Today is the 45th anniversary of the Medicare program, and several bloggers take note and even find a new video featuring an American icon. Other commentators review the implementation and design of the high-risk pool program created by the health law.

On the Health Affairs blog Thomas Miller and James C. Capretta say the structure of a new high-risk insurance program created by the health law is flawed and call for a different definition of “high-risk”: “A better solution would begin with redefining the problem to avoid the temptations of trying to achieve multiple policy objectives with a single tool, which results in mission creep and failure to target scarce resources more effectively and sustainably. True high-risk pools should be limited to covering the most likely, highest-risk individuals, as identified before the fact. They don’t work as well as a mechanism for subsidizing the health care costs of low-income individuals more broadly, or for covering the uninsured in general.”

John Goodman also criticizes the new program but doesn’t necessarily agree with Miller and Capretta. He says that “socializing the costs of patients with expensive conditions … surely invites a mechanism whereby insurers, employers, and individuals would crawl out of the woodwork to lobby continuously and perpetually for more federal money and expanded eligibility for high-risk pools — just as happened to Medicaid over the last four and a half decades. A far simpler and more effective reform would be to eliminate employers’ monopoly control of Americans’ health dollars, so that individuals and families could buy their own health insurance that is portable from job to job and state to state.”