

Health care rationing wins up high

By [NAT HENTOFF](#) The Times and Democrat | Posted: Monday, July 9, 2012 2:45 am |

Amid the huge response — both triumphant and agonized — to the Supreme Court’s preservation of Obamacare, I was surprised at how little attention was being paid to that law’s core purpose: to strongly control health care costs where government funding is involved, as it increasingly will be.

What still shocks me about this law is the government’s interference with the doctor-patient relationship. Many government bureaucracies will not pay for doctor-prescribed treatments costing more than a predetermined figure. And none of these bureaucracies’ members will have actually seen the individual patient.

This may affect elderly patients in particular, but it can happen at any age.

What has also been hardly mentioned about the high court’s decision is its effect on a tax in Obamacare that could have a powerful — and for some, fatal — impact on Americans at any age.

In a recent story (“House Acts to Repeal Medical-Device Tax,” The New York Times, June 8), Robert Pear, whom I’ve found to be the most credible reporter on health care issues, tells of the House voting to repeal a tax on medical technology industries that would amount to \$29 billion over the next 10 years. This vote came before the Supreme Court ruling.

“The tax,” Pear wrote, “would apply to manufacturers and importers of devices like pacemakers and stents, defibrillators, artificial hips and knees, surgical tools and X-ray machines.”

The Democratically controlled Senate was not likely to agree with the House, and in any case, Obama pledged to veto it because he’d much rather those billions in tax revenues go to cutting health care costs.

In the furor over the Supreme Court’s ruling on Obamacare, there have been only a few tiny mentions about how these medical devices can and do save lives.

Here is my personal story. When I was 69, my cardiologist said to me, “Your life is hanging by a thread.” Just enough time for me to collect a couple of books to read in the hospital and then be admitted for open-heart surgery — a quadruple bypass.

The result: I’m still here typing.

“You’re lucky,” my doctor told me. “For a long time we didn’t know how to do this kind of operation. But then, after a lot of research, a company found the way.”

And with the tax on medical devices in Obamacare unimpeded by the Supreme Court ruling, here’s a current example of a lifesaving medical device that will get hit with a tax increase:

“In November, the U.S. Food and Drug Administration (FDA) approved an innovative product called the Sapien Transcatheter Heart Valve, for the treatment of severe aortic valve stenosis. The Sapien valve can

be implanted endoscopically, making it a boon for patients who are too sick to endure open-heart surgery” (“FDA Approvals Are a Matter of Life and Death,” The Wall Street Journal, Andrew von Eschenbach and Ralph Hall, June 18).

But because of a longtime outmoded FDA regulatory process, “The Sapien valve has been available in Europe since 2007, saving lives there but not here.”

Now even more Americans will be denied the Sapien valve than before with the excise tax burden on medical devices taking effect in January 2013.

Noted the Times’ Pear: “In anticipation of the tax, some manufacturers (of medical devices) have announced plans to lay off workers or reorganize operations.”

But even before the tax was revealed, there were warnings from health care researchers that U.S. patients were dying unnecessarily because of stark FDA delays. And, according to the Wall Street Journal report:

“The device industry is leaving. According to a summer 2011 survey by the National Venture Capital Association, in the next three years, 85 percent of venture-backed health-care companies expect to seek regulatory approval for their new products outside the U.S. first.”

But as of now, how many of them will even try to get U.S. approval? And if sales of new medical devices decline in the U.S., how many of those companies will decrease their research into these life-sustaining discoveries? These are often enormous investments.

As for Obamacare’s cost-efficient bureaucrats deciding how long many of us will continue to be around, almost three years ago I explained that “President Obama and his supporters in Congress insist that clinical studies prove how many needless and expensive tests and procedures are so often performed” (“Be Scared: Obamacare Endangers Our Life Spans,” wnd.com, Dec. 2, 2009).

“But,” I added, “these are collective statistics. Individual patients are left out.” And to find out what’s working for them, each patient has to be monitored and assessed one at a time.

More nakedly and truthfully, I quoted Harvard Medical School professor Dr. James Thrall, who said:

Rulings “based on costs and large group averages, not individuals,” made him fear that “we are entering an era of deliberate decisions where we choose to trade people’s lives for money.”

I beg Mitt Romney to tell us how he will end this trade in American lives for broad cuts in health care budgets. We do need to save money, but raising taxes on lifesaving medical devices while cutting potentially lifesaving tests strikes me as not the American way.

Will the outcome of the November elections tell us and our kids and grandkids whether we still are in what used to be called America, where individual doctors prescribed for the futures of their individual patients?

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.