## To Make Your Opinion Known

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Include your name, address and a telephone number where you can be reached during the day. Letters should be no more than 250 words and will be edited for clarity.

# This is the wrong way to handle daylight saving time

SHELDON H. **JACOBSON**

Last month, the House passed the Sunshine Protection Act of 2025 with bipartisan support, as evidenced by a 308-117 vote. It will now move to the Senate for consideration.

President Donald Trump has stated he will sign it into law if it reaches his desk.

This is the first time that the House has managed to pass a bill making daylight saving time permanent. In the past, the Senate passed such laws, which eventually stalled in the House or expired.

With the House bill mirroring what the Senate passed previously, it seems plausible that permanent daylight time will become law.

But don't start celebrating the end of biannual clock changes just yet — there are headwinds that could stop the bill from reaching the president's desk.

Permanent daylight saving time was tried back in 1973-1974, during the Middle East oil crisis. By shifting more daylight from the morning hours to the afternoon hours, the belief was that energy would be saved.

It was initially welcomed but then rejected. Parents raged as school children were forced to wait for buses in the dark morning hours, creating unacceptable risks and angst.

The question today is whether enough has changed over the past 50 years that would make permanent daylight saving time more acceptable. Polls suggest that people are split on their preference between permanent daylight time and permanent standard time. Opting for one over the other presents political risks to any lawmaker, potentially alienating one-half of their constituents.

Note that another bill circulating in Congress, the Sunshine for our Kids Act, offers to make standard time permanent instead. It has support from the American Academy of Sleep Medicine, which states that standard time, not daylight time, offers a better health option.

But this bill also gives states the flexibility to use year-round daylight time. Note that the Uniform Time Act of 1966 allowed for year-round standard time if a state did not want to toggle between daylight saving time and standard time. Indiana, Arizona and Hawaii, all or in part, took advantage of this provision.

At present, daylight saving time lasts for around eight months each year, and standard time is used for the remaining four months.

Since 1975, there have been gradual shifts toward more daylight time and less standard time. Yet the impact of daylight saving time varies widely across the states and in individual cities, depending on how far they are from the equator and where they are located within their time zone.

In general, states farther south, like Florida, Louisiana, and Texas, are minimally affected. Maine, Washington and Alaska, in contrast, experience wide shifts in daylight across the calendar.

Then there is the east-west location of cities within a time zone. Boston is located on the far east end of the Eastern time zone, whereas Indianapolis is on the far west side.

Using daylight time during the winter months in Boston would still provide reasonable morning light (around 8 a.m.). But Indianapolis would not see sunrise until after 9 a.m.

Chicago is on the far east side of the Central time zone, so it would experience morning light similar to Boston, but Boise, Idaho, at the far west end of the Mountain time zone, would also experience very late morning light, like Indianapolis.

Imposing a one-size-fits-all policy across the entire nation is simple, but it will have significantly different effects in states and cities, virtually guaranteeing large factions of unhappy people. That may explain why biannual clock changes have persisted for so long.

This begs the question: Is there a way to provide a simple solution that offers the best of both worlds?

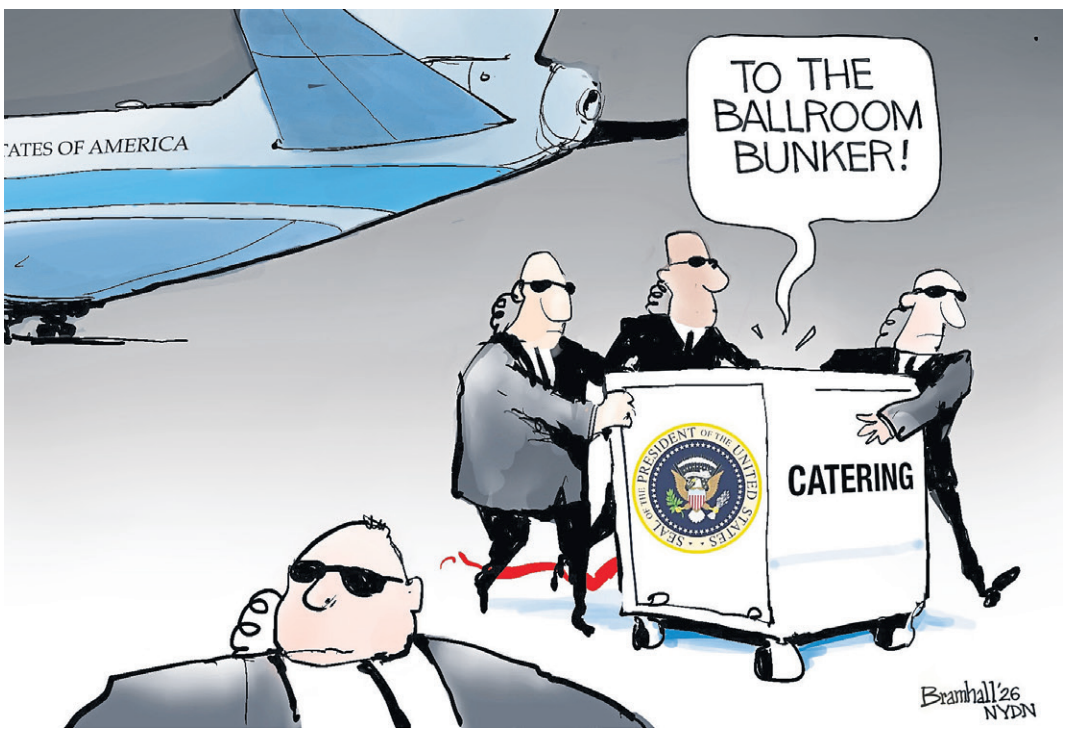
Instead of limiting the choice between only daylight and standard time, one solution is to shift the clock by 30 minutes and keep it there. If this were enacted into law, on Nov. 6, 2026, clocks would fall back by 30 minutes for one last time, and stay there.

Those who support permanent daylight saving time would get some of their extra evening daylight during the summer months. Those who support standard time would get some of their extra morning daylight in the winter months. The best outcome from such a policy is that clocks would no longer need to be changed biannually.

Moving beyond the all-or-nothing binary mindset and observing that time is fungible means that once the 30-minute time shift is executed, it will become the norm.

Such a policy would require quick and decisive movement by lawmakers, given that the 119th Congress will end on Jan. 3, 2027.

Yet without such action, clock change chaos will continue, and bills that work to end it are likely to continue to absorb time and attention of lawmakers without ever reaching the finish line.




## ABOUT THE OPINION PAGE

The opinions expressed in the Messenger-Inquirer editorials represent the consensus of the editorial board of the Messenger-Inquirer, on behalf of the newspaper.

Articles by named authors and letters to the editor contain the opinions solely of the writer.

## READERS WRITE

### Local officials must protect community from data centers

Recently our community became aware Senator Gary Boswell, along with family members, entered into a memorandum of option to purchase with Green River East LoadCo, LLC, for about 130 acres on Aug. 8, 2025. The options include a non-disclosure agreement.

"I have no direct involvement with any type of a data center at this time," Boswell said, according to a May 28, 2026 Messenger-Inquirer article.

Why an NDA and parsing of words "no DIRECT involvement with any type of data center "AT THIS TIME"?

**CONCERNS:**

- Huge power and water consumption raising cost
- Extreme noise
- Pollution dumped into the Ohio River
- Contaminating aquifers, the source of our drinking water.
- Destroying property values along the river and downtown.
- Enormous tax subsides for data centers

Local officials cant let this happen after all the investment made in our community making us the envy of the tri-state.

Temporary construction jobs and few full-time jobs once the facility is operational have diminished returns.

Companies paying good wages/ benefits locate in communities that have reasonably priced utilities power, water and sewer. A data center locating here, due to massive consumption of these services will drive cost up to residents, existing and future industry and other businesses.

Legislature protecting communities against raising utility cost caused by data centers stalled in the Kentucky Senate.

Fiscal Court's one year moratorium isn't adequate. Officials must pass measures preventing a data center from locating here. This isn't a partisan issue but a quality of life issue for ALL Daviess County residences!

**Elizabeth Belcher**
**Owensboro**

# Medicare for all? Here's the missing truth

GARY **FRANKS**

Ever since I was in Congress there was a group of people that wanted some form of universal healthcare.

It would include one healthcare provider through the federal government, which they frequently refer to as "Medicare for all."

However, there is a huge difference between Medicare which is for the elderly and disabled in contrast to Medicaid which is for the indigent and their children. Working Americans contribute by paying into Medicare, while Medicaid is paid by the federal government. Essentially healthcare for Medicaid individuals is free. You simply cannot combine the two systems into a form of universal healthcare.

Let us remember, no one could say that Americans do not have a form of healthcare, even if it is extremely costly. The correct statement is not all Americans actually have paid for healthcare or are paying for healthcare insurance coverage.

Medicaid needs serious reform. Hospitals must provide healthcare to the sick or injured. Those folks without insurance struggle to pay out of pocket. If they fail to do so their credit worthiness is destroyed. If deemed indigent, Medicaid takes care of all the costs. This puts a strain on many hospitals.

The number of indigent folks and their children has grown exponentially due at least in part to the millions who illegally entered America via porous borders. They have arrived in America poor and without health insurance immediately falling into the Medicaid category. The American people pay for their healthcare. This results in a significant cost shift affecting the healthcare insurance cost for millions of middle-class Americans.

In 1990 there were 22.9 million folks in America receiving Medicaid. Today that number has swollen to nearly 76 million people. Thus, 20% of Americans have healthcare provided by the federal government for others to pay for. It mirrors one of the prime causes of the fall of the Roman Empire: providing services to their growing population was a major cause of the empire's collapse.

What the Democratic Socialists of America (DSA) refuse to acknowledge is that both Social Security which provides income for senior citizens and Medicare which provides healthcare for senior citizens and those with disabilities have been paid for by those receiving the benefits.

I started working, like many Americans, at age 16. I cleaned the toilets, mopped the floors, and washed the pots and pans at Waterbury Hospital. Like most Americans, after nearly 50 years of contributing to the system those funds, if used or invested properly, would amount to a sizable chunk of change.

Medicare and Social Security are entitlements that working Americans contribute to in this manner:

**FEDERAL INSURANCE CONTRIBUTION ACT (FICA)**

Social Security: Employees pay 6.2% of their gross wages, and employers match this with an additional 6.2%, for a combined 12.4%. These funds are channeled into the Social Security Administration. The tax applies up to a specific annual earnings cap, which is set at $184,500.

Medicare: Employees pay 1.45% and employers match it with 1.45%, totaling 2.9% on all earnings. High-income earners may pay an additional 0.9% Medicare tax.

Self-employed workers: Individuals who work for themselves pay both the employer and employee portions, resulting in a 12.4% Social Security contribution and a 2.9% Medicare contribution.

Former President Franklin Roosevelt was not giving us a freebie. It was an investment. The contributions were pooled into a trust fund. The problem is that we have raided this fund in lieu of raising taxes or reducing spending. We have done so to such a degree that the funds could actually run out if our "do nothing Congress" continues to, well, do nothing.

Our labor force participation rate is at abysmal lows, reducing the number of people contributing to Social Security and Medicare as America ages. Our large increase in population, however, has been a positive factor, producing more workers.

Over the decades, when the Medicare Trust or Social Security Trust has produced a surplus the U.S. Treasury borrows from it, which was not what it was meant to do when established.

Former President Lyndon Johnson was the first to borrow from our Social Security Trust. He used it to help fund the Vietnam War. President Bill Clinton actually used the surplus to help balance the budget.

What the DSA members refuse to tell the public is that putting all people under Medicare is not only a disservice to Roosevelt, Democrats and Republicans of the 20th Century, but it could destroy Medicare as we know it today. Plus, this would be a major injustice to the millions of seniors and soon to be seniors who paid into Medicare with their hard-earned labor for decades.

Healthcare reminds me of the drug crisis of the 1980s. We focus so much on the crimes involved in trafficking and selling drugs that we did not recognize that to stop the drug crisis we merely had to halt or at least reduce the demand for illegal drugs.

The lesson we can draw is this: It is age, accidents (not a major part) and unhealthy people that are causing the cost of healthcare to dramatically increase. That is why we need to have Medicare strengthened, not weakened or diluted with those who never paid into the system.

Exercise, diet, preventive care, and personal responsibility are ways we can dramatically reduce these costs.

Pre-existing illnesses, genetic disorders, and catastrophic illnesses must be addressed with government assistance, but they should not be grouped in with Medicare. It would drive healthcare insurance premiums up for those who can pay.

If the members of the DSA are suggesting that we tax our way into paying for Medicaid, well, that too would require "someone" to pay the bill. There are no free lunches.

Congress has deficit spending already — meaning our government is not taking in enough in taxes to pay its current bills. Medicaid is growing out of control. We need to reform it and then attack a root cause of our healthcare troubles: unhealthy lifestyles.

I say facetiously that it may be cheaper to pay people to stay healthy than to stay on our current course of an unsustainable Medicaid problem and sky high costs for healthcare insurance.