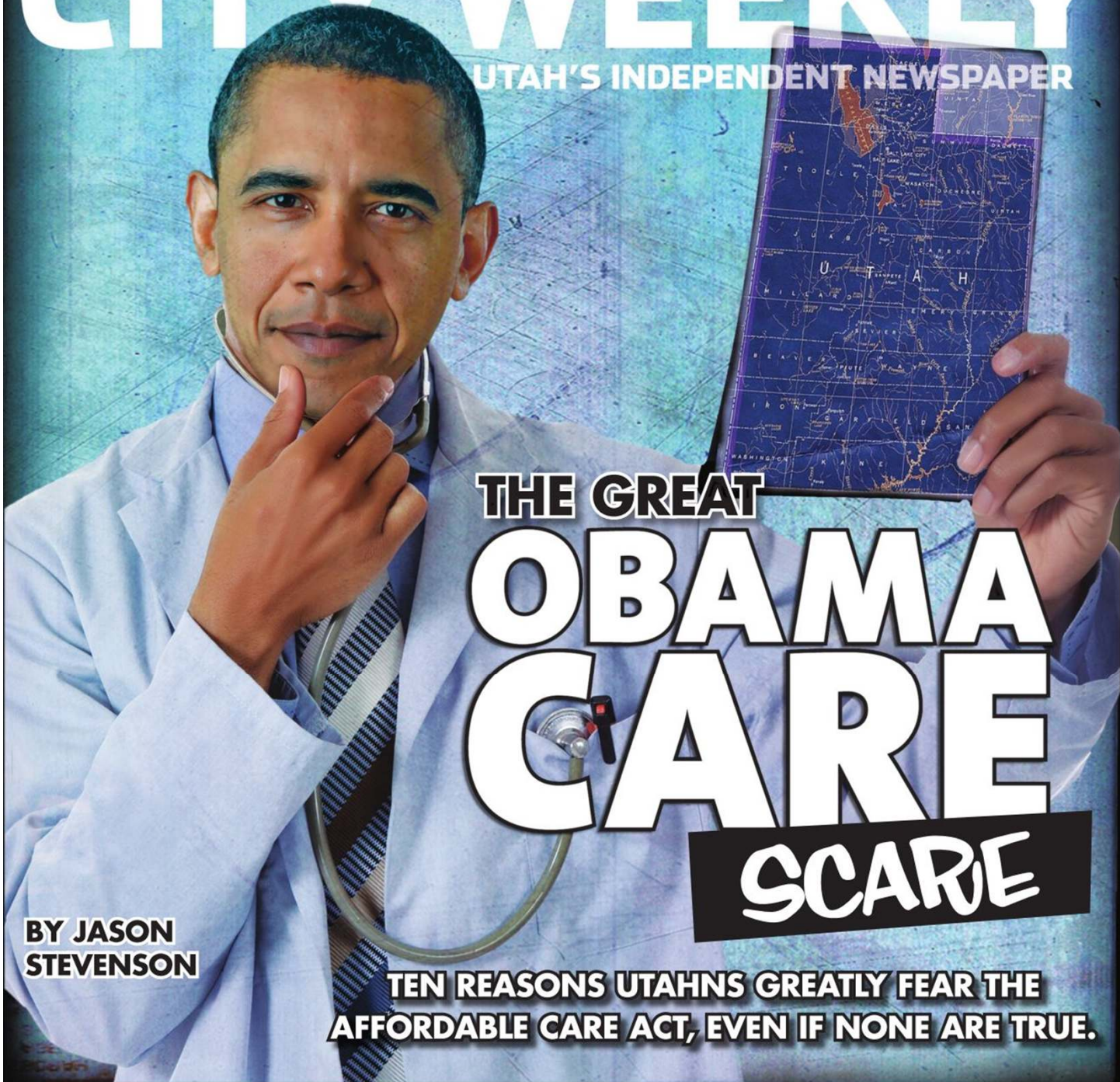


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CITYWEEKLY.NET MAY 24, 2012 | VOL. 29 NO. 2

# CITY WEEKLY

UTAH'S INDEPENDENT NEWSPAPER



## THE GREAT OBAMA CARE SCARE

BY JASON  
STEVENSON

TEN REASONS UTAHNS GREATLY FEAR THE  
AFFORDABLE CARE ACT, EVEN IF NONE ARE TRUE.

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# THE GREAT OBAMACARE SCARE!

## TEN REASONS UTAHNS GREATLY FEAR THE AFFORDABLE CARE ACT, EVEN IF NONE ARE TRUE.

BY JASON STEVENSON, UTAH HEALTH POLICY PROJECT VOLUNTEER  
[comments@cityweekly.net](mailto:comments@cityweekly.net)

It's been 24 years since Ronald Reagan quipped, "The 10 most dangerous words in the English language are 'Hi, I'm from the government, and I'm here to help.'" But who could have predicted that his words, and the sentiment behind them, would become the way conservatives view most domestic issues? From immigration to the environment to education, the role of government, especially anything emanating from Washington, D.C., is under constant attack. Take the Patient Protection & Affordable Care Act (ACA). Just whispering its name during the recent Republican debates produced the political equivalent of tossing a bloody carcass into a shark tank.

It doesn't help that few Americans realize how the ACA has already changed health care for the better and what it will do once the reforms kick into high gear in 2014. For instance,

you might have noticed that you didn't have to fork over a \$20 co-pay for your last checkup or your kids' immunizations. That's because of the ACA. Or maybe you're under 26 and are able to stay on your parents' policy. Thank the ACA for that, too.

Sure, the health-care law isn't perfect. Reagan was right when he said that government doesn't always make things easier, even as it tries to make them better. But despite its flaws, the ACA is trying to improve our nation's health care by insuring more Americans, slowing runaway costs and making insurance companies focus on patients first. Of course, doing good is one way to make a lot of enemies—and the ACA has those in spades. At first, its opponents tried to argue the facts of the health-care law. But when that didn't work, they just started making stuff up. Here's what they came up with, and why it's not true.

### FEAR 1 THE INSURANCE MANDATE IS UNCONSTITUTIONAL

Because 26 states (including Utah) challenged the health-care law in court, nine justices wearing black robes will decide this question before the end of June. But since opinions are free until then, here's ours. The mandate that all individuals must purchase health insurance or pay a tax penalty allows the ACA to extend coverage to more of the uninsured, including people with pre-existing conditions. But experience has shown that without the mandate, the new market would collapse unless young people are sharing risk with the older, sicker folks with pre-existing conditions. Opponents of the law claim that the Constitution doesn't give Congress the power to penalize inaction—the choice to remain uninsured. But before you whip out your pocket Constitution, let's consider this counter-argument. Since everyone will require health care at some point during their lives, not purchasing that insurance before you need it drives up costs for everyone else and causes enormous ripples across the entire insurance market. To us, that sounds like interstate commerce—and a constitutional justification for the mandate.

### FEAR 2 IT'S A GOVERNMENT TAKE-OVER OF HEALTH CARE

This fib actually has a living, breathing source: sharp-tongued wordsmith and Republican strategist Frank Luntz, who first suggested the tagline "government takeover" in a 28-page memo he sent to GOP leaders in spring 2009. Opponents flogged the health-care bill with this line so much that it stuck around even after Democrats dropped the public option and other government-run aspects from the bill. Not only does the ACA maintain employer-sponsored insurance, but it actually boosts private insurance companies by setting up exchanges to bring them new customers. In fact, once the reforms are fully implemented, the vast majority of Utahns—more than 77 percent—will be covered in the private market. What will be different in 2019 is that coverage will become more stable and the premiums more manageable. Now, you may be scratching your head, wondering why conservatives don't love this. Well, they *did*—back in 2006-07, when they embraced Romneycare, the Massachusetts health-care law signed by Gov. Mitt Romney, the blueprint for Obamacare. But Luntz's phrasing worked so well to damage the new health-care law that PolitiFact.com labeled it 2010's "Lie of the Year."

### FEAR 3 IT WILL KILL JOBS

Within days of taking over the House of Representatives in January 2011, Republicans introduced the "Repealing the Job-Killing Health Care Law Act"—also known as the RJKHCLA—as the legislative equivalent of an extended middle finger toward the ACA. House Speaker John Boehner promoted the bill by uttering the phrase "job-killing" seven times during a 14-minute press conference, and cited a Congressional Budget Office (CBO) study that linked 650,000 lost jobs to the health-care law. But the CBO report never used the 650,000 figure. Plus, the CBO stated that most job reductions would result from people voluntarily working less, not getting fired. Another CBO report mentioned that the impact of the health-care bill on jobs would "probably be very small." People would work less because health-care reform meant they no longer needed a job just to get health insurance for their families, or now could retire early. If that sounds like an argument in favor of health-care reform, *it is*.

### FEAR 4 IT COERCES STATES TO EXPAND MEDICAID

One of the topics argued recently at the Supreme Court involved the ACA's goal to expand Medicaid coverage—the health program for low-income Americans—to 16 million uninsured people, starting in 2014. Since states pay a portion of Medicaid benefits, they would be required to shoulder some of the cost or lose all of their federal Medicaid funds—a result that states called coercion. Realizing that states might rebel, the federal government even promised to pay 100 percent of the extra cost for the first three years, and pick up 90 percent of the tab after that. Keep in mind that Congress has used this carrot-and-stick approach to encourage states to comply with federal rules—including for past amendments of Medicaid—for decades, and always with the court's blessing. Here in Utah, where Medicaid serves 165,000 low-income children (20 percent of the state's kids), the federal government provides 70 percent of the funding. That means for every \$1 Utah spends on health care for poor kids, the feds chip in \$2.33. We see it kinda like this: If you're buying a pizza with a friend, and she pays almost 2.5 times more than you do, she gets to choose the toppings.

**Editor's note:** In late March 2012, the U.S. Supreme Court heard three days of oral arguments about the constitutionality of the Affordable Care Act, President Barack Obama's health-care overhaul that Congress passed, in the face of bitter Republican opposition, two years earlier, in March 2010.

The law will extend insurance coverage to about 30 million currently uninsured people. Republicans remain strongly opposed to "Obamacare" and its federal mandate requiring individuals to buy health insurance.

Twenty-six states, including Utah, joined a lawsuit with the National Federation of Independent Business to challenge ACA's constitutionality. The Supreme Court's decision, due in late June, will be a major factor in Obama's re-election bid.

Beyond the mandate, we have to ask: Why is the ACA feared and hated by so many? *City Weekly* asked Jason Stevenson, a volunteer for the Utah Health Policy Project to dig into the myths and misunderstandings of the ACA. We also asked Dr. Joseph Jarvis, the chair of the Utah Healthcare Initiative, a registered political-issue committee, to detail his alternative view of a single-payer program. Utah Republican Sen. Mike Lee even weighs in with a prediction that the Supreme Court will strike down the bill.

## FEAR 5 ILLEGAL IMMIGRANTS WILL GET FREE HEALTH CARE

Not only are illegal immigrants stealing our jobs, our language and our love of bland ethnic food, now, thanks to Obamacare, they're gonna get their grubby hands on vaccinations for their babies, prenatal care for pregnant women and everything else. That's what Rep. Steve King, R-Iowa, said in a July 2009 press release, which warned that "Taxpaying families, already weighed down by bailouts and massive spending bills, cannot afford to pay for health insurance for millions of illegal aliens." Stevie had us scared, too, until we looked up Section 1312(f)(3) of the ACA (yeah, we read it), which states that health-care benefits under the law are only available to a "citizen or national of the United States or an alien lawfully present in the United States." So, undocumented immigrants should still wait until they get really sick, and then run to the nearest emergency room, where providing care costs the most. But that's another topic.

## FEAR 6 THE DEATH PANELS ARE REAL!

Sarah Palin said it first—and who could forget it? "Obama's death panel" was the phrase she coined to characterize a reform provision that would have paid physicians to counsel their Medicare patients about end-of-life care. Where Obama saw doctors advising patients, Palin saw a gang of faceless bureaucrats determining our "level of productivity in society" and whether we were "worthy of health care." Chances are Sarah never read *Brave New World*, but she must have skimmed the CliffsNotes. Her death-panel remark spread like a summer wildfire across the conservative media grid, and national surveys two weeks later showed that 30 percent of Americans believed the ACA would let the government pull the plug on Grandma. As a result, the Senate dropped the end-of-life counseling from the bill, and the law passed without it. For her efforts, Palin's "death panel" comment was named *PolitiFact's* 2009 "Lie of the Year," which remains the only national election she's won.

## FEAR 7 IT CUTS MEDICARE

That depends on what the definition of a cut is. As the ACA takes effect, Medicare spending will continue to rise, but at a slower rate than before the law was passed. Over the next decade, Medicare spending will drop by \$575 billion, mostly by reducing payments to doctors, hospitals and other providers. These savings will extend the viability of the Medicare trust fund by another 10 years. Meanwhile, the ACA is providing additional benefits to Medicare recipients, like an Annual Wellness Visit and other free preventive-care options. According to the Department of Health & Human Services, more than 32.5 million people with Medicare received at least one free preventive benefit in 2011. Plus, the ACA shrinks the infamous Medicare "donut hole"—the coverage gap that costs seniors thousands of dollars a year—by providing an initial \$250 rebate and eliminating it entirely by 2020. Instead of withering on the vine, the ACA is letting Medicare come up roses.

## FEAR 8 THE HEALTH-CARE BILL WAS MORE THAN 1,000 PAGES

Actually, it was introduced as two bills, one in the House and one in the Senate, which totaled more than 4,000 pages (double-spaced, of course). Or, to put it in perspective, it is slightly shorter than the complete *Harry Potter* series that most sixth graders have read at least eight times. Fortunately, the final health-care law passed in March 2010 was trimmed down to a meager 1,018 pages. Despite its slimmer look, the ACA was still too long for some politicians, like Sen. David Vitter, R-La., who said, "I have a fundamental problem with any 1,000-page bills." We look at it another way. Since the ACA will provide health insurance to 30 million Americans who currently lack coverage while reducing costs and improving quality of care for all Americans through payment and delivery-system reform, that averages to 3/100,000 of a page for each newly insured person.

## FEAR 9 THE MAJORITY OF DOCTORS ARE AGAINST THE ACA

This myth is based on a real, but flawed, survey. In December 2011, the Deloitte Center for Health Solutions released survey results from 501 doctors that newspaper columnists and editorial writers jumped on to claim that most physicians oppose health-care reform. Except that on the key question of whether the ACA was "A step in the wrong direction" or "A good start," the results were split evenly at 44 percent. On other questions, however, the majority of doctors were pessimistic about the savings and better care promised by health-care reform. Almost half feared that reform would reduce their income, with surgeons being the most afraid. What few of the columnists reported, however, was that all of the physicians who participated in the survey did so voluntarily, which any Statistics 101 professor will tell you introduces a bias, over-representing individuals who hold strong opinions. Plus there's the fact that the American Medical Association, the nation's largest physicians group, and the American Academy of Family Physicians, whose members will bear the brunt of caring for the newly insured, both support the ACA.

## FEAR 10 THE REPUBLICAN HEALTH-CARE PLAN IS BETTER

Of course, it is, because the Republican plan gives kids free chocolate ice cream, sponsors off-road scooter races for seniors and makes you live forever. OK, we made those up. That's because there is no Republican plan for reforming health care—not in 2009, when the ACA was proposed, and not today. The only health-care bill introduced by Republicans in Congress (beyond the budget proposals advanced by Wisconsin Rep. Paul Ryan) was the "job-killing" health-care bill to repeal the ACA, which passed the House on a mostly party-line vote in January 2011. Of course, they could be referring to the Massachusetts health-care law that Mitt Romney signed in April 2006 while serving as the state's Republican governor. That law, which cut the number of uninsured residents to less than 2 percent of the population, is much more progressive than the ACA, which used it as a model. **CW**

*Still have questions? Is your crazy uncle sending you annoying anti-Obamacare e-mails? Learn how health-care reform affects you by going to the Utah Health Policy Project website: [HealthPolicyProject.org](http://HealthPolicyProject.org). To join UHPP's Health Action mailing list, e-mail [info@healthpolicyproject.org](mailto:info@healthpolicyproject.org) or phone 801-433-2299. If you are being helped or will be helped by the ACA, please let UHPP know.*



**Jason Stevenson** is a freelance writer and author who volunteers for the Utah Health Policy Project ([HealthPolicyProject.org](http://HealthPolicyProject.org)).

NIKI CHAN

# OBAMACARE Will *Not* Fix HEALTH CARE!

A single-payer program in Utah will lower costs and improve quality of medical services.

BY DR. JOSEPH JARVIS

comments@cityweekly.net

**T**his year on Valentine's Day, I joined 49 other physicians from across America in signing an Amicus brief asking the U.S. Supreme Court to overturn the Affordable Care Act (Obamacare). Among these 50 physicians, I was the only one with a conservative political leaning. Despite the others' more liberal/progressive leaning, they agreed with me that the individual mandate is unconstitutional. More importantly, we agree that Obamacare does not address the central problem with the American health-care system, which is its extraordinary cost. We also agree that the only way to really reform our sick health-care system is to radically change the way we Americans do health-care business.

Despite my more conservative politics, I join the other physicians in proposing single-payer health-system reform.

The Affordable Care Act fails to address the cost of American health-care delivery because the central feature of Obamacare is the forced reliance on the private health-insurance-industry business model, known as the individual mandate. Private health insurance is the most wasteful way to pay for health care ever invented, with excess administrative costs in the United States of about \$400 billion per year. In addition, the private health-insurance business model distorts incentives in health-care delivery. This induces mediocre care—it pays for inap-



Dr. Joseph Jarvis

propriate care and ignores patient safety, while failing to consistently use clinically proven interventions. These poor-quality problems in the United States health-care system cost an additional \$700 billion per year in wasted payments.

I have been the leading voice for single-payer health-system reform in Utah for 15 years. Since 2009, I have chaired the Utah Healthcare Initiative (UHI), a registered political-issue committee created with the sole purpose of bringing comprehensive, sustainable health-system reform to the ballot in Utah. Once Obamacare fails—either through action by the Supreme Court, or later, when its exorbitant costs can no longer be borne by the taxpayer—Americans will once again be faced with the need to reform our failed health system. This next time, we must do the job right.

We, at UHI, propose radical reforms uniquely suited to Utah, which take advantage of the best aspects of health-care delivery already present in the Beehive State. We have the nation's lowest per-capita health-care cost, in part because we have some of the nation's highest-quality hospitals and associated

clinics (IHC and University Hospital). We also have one of the nation's most efficient private payers for health-care services—the Public Employees Health Plan (PEHP).

PEHP has an overhead cost consistently less than 4 percent, substantially below the Utah industry average of 15 percent. PEHP is a private, nonprofit trust fund operated for Utah public employees and their dependents. UHI proposes to convert PEHP to the sole payer for health-care services for all Utahns and rename it the Utah Health Cooperative. Immediately upon passage of the ballot initiative enabling this transformation, the Utah Health Cooperative would begin offering a health-benefit program to all residents of Utah while beginning the process of merging with all public health-care programs (Medicaid, CHIP, etc.) Private health insurers would have two years to phase out their Utah operations.

The Utah Health Cooperative would negotiate to become the fiscal agent for Medicare in Utah, anticipating the time when Medicare beneficiaries living in the Beehive State could be phased into full participation in the program. The most important function of the Utah Health Cooperative, aside from receiving and managing all funds intended to support health services in Utah, would be to use its monopsony clout to improve health-system function, including better use of primary care, improved distribution of public health, optimizing behavioral-health services, negotiating better prices for pharmaceuticals and medical devices and supporting continuous quality improvement system-wide.

**ONCE OBAMACARE FAILS—EITHER THROUGH ACTION BY THE SUPREME COURT, OR LATER, WHEN ITS EXORBITANT COSTS CAN NO LONGER BE BORNE BY THE TAXPAYER—AMERICANS WILL ONCE AGAIN BE FACED WITH THE NEED TO REFORM OUR FAILED HEALTH SYSTEM. THIS NEXT TIME, WE MUST DO THE JOB RIGHT.**



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