

Obama Health Plan Is Step Toward Single Payer

By: Nat Hentoff - November 8, 2013

I have been researching and reporting on Obamacare since its inception. Now I want as many readers as possible to have the most penetrating analysis yet on how so many of us are going to be impacted by the radical and historic way this law changes the relationship between Americans and their doctors.

Bradley Allen, a pediatric heart surgeon and former professor and surgical director of the Children's Heart Institute in Houston, wrote an op-ed last month in The Wall Street Journal that gets inside our growing anger and confusion at this grim "health care law's destructive effect on the fundamental nature of the way their care is delivered" ("ObamaCare 2016: Happy Yet?" Allen, The Wall Street Journal, Oct. 23).

All of us are aware that Barack Obama's kingly assurance that "if we like our present health care plan, we can keep it" was fantasy. But the president did not anticipate that his Affordable Care Act (ACA) website would get screwed up. Therefore, he's had to delay his actual intention from the beginning to disintegrate the individual insurance market so that all health insurance would become single payer -- from the government.

How many of you could foresee this development?

Listen to this: According to The Washington Times, this past August Senate Majority Leader Harry Reid said the ACA was a "first step to 'work our way past' employer-provided health insurance to a government-run health care system" ("Obamacare scam -- Endgame was always single payer, government-run health care," Emily Miller, The Washington Times, Oct. 30).

Harry Reid is far from a whistleblower.

If you do a fact-based search on "Obama for single payer," you'll find clear evidence, including videos, of his enthusiasm for a single payer system during his campaigns for office.

Now he's stuck with fixing Obamacare -- probably until he leaves office. Its widespread effects, already beginning to be dangerous, are crucially worth knowing, as some will have become a part of our health care system by the time you vote for the next president and Congress in 2016. In The Wall Street Journal, Allen takes a toll of the damage that has already been done:

"Even before the ACA cut \$716 billion from its budget, Medicare only reimbursed hospitals and doctors for 70 percent to 80 percent of their costs. Once this cut further reduced reimbursements, and the ACA added stacks of paperwork, more doctors refused to accept Medicare: It just didn't cover expenses. ...

"Some physicians now refuse even to take patients over 50 years old, not wanting to be burdened with them when they reach Medicare age ...

"A third of physicians refused to accept new Medicaid patients in 2013, and with Medicaid's expansion and government cuts, the numbers of doctors who don't take Medicaid skyrocketed."

And dig this: "Because of regulations and other government disincentives to self employment, doctors began working for hospitals in the early 2000s, leaving less than half in private practice by 2013. ...

"When doctors are employed like factory workers by hospitals, data from the Medical Group Management Association and others indicate, their productivity falls -- sometimes by more than 25 percent. They see fewer patients and perform fewer timely procedures, exacerbating the troubles caused by physician shortages. Continuity of care also declines, since now a physician's responsibilities end when his shift is over."

As I've noted previously, a doctor who has been vital to my health for years sadly told me recently, "I've lost my independence."

But he's of the old school. I can still contact him when I need to.

Bradley Allen explains how Obamacare keeps diminishing Americans' medical care, and often their lives:

"Even people with 'private insurance' have found that the quality of their health care declined. Nowadays, many are forced instead to see a nurse or other health care provider. The traditional doctor-patient relationship is now reserved primarily (I would say increasingly) for those who can pay extra."

I recently had surgery to insert a pacemaker to regulate my heartbeat. During the considerable preparation period and the surgery itself (when I was under anesthesia), I never met the doctor who performed the surgery. I came to know only professional nurse practitioners, including in my follow-up visits to evaluate the surgery's effects.

I have no complaints about the quality of this sequence of health care. I've been able to have all my questions answered by the nurse practitioners, and I'm grateful for the evident improvement in my medical care.

But it was strange for this 88-year-old to have never even met the presiding doctor. It was a first for me. I hope the many other patients who don't get to know their doctors are as equally well-treated. When I was 69 and went through open-heart surgery, I even got to know my surgeon's hobbies.

Moreover, Allen continues, "The top surgeons now simply opt out of Medicare or become 'out of network' providers, allowing them to bill patients directly. Many have joined the plastic surgeons and ophthalmologists who work on a straight fee-for-service basis."

Allen also raises a new, alarming problem for millions of us, and not just those of low income: "With the best and most successful doctors disappearing into concierge medicine or refusing new Medicare and Medicaid patients, replacing these experienced physicians with bright young doctors to work with the

'general public' has become difficult. What can be done to restore true health care to We The People? So many of us will be extremely grateful for workable answers -- and the sooner the better.

(Nat Hentoff is a nationally renowned authority on the First Amendment and the Bill of Rights. He is a member of the Reporters Committee for Freedom of the Press, and the Cato Institute, where he is a senior fellow.)