



## Obama Budget Announcement Endorses Death Panels

It is said of hurricanes that the danger is less the wind, and more the debris blown about by it. Last Wednesday when President Obama addressed the nation to announce the deficit-reduction compromise, most of the “wind” concerned the conflict between the President’s approach to fiscal responsibility and that of Congressman Paul Ryan and the Republican party.



There was, however, in the President’s speech, quite a bit of swirling debris, including missiles of medical care overhauls that clouded the underlying issue — official approbation of the so-called death panels.

Specifically, President Obama decreed his intent to increase Medicare savings through a new “[Partnership for Patients](#)” that would ostensibly effect a corresponding decrease in the diseases contracted by those spending time in hospitals or undergoing surgery.

Further, the plan contains provisions that would accelerate the availability of generic prescription drugs, as well as lower the prices for them for those on Medicare.

While these two aspects of the President’s plan may not attract much negative attention outside of the offices of the lobbyists working for the pharmaceutical industry, there was one element that is likely to cause detractors to kick up quite a bit of dust.

During his speech, President Obama pledged to grant greater power to the [Independent Payment Advisory Board](#) (IPAB). This board is comprised of 15 experts in the field of healthcare and three bureaucrats from the Department of Health and Human Services. The experts will be appointed by the President.

The express purpose of the board (which was created by provisions of ObamaCare) is to act as a governor on the rising cost of Medicare. It will monitor the costs to the Medicare apparatus of providing adequate medical care, and if the price gets too high, it will recommend necessary alterations, with those suggestions to be carried out by the Department of Health and Human Services.

According to a [fact sheet](#) published by the White House, the President wants to severely lower the IPAB’s cost ceilings in order to assist in the overall reduction of federal spending. To aid in the achievement of this goal, the President will grant the IPAB considerable latitude to regulate the quality and quantity of medical services available to Medicare recipients.

The substantial power invested in this coterie of unelected, unaccountable bureaucrats is likely the inspiration for their maudlin nickname: death panels.

As to how the decisions made by this board will have influence over the life and death of patients, the answer is chiefly found in the process by which it will make its decisions. Simply put, the *raison d’être* of this group is to keep costs below the ceiling promulgated in the applicable regulations. Then, if a



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procedure is deemed too costly, it will not be funded by the federal government (that is to say, by Medicare). Refusal to cover an expensive procedure might result in the death of a patient, ergo the “death panel” monicker.

In fact, the IPAB is under strict directions from ObamaCare to pinch every penny. The law instructs the board to suggest to Congress only those proposals that “shall not include any recommendation to ration health care, raise revenues or [increase] Medicare beneficiary premiums.”

Furthermore, the recommendations may not “increase Medicare beneficiary cost-sharing (including deductibles, coinsurance, and copayments), or otherwise restrict benefits or modify eligibility criteria.”

In the speech delivered last week, the President said that the board will “look at all the evidence and recommend the best ways to reduce unnecessary spending while protecting access to the services seniors need.”

Specifically, the board is tasked with discovering and implementing “the best ways to reduce unnecessary spending.” In order to stay on target, it would seem that the only option open to the board would be to prioritize the parceling of health care to very healthy people and to proscribe the providing of the very expensive life-saving procedures often required to lengthen the life of the critically ill.

As a recent [analysis](#) of the process explained:

At end of life, they will deny people life sustaining treatment because, after all, they’re going to die anyway. Note his phrasing: “protecting access to the services seniors need.” Dying people, according to Obama’s advisers, need hospice not hope. They certainly do not need expensive treatments that may buy them time to see the birth of a new grandchild or other reasons.

President Obama’s own words reveal the truth of those comments:

We will change the way we pay for health care — not by procedure or the number of days spent in a hospital, but with new incentives for doctors and hospitals to prevent injuries and improve results. ... If we’re wrong, and Medicare costs rise faster than we expect, this approach will give the independent commission the authority to make additional savings by further improving Medicare.

Despite the misdirection caused by the President’s fiscally-minded rhetorical flourishes, the subtext of all this cost consciousness is an irresistible (in many senses of that word) incentive to doctors to neither approve nor advise the administration of expensive life-saving procedures otherwise necessary to prevent people from dying.

Basically, the finger on the button is “the authority to make additional savings” given to a group of wonks that are absolutely free of electoral fetters. This arrangement, now endorsed explicitly by President Obama, seems more than sufficient to justify the “death panel” designation.

*Photo: President Barack Obama outlines his fiscal policy during an address at The George Washington University in Washington, Wednesday, April 13, 2011.*



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