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Opinion

Should we entrust our health to Obamacare?

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By NAT HENTOFF

Lurching through Congress, the Democrats' health care bill is revealed in all its roiling confusion by this reaction from Sen. Bob Casey, D-Pa., after the proposed controversial "compromise" Senate expansion of Medicare: "Any big agreement is progress. Even if we do not know any of the details."

This "big compromise agreement," allowing citizens from 55 to 64 to buy into Medicare, had details, unknown to Sen. Casey, that would have amounted to a not-so-slick trick by the Democratic leadership. John Rother, executive vice president for policy and strategy for AARP (American Association of Retired Persons), which has very surprisingly supported much of Obamacare — says that it's not clear that the "big compromise" would have provided the same health benefits and other coverage that present Medicare provides. Depending on the unknown details, Rother told the Washington Post (Dec. 10), it's possible "it's not even Medicare, but that's a brand name everyone likes."

Not surprisingly, another staunch party loyalist, House Speaker Nancy Pelosi, had endorsed this new design to get Harry Reid those desperately needed 60 votes to get the legislation to President Obama, who, of course, warmly praised this new slippery stratagem. But then, to secure Joe Lieberman's essential vote for the overall legislation, the Democrats abandoned the Medicare expansion. Watch closely for the next Harry Reid magic act.

What does surprise me during all this stormy strife is that the Democrats blithely brush off many Americans' fears of the inevitable increased rationing of our health care as the president's ultimate federal commissions of bureaucrats decide which procedures and other treatments that doctors prescribe for their patients are not cost-efficient enough to be paid for by federal funds, including Medicare.

In Congress, neither Democrats nor Republicans have paid much attention to the impact of health rationing on medical innovations that greatly improve quality of life, and indeed often prolong life. Consider where some of us would be without such surgical advances as heart-bypass operations and newly developed and tested prescription drugs for a wide range of diseases that affect millions of us.

An analysis of how Obamacare, and with additions during his term, is very likely to impact the future availability to us of these innovations has just been issued. The Cato Institute's Glen Whitman and Raymond Raad (of California State University, Northridge and New York Presbyterian Hospital) have issued the report "Bending the Productivity Curve: Why America Leads the World in Medical Innovation": "In addition to pushing down prices, centrally organized health care systems (like Obamacare) limit the use of new drugs, technologies and procedures. Those systems (as documented by James Robinson, "The Corporate Practice of Medicine," University of California Press) 'control costs by upstream limits on physician supply and specialization, technology diffusion, capital expenditures, hospital budgets, and professional fees.'" They add:

"To take just one example, a cross-national comparison of heart attack care from 1989 to 1998 found that the United States experienced both faster adoption and more rapid diffusion of new heart treatments (including cardiac catheterization, coronary

artery bypass graft, and primary angioplasty) than other developed countries.”

And Americans of all political dispositions and allegiances should, in self-defense, take heed of this finding by Whitman and Raad:

“Those countries with the strictest supply-based restrictions on health care, most notably the United Kingdom and the Nordic countries, experienced both late adoption and slow growth in treatment rates. The greater openness of the U.S. system (before Obamacare becomes law) to the adoption of new technologies and treatments is also evidenced by its having twice as many MRI scanners per capita as most other developed nations, and having three times as many cardiac surgery units and catheterization labs in the 1990s.”

But under Obamacare, do you think there will be more or less adoptions of new technologies? Faster or slower growth in treatments. And as you grow older, how much meaningful room will there be for your special health needs in whatever is called Medicare, Medicaid and other pervasively politicized forms of Barack Obama’s health care that you can believe in?

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