



## O'S BROKEN PROMISES

### HEALTH BILLS V. PREZ'S WORDS

By **BETSY MCCAUGHEY**



**July 17, 2009** - President Obama promises that "if you like your health plan, you can keep it," even after he reforms our health-care system. That's untrue. The bills now before Congress would force you to switch to a managed-care plan with limits on your access to specialists and tests.

Two main bills are being rushed through Congress with the goal of combining them into a finished product by August. Under either, a new government bureaucracy will select health plans that it considers in your best interest, and you will have to enroll in one of these "qualified plans." If you now get your plan through work, your employer has a five-year "grace period" to switch you into a qualified plan. If you buy your own insurance, you'll have less time.

And as soon as anything changes in your contract -- such as a change in copays or deductibles, which many insurers change every year -- you'll have to move into a qualified plan instead (House bill, p. 16-17).

When you file your taxes, if you can't prove to the IRS that you are in a qualified plan, you'll be fined thousands of dollars -- as much as the average cost of a health plan for your family size -- and then automatically enrolled in a randomly selected plan (House bill, p. 167-168).

It's one thing to require that people getting government assistance tolerate managed care, but the legislation limits you to a managed-care plan even if you and your employer are footing the bill (Senate bill, p. 57-58). The goal is to reduce everyone's consumption of health care and to ensure that people have the same health-care experience, regardless of ability to pay.

Nowhere does the legislation say how much health plans will cost, but a family of four is eligible for some government assistance until their household income reaches \$88,000

(House bill, p. 137). If you earn more than that, you'll have to pay the cost no matter how high it goes.

The price tag for this legislation is a whopping \$1.04 trillion to \$1.6 trillion (Congressional Budget Office estimates). Half of the tab comes from tax increases on individuals earning \$280,000 or more, and these new taxes will double in 2012 unless savings exceed predicted costs (House bill, p. 199). The rest of the cost is paid for by cutting seniors' health benefits under Medicare.

There's plenty of waste in Medicare, but the Congressional Budget Office estimates only 1 percent of the savings under the legislation will be from curbing waste, fraud and abuse. That means the rest will likely come from reducing what patients get.

One troubling provision of the House bill compels seniors to submit to a counseling session every five years (and more often if they become sick or go into a nursing home) about alternatives for end-of-life care (House bill, p. 425-430). The sessions cover highly sensitive matters such as whether to receive antibiotics and "the use of artificially administered nutrition and hydration."

This mandate invites abuse, and seniors could easily be pushed to refuse care. Do we really want government involved in such deeply personal issues?

Shockingly, only a portion of the money accumulated from slashing senior benefits and raising taxes goes to pay for covering the uninsured. The Senate bill allocates huge sums to "community transformation grants," home visits for expectant families, services for migrant workers -- and the creation of dozens of new government councils, programs and advisory boards slipped into the last 500 pages.

The most recent ABC News/Washington Post poll (June 21) finds that 83 percent of Americans are very satisfied or somewhat satisfied with the quality of their health care, and 81 percent are similarly satisfied with their health insurance.

They have good reason to be. If you're diagnosed with cancer, you have a better chance of surviving it in the United States than anywhere else, according to the Concord Five Continent Study. And the World Health Organization ranked the United States No. 1 out of 191 countries for being responsive to patients' needs, including providing timely treatments and a choice of doctors.

Congress should pursue less radical ways to cover the uninsured. We have too much to lose with this legislation.

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