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# NEW YORK POST

## Our Doctor, the Government

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Forget the public option, abortion and all the other divisive questions in the health-care debate: The most important issue for patients and their doctors is the transfer of decision-making power from bedside to the federal government.

The bill that Sen. Harry Reid aims to pass in the Senate would mandate that every American enroll in a "qualified" insurance plan. And page 149 states that "qualified" health plans can do business only with a doctor who "implements such mechanisms to improve health-care quality as the secretary [of Health and Human Services] may by regulation require."

But "mechanisms to improve health-care quality" covers *everything in medicine*.

Never before has the federal government intruded into medical decisions made by doctors for privately insured patients, except on such narrow issues as drug safety. Now, in the name of quality, the secretary of Health and Human Services would be empowered to regulate your MD's decisions on everything from cardiac and cancer care to childbirth.

The delegation of power is so broad, it's conceivable that Washington will be telling your cardiologist when it's appropriate to use stents or imaging tests -- and directing your gynecologist about the use of pelvic sonograms.

What makes this especially troubling is that government will be imposing its regulations with an eye on reducing the cost of your care, even if you're paying for it yourself: The explicit purpose of "reform" is to reduce what everyone consumes and to discourage some from getting more care than others.

That's one reason the Senate bill puts a 40 percent tax on "Cadillac" plans -- a category that will cover the top 20 percent of plans, according to the Congressional Budget Office. In its Nov. 30 report, the CBO predicts that many employers will downgrade what they provide their workforce to avoid the tax, while others will pass the cost along in the form

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of lower take-home pay. If you think this bill won't hurt you because your employer provides a generous health plan, think again.

Despite President Obama's promises, the Senate bill expressly reduces the care under Medicare. Baby boomers retiring soon will get less than seniors get now. Page 1189 gives the secretary of Health and Human Services "authority to modify or eliminate coverage of certain preventive services," based on what the US Preventive Services Task Force recommends. This is the same group that just called for cutting back on mammograms.

Whatever your age, and whether you're in a public program or the richest "Cadillac" plan, you'll also lose out if you need to be hospitalized -- you'll find fewer nurses on the floor, less diagnostic equipment, longer waits for tests and an overall environment of scarcity.

Why? Because the Reid bill forces hospitals into financial distress.

Hospitals now get their cash from insurance companies and from public programs such as Medicare and Medicaid -- the public programs are already freeloading. A hospital collects 93 cents for each dollar spent treating a Medicare patient and 86 cents for a Medicaid patient -- but manages to stay open by charging more for privately insured patients.

The Senate bill expands Medicaid enrollment (in fact, 60 percent of those newly insured by the bill are put in Medicaid) and slashes payment rates for Medicare patients.

Richard Foster, Chief Actuary for Medicare, documented the severe impact of these cuts on hospitals in a Nov. 13 report to Congress, predicting that hospitals will face losses. In the end, all patients will suffer when hospitals are dirtier, ill equipped and understaffed.

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