

Speaker Pelosi's Health Care Bill By the Numbers

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The Republican Conference has compiled a list of important numbers relevant to Speaker Pelosi's 1,990-page health care bill:

5.5 million—Number of jobs that could be lost as a result of taxes on businesses that cannot afford to provide health insurance coverage, according to a model developed by Council of Economic Advisors Chair Christina Romer

\$729.5 billion—Total new taxes on small businesses, individuals who cannot afford health coverage, and employers who cannot afford to provide coverage that meet federal bureaucrats' standards

\$1.055 trillion—New federal spending on expanded health insurance coverage over the next ten years, according to a Congressional Budget Office preliminary [score](#) of the bill

.7%—Percentage of all that new spending occurring in the bill's first three years—representing a debt and tax "time bomb" in the program's later years set to explode on future generations

\$88,200—Definition of "low-income" family of four for purposes of health insurance subsidies

114 million—Number of individuals who could lose their current coverage under the bill's government-run health plan, according to non-partisan actuaries at the [Lewin Group](#)

43—Entitlement programs the bill creates, expands, or extends—an increase from H.R. 3200

111—Additional offices, bureaus, commissions, programs, and bureaucracies the bill creates over and above the entitlement expansions—more than double the number in H.R. 3200

3,425—Uses of the word "shall," representing new duties for bureaucrats and mandates on individuals, businesses, and States—also more than double the number in H.R. 3200

\$10 billion—Minimum loss sustained by taxpayers every year due to Medicare fraud; the government-run health plan does not reform the ineffective anti-fraud statutes and procedures that have kept Medicare on the Government Accountability Office's list of high-risk programs for two decades

Zero—Prohibitions on government programs like Medicare and Medicaid from using cost-effectiveness research to impose delays to or denials for access to life-saving treatments

\$634 Billion—Amount that could be saved by denying individuals access to treatments that are not "cost-effective," according to a [report](#) by the liberal Commonwealth Fund; Section 1160 of the bill gives bureaucrats in the Obama Administration virtual free rein to develop a new "high-value" reimbursement system for Medicare by May 2012

2017—Year Medicare Hospital Insurance Trust Fund will be exhausted—an entitlement crisis exacerbated by the bill, which according to the [Congressional Budget Office](#) will increase the federal budgetary commitment to health care by \$598 billion in its first ten years alone

\$2,500—Promised savings for each American family from health reform, according to then-Senator Obama's campaign pledge—savings which the Administration's own actuaries have [confirmed](#) will not materialize, as the Pelosi health care bill would increase the growth of health care costs

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