



PERSPECTIVE

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The Case Against ObamaCare

Since a key part of my job is to help physicians successfully navigate the many challenges of billing, reimbursement and business aspects of their practice, I have followed the healthcare reform debate very closely. At the time of writing this article, the news from the healthcare reform debate for physicians is not good, and this article presents a rather stark picture of the new challenges physicians and patients will face as a result of President Obama's healthcare reform (ObamaCare). Although congressional and media proponents of ObamaCare have masterfully camouflaged the true nature and impact of this legislation, I believe it is important for every physician to be forewarned in order that they can become forearmed.

In mid-November, the U.S. House of Representatives passed a particularly onerous, 1,990-page version of ObamaCare. Speaker Nancy Pelosi and her Democrat colleagues arm-twisted their way to a narrow passage of this leviathan legislation, a printed version of which weighed 19.6 pounds and stood 8.25 inches tall.¹ The sheer size of this bill alone points to the hyper-complexity and extreme government meddling in the practice of medicine that it will create.

Although the data, evidence and arguments against ObamaCare are numerous, due to space limitations, I'll limit my case to the following arguments:

- ObamaCare is not needed.
- ObamaCare won't work.
- We can't afford ObamaCare.
- ObamaCare is bad for physicians and patients.

ObamaCare Is Not Needed

Advocates for ObamaCare typically cite the following as important reasons for a massive overhaul of the U.S. healthcare system:

- Nearly 50 million people don't have health insurance.
- The United States pays too much for healthcare.
- U.S. life expectancy lags that of other countries.

Let's look at each of these in turn. Of the roughly 50 million people who reportedly don't have health insurance, about 12 million are illegal immigrants.² In addition, many of the uninsured are eligible for government programs such as Medicaid or CHIP, but choose not to enroll. Other people can afford to purchase health insurance, but choose not to, and many are uninsured for only a short time.³ All told, 83 percent of the U.S. population has health insurance. Most of those without health insurance still receive healthcare which is better than the vast majority of the world.

It's also worth noting that more than 80 percent of Americans with health insurance are happy with their health care.² Despite the fact that the overwhelming majority of Americans have health insurance and like their current healthcare, the Obama administration chooses to ignore the will and status of the majority in order to usurp control of healthcare into the hands of Washington politicians and bureaucrats.

Regarding the argument that the United States spends too much on healthcare, the counter argument is that this higher spending provides Americans with the best technology and care in the world. Most Americans have readily available access to advanced imaging studies,

state-of-the-art medical devices and highly beneficial biopharmaceuticals, which prolong and improve the quality of life. Unlike countries with government-run health care, Americans don't have to worry about being turned away from life-saving treatments as a result of government rationing through "quality adjusted life year" formulas and other mechanisms, or the outright unavailability of these medical miracles. Americans also don't have to wait in queues for months or years to obtain access to certain care and available technology, which is the normal practice in the United Kingdom and Canada.

As for the concern about healthcare inflation being too high, over the past two decades, the inflation rate of U.S. college tuition has been double that of healthcare, yet the Obama administration isn't calling for a dismantling of the U.S. college education system.²

Finally, there is a fallacy in the argument that U.S. life expectancy is too low compared to other developed countries. When non-healthcare related causes of mortality are removed, the United States has the longest life expectancy in the world. When you look at the outcomes for specific diseases such as cancer, pneumonia, heart disease or AIDS, the chances of a patient surviving are far higher in the United States than other countries.³ Last year the journal *Lancet Oncology* published a study which found that the United States has the highest survival rate for 13 of the 16 most common types of cancer.⁴

So why is overall U.S. life expectancy lower than some other countries? The reasons are totally unrelated to our healthcare system. The United States has one of the highest road mortality rates in the world at 15 per 100,000 people, compared to 6.6 per 100,000 in Japan. The U.S. homicide rate is ten times that of the United Kingdom. Additionally, 32.2 percent of Americans are obese compared with three percent in Japan, 9.5 percent in France, 13.6 percent in Germany, and 18 percent in Canada. Obesity isn't caused by the current healthcare system, yet obesity is associated with lower life expectancy and costs for obesity account for almost 10 percent of healthcare spending in the United States compared to 2.0-3.5 percent in Canada.⁴

ObamaCare Won't Work: Massachusetts, A Case of Failure

ObamaCare supporters cannot provide any evidence that the new power and control over healthcare they are giving to the government will provide better quality or lower cost healthcare. To the contrary, we've seen this movie before and it doesn't have a happy ending. In 2006, Massachusetts enacted healthcare reform legislation to cover more citizens and create more affordable health insurance. Three years later, the reality is far different.

Healthcare spending in Massachusetts has exploded, and healthcare costs in Massachusetts are now reported to be 33 percent higher than the U.S. average. Massachusetts now has the nation's highest health insurance costs in the U.S. with an average cost of \$13,788 per family.⁶ Moving forward, healthcare costs in Massachusetts are projected to continue to grow at a faster rate than the rest of the country.⁵

As a result of out-of-control costs, the Massachusetts legislature is now considering drastic spending-control measures such as limiting patient access to the hospital or doctor of their choice, making providers live within a fixed budget by giving doctors and hospitals a flat monthly or annual fee per patient, and cutting expensive treatments.⁷ In spite of the immense new spending, the 2008 census shows that 5.5 percent of the Massachusetts population remains uninsured. In addition, patients now have long waits for doctor appointments, so access to care has also been adversely impacted. The average wait time to see a specialist in Boston is almost twice that of the next longest wait time in a major metropolitan area.⁸

ObamaCare proponents also wistfully point to the healthcare utopias they perceive in other countries like Canada, Germany, and France as examples of what Americans are missing. The reality is that these healthcare systems are facing significant cost problems and lack of access to care. Moreover, in the countries weighted heavily toward government control, people usually must contend with waiting lists, rationing, restrictions on physician choice, and other obstacles to care.³ This reality serves as an indicator that the grass really isn't greener in other countries.

We Can't Afford ObamaCare

The Congressional Budget Office gave a preliminary cost estimate of the House version of healthcare reform at \$1.2 trillion over 10 years. Even this gigantic number is pure fiction; the actual cost will be far higher, probably closer to \$2 trillion over 10 years.⁹ Congressional Democrats are deceiving the public with promised cost savings built on flagrantly false assumptions. Consider the following:

- In May 2009, the Medicare trustees reported that Medicare has an unfunded liability of \$38 trillion. This is the amount of benefits currently promised to beneficiaries in the future, but not covered by taxes.¹⁰ The current Medicare system is headed toward insolvency, yet ObamaCare supporters are adding massive new expense obligations without a shred of evidence they can control current costs, much less future new costs.
- In the 2009 fiscal year, Medicare spending increased

9.8 percent and Medicaid spending increased 24.7 percent.¹¹ From 1970 to 2007, Medicare spending per beneficiary rose 9.2 percent annually.¹² Despite this reality, ObamaCare supporters have lulled the public into thinking that the cost of their program will be as advertised by assuming cost increases over the next 10 years will be far lower than historical rates of increase.

- U.S. House supporters of ObamaCare fabricated cost savings over the initial 10-year period of their legislation by disguising hundreds of billions of dollars of costs with budget gimmicks such as only recording six years of costs, but allocating 10 years of revenue to cover the costs.⁹ House supporters conveniently ignore the fact that after the first 10 years, the annual deficits from their bill will explode.

ObamaCare Is Bad For Physicians and Patients

Below the radar of the public and the American Medical Association (which made a Faustian bargain to endorse the House healthcare reform bill), ObamaCare promotes a pervasive command and control diktat run out of Washington. The ultimate purpose of the government's healthcare high command will be to reduce spending for so-called "high cost" and "over-utilized" services. One such concoction in the leading Senate version of ObamaCare (Senator Baucus' bill) will punish any physician whose resource use is deemed too high by government bureaucrats beginning in 2015 by cutting their reimbursement by five percent if they rank above the 90th percentile compared to their peers. Specialists and other physicians who see a high population of older or sicker (i.e., resource requiring) patients will likely be punished under this rule, simply because their patients need more care. The same Senate bill also requires the government each year to search out "potentially mis-valued" RVUs. In reality, this will mean any fast-growing or expensive procedure will be a potential target for an RVU cut (i.e., reimbursement cut).¹³

ObamaCare also promotes the concept of a "medical home" for patients. While this sounds warm and fuzzy, the medical home concept is simply a re-packaged HMO gatekeeper model from the 1990's, which was used to restrict care and was not popular with patients or physicians. In the ObamaCare medical home, a primary care provider will manage access to specialists and diagnostic tests for a flat monthly fee. However, this isn't necessarily a boon for primary care physicians since the House bill specifies that patients may have to settle for a nurse practitioner rather than a physician as their primary care provider.¹⁴

There are other reasons ObamaCare is bad for patients and physicians. Medicare beneficiaries and providers will lose from benefit and reimbursement cuts since ObamaCare plans to trim about \$500 billion of "savings" from Medicare over the next 10 years. Patients also will be subjected to healthcare rationing. While ObamaCare proponents wink and deny it, healthcare rationing will clearly be necessary to control the explosion of new costs that will result from the "new and improved" healthcare system they are implementing.

What Rationing Will Look Like

What will rationing look like? President Obama recently endorsed the creation of a government board with the power to dictate how physicians practice medicine, and he voiced support for the type of rationing prevalent in other nationalized healthcare systems.¹⁵ One such system is the National Institute for Health and Clinical Excellence (NICE) in the United Kingdom. At its inception NICE was advertised as a means to ensure that only the best-proven treatments and best practices would be utilized by physicians. The reality is that NICE has become the heavy hand which reduces spending by limiting available treatments. Recent NICE rulings preclude patients from receiving certain new, but expensive drugs to treat breast cancer, stomach cancer and advanced kidney cancer. NICE rulings also rejected expensive drugs used to treat rheumatoid arthritis, multiple sclerosis and multiple myeloma.¹⁶

A good preview of what the ObamaCare rationing will look like occurred in mid-November when a U.S. government panel—on which no radiologists or oncologists were represented—reversed long-standing guidelines on breast cancer screening and recommended a significant reduction in mammography screening for breast cancer. There was no new clinical evidence that drove this change. The only change was that the panel added spending as a key consideration and then re-analyzed the data and determined that not enough women in their 40s get breast cancer to justify routine mammography, in spite of the fact that 40 percent of the patient life years saved by screening are in women under 50.¹⁷

There are numerous other provisions of this deceitful legislation that could be cited. However, one final critical point is that under ObamaCare, each year unaccountable government bureaucrats and minimally accountable politicians will expand their control of how physicians deliver, and patients receive, healthcare. It would be far better for healthcare reform to start over and focus on helping the individuals who truly need help with targeted solutions rather than imposing a 1,990-page monstrosity of new government mandates, taxes, and bureaucracy on the majority of Americans who don't want or need them.

Get Involved Before It Is Too Late

While it is likely that ObamaCare proponents will have purchased and arm-twisted enough House and Senate votes to pass ObamaCare by the time you read this article, I strongly urge you to become involved in the ongoing healthcare debate and inform elected officials of your opposition to ObamaCare. Why? In 1988 Congress passed what was advertised as a catastrophic healthcare bill. However, within one year of its passage, the public learned the details of the bill, and there was an outcry against the legislation (especially from seniors; Dan Rostenkowski, Chairman of the House Ways and Means Committee at the time, was reportedly chased down a street by a mob of seniors). The public opposition resulted in repeal of the legislation by Congress one year later.

How can you get involved? Contact Senator Bayh, Senator Lugar and Congressman Souder now, and urge them to reject the current healthcare bills and start over with more focused and less costly fixes of the true problem areas. This is a very important issue to the future of your practice and to the wellbeing of your patients, and if you don't make your voice heard right now, it soon may be too late.

Bibliography

- 1 Adamy, J. (2009, November 7 - 8). Does This Bill Have a Weight Problem. *The Wall Street Journal*, p. A3.
- 2 John Abenstein, M. M. (2009). Health Care Reform. *American Society of Anesthesiologists*, 6 - 7.
- 3 Tanner, M. (2008, March 18). The Grass Is Not Always Greener, A Look at National Health Care Systems Around the World. *CATO Institute Policy Analysis* 613, pp. 1 – 5.
- 4 Kravis, M.-J. (2009). Life Expectancy Humbug. *Forbes*, 24.
- 5 HBMA Government Relations (2009). *Washington Report - July, 2009*. Washington, D.C.: Healthcare Billing and Management Association.
- 6 Turner, G.-M. (2009, October 27). Costs Keep Rising. *The Wall Street Journal*, p. R8.
- 7 Editorial. (2009, October 14). Your Massachusetts Future. *The Wall Street Journal*, p. A22.
- 8 Hawkins, M. (2009, August). If you to to the doctor in Boston, bring a good book. *MGMA Connexion*, p. 8.
- 9 Editorial. (2009, October 6). The Worst Bill Ever. *The Wall Street Journal*, p. A22.
- 10 Editorial. (2009, May 19). How Washington Rations. *The Wall Street Journal*, p. A16.
- 11 Editorial. (2009, October 26). The Spending Rolls On. *The Wall Street Journal*, p. A18.
- 12 Samuelson, R. (2009, October 26). The "Public Plan" Delusion. *Real Clear Politics*, p. Online.
- 13 Editorial. (2009, October 6). The War on Specialists. *The Wall Street Journal*, p. A22.
- 14 McCaughey, B. (2009, November 7 - 8). What the Pelosi Health-Care Bill Really Says. *The Wall Street Journal*, p. A17.
- 15 Tanner, M. (2009, July 21). Perils of ObamaCare: The Three Big Lies. *Real Clear Politics*, p. Online.
- 16 Editorial. (2009, July 7). Of NICE and Men. *The Wall Street Journal*, p. A14.
- 17 Editorial, (2009, November 19) A Breast Cancer Preview. *The Wall Street Journal*, p. A20.