



ObamaCare Shocker: Rationing - The Doctor Will NOT See You Now

Let's get right to the main question everyone has about the new ObamaCare health scheme: does House Bill 3200, entitled Affordable Health Choices Act of 2009, ration medical care. The answer: yes, and quite severely.



No amount of euphemism, circumlocution, or verbal prestidigitation, even by the Master Prevaricator himself, (that's Obama, not Bill Clinton) can change the reality that medical care will be rationed.

Rationing will not be accomplished in a direct manner, and it is not telegraphed clearly in the House Bill. It is couched in language that hides the overall intent, but it is clear nonetheless. It will also be incremental over many years, in order to avoid public outcry, whether a so-called "public option" is in the bill at first or not.

By means of a number of different schemes peppered throughout the bill, availability of care will be incrementally choked, until the government assumes full control of the entire business. There are sections addressing Medicaid, Medicare, private plans, military plans, and other variations.

After eventually implementing all of the measures in the bill, availability of medical care will have shrunk and the cost will have increased exponentially. Getting needed treatment will be more like a competition of musical chairs, or a visit to the Post Office, to use the president's analogy.

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The scheme set forth in the law has no other end but severe rationing. These conclusions are based on facts supplied by the government itself, not upon speculation.

Rationing Committees

One key passage in the House Bill that foretells rationing is found starting on page 26, where it defines "essential benefits," and restricts the amount of money that a person may spend on his or her healthcare. Whenever the government establishes a baseline, that is what it will hew to. Other medical problems and conditions other than those that are "approved" or "clinically appropriate" as defined in section 121, or problems which exceed the approved budget, will simply be denied by the bureaucrats.

The essential treatment benefits, i.e., the parameters of rationing, will be determined by an unaccountable "Health Benefits Advisory Committee," which is established on page 30 of the House Bill.

Behind this Health Benefits Advisory Committee, is an even higher level 15-member oligarchy that was set up under the previous Obama stimulus bill passed earlier this year. The group is called the "Federal



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Coordinating Council for Comparative Effectiveness Research," The House medical take-over bill establishes a corresponding "Center for Comparative Effectiveness Research," (Section 1401) and funds it with a billion (!) dollars.

Apart from medical public policy wonks, few of us know what "effectiveness research" means. That term is a chilling new-speak word for providing "information on the relative strengths and weakness of various medical interventions." Translation: we'll allow you to have the care that we decide is good for you. This group will likely serve as the guiding light for the Health Benefits Advisory Committee, as it determines what will be covered by the new government medical care plans.

Enforcement muscle for the medical rationing empire will be provided by a new "Health Choices Commissioner," and plenty of henchmen. They will have authority to audit any medical care provider, suspend enrollment of citizens in plans, bring lawsuits against dissenters or wrongdoers, and will serve as the data collector for the healthcare regime. This commissioner is also entrusted to enforce "efficiency in administration" of this whole freakish healthcare monstrosity, a concept so ludicrous that it leaves one speechless.

How Rationing Will Start

How will rationing actually work? It will start with the restrictions placed on the availability of medical care by the committees and the enforcement commissioner just mentioned above. Here are some other specific parts of the bill that would limit the delivery of medical services to various segments of the population, and portend the demise of our medical system as we know it:

- One of the most important structural rationing schemes in the bill is the so-called insurance "exchanges," which they call "gateways" through which comrade citizens will be allowed to obtain government medical insurance. (Section 201, page 72ff) These are simply state-run insurance plans, subsidized by the taxpayers, for families whose household income is up to six times the poverty level. Nothing is being exchanged, except lots of money from the taxpayers on behalf of an ever-larger dependent class.
- The number and availability of private plans will also be contained and eventually eliminated. Section 102 of the House bill "grandfathers" existing private plans but does not allow any more independent ones to be started. Thus, all plans not tied into the government scheme will eventually die a natural death over time. All new policies must hew to the strict government requirements to insure everyone, to structure the coverage per the new law, and to not exclude preexisting conditions.
- Another reason why private plans will go the way of the kindly old family doctor: the new bill provides for amending the IRS code to impose a new tax specially directed to only private and individual health plans. (Section 1802, found on page 829) Employers who do not buy in will pay up to an eight percent tax on payroll.

Chilling Honesty – Who Won't Get Care

Maybe the most chilling honesty about rationing was propounded by Dr. Ezekiel Emanuel, the president's ethical adviser, identified in a previous article. In a *Hastings Review* article in 1996, he explained who should not get care under the socialist regime which he envisioned at that time: "Services provided to individuals who are irreversibly prevented from being or becoming participating citizens are not basic and should not be guaranteed. An obvious example is not guaranteeing services to patients with dementia. A less obvious example is guaranteeing neuro-psychological services to ensure children with learning disabilities can learn to reason."



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What about children whose "participating" won't be improved by neuro-psychological services? What about grandma, as her faculties decline? If it is your child or your grandmother, will we surrender their lives docilely, and watch them die before our eyes?

Do you have a special-needs child who needs to enroll in a government plan? Don't bother. (Page 354) Not happy with the treatment options recommended by your friendly bureaucrat? Too bad. They have to be "clinically appropriate," as determined by the faceless system. (Section 121) How about mental-health services? Rationed under Section 1308, on pages 496-97.

Want to live longer than your government doctor decrees? Really, really too bad. They can "limit some or all of specified interventions." (See pages 429-430) Are you poor, but don't want to enjoy the rationed care and rigid structure of Medicaid? Too bad — you're in. (Page 399) Same with Medicare if you are old. (Section 1701-2) And if your friendly Medicare bureaucrat doesn't like the medical problem you have, you should just go die and quit being a pest. (Section 1751)

In sum, the rationing of medical care will become required across the entire spectrum of every demographic group in America. There appears to be no escape clause in the House bill that would allow you to get care for yourself or a stricken relative when it is denied by the government. Only the elite will now have that privilege, as they survey with satisfaction the carnage they have created.

This is the fifth installment in our "ObamaCare Shocker" series examining provisions of the proposed Obama healthcare bill that deprive citizens of rights, or are of particular concern due to their likely intrusion on personal privacy or family autonomy. Gregory A. Hession, the author of the series, is an attorney in Massachusetts who specializes in family and constitutional law. Check back frequently for further parts of this series, where we will isolate and analyze the scariest parts of the 1,107-page Obama healthcare bill.

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