are sometimes wrong, listing children as spouses, for instance, or including an address that doesn't exist.

Some companies have assigned employees to hand-check each file for errors. This works now because few people are enrolling through the exchange. But at some point, insurers expect that they'll receive thousands of files each week and won't have the manpower to check each one. If lots of people start signing up before the problem is fixed, insurers worry that they won't know who actually bought their plans. And without knowing who has subscribed, insurance companies won't be able to send out membership

cards, for example, or begin paying claims for trips to the doctor.

4 The exchanges will transform the insurance industry.

While the federal exchange has gotten much attention in recent weeks, only a small fraction of Americans are expected to use the new marketplace to buy health insurance. The Congressional Budget Office estimates that, by 2023, 24 million people will buy insurance through the state and federal exchanges; that's about 7 percent of the population. It's telling that many of the large insurance companies, such as Cigna and UnitedHealthcare, have decided to participate in only a handful of the states' marketplaces. So far, they don't see this segment of the market as key to their growth.

The vast majority of Americans will still get their health insurance the way they did before the Affordable Care Act: through their employers or through a public program, mainly Medicare and Medicaid.

5 The health-care law will increase the deficit.

The Congressional Budget Office estimates that, over the next decade, the health-care law will reduce the deficit by \$109 billion. That's because the Affordable Care Act includes new spending cuts and tax increases, which more than offset the cost of expanding health insurance to millions of Americans.

The law's new revenue sources fall into three main categories. First are cuts to Medicare providers, such as hospitals and doctors. Under the Affordable Care Act, the federal government will pay slightly lower rates.

Second are cuts to private health insurance plans, known as Medicare Advantage plans, that cover Medicare patients. The federal government has, in recent years, paid these private plans more to cover Medicare beneficiaries than it has spent on seniors who sign up for the traditional public program. The health law aims to reduce those differences by cutting Medicare Advantage payments.

Lastly, the law includes new taxes on a number of health-care industries, including hospitals, medical-device makers, insurers and pharmaceutical companies.

— October 31, 2013

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