THE OBAMA HEALTH LAW: WHEN THEY SAY….YOU SAY….

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AT THE NATIONAL RIGHT TO LIFE COMMITTEE

On March 23, 2010 President Obama signed into law the anti-life, unpopular health restructuring plan, passed by the slimmest of margins. If the Obama Health Care Rationing Law is not repealed before its most dangerous provisions come into effect, the result will be the rationing denial of lifesaving medical treatment, and consequent premature and involuntary death, of an unknown but immense number of Americans. The pro-life movement must devote itself over the upcoming critical years to ensuring that the American people are given the facts needed to counter the misinformation the Obama Administration and its apologists in Congress and the press are already spreading. When they say….you say!

They Say:

If you like your plan, you can keep your plan.

You Say:

For seniors in the Medicare program, this is simply NOT TRUE. Aside from the fiction that cutting *billions* of dollars to a program somehow won't drive many Medicare plans out of existence, the Obama Health Care Rationing Law specifically paves the way for plan elimination. Millions of Americans are on a unique Medicare program which is known under the title of "private fee-for-service plans." This option allows senior citizens the choice of health insurance whose value is not limited by what the government may pay toward it. These plans had been able to set premiums and reimbursement rates for providers without upward limits imposed by government regulation. This means that such plans would not have been forced to ration treatment, as long as senior citizens chose to pay more for them. Now, the Obama Health Care Rationing Law allows bureaucrats at the Center for Medicare/Medicaid Services to refuse to allow private-fee-for-service plans that charge what they regard as premiums that are too high – or, literally, allows them to refuse to allow private-fee-for-service plans (or any other Medicare Advantage plans) altogether, for any reason or no reason.

They Say:

If you like your doctor you can keep your doctor.

You Say:

With the dramatic cuts doctors will face, coupled with evidence of providers leaving Medicare, seniors may not be able to keep their own doctor (nor find a new one). Take one example -- In Arizona, the Mayo Clinic actually announced it will stop treating many Medicare patients. This pilot program will no longer accept new Medicare patients– a plan Mayo may put in place across the country. The reason is that it is no longer able to afford the low reimbursement rates Medicare offers providers *now*. Each year, the rates paid to Medicare providers are supposed to be cut in order to keep Medicare solvent. In truth Congress cobbles together expensive bills yearly to ensure those cuts do not take place. National Right to Life has long recognized this dilemma of how underpayments in the Medicare program can lead to rationing. Moreover, a powerful rationing board, known as the Independent Payment Advisory Board

(IPAB), will be given the authority to further reduce payments to providers as part of its mission to reduce costs. The IPAB will have sweeping powers, not the least of which will be to ensure that seniors' Medicare meets budget goals (which will tighten each year). An increasing number of Medicare providers, being paid further and further below their costs of providing care, would stop accepting new Medicare patients, and many would stop seeing their Medicare patients altogether.

They Say:

The law gives patients and doctors more control over health care decisions.

You Say:

In fact, the Obama Health Care Rationing Law takes away doctor-patient control by limiting what health care providers can do to save the lives of your family members.

A Powerful 18-member rationing commission, the "Independent Payment Advisory Board" (IPAB) is given the duty, on January 15, 2015 and every two years thereafter, with regard to private (not just governmentally funded) health care, to make recommendations to slow the growth in national health expenditures below the rate of medical inflation.

The Commission's recommendations are to be ones that the Secretary of Health and Human Services is empowered to impose "quality and efficiency" measures on hospitals, requiring them to report on their compliance with them. Doctors will have to comply with quality measures in order to be able to contract with any qualified health insurance plan.

This will mean big changes for your family's health care. Basically, doctors, hospitals, and other health care providers will be told by Washington just what diagnostic tests and medical care are considered to meet "quality and efficiency" standards – not only for federally funded programs like Medicare, but also for health care paid for by private citizens and their nongovernmental health insurance.

And these will be standards specifically designed to limit what ordinary Americans may choose to spend on health care so that it is BELOW the rate of medical inflation. Treatment that a doctor and patient deem needed or advisable to save that patient's life or preserve or improve the patient's health but which runs afoul of the imposed standards will be denied, even if the patient is willing and able to pay for it.

In effect, there will be one uniform national standard of care, established by Washington bureaucrats and set with a view to limiting what private citizens are allowed to spend on saving their own lives.

They Say:

This bill holds insurance companies accountable for unreasonable rate hikes.

You Say:

While this may sound appealing, when the government limits by law what can be charged for health insurance, it limits what people are allowed to pay for medical treatment. While everyone would prefer to pay less – or nothing – for health care (as for anything else), government price controls in fact prevent access to lifesaving medical treatment that costs more to supply than the price set by the government. Instead of Americans making their own

choices balancing the cost against the benefit in evaluating competing insurance plans, that decision will be taken out of their hands by bureaucrats whose principal duty is to hold health care spending down. Denial of lifesaving diagnostic tests and treatment would surely follow. This is rationing, pure and simple

Not only will the newly created exchanges be allowed to exclude policies when government authorities do not agree with the premiums, but they will be able to look at any increases plans charge, outside the exchange – and remove those insurers from the exchange. This would create a "chilling effect," deterring insurers who hope to be able to compete within the exchange from offering adequately funded plans even outside of the exchange in the regular market, limiting consumers' access to adequate and unrationed health care.

Under a scheme of premium price controls, health insurance companies will ration lifesaving medical treatment as they are squeezed more and more tightly each year by the declining "real" (that is, adjusted for health care inflation) value of the premiums they take in. These day-to-day rationing decisions will have the most direct and visible impact on the lives – and deaths – of people with a poor "quality of life."

They Say:

We are making Medicare solvent, extending its life by eliminating waste and fraud.

You Say:

Aside from the fiction that cutting *billions* of dollars to a program somehow won't hurt Medicare, the Obama Health Care Rationing Law by gives Medicare bureaucrats the specific power to cut plenty more than simply waste and fraud. One of the most dangerous provisions creates a powerful rationing board known as the "Independent Payment Advisory Board" or IPAB.

To the extent the that Medicare growth rates are expected to exceed growth targets, the Board would have to act to reduce the gap by specified percentages varying by year. This gap-reducing would come through reduction of Medicare Advantage payments, and reductions in payments to doctors and so forth.

The recommendations of the Board would automatically go into effect unless Congress, through an expedited procedure, adopted another means resulting in the same reductions; to waive this would require a 3/5 vote. It would also require a 3/5 vote to repeal or amend the provisions of the law establishing the Board and its duties and authority.

This is likely to have either – or, more likely, both– of two rationing effects. First, an increasing number of Medicare providers, being paid further and further below their costs of providing care, would stop accepting new Medicare patients. Second, the Board could change the way reimbursement rates are structured, away from a fee-for-service model toward a model, for example, under which practitioners are paid a set annual amount per patient, or toward an "episode" model, under which a set amount is paid per illness or injury. In either of these cases, the physician or other health care provider would have a strong financial incentive to limit treatment, especially if it is costly. So, the Board itself would not be "rationing" treatment – instead, it would be compelling health care providers to do so.

They Say:

Patients will be given the information they need to make good decisions.

You Say:

Patients will be pushed and cajoled to reject life-saving treatment in order to reduce costs. Under the "Shared Decisionmaking" program, the federal government will contract with private entities to produce "patient decision-making aids" and doctors and other health care providers will be brought to regional centers to be trained in their use. What sort of "decision-making aids" are likely to be produced by these contracted entities?"

If you go to the website of the Foundation for Informed Medical Decision Making, you immediately come across a little box titled "Did You Know?" And in that box flash statements like these: "About 25% of Medicare dollars are spent on people in their last 60 days of life." "Whether or not they receive active treatment, most men diagnosed with early stage prostate cancer will die of something else." "Back patients in Idaho Falls, Idaho are 20 times more likely to have lumbar fusion surgery than those in Bangor, Maine, with no clear difference in . . . quality of life." "For at least 70% of people who have heart bypass surgery, the survival rate is no better than if they had chosen to take medication alone." "More care does not equal better outcomes." "In many people with stable heart disease, medications are just as good as stents or bypass surgery."

Do you notice a pattern? Clearly, this is a group that wants to *discourage* patients from choosing treatment that may be extensive or costly.

What do you find on the website of the Center for Information Therapy? This statement: "Toward the end of life, too many people receive ineffective, expensive medical treatments." What about "Healthwise"? The home page of its website proclaims "avoid unnecessary care with Healthwise consumer health information", and its "Mission Statement" says "We help people ... do as much for themselves as they can [and] Say 'no' to the care that is not right for them."

Under the guise of giving accurate and unbiased information to guide their informed consent, these groups develop material whose clear bias is to push and persuade patients to reject medical treatment.

For full details and documentation, along with the various other rationing concerns in the new law, please visit www.nrlc.org/HealthCareRationing

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