Georgia insight

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"She hath done what she could."
Mark 14:8a

Why Ruin the World's Best Health Care with Government Control?

At Issue: H.R. 3200 America's Affordable Health Choices Act of 2009
S. (No number, yet.) Affordable Health Choices Act

Facts About Government-Run Health Care

Oregon's government plan: News media report that, currently, State health officials in Oregon are citing cost for refusing to provide treatment that would extend the life of a woman with cancer. Instead, they are said to have offered life-ending medication that costs about $100.

Massachusetts' government health plan[1]**,** adopted in 2006, is the model for Senator Kennedy's "Affordable Health Choices Act". Since its adoption, state government spending on health care programs has increased 42 percent and is, currently, 33 percent above the national average. Insurance premiums have increased nearly double the national average: 7.4 percent in 2007, 8 to 12 percent in 2008 and an expected 9 percent this year. Health insurance for a family of four averages $16,897, which is more than 33 percent above the national average of $12,700.

Massachusetts has more doctors per capita than any other state, but the *Boston Globe* reports the average wait to see a family doctor is now 63 days and up to a year for the busiest, most popular doctor. The wait to see a specialist is 50 days and a pregnant woman will be in her second trimester before she can see an obstetrician-gynecologist.

Canada's physician shortage[1] has caused officials to resort to lotteries. Patients that win the lottery tickets can see the local doctor. The problem is so severe in Canada that, between 2006 and 2008, Ontario sent 160 patients to New York and Michigan for emergency neurosurgery.

Astonishing Details in H.R. 3200

Under the proposed health care management plan, government officials (a) **appoint** a Health Benefits Advisory Committee to control health benefits and premium plans (p. 30). (b) An **appointed** Health Choices Administration with (c) an **appointed** HCA commissioner would direct (d) an **appointed** Health Insurance Exchange to provide access to (e) the **appointed** health management insurance (p. 72). (f) Government **appointed** auditors would invade the financial privacy of self-insuring companies to audit books and assure compliance (p.21-22).

Employers Either Provide Employee Insurance or Pay Exorbitant Fines

Employers that do not provide health insurance for employees will pay annual fines as follows:

0 percent of the annual payroll if it does not exceed $250,000.
2 percent of the annual payroll if it's $250,001 to $300,000.
4 percent fines of the annual payroll if it's $300,001-$350,000.
6 percent fines of the annual payroll if it's $350,001-$400,000.
8 percent fines of the annual payroll it it's over $400,000.

Employers buying coverage must "autoenroll" part-time workers and their families, as well as full-time workers and their families and pay "the employer required contribution" (p.145-146).

[1]Outlined at Eagle Forum.org, July 3, 2009 article by Phyllis Schlafly

Individuals Buy Insurance or Pay Tax Upon Tax

Anyone without "acceptable health care coverage" any time during a taxable year must pay additional taxes – 2.5 percent of his modified adjusted gross annual income (p. 167-168).

The IRS must give the **appointed** Health Choices Commissioner individuals' tax return data and "such other information" as requested (p. 194-195). An **appointed** Center for Comparative Effectiveness Research may get official data "directly from any department or agency" (p. 503).

Control of Physicians, Hospitals and Payments

Doctors will be assigned residencies by a Special Provider Agreement and no hospital will add over 20 full-time equivalent residency positions (p. 668). Doctors, regardless of specialty, will be paid the same fee based on "relative value units" determined by time, mental effort, professional judgment, technical skill, physical effort, and stress due to risk (pp. 241, 253).

Doctors who, initially, treat hospitalized patients will be fined for each of those patients readmitted to the hospital within a year. Likewise, hospitals with "excess readmissions" during a fiscal year will be reimbursed at a lower rate (pp. 280, 298).

Doctors who order durable medical equipment or home health services must be Medicare enrolled or eligible professionals (p. 719). Also, that requirement may be extended to other categories of items or services, including covered part D drugs, and doctors may be suspended for a year if they refuse to provide documentation of compliance (p. 720).

"Prohibition on Physician Ownership or Investment" is the title of a paragraph restricting the ownership or investment of doctors. If this plan passes, physicians could not increase their investment in hospitals and could not invest in expansions of such facilities (p. 317).

A nine-member Telehealth Advisory Committee will be **appointed** to recommend which Medicare and Medicaid services should be added or deleted (p. 380).

Appointees will follow the government's predetermined protocol in every situation – when deciding whether to intervene in life threatening conditions, whether to transfer patients to a hospital or administer antibiotics or artificially administer nutrition and hydration (p. 430).

Marriage and family therapist services will become a part of health care, as will **mental** health counseling. Both services will be administered by **appointees** (pp. 489, 494-498).

Promoting euthanasia? Once every five years, **senior citizens** must meet with a government counselor for an "advance care planning consultation" to discuss life-sustaining treatment (or lack thereof). Consultations must be more often for seniors with a chronic, progressive, life-limiting disease or terminal diagnosis or life-threatening injury, or those admitted to a skilled nursing facility, a long-term care facility or hospice program (p. 425, 429).

Illegal aliens[1] would be among those provided cultural and linguistic services under at least 24 3-year grants to communities of racial and ethnic minorities. **ACORN** will qualify for those grants (pp. 405, 407), as well as additional training contracts (pp. 909-910).

Taxpayers will pay for coverage of "**non-traditional**" individuals below 133 1/3 percent of the federal poverty level. Since U.S. citizenship is not required, **illegal aliens**[1] are included.

[1] A U.S. congressman reported that Nancy Pelosi said, "We need to raise the standard of living of our poor, unemployed and minorities. For example, we have an estimated 12 million illegal immigrants in our country who need our help along with millions of unemployed minorities."

Managed care on the cheap. Center for Comparative Effectiveness Research **appointees** may reduce health care costs by **rationing** services based on patient age and quality of life. So, appointees, not doctors, decide who gets what. Treatment or the lack thereof would be based on "outcomes, effectiveness, and appropriateness of health care services and procedures" (p. 502).

The **appointed** Comparative Effectiveness Research Commission would, not only, decide priorities for national research, but would oversee the Center's work. Reports from the Center, Commission or **appointed** advisory panel will be on the Internet, with no indication that a printed report would be available to individuals without access to a computer (pp. 505, 520).

Nurse home visitation[1] **services** would be for "families with a first-time pregnant woman, or a child (under 2 years of age), who is eligible for medical assistance under this title". Home visitation nurses would counsel women toward "increasing birth intervals between pregnancies" (p. 768-769). Among services provided would be "referrals to other programs". Though such programs are mandatory, they are not defined and states must cooperate with the home visitors' evaluations of the family. The nurses who visit homes will, audaciously, provide "activities designed to help parents become full partners in the education of their children" (pp. 838-845).

Taxpayers would be required to fund comprehensive family planning services, including **abortion** and **contraception**, with no specified age limit or inquiry into marital status (p. 772).

States[2] **must comply with federal requirements.** States with stiffer standards for health care must in their next legislative session conform state laws with the federal law or lose federal funding. Also, states could not base care on the assets or income of patients (pp. 753, 755-757).

School-based[3] **clinics would be affected when a Public Health Workforce Corps is created.** Its participants would be placed and assigned as public health professionals in state, local and tribal health departments and federally qualified health centers (pp. 898, 993-1000).

A **National Medical Device**[4] **Registry** would be created to identify each implantable, life-supporting, or life-sustaining device that is or has been used in or on a patient (pp. 1001-1007).

ACTION – Oppose Government Health Care. (1) Call your congressman and ask him to vote NO on H.R. 3200. (2) Attend your congressman's Town Hall Meetings during September. Ask questions and ask him to vote NO! (3) Also, call toll-free 1 877 762-8762 and give the nine-digit zip code on the junk mail you receive. Call all four Blue Dog Democrats. If you don't get through on the toll-free line, call the number listed below.
Congressmen by district numbers: **1.** Jack Kingston, 202 225-5831; **2.** Sanford Bishop*, 202 225-3631; **3.** Lynn Westmoreland, 202 225-5901; **4.** Hank Johnson, 202 225-1605; **5.** John Lewis, 202 225-3801; **6.** Tom Price, 202 225-4501; **7.** John Linder, 202 225-4272; **8.** Jim Marshall*, 202 225-6531; **9.** Nathan Deal, 202 225-5211; **10.** Paul Broun, 202 225-4101; **11.** Phil Gingrey, 202 225-2931; **12.** John Barrow*, 202 225-2823; **13.** David Scott*, 202 225-2939.
***Blue Dog Democrats are underlined above.**

[1] A "Parents as Teachers" program did the same in Georgia, but was voluntary when implemented several years ago. Home visitors give families government guidelines to discipline children and government curricula to supplant parental instruction. The goal: replace family values and religious training with universal values, attitudes and curricula, by denying babies and toddlers parental training. If they can do that, children will not reject the humanist doctrine in public schools – the denial of God, denigration of prayer and rejection of absolute values and continues downhill from there.

[2] This bill violates the U.S. Constitution and erodes State Sovereignty guaranteed by the Tenth Amendment as follows: "The powers not delegated to the U.S. by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people." Nowhere does the Constitution give the U.S. government the right to dictate health care.

[3] The SBC section is, particularly, disturbing, since Georgia school-based clinics now use Public Health Department staff hired by the state. If this were enacted, federal **appointees** would take over and control health clinics in public schools.

[4] Although there's no mention of microchip implants, this bill does not prohibit mandatory implantation of radio frequency identification (RFID) devices, regardless of the intended purpose. Hospitals are already encouraging patients to receive microchip implants, so staff can use wands to scan patients for quick access to their medical records. Available research describes the frequency of serious health problems, including cancer, in animals that have implants.

NOTE: View a Downloadable Chart of the House Health Care Plan at www.GeorgiaInsight.org

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Sue Ella Deadwyler, Eagle Forum of Georgia Capitol Correspondent and *Georgia Insight* Publisher & Editor will provide "How to Lobby Legislators" training on Saturday morning.

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