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Hot Issue: President Obama's Health Law: Dangerous to Health and Freedom**By: Betsy McCaughey**
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Note: Due to a Liberty Central staff error, authorship of this issue brief was previously misattributed. As of October 21, it has been corrected. We regret the error.

The enactment of the Obama health law is a bruising blow to American freedom and medical excellence. The White House has launched a 50 state public relations campaign to convince the public that the law

enacted against their will is to their benefit. We cannot falter now. With the U.S. Constitution on our side and the hearts and minds of the American people with us, freedom will prevail. Please use the information below to alert your fellow patriots to the dangers of this new law.

WILL THE NEW OBAMA HEALTH LAW AFFECT ME?

Yes. The law requires almost everyone to enroll in a one-size-fits-all "qualified" health plan, beginning in 2014. When you file your taxes, you must attach proof that you are enrolled. The law gives the IRS new powers to track you down and penalize you if you don't comply.

Eighteen months after the law's enactment, the Secretary of Health and Human Services will make the important decisions: what "qualified" plans cover, how much you will be legally required to pay, and how much leeway your doctor will have. That's like a banker telling you to sign the loan agreement today and eighteen months later, the bank will fill in the interest rate and repayment terms.

The new law also transfers decision-making power from the doctor at your bedside to the federal government. You are required to be in a "qualified plan," and qualified plans can pay only doctors who implement whatever regulations the Secretary of Health and Human Services imposes in the name of improving healthcare "quality." That covers everything in medicine. . . whether a doctor should use a stent or do a bypass surgery, or when to perform a Caesarean section.

Physicians are required to enter their patients' treatments into an electronic database. Doctors will be instructed on what the government deems cost effective and appropriate care. Patients' records will be monitored by the government to ensure compliance. The result is that doctors will be forced to choose between doing what they regard as right for patients and avoiding a government penalty.

This is a huge loss of medical privacy and freedom. It means that even if you are insured by Aetna, Cigna or another private company and pay the premium yourself, the government is still in charge. Never before has the federal government dictated how doctors treat privately insured patients, except on narrow issues such as drug safety. The Constitution does not permit it.

THE NEW LAW IS ESTIMATED TO COST \$900 BILLION OVER THE NEXT TEN YEARS, AND SUBSTANTIALLY MORE IN THE SECOND DECADE. WHERE IS THE MONEY SPENT AND WHO

SEC. 1311(h)(1). AFFORDABLE CHOICES OF HEALTH BENEFIT PLANS.

Beginning on January 1, 2015 a qualified health plan may contract with ---

(B) a health care provider only if such provider implements such mechanisms to improve health care quality as the Secretary may by regulation require.

External Resources

Want to do more? Go to Defend Your Health Care Virginia's AG, Ken Cuccinelli, is hosting a town hall meeting on 6/16 to discuss his lawsuit against the health care law. The Associated Press reports on the HHS finding that the new health care law will increase costs, rather than...

Key Votes

Patient Protection and Affordable Care Act: The Patient Protection and Affordable Care Act is the official name of the comprehensive health care overhaul advocated by President Obama and the Congressional leadership. On December 24, 2009, the United States Senate passed the PPACA by a vote of 60-39. The same measure...

Take Action

Call your Congressional Representative and ask him or her to cosponsor H.R. 4972, to repeal the Patient Protection and Affordable Care Act. Also, call your Senator and ask him or her to cosponsor S. 3152, which will do the same thing. The Senate Conservative Fund supports candidates who pledge to...

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Do you know where you stand?

Are you a Libertarian? A Relativist?

GET STARTED

PAYS?

Most of the money is spent enrolling an additional 18 million people in Medicaid, and offering subsidies for about 16 million moderate income people to buy the compulsory private plans. Individuals earning up to \$44,000 before taxes and households of four with pretax incomes up to \$88,000 will be eligible for some subsidy. The total cost of expanding coverage is estimated at \$828 billion through 2019, according to the April 22, 2010 report from Richard Foster, Chief Actuary of Medicare and Medicaid.

Who pays for the Medicaid expansion and subsidies? Half the price tag is paid for with tax hikes. Amazingly, the rest is paid for by seniors. The new law reduces future funding for Medicare by \$575 billion over the next decade, just when 30% more people will be entering Medicare as the babyboomers turn 65. Those numbers don't add up. People who have paid into the system and are counting on it will get less care than seniors currently get.



HOW WILL SENIORS AND BABY BOOMERS BE HARMED?

Most of the Medicare reductions come from slashing what hospitals, nursing homes, dialysis centers, and other institutions are paid to care for elderly patients. Defenders say the Medicare cuts will eliminate fraud and abuse, not care. If this were true, wouldn't the government have eliminated such fraud and abuse already? The reduced payments will mean institutions have to cut back on care for seniors. Richard Foster, warns that cuts will be severe enough to force 15% of institutions into the red, and some hospitals may have to stop accepting Medicare. Where will seniors go when their local hospital no longer takes Medicare?

Over the last forty years, hip and knee replacements, bypass surgeries, angioplasties, and cataract operations have transformed the experience of aging. Older people used to be trapped in wheelchairs with crippling arthritis or stuck in nursing homes with clogged arteries. But these procedures have significantly reduced disability among the elderly and freed them to enjoy their "golden years" while being active, volunteering, shopping and enjoying their grandchildren. The Obama health law threatens to undo this progress by reducing access to care.

Richard S. Foster, Chief Actuary of Centers for Medicare & Medicaid Services (CMS):

"Thus, providers for whom Medicare constitutes a substantive portion of their business could find it difficult to remain profitable and, absent legislative intervention, might end their participation in the program (possibly jeopardizing access to care for beneficiaries)."

Source: "Estimated Financial Effects of the 'Patient Protection and Affordable Care Act,' as Amended." CMS, April 22, 2010, pg. 10.

The new law also expressly authorizes the Secretary of Health and Human Services to modify or eliminate preventive services for seniors based on the recommendations of the U.S. Preventive Services Task Force, the group that recently raised public outrage by saying women ages 40-49 and over 74 should no longer get routine annual mammograms.

Beware of more changes to come. The law establishes an Independent Medicare Advisory Commission to make further reductions in future Medicare spending. The Obama health entails a huge shift of medical resources from the elderly to lower income groups.

DOES THE OBAMA HEALTH LAW REDUCE THE FEDERAL DEFICIT?

The President claims the new health law is "paid for" and "reduces the deficit." Don't be misled by the phrase, "deficit reduction." In Washington parlance that means raising your taxes to keep pace with the new programs. The health law expands federal government programs and adds \$500 billion in new taxes over the next decade. That's freedom reduction, not deficit reduction.

SEC. 4105(a). EVIDENCE-BASED COVERAGE OF PREVENTIVE SERVICES IN MEDICARE.

"(n) AUTHORITY TO MODIFY OR ELIMINATE COVERAGE OF CERTAIN PREVENTIVE SERVICES.—Notwithstanding any other provision of this title, effective beginning on January 1, 2010, if the Secretary determines appropriate, the Secretary may—

"(1) modify—

"(A) the coverage of any preventive service described in subparagraph (A) of section 1861(ddd)(3) to the extent that such modification is consistent with the recommendations of the United States Preventive Services Task Force

In the first decade of the law, ten years of tax increases and cuts in Medicare pay for only six years of subsidies and Medicaid expansion. In other words, new taxes begin immediately but most outlays for the uninsured begin in 2014. In the law's second decade, the coverage expansion will yield a large annual deficit.

Government spending is growing so fast that the White House and some members of Congress are discussing imposing a VAT tax on all Americans. In Europe, VAT stands for Value Added Tax, a kind of sales tax layered in as a product is produced. But in the U.S. VAT would mean a Vanishing America Tax. It would be imposed in addition to all the other taxes we already pay, it would be hidden in the price tag of whatever we buy, and government could increase the tax without the public even being aware that more and more of the price of goods is actually a hidden tax. In Europe VAT taxes started small but now add as

much as 25% to the cost of purchasing taxed items.

WHAT CAN I DO TO HELP REPEAL THE OBAMA HEALTH LAW OR PREVENT ITS WORST EFFECTS? To learn more about what you can do, including signing petitions to repeal the law, visit the following websites:

www.repealit.org

www.freeourhealthcarenow.com

www.repealitpledge.com

Or contact your legislators today!



DOES AMERICAN MEDICAL CARE NEED A TOTAL OVERHAUL?

About 85% of Americans are content with their health coverage and care, research shows, but they are told that health "reform" is urgently needed. On "Meet the Press" in August 2009 Tom Daschle, then recently designated by President Obama to be his Secretary of Health and Human Services, said that Americans were spending too much and getting poor quality care. "The World Health Organization listed us 37, just below Costa Rica and above Slovenia," said Daschle, arguing for an immediate overhaul. Daschle was referring to a report issued in 2000 by the World Health Organization.

That WHO ranking – 37th – became a compelling statistic in the national debate. It was cited on NPR's "MorningEdition" (8-18-09). A St. Louis Post Dispatch editorial cited it as proof that action was needed (9-4-2009). The St. Petersburg Times used it to rebut Senator John McCain's claim the U.S. has the best healthcare in the world.

The WHO ranking was based on ideological bias rather than science. Though the U.S. was deemed no. 1 for "responsiveness to the needs of patients," the WHO gave far more credit overall to countries where government finances all healthcare, calling it fairer than a market system. That's why the U.S. was demoted to no. 37 for "overall performance."

Now the truth comes out about the 37. "The number 37 is meaningless, but it continues to be cited," writes Philip Musgrove, Ph.D in a noteworthy revelation. Musgrove was the editor in chief of the World Health Report 2000. A decade later, and a few weeks after the enactment of Obamacare, Musgrove writes "It is long past time for that zombie number to disappear from circulation."

If you are seriously ill, one of the best places to be is in the United States. For example, a man diagnosed with prostate cancer has a 99.3% chance of surviving it. It is not a death sentence here. But in Europe, nearly one out of every four men diagnosed with prostate cancer dies from it.

THE WHO RANKING SYSTEM

How is the U.S. ranked 37th in overall health performance, behind countries such as Oman, Morocco, Malta, and Andorra?

12.5% Responsiveness to Patients – The U.S. ranks #1 in this category.

25% Health Level – disability adjusted life expectancy: affected by homicide rate, diet, tobacco use, etc.

25% Health Distribution – variability of life expectancy: reflects behavior, incidence of violent crime in population subgroups, as well as by disparities in medical care.

25% Financial Fairness – reflects the percentage of healthcare spending shouldered by the government. Colombia ranked #1 in this category.

12.5% Responsiveness Distribution – Variability of healthcare experiences within a country.

Source: The World Health Report 2000, World Health Organization

IF YOU HAVE CANCER, THE BEST PLACE TO BE IS THE U.S.

5 year survival rates following a cancer diagnosis:
For men, 47.3% in Europe; 66.3% in the U.S.
For women, 55.8% in Europe; 62.9% in the U.S.

Prostate cancer 5 year survival rates:
77.5% in Europe; 99.3% in the U.S.

Breast cancer 5 year survival rates:
79.0% in Europe, 90.1% in the U.S.

Source: "Low Life Expectancy in the United States: Is the Health Care System at Fault?" NBER Working Paper 15213 funded by the U.S. Social Security Administration

IS IT POSSIBLE TO HELP THE UNINSURED AND LOWER INSURANCE COSTS WITHOUT SURRENDERING FREEDOM AND HARMING SENIORS?

Yes, and it can be done in twenty pages, written in plain English. Every day Americans say that's what they want – a twenty page bill than members of Congress can actually read before they vote on it. Twenty pages that don't give the American people the run around. Twenty pages should be enough. The framers of the Constitution established the entire federal government in just eighteen pages.

To view a twenty page bill that will liberate consumers to buy policies outside their own state, provide incentives for states to establish medical courts and ensure quicker, fairer verdicts in malpractice cases, incentivize states to create high risk pools for people with pre-existing conditions, and finally extend a federal subsidy to working people who get laid off and need temporary help paying their COBRA premiums — visit www.defendyourhealthcare.us.

This bill and other legislation already proposed in Congress demonstrate that it is possible to help the uninsured without a government overhaul. It can be done without reducing your freedom, lowering your standard of care, putting government in charge of your doctors' decisions, and making seniors bear the

brunt.



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