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## How can Ezra Klein call Joe Lieberman pro-“death of hundreds of thousands of people” ...

Posted By [Sister Toldjah](#) On December 14, 2009 @ 8:23 pm In [Clueless Wonders](#), [Congress](#), [Healthcare](#), [Social Issues](#) | [3 Comments](#)

... when Klein himself, a longtime proponent of socialized healthcare, is in favor of the [public option](#) <sup>[1]</sup>, which in effect will give the existing Medicare panel more power to decide who gets what healthcare – as a form of “cost control”? Michael Cannon, the Cato Institute’s director of health policy studies [wrote back in August](#) <sup>[2]</sup>:

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 [Independent Medicare Advisory Council](#) <sup>[3]</sup>.

Medicare already has the statutory authority to reduce the amount it will spend on elderly and disabled patients, but largely cannot exercise that authority. Federal law says that Medicare may deny coverage for services that are not “reasonable and necessary,” but gives no guidance on what “reasonable” and “necessary” mean. That effectively leaves the issue in the hands of the bureaucrats at the federal Centers for Medicare & Medicaid Services.

“In theory,” [writes](#) <sup>[4]</sup> Tufts Medical Center’s Peter Neumann and colleagues, “the CMS could interpret Medicare’s statutory authority to cover ‘reasonable and necessary’ services as a license to use cost-effectiveness analysis,” i.e., to deny care. “To date,” however, “this course has proved to be impossible.”

Why? Political resistance from the medical industry (which prefers that Medicare pay for everything) and the Sarah Palins (who don’t trust bureaucrats to make those decisions) prevent Medicare from using cost-effectiveness criteria. Former CMS chief Mark McClellan notes that a mixed record of judicial interpretations and some specific congressional actions, for example on broad coverage of cancer treatments, have tied Medicare’s hands somewhat. But he agrees: “I do think that political pressures have limited the agency’s ability to go further.”

Enter the Obama administration, which submitted to Congress legislative language that would create IMAC and give it broad authority to recommend “reforms to the Medicare program.” In effect, IMAC would enable Medicare to overcome the political resistance to government rationing.

Some facets of Medicare would be beyond the reach of IMAC’s unelected bureaucrats— but not Medicare’s interpretation of “reasonable and necessary.” The stimulus bill and the House reform plan deny federal agencies conducting comparative-effectiveness research the power to “mandate coverage, reimbursement, or other policies for any public or private payer.” Obama places no such restrictions on IMAC.

Unless Congress rejects IMAC’s recommendations within 30 days, they would become law. The administration would have license to implement them “notwithstanding any provisions of this Act or any other provisions governing the

Medicare program.”

This is really a no-brainer. President Obama stressed earlier this year that 80% of healthcare costs in this country come from the chronically sick and the elderly. It doesn't take a rocket scientist nor an Ivy League liberal to figure out where the "cutting" is going to come into the picture, and it will be more than just cutting on the "administrative" front. In effect, there would be people who died from being denied care by this so-called "panel" of "experts." So I take it that Klein, too, is "pro-death" of "hundreds of thousands"?

Really.

Keep in mind that even if the public option isn't in the final version of the so-called healthcare "reform" bill, it's still something that Klein and other strident "reform" activists have long wanted to see as part of any healthcare coverage package passed by Congress:

Moreover, public insurance is simply more efficient. Medicare holds costs down better than private health insurance. The substantially public systems employed by *every other* industrialized nation cost less and cover more than the American model. So the question became how to marry the policy need for public insurance with the political need to preserve the status quo.

Enter the public insurance option. It doesn't replace the insurance individuals already rely on. But it provides an alternative. It lets *them* make the decision. It's the health care equivalent of being pro-choice. And it thus serves two purposes. The first is to act as a public insurer. To use market share to bargain down the prices of services, much as Medicare does. To lower administrative costs. To operate outside the need for profit, and quarterly results.

Notice how he mentions nothing about *quality* of care under the public option. Also note the faulty assertion about Medicare holding down costs better than private health insurance. **That simply isn't true** <sup>[5]</sup>. And note how he doesn't take into account the strong possibility of many employers dropping their healthcare coverage benefits in the event that the public option becomes law due to the fact that 1) the cost of existing plans is going to skyrocket and 2) **some of them** <sup>[6]</sup> have figured out that the penalty they'll have to pay for not offering the healthcare coverage benefit will be lower per year than what they pay in a year for employee coverage already (more on that **here** <sup>[7]</sup>).

Where would these people turn? You guessed it: The "affordable" public plan, where the quality of care suffers, and where a panel essentially gets to decide who lives and dies.

I ask again, who is "pro-death" here?

BTW, Cannon destroys **Klein's smear** <sup>[8]</sup> about Lieberman **here** <sup>[9]</sup>.

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URLs in this post:

[1] **public option**: [http://voices.washingtonpost.com/ezra-klein/2009/06/health\\_care\\_reform\\_for\\_beginne\\_3.html](http://voices.washingtonpost.com/ezra-klein/2009/06/health_care_reform_for_beginne_3.html)

[2] **wrote back in August**: <http://sistertoldjah.com/archives/2009/08/19/why-sarah->

**palin-is-right-on-the-issue-of-death-panels/**

[3] **Independent Medicare Advisory Council:**

**[http://www.whitehouse.gov/omb/assets/legislative\\_letters/IMAC\\_bill\\_071709.pdf](http://www.whitehouse.gov/omb/assets/legislative_letters/IMAC_bill_071709.pdf)**

[4] **writes: <http://content.nejm.org/cgi/reprint/353/14/1516.pdf>**

[5] **That simply isn't true: <http://www.heritage.org/research/healthcare/wm2505.cfm>**

[6] **some of them: <http://www.macombdaily.com/articles/2009/10/30/news/srv000006720051.txt>**

[7] **here: <http://www.foxnews.com/politics/2009/12/08/million-lose-employer-coverage-senate-health-cbo-says/>**

[8] **Klein's smear: [http://voices.washingtonpost.com/ezra-klein/2009/12/joe\\_lieberman\\_lets\\_not\\_make\\_a.html](http://voices.washingtonpost.com/ezra-klein/2009/12/joe_lieberman_lets_not_make_a.html)**

[9] **here: <http://www.cato-at-liberty.org/2009/12/14/joe-lieberman-mass-murderer/>**