

MYSTERY MEAT

NOVEMBER 2009

Conventional wisdom states that one would never want to know what goes in to making a hot dog or sausage, and if one did know they would never consume its mystery meat goodness. Unfortunately it is also conventional to not discuss the inner workings of legislation proposed by the sausage makers in Washington D.C. The House passed a 2000 page health care bill on a late November 7 night. One would think that an overhaul of one sixth of our nation's economy would involve some clarity and transparency for the public. Instead we are fed clichés and well-crafted Madison Avenue sales pitches.

Former Lt. Governor of New York and Chairman of the Committee to Reduce Infection Deaths, Betsy McCaughey has been digesting the various bills proposed over the past 10 months and has done an incredible job digging through the latest piece of bloated sausage produced by the House.

From the November 7th Op-Ed pages from the *Wall Street Journal*...

What the government will require you to do:

- Sec. 202 (p. 91-92) of the bill requires you to enroll in a "qualified plan." If you get your insurance at work, your employer will have a "grace period" to switch you to a "qualified plan," meaning a plan designed by the Secretary of Health and Human Services. If you buy your own insurance, there's no grace period. You'll have to enroll in a qualified plan as soon as any term in your contract changes, such as the co-pay, deductible or benefit.

- Sec. 224 (p. 118) provides that 18 months after the bill becomes law, the Secretary of Health and Human Services will decide what a "qualified plan" covers and how much you'll be legally required to pay for it. That's like a banker telling you to sign the loan agreement now, then filling in the interest rate and repayment terms 18 months later.

On Nov. 2, the Congressional Budget Office estimated what the plans will likely cost. An individual earning \$44,000 before taxes who purchases his own insurance will have to pay a \$5,300 premium and an estimated \$2,000 in out-of-pocket expenses, for a total of \$7,300 a year, which is 17% of his pre-tax income. A family earning \$102,100 a year before taxes will have to pay a \$15,000 premium plus an estimated \$5,300 out-of-pocket, for a \$20,300 total, or 20% of its pre-tax income. Individuals and families earning less than these amounts will be eligible for subsidies paid directly to their insurer.

- Sec. 303 (pp. 167-168) makes it clear that, although the "*qualified plan*" is not yet designed, it will be of the "*one size fits all*" variety. The bill claims to offer choice—basic, enhanced and premium levels—but the benefits are the same. Only the co-pays and deductibles differ. You will have to enroll in the same plan, whether the government is paying for it or you and your employer are footing the bill.

- Sec. 59b (pp. 297-299) says that when you file your taxes, you must include proof that you are in a qualified plan. If not, you will be fined thousands of dollars. Illegal immigrants are exempt from this requirement.

- Sec. 412 (p. 272) says that employers must provide a "qualified plan" for their employees and pay 72.5% of the cost, and a smaller share of family coverage, or incur an 8% payroll tax. Small businesses, with payrolls from \$500,000 to \$750,000, are fined less.

Eviscerating Medicare:

In addition to reducing future Medicare funding by an estimated \$500 billion, the bill fundamentally changes how Medicare pays doctors and hospitals, permitting the government to dictate treatment decisions.

- Sec. 1302 (pp. 672-692) moves Medicare from a fee-for-service payment system, in which patients choose which doctors to see and doctors are paid for each service they provide, toward what's called a "medical home."

The medical home is this decade's version of HMO-restrictions on care. A primary-care provider manages access to costly specialists and diagnostic tests for a flat monthly fee. The bill specifies that patients may have to settle for a nurse practitioner rather than a physician as the primary-care provider. Medical homes begin with demonstration projects, but the HHS secretary is authorized to "disseminate this approach rapidly on a national basis."

A December 2008 Congressional Budget Office report noted that "medical homes" were likely to resemble the unpopular gatekeepers of 20 years ago if cost control was a priority.

- Sec. 1114 (pp. 391-393) replaces physicians with physician assistants in overseeing care for hospice patients.
- Secs. 1158-1160 (pp. 499-520) initiates programs to reduce payments for patient care to what it costs in the lowest cost regions of the country. This will reduce payments for care (and by implication the standard of care) for hospital patients in higher cost areas such as New York and Florida.
- Sec. 1161 (pp. 520-545) cuts payments to Medicare Advantage plans (used by 20% of seniors). Advantage plans have warned this will result in reductions in optional benefits such as vision and dental care.
- Sec. 1402 (p. 756) says that the results of comparative effectiveness research conducted by the government will be delivered to doctors electronically to guide their use of "medical items and services."

Questionable Priorities:

While the bill will slash Medicare funding, it will also direct billions of dollars to numerous inner-city social work and diversity programs with vague standards of accountability.

- Sec. 399V (p. 1422) provides for grants to community "entities" with no required qualifications except having "documented community activity and experience with community healthcare workers" to "educate, guide, and provide experiential learning opportunities" aimed at drug abuse, poor nutrition, smoking and obesity. "Each community health worker program receiving funds under the grant will provide services in the cultural context most appropriate for the individual served by the program."

These programs will *"enhance the capacity of individuals to utilize health services and health related social services under Federal, State and local programs by assisting individuals in establishing eligibility and in receiving services and other benefits" including transportation and translation services.*"

- Sec. 222 (p. 617) provides reimbursement for culturally and linguistically appropriate services. This program will train health-care workers to inform Medicare beneficiaries of their "right" to have an interpreter at all times and with no co-pays for language services.
- Secs. 2521 and 2533 (pp. 1379 and 1437) establishes racial and ethnic preferences in awarding grants for training nurses and creating secondary-school health science programs. For example, grants for nursing schools should "give preference to programs that provide for improving the diversity of new nurse

graduates to reflect changes in the demographics of the patient population." And secondary-school grants should go to schools "graduating students from disadvantaged backgrounds including racial and ethnic minorities."

- Sec. 305 (p. 189) Provides for automatic Medicaid enrollment of newborns who do not otherwise have insurance.

I would like to remind, and welcome everyone to take a closer look at what goes into the sausage for oneself. The preceding points are not hyperbole, nor clichés, but rather some actual facts and aspects from the bill. Before deciding whether or not you want to back this legislation (consume the sausage) I would strongly suggest figuring out what goes in to the mystery meat.

For the text of the bill with page numbers, see www.defendyourhealthcare.us.