

Seniors Pay the Price for National Health Care

Seniors in the U.S. Now understand that they will suffer the most under the changes put in place for National Health Care.

The cost of the program will come out of the Medicare fund and instead go to those the government believes are productive members of society.

Consider what has already been done;

- The President has ordered a 17% cut in funding for all Medicare Advantage Plans. This will cause a cost increase for 2010 of 30% to 50%. Some plans will increase to over \$400 per month. Some Insurance companies are already notifying their senior clients that the plans will no longer be offered.
- The President has ordered a 21% cut in fees paid to Doctors and Hospitals for Medicare patients effective Jan. 1, 2010. This means seniors. Doctors and Hospitals now receive on average 71% of the cost for the services given to seniors versus what they receive from insurance companies. This cut will now pay Doctors and Hospitals only 56% of what they would normally receive. This means many of the Doctors and Hospitals will no longer offer services to Seniors.
- The Democratic Stimulus Bill added \$1.1 Billion for “Comparative Effectiveness Research” In short, what is the least expensive way to solve a medical problem and, is it cost effective. If an 85 year old needs a knee replacement and the actuarial tables show they should be dead, they will not get it. Family history will not matter even if their family members have all lived to be 105 years of age.
- Another part of this analysis is QALY or “Quality Adjusted Life Years.” This is sometimes referred to as QARY or “Quality Adjusted Remaining Years”. They establish a formula that will determine whether a surgery, medication or procedure is cost effective and if it will add quality years to a life. The older a person is the less chance they have of getting relief. It all comes down to the formula and the actuarial tables and not your doctor.
- President Obama has proposed a new body that would enhance Medicare’s ability to deny care to the elderly and disabled based on government bureaucrats’ arbitrary valuations of those patients’ lives. It is right there in the legislation now before Congress, and it is called the http://www.whitehouse.gov/omb/assets/legislative_letters/IMAC_bill_071709.pdf Independent Medicare Advisory Council. Obama’s first pick to head his health reform efforts—former Senate Majority Tom Daschle—proposed an IMAC-like panel despite the fact that “doctors and patients might resent” the panel making decisions about “matters of life and death.”

Back in June, in response to a question about “subjective” end-of-life decisions, President Obama said, “I think we have to have rules.” And who would make those rules? His IMAC proposal tells us. This type of government rationing already happens in the United Kingdom. Britain’s National Institute for Health and Clinical Excellence (or “NICE”) generally refuses to cover medical treatments that cost <http://content.nejm.org/cgi/reprint/359/19/1977.pdf>>more than \$35,000 per year of life saved. Sarah Palin is right. Whatever one thinks of Sarah Palin should not distract from this truth: President Obama proposes to let government bureaucrats decide who gets medical care and who does not.

- The President with the agreement of Congress has ordered a \$500 billion dollar cut in Medicare over the next ten years to pay for the expansion of Health Care to others including Illegal Aliens.

What will be the result of all this? A much greater cost burden on Seniors. They will be forced to pay much more for care than they pay now or not receive it at all. The cost of Medicare Supplements and Advantage Plans will skyrocket. Services will be denied, drugs rationed or denied and fewer Doctors and Hospitals will be available for Senior Care. This is the thanks the seniors get for being productive members of society. This is the thanks the veterans get for defending our liberty. Let your Senators and Representatives know what you think.

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