August 20, 2013

Today we spend most of our time on healthcare. John Steele Gordon picks up on a NY Times idea for health care cost reform.

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Tina Rosenberg writes in today's Sunday Review section:

"Here is a basic fact of health care in the United States: Doctors and hospitals know what they charge, but patients don't know what they pay. As in any market, when one side has no information, that side loses: price secrecy is a major reason medical bills are so high. In my previous <u>column</u>, I wrote about the effect of this lack of transparency on the bills patients pay out of pocket."

Here is an obvious reform that wouldn't cost the federal government one cent and would exert an immediate and powerful downward pressure on medical costs: require that medical service providers make those chargemasters public. Market forces would instantly force the prices down towards the low end.

The natural forces that dominate an economy would do the work, and the Republicans can have the credit for lowering medical costs. What's not to like?

Next a couple of items from **Debra Saunders** from SF Chronicle. First, she asks if the **p**resident owns obamacare.

If House Republicans had somehow erased chunks of the Affordable Care Act -- the employer mandate, the ability to screen who gets subsidies and the annual cap on out-of-pocket costs for a year -- the Democrats would have blasted those moves as unconscionable acts of sabotage. But the GOP didn't sneak in those changes. President Barack Obama did.

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This week, Health and Human Services Secretary Kathleen Sebelius slammed Republicans who want to overturn Obamacare. She said: "It was passed and signed three years ago. It was upheld by the Supreme Court a year ago. The president was re-elected. This is the law of the land."

OK, then, who made Obama king, and how does he get to override a law passed by Congress?

Next <u>Ms. Saunders</u> writes on the president's maneuver to exempt congress and its staff from healthcare reform.

... As a result of that brilliant maneuver, senators and congressmen will be able to exempt their staffers if they so choose. Capitol Hill, it turns out, is one colossal golden-domed exemption.

In pushing his amendment in 2010, Grassley rightly argued: "It's only fair and logical that administration leaders and congressional staff, who fought so hard to overhaul America's health care system, experience it for themselves. If the reforms are as good as promised, then they'll know it firsthand. If there are problems, public officials will be in a position to really understand the problems, as they should."

But there's this ugly reality on Obamacare Island: The rules do not apply to the people who make them.

Andrew Stiles writes about the coming "train wreck."

The White House <u>plans to delay</u> yet another provision of Obamacare, the New York Times <u>revealed</u> on Monday, in what was described as "another setback for President Obama's healthcare initiative." Indeed, it seems that every week the administration offers up a new example of the implementation "train wreck" of which Obamacare architect Max Baucus (D., Mont.), <u>among</u> <u>others</u>, <u>has warned</u>.

Here are nine examples of how Obamacare implementation hasn't gone according to plan:

1. Caps on Out-of-Pocket Insurance Costs

The Obama administration plans to delay until 2015 a provision that limits out-of-pocket healthcare costs, including deductibles and co-payments, for individuals (\$6,350) and families (\$12,700). In the meantime, many insurers will be able to set higher limits on out-of-pocket costs, or no limit at all.

The obscure ruling, which received attention this week despite being published on the Labor Department's website back in February, has drawn complaints from advocacy groups representing individuals with chronic illnesses, who argue that patients requiring expensive drug treatments will face exorbitant out-of-pocket costs in the absence of caps. "The promise of outof-pocket limits was one of the main reasons we supported health-care reform," Theodore M. Thompson, a vice president of the National Multiple Sclerosis Society, told the New York Times.

President Obama repeatedly touted the limits on out-of-pocket expenses in his effort to win support for the law. "No one should go broke because they get sick," Obama told a joint session of Congress in September 2009. In explaining the decision to delay the requirement, a senior administration official told the Times, "We had to balance the interests of consumers with the concerns of health-plan sponsors and carriers" who "asked for more time to comply." ...

It is so bad, <u>CNBC</u> is running pieces on how to avoid the con-artists that are swarming to obamacare.

As the debate rages over who benefits from the Affordable Care Act, one thing is becoming clear: The controversial program is a dream come true for rip-off artists.

Consumer experts warn that the program has created a huge opportunity for swindling people by stealing their money and their sensitive personal information.

"Any time you roll out a big government program like this, confusion is inevitable," said Lois Greisman, an associate director in the Bureau of Consumer Protection at the Federal Trade Commission. "This confusion creates a tremendous opportunity for the fraudster."

Scammers have been at it for more than a year now, but consumer advocates and security experts warn that the problem will worsen as we get closer to Oct. 1. That's when the millions of uninsured Americans can use a health insurance exchange, set-up by their state or by the federal government, to shop for coverage.

"I believe the incidents are going to skyrocket as that date approaches," said Eva Velasquez, president and CEO of the nonprofit <u>Identity Theft Resource Center</u>. "And even people who are smart and savvy could get taken, so we are very concerned about the potential for some serious financial harm." ...

For a welcome change of pace, we go to Birmingham, MI, in suburban Detroit for last weekend's dream cruise. The story is from the <u>NY Times</u>. It's Dream Cruise week in metro Detroit, and Woodward Avenue, main street to the American auto industry for more than a century, is dancing to the rumbling beat of some 30,000 muscle cars, street rods and classics.

A crowd estimated at more than one million has been gathering for days to witness Saturday's bumper-to-bumper parade of automotive excess. The revelers are celebrating what the Motor City does — and honoring the Woodward tradition of cruising, an automotive ritual of youth that's generations old and hit a peak in the 1950s and '60s, glory days for Detroit's industry.

The first Woodward Dream Cruise — a fund-raiser for a soccer program — took to the streets in 1995 and proved far more popular than organizers had anticipated. It returned the next year and each year since. Today, it is a mammoth outdoor party that's a pilgrimage for enthusiasts who make the trek and a marketing showcase for automakers and sponsors.

Among those <u>enjoying the festivities are Dave and Shirley Ziolkowski</u>. The Ziolkowskis are well into retirement; he's 70 and she's 66. Their home is a modest ranch house in the quiet suburb of Sterling Heights, and their car is a 1988 Dodge Shadow, just the sort of thrifty transportation one might expect to find in the garage of seniors.

But the Ziolkowski's Shadow shares little with the 93-horsepower front-drive compact that Chrysler built in 1987-94.

In the lexicon of hot rodders, it's a pro-street custom, with flaming-red sheet metal that conceals a professional-grade racecar frame and a brawny Chrysler V-8.

Subtlety is not part of the package: ...

Contentions <u>A Republican Alternative to ObamaCare—Courtesy of the New York Times</u> by John Steele Gordon

In his <u>weekly address</u> this weekend (prerecorded so he could play golf and mingle with the common folk on Martha's Vineyard), President Obama talks about implementing the Affordable Care Act, which everyone but the Obama administration calls ObamaCare.

As usual, the talk was full of nasty and misleading partisanship. After listing the popular aspects of the law, such as the guarantee of coverage despite pre-existing conditions, he accuses Republicans of wanting to make sure Americans don't receive those benefits:

They're actually having a debate between hurting Americans who will no longer be denied affordable care just because they've been sick – and harming the economy and millions of Americans in the process. And many Republicans are more concerned with how badly this debate will hurt them politically than they are with how badly it'll hurt the country. A lot of Republicans seem to believe that if they can gum up the works and make this law fail, they'll somehow be sticking it to me. But they'd just be sticking it to you.

Republicans, of course, are not against many of the aspects of ObamaCare, they are against its bureaucratic bloat, incredible waste, poor and backward-looking design (it's basically the old Blue Cross Blue Shield model of half a century ago that Medicare was based on) and government control of one-sixth of the American economy. But as long as there is not even a broad-brush Republican plan to reform the medical marketplace, Obama will be able to beat up Republicans. As Harry Truman explained sixty odd years ago, you can't beat something with nothing.

But if the Democratic Party is, ever increasingly, the party of government, the Republicans should be ever increasingly the party of the free market. No one argues that medical care should be allocated strictly according to market forces. But where market forces can exert economic discipline far more efficiently than bureaucratic fiat, they should be used and Republicans should advocate their use unashamedly. They should advocate allowing insurance companies to compete across state lines, so that people can evade the costly mandates that some states impose (in New York, you must be covered for acupuncture, in vitro fertilization, chiropractic treatments, etc.). This would instantly and greatly lower insurance premiums in those high-cost states. Removing medical malpractice from the tort-law system, which benefits only tort lawyers (a very powerful Democratic constituency), would save many billions as "defensive medicine" disappeared and malpractice premiums were drastically lowered.

And forcing medical service providers to make their prices public, just as the providers of most other services must, would also greatly lower medical costs. Two weeks ago, I <u>wrote</u> about the medical outrage called the chargemaster, the exhaustive list of prices for procedures, drugs, and medical equipment that every hospital maintains and which every hospital refuses to reveal—until they send the bill. Interestingly, even the avidly pro-ObamaCare *New York Times* editorial page has noticed that price transparency is a big problem in the American medical marketplace.

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San Francisco Chronicle <u>Does the President Own Obamacare?</u> by Debra Saunders

If House Republicans had somehow erased chunks of the Affordable Care Act -- the employer mandate, the ability to screen who gets subsidies and the annual cap on out-of-pocket costs for a year -- the Democrats would have blasted those moves as unconscionable acts of sabotage. But the GOP didn't sneak in those changes. President Barack Obama did.

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This week, Health and Human Services Secretary Kathleen Sebelius slammed Republicans who want to overturn Obamacare. She said: "It was passed and signed three years ago. It was upheld by the Supreme Court a year ago. The president was re-elected. This is the law of the land."

OK, then, who made Obama king, and how does he get to override a law passed by Congress?

Now, I don't agree with the GOP rump that is willing to risk shutting down the federal government in an unwinnable bid to defund Obamacare, but at least those Republicans are trying to defund Obamacare through the legislative process. Obama didn't bother.

At a news conference Friday, Fox News' Ed Henry asked Obama, "If you pick and choose what parts of the law to implement, couldn't your successor down the road pick and choose whether they'll implement your law and keep it in place?"

The president and former constitutional law professor answered that "in a normal political environment," it would be easier to call up the speaker of the House to introduce technical changes into the law. But there is no normal on Obamacare, Obama continued, and besides, he has executive authority to make the change.

David Applegate, legal affairs adviser for the right-leaning Heartland Institute, disagrees. The Constitution clearly stipulates that Congress has the power to write laws, which the president must faithfully execute. What would be the response, Applegate asked, if a "President Romney" simply announced that he wasn't going to administer Obamacare?

Though the president calls his delays tweaks, they are also an admission that the Affordable Care Act is not particularly workable.

The employer mandate discourages job creation and encourages employers to cut back employees' weekly hours. The lowering of verification standards for subsidies is a backdoor way to buy the business of young people who otherwise might not qualify. Delaying the copayment cap should keep health care premiums from shooting up in 2014.

These delays, however, don't fix the inevitable problems; instead, they string out the gloom of uncertainty that has cast a pall over the American economy. They just put off the day of reckoning until 2014, a midterm election year. So what do you think the president will do then?

San Francisco Chronicle Lawmaker, Regulate Thyself by Debra Saunders

"Washington is an island surrounded by reality," Sen. Chuck Grassley, R-Iowa, likes to say.

In an effort to inject some reality into the Beltway, Grassley introduced an amendment to the Affordable Care Act to require that members of Congress and their staff get their health care from the new Obamacare exchanges. "Congress should live under the laws it creates. That includes Obamacare," Grassley explained.

Enter Washington reality: The rules don't apply to the governing class.

Congress eventually passed the Grassley amendment, and it was included in the bill President Barack Obama signed, but that doesn't mean Washington insiders can't get around it.

There are two things for the political class not to like in the Grassley amendment.

To start, the 11,000 or so members and Capitol Hill staffers now enjoy Cadillac coverage as participants in the Federal Employees Health Benefits Program. The Grassley provision is supposed to make that go away and force those individuals to buy their own coverage through the less prestigious Obamacare health insurance exchanges.

But also, the government -- read: taxpayers -- picks up more than 70 percent of the premiums. There was no language in the final Grassley provision to continue the federal subsidy.

Supporters have been able to sell Obamacare coverage as affordable because the government subsidizes premiums for some middle-income workers. Senators and representatives make \$174,000, and their well-compensated staffers can make more than members. Thus, the Grassley amendment represents a pay cut for Hill aides.

House Minority Leader Nancy Pelosi predicted the pay cut would cause savvy Capitol Hill staffers to stampede toward the private sector. Politico reported that both Republicans and Democrats were looking for a way around the law to prevent what wags had dubbed the coming Beltway "brain drain."

After Obama reportedly told Democrats behind closed doors that he would help, the Office of Personnel Management announced a proposed rule to save Congress from its own law.

So the government would continue to pay its employer contribution of premiums. On the one hand, that seems fair. Who wants to get a pay cut and a second-tier health package? On the other hand, this is another example of Washington's taking care of its own in order to prop up a health care plan that costs taxpayers money by discouraging employers from hiring full-time workers.

In Congress, members cannot lose, but the public can.

Worse, the Office of Personnel Management didn't stop there. Its new proposed rule also would allow each member of Congress to "determine whether an employed individual meets the statutory definition" of "congressional staff." The OPM's rationale was that there is "no existing statutory or regulatory definition of the term 'official office.'" As if "official office" is an exotic cipher.

What do we pay these people for if they can't figure out what an official office is?

As a result of that brilliant maneuver, senators and congressmen will be able to exempt their staffers if they so choose. Capitol Hill, it turns out, is one colossal golden-domed exemption.

In pushing his amendment in 2010, Grassley rightly argued: "It's only fair and logical that administration leaders and congressional staff, who fought so hard to overhaul America's health care system, experience it for themselves. If the reforms are as good as promised, then they'll

know it firsthand. If there are problems, public officials will be in a position to really understand the problems, as they should."

But there's this ugly reality on Obamacare Island: The rules do not apply to the people who make them.

National Review <u>The Obamacare Train Wreck</u> *Implementation hits hurdle after hurdle — let us count the ways.* by Andrew Stiles

The White House <u>plans to delay</u> yet another provision of Obamacare, the *New York Times* <u>revealed</u> on Monday, in what was described as "another setback for President Obama's healthcare initiative." Indeed, it seems that every week the administration offers up a new example of the implementation "train wreck" of which Obamacare architect Max Baucus (D., Mont.), <u>among</u> <u>others</u>, <u>has warned</u>.

Here are nine examples of how Obamacare implementation hasn't gone according to plan:



1. Caps on Out-of-Pocket Insurance Costs

The Obama administration plans to delay until 2015 a provision that limits out-of-pocket healthcare costs, including deductibles and co-payments, for individuals (\$6,350) and families (\$12,700). In the meantime, many insurers will be able to set higher limits on out-of-pocket costs, or no limit at all. The obscure ruling, which received attention this week despite being published on the Labor Department's website back in February, has drawn complaints from advocacy groups representing individuals with chronic illnesses, who argue that patients requiring expensive drug treatments will face exorbitant out-of-pocket costs in the absence of caps. "The promise of out-of-pocket limits was one of the main reasons we supported health-care reform," Theodore M. Thompson, a vice president of the National Multiple Sclerosis Society, told the *New York Times*.

President Obama repeatedly touted the limits on out-of-pocket expenses in his effort to win support for the law. "No one should go broke because they get sick," Obama told a joint session of Congress in September 2009. In explaining the decision to delay the requirement, a senior administration official told the *Times*, "We had to balance the interests of consumers with the concerns of health-plan sponsors and carriers" who "asked for more time to comply."

2. The Employer Mandate

Last month, the White House <u>decided to delay</u> the Obamacare provision requiring all businesses with more than 50 employees to provide health insurance to full-time workers or pay a fine (\$2,000 per worker). Senior Obama adviser Valerie Jarrett said the unilateral delay, which will cost around \$12 billion, <u>according</u> to the Congressional Budget Office, was evidence that the administration was "listening" to the business community.

Although some have <u>questioned the legality</u> of the administration's unilateral action, the president has <u>dismissed</u> such criticism, telling the *New York Times*: "Where Congress is unwilling to act, I will take whatever administrative steps that I can in order to do right by the American people."

In fact, the House of Representatives recently <u>voted</u> to enshrine the employer-mandate delay into law; Obama threatened to veto the legislation, calling it "unnecessary." Republicans have seized on the president's decision; arguing that big businesses shouldn't receive special treatment, they are pushing for a delay of the even more controversial individual mandate, which is set to take effect in 2014. The House also passed a bill to delay the individual mandate for one year — with the help of 35 Democrats.

3. Anti-Fraud Measures

Days after announcing the employer-mandate delay, the Obama administration <u>decided to delay</u> another significant provision in the law that requires the government to verify the income and insurance status of applicants for federal health-care subsidies. The White House has put off implementation of the provision until 2015. In the meantime, according to the *Washington Post*, the government health-care exchanges can simply accept "the applicant's attestation" regarding his or her eligibility and household income "without further verification" in determining the allotment of taxpayer subsidies.

4. CLASS Act

The "fiscal cliff" deal enacted earlier this year <u>repealed</u> a provision of the health-care law known as the CLASS Act, a long-term-care insurance plan championed by the late Senator Ted Kennedy (D., Mass.), after the administration was forced to acknowledge that the program was <u>fiscally unsustainable</u>. The CLASS Act was inserted into the law <u>despite repeated warnings</u> from Medicare's chief actuary that the program "doesn't look workable." Even former senator Kent Conrad (D., N.D.) described it as "a Ponzi scheme of the first order." Additionally, the CLASS Act — which was designed to collect five years' worth of premiums before paying out any benefits, and therefore was scored as reducing the deficit by \$70 billion — was critical in lowering the projected fiscal impact of Obamacare, at least on paper.

5. Independent Payment Advisory Board (IPAB)

The 15-member board of health-care experts and professionals, which will have sweeping authority to make cuts and reforms to Medicare reimbursements to doctors, is supposed to begin work in 2014. However, the administration is <u>having a difficult time</u> finding anyone who is willing to serve on the controversial panel. A number of Democrats, including former Democratic National Committee chairman Howard Dean and former representative Barney Frank (D., Mass.), have <u>called for</u> repealing IPAB; 22 Democrats have co-sponsored House legislation to do just that.

6. Cuts to Medicare Advantage

Obamacare's cuts to Medicare Advantage funding (about \$500 billion in total) were initially scheduled to take effect in 2012. However, those cuts would probably have caused many seniors to lose their preferred health-care plans — right before a consequential election. Accordingly, the administration decided to <u>postpone</u> the impact of the cuts for a year by spending \$8 billion on a "demonstration project" ostensibly intended to shore up Medicare Advantage funding and "study" the results. The nonpartisan GAO <u>complained</u> about the highly political nature of the study, which was slated to be more expensive than "all other Medicare demonstrations conducted since 1995 combined," and recommended that the cuts proceed as planned, advice the administration promptly ignored.

7. 1099 Tax-Reporting Mandate for Businesses

Obamacare initially required small businesses to file an additional 1099 tax form each year for every business with which they had conducted more than \$600 in transactions. The provision, which businesses obviously hated, was intended to raise about \$17 billion in revenue, by both imposing new taxes and making it harder for people to avoid business taxes. But after both parties realized that the burden placed on small businesses would be too onerous, Congress passed a law in 2011 that <u>repealed</u> the requirement. The lost revenue was offset by reducing certain health-insurance tax credits in the law. The 1099 repeal was the <u>first of several pieces of legislation</u> that have rolled back major provisions of Obamacare.

8. Democratic Defections

As Obamacare's implementation has proved increasingly problematic, and as public support for the law <u>continues to wane</u>, Democrats have become more willing to oppose the law and many of its key provisions. A growing number of Democrats support the repeal of IPAB, and last month 35 House Democrats voted with Republicans to delay the individual mandate for one year. Almost all of them represent competitive House districts and will face tough reelection fights in 2014. Two of those Democrats, Representatives Bruce Braley (Iowa) and Gary Peters (Mich.), are running for Senate next year and are generally considered favorites to win — an indication that opposition to Obamacare makes for good politics, and that some Democrats are catching on.

9. Waivers and Missed Deadlines

All of this is in addition to myriad <u>missed deadlines</u> (for example, the federal government is likely to miss the upcoming October 1 deadline for setting up insurance exchanges in more than 30 states) as well as <u>more than a thousand waivers</u>, many of them handed out to <u>political cronies</u>, which have plagued the administration's rollout of Obamacare.

Given these many recent complications, perhaps it's no wonder Democrats are once again <u>pining</u> for a single-payer health-care system. Of course, if you believe Senate majority leader Harry Reid (D., Nev.), that's been the <u>ultimate goal</u> all along.

CNBC Obamacare is coming, and so are the con artists by: Herb Weisbaum

As the debate rages over who benefits from the Affordable Care Act, one thing is becoming clear: The controversial program is a dream come true for rip-off artists.

Consumer experts warn that the program has created a huge opportunity for swindling people by stealing their money and their sensitive personal information.

"Any time you roll out a big government program like this, confusion is inevitable," said Lois Greisman, an associate director in the Bureau of Consumer Protection at the Federal Trade Commission. "This confusion creates a tremendous opportunity for the fraudster."

Scammers have been at it for more than a year now, but consumer advocates and security experts warn that the problem will worsen as we get closer to Oct. 1. That's when the millions of uninsured Americans can use a health insurance exchange, set-up by their state or by the federal government, to shop for coverage.

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The <u>Affordable Care Act</u> created a <u>Health Insurance Marketplace</u>, also referred to as the Health Insurance Exchange. Policies in the exchange have been preapproved by each state's insurance commissioner.

"There are fake exchanges already up and running on the Internet," said Monica Lindeen, Montana's Commissioner of Securities and Insurance. "If you do a search and type in 'exchange,' you'll find all sorts of websites that claim to be in the exchange when they are not."

(Read more: Why latest Obamacare delay angers critics and fans)

These health insurance exchanges don't open for business until Oct. 1, so no one can sell you insurance through an exchange until then.

Scam artists got an early jump on national health care reform. Since last year, they've been calling, faxing and emailing people across the country claiming to be with Medicare, Obamacare or some agency of the federal government.

They often say they need to "verify" some personal information (typically a bank account or Social Security number) to ensure you get the proper benefits. In some cases, fraudsters tell victims they need to buy an insurance card to be eligible for coverage under the new program.

Such calls can be especially intimidating to seniors, said John Breyault, who runs <u>Fraud.org</u>, a project of National Consumers League.

"We've heard about cases where the scam artists have threatened people with jail if they don't purchase the fake insurance cards," Breyault said.

(Read more: <u>Watch out for the 'change my address' scam</u>)

Americans don't need a new Medicare card, and no one from the government is calling and asking for personal information or money. Under the individual mandate provision of the Affordable Care Act, people who don't buy insurance could have to pay a penalty, but that provision does not take effect until next year. There is no jail penalty in the law.

A con artist can claim to be anyone, for instance a "navigator" who can help you apply for coverage through an exchange. They gain your trust and then ask for personal information to buy nonexistent policies. Fraud.org reports that some victims have been persuaded to wire money or send funds via prepaid debit card to get their full benefits.

(Read more: Hate robocalls? Here's how you can block them)

Thousands of legitimate navigators are being trained and certified to guide people through the process of applying for coverage through an exchange. These navigators are prohibited from recommending a particular plan. They will never ask for personal information or for money in any form. The navigator program hasn't started yet, so no one is making calls.

Don't get taken

There is only one place to shop for a qualified health plan: <u>HealthCare.gov</u>, the site run by the Center for Medicare and Medicaid Services. You also want to <u>start your search</u> here if you live in one of the places (17 states, District of Columbia, Guam or American Samoa), that set up its own exchange. Customer service representatives are available at 1 (800) 318-2596.

These tips, provided by consumer groups and government, will help you spot a fraud:

-There is no card associated with health care reform.

-There is no new Medicare card, and you do not have to update any personal information.

—The Health Insurance Marketplace (those exchanges) doesn't open until Oct. 1, so you can't buy coverage under the Affordable Care Act until then.

—Don't respond to a cold call of any kind, especially one that asks for personal information or money. And don't trust caller ID, which can be rigged to make it look as if the call is coming from a government office.
—Don't let anyone rush you. The rates in the exchange have been preapproved and won't change during the initial enrollment period, Oct. 1 to March 31. Anyone promising a "special price" or "limited time offer" or who tells you "spots are limited" is lying.

The FTC's Lois Greisman urges you to <u>file a complaint</u> if you spot a problem, get a suspicious call or fall victim to a health care insurance con artist.

NY Times On Woodward, Forever Young by Paul Stenguist



GENERATIONS Dave and Shirley Ziolkowski with their son, David, and the very modified 1988 Dodge Shadow. <u>More Photos »</u>

DETROIT — It's Dream Cruise week in metro Detroit, and Woodward Avenue, main street to the American auto industry for more than a century, is dancing to the rumbling beat of some 30,000 muscle cars, street rods and classics.

A crowd estimated at more than one million has been gathering for days to witness Saturday's bumper-to-bumper parade of automotive excess. The revelers are celebrating what the Motor City does — and honoring the Woodward tradition of cruising, an automotive ritual of youth that's generations old and hit a peak in the 1950s and '60s, glory days for Detroit's industry.

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Among those <u>enjoying the festivities are Dave and Shirley Ziolkowski</u>. The Ziolkowskis are well into retirement; he's 70 and she's 66. Their home is a modest ranch house in the quiet suburb of Sterling Heights, and their car is a 1988 Dodge Shadow, just the sort of thrifty transportation one might expect to find in the garage of seniors.

But the Ziolkowski's Shadow shares little with the 93-horsepower front-drive compact that Chrysler built in 1987-94.

In the lexicon of hot rodders, it's a pro-street custom, with flaming-red sheet metal that conceals a professional-grade racecar frame and a brawny Chrysler V-8.

Subtlety is not part of the package: the carburetors, topped by a dragster-style air scoop, poke through the hood. Rear tires 18 1/2 inches wide are tucked into wheel housings that intrude on the space once occupied by the car's cozy back seat. A pair of "wheelie bars" — steel tubes with small wheels at their far ends — sprout from the rear, poised to keep the front wheels close to the ground on an all-out run through the gears. Though the Ziolkowskis have not probed the car's limits, this Shadow has enough V-8 horsepower to reach supercar top speeds.

It's the kind of vehicle every retiree should have for trips to the Social Security office — providing that office isn't distant.

"We don't drive far," Mrs. Ziolkowski said. "The car is deafening."

Why would these sober-minded retirees build a car that flouts every notion of sensible transportation?

The answer is the story of the Dream Cruise: a tale of what once was.

For this couple, it began on a spring evening in 1964 when 21-year-old Mr. Ziolkowski was cruising Detroit's Gratiot Avenue in his potent 425-horsepower '64 Ford Galaxie. He planned to drop by Jupiter's Drive In, then drive north to the A&W on Conner Avenue before motoring over to Woodward, the Totem Pole, the Varsity and finally Ted's — a long-gone Bloomfield Township drive-in that was once the end point of the cruise.

That evening, Shirley Bieke, a 17-year-old high school senior, was dateless. So she and a friend hiked three miles from their Detroit neighborhood to the A&W. Along the way, they enjoyed adult beverages — illicitly. But after a couple of hours, the effects of the alcohol made any thoughts of walking home too daunting. In those innocent times, Ms. Bieke stuck out her thumb.

That's when Mr. Ziolkowski drove by and gave the girls a ride home. Before long he asked Shirley out, and less than a year later they were Mr. and Mrs.

True products of a town that revered cars the way Brooklyn loved the Dodgers, they cruised in the musclebound Ford for a few years. Then came a baby, grown-up responsibilities — and a practical sedan.

The life changes didn't matter so much, as it turned out, because by the mid-1970s Woodward and Gratiot had largely gone silent. Engines choked by pollution controls, strife in Detroit and a multitude of other factors killed the cruise. Before long, many of the popular drive-ins were bulldozed.

"We had an ordinary life, but were never happy with ordinary cars," Mrs. Ziolkowski said. "Dave replaced the hubcaps on our sedan with baby moons and striped the body. We clung to the past."

In the 1990s, a comeback began. The Detroit automakers clawed their way back with credible performance cars that met emission standards. The Ziolkowski's son, David, graduated from college, their finances improved and their opportunities were no longer so limited.

But it was the older generation, not the younger, that reawakened the youthful memories and the desire for hot cars.

"My dad was my best buddy," Dave Ziolkowski said of his father, William, who died 20 years ago. "We did things together; went to car shows. At one show, he kept going back to look at an outrageous machine that was almost too extreme to drive in traffic. He asked if we could build something like that. 'Sure,' I said."

It wasn't long before William, known as Sparky, his son and daughter-in-law began to outline the project. The father and son even selected an ideal donor car for their hot rod: the white Dodge Shadow that Mrs. Ziolkowski was driving at the time.

"Get your hands off my car," she said. Her husband agreed, of course, knowing that it wouldn't be hard to find another Shadow, but replacing his wife would be impossible.

The project stalled when William died, but restarted two years later when Mr. Ziolkowski's mother, Jenny, urged her son and daughter-in law to build the car William had dreamed about.

They bought a 1988 Shadow for \$800, stripped off the sheet metal and piled the parts in a corner of their garage. They then ordered a racecar frame, built from steel tubing and incorporating a full safety cage.

Under the hood they planted a 528-cubic-inch version of the engine that powered many Dodge and Plymouth factory racecars in the early 1960s. Built using a prototype iron cylinder block cast at a Detroit foundry, the engine was fitted with a full complement of racing-duty parts, including forged pistons and aftermarket aluminum heads.

Two huge 4-barrel carburetors feed the beast. Suspension components, brakes and powertrain parts similar to those used in professional drag race cars complete the mechanical underpinnings.

Mr. Ziolkowski said that when tested on a chassis dynamometer, the 2,350-pound Shadow registered more than 700 horsepower at the rear wheels.

The Ziolkowskis have spent more than \$95,000 on the Shadow, remaking different areas of the car over the years. Anodized aluminum inner fender panels were formed to cover front chassis parts, tires and wheels were swapped, and carbon fiber panels were fitted to the interior.

"We have to make one more carbon-fiber panel," Mrs. Ziolkowski said. "We're going to remove the radio, since we can't hear it, and cover that part of the dash. Then we're done. For now."

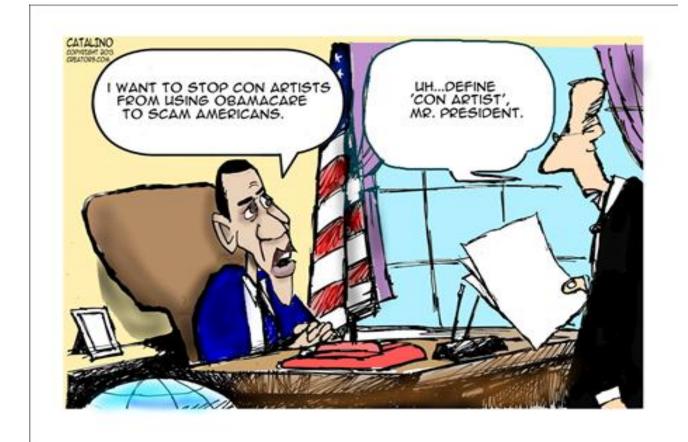
First, though, the Ziolkowskis have a Dream Cruise date on Woodward Avenue, the street that shares their story.

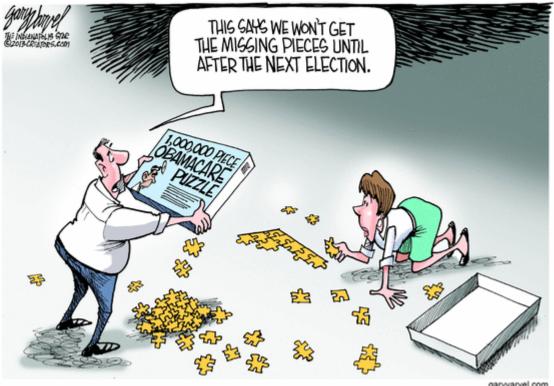
"We cruise a wee bit, then park and party," Mr. Ziolkowski said. "The Shadow doesn't like 2m.p.h. traffic."

The hot-rod Shadow and the Woodward Dream Cruise were products of Motown's renewed enthusiasm for things automotive, so it was no coincidence that they got under way at nearly the same time. When the Shadow was ready for the street, the cruise was in its fifth year and Woodward was roaring again — all summer long — just as it had when Shirley was a teenager and Dave was showing off his hot Ford Galaxie. The Woodward scene brought back a part of Detroit's motoring life, just as the Ziolkowski's outrageous machine invigorated them.

"The Shadow is the culmination of a dream," Mrs. Ziolkowski said. "I would rather spend money on the car than on a new kitchen.

"It has given us our youth again," she continued. "Can't get that from a new set of cupboards."

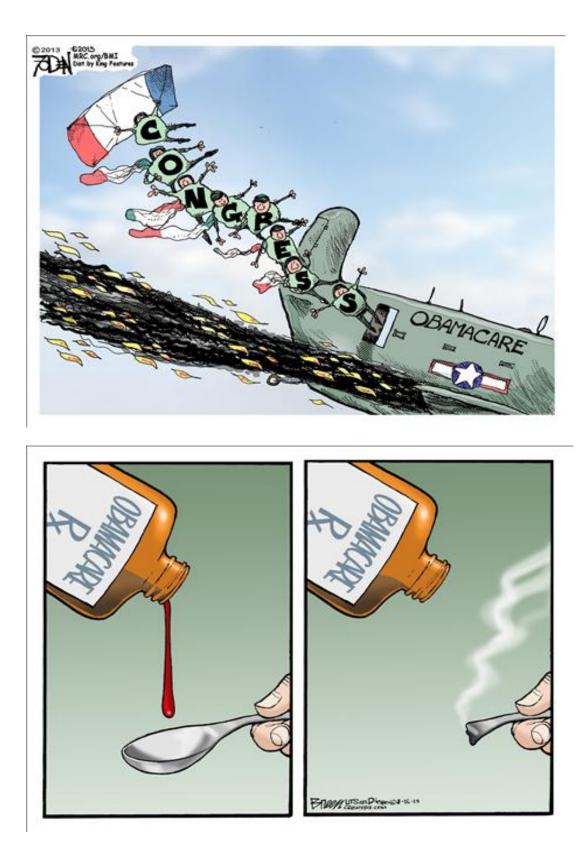


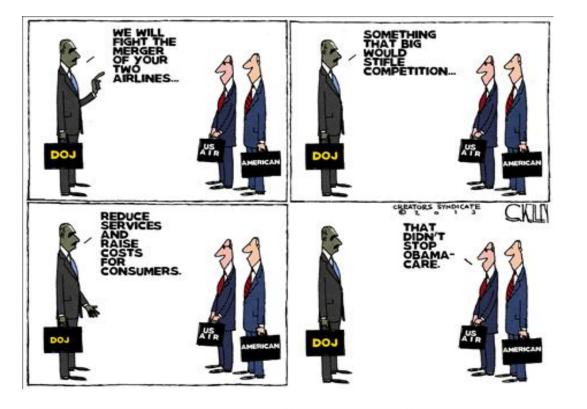


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