

The Affordable Care Act: a Planned Transition to Socialized Medicine

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For those who understood that the Affordable Care Act (ACA, a.k.a. "ObamaCare") was a planned failure from the beginning, it came as no shock that the launch of the federal Health Insurance Exchange website, www.HealthCare.gov, was a complete debacle.

On Oct 30, 2013, Health and Human Services (HHS) Secretary Kathleen Sebelius testified before the House Energy and Commerce Committee, saying: "Hold me accountable for the debacle ... I'm responsible."¹ Being held accountable, of course, did not include resigning from her post.

The HealthCare.gov failure was the result of complete incompetence in the design, execution, and testing procedures for building websites. But, it is a level of incompetence which we have come to expect from a government bureaucracy that provides the wrong answer 96% of the time in the Medicare program, according to the government's own General Accountability Office study.²

Out of 4.7 million unique visitors to HealthCare.gov on Oct 1 and 2, only six people signed up on the website's first day. By the end of the second day, only 248 people had enrolled.³ As younger, tech-savvy individuals were more likely to use online enrollment, the dysfunctional website discouraged the very people on whom ACA depends to fund medical care of others.

Already Harming Patients

ACA has already harmed many vulnerable elderly and disabled patients. As a result of 8% cuts in payments to Medicare Advantage (MA) plans under the law, insurance companies sent letters to physicians notifying them that they were being terminated from the MA plans.⁴ In some cases, letters were sent to patients notifying them that their doctor had been terminated from the plan before the physician was notified. Patients were also reportedly told that they would need to find a new doctor, a new plan in which their doctor participated, or would have to self-pay (see an Opted Out physician).⁵

Forcing an 80-year-old or 90-year-old patient to hunt for a new physician is extremely disruptive to patients and their families. But wholesale destruction of the patient-physician relationship and continuity of care for elderly patients was predictable under ACA. When payments to MA plans are slashed, the plans look for ways to cut costs. Cost-cutting includes eliminating physicians who treat patients who are sick (high utilization), and includes eliminating solo physicians and physicians in small group practices. It is easier for these plans to control fees for large physician groups.

One insurance spokesperson explained that specialists were being cut so as to contain costs: "Those physicians were in certain specialties, including cardiology, ophthalmology, and podiatry. This was done to ensure a more balanced network that would better contain cost for members."⁵

One patient, who liked his physician and who had been treated by his physician since 1993, commented: "Obama had said I could keep my doctor. Now they're doing away with my doctor. They kicked him out! After 20 years, that's not right."⁵

Even AARP, which fully supported the act and profited from it, now describes this destruction of the patient-doctor relationship as "horrible."⁵ Some are finally realizing that the individual does not matter under ACA. Rather, it's about the ideology of central control of our lives by government deciding what is best for us.

ACA is also causing massive disruption of the private insurance

market, a disruption that was planned. In fact, in an article that cited a report from the Federal Register in June of 2010, the author concluded that administration officials predicted "massive disruption of the private insurance market."¹

Approximately 93 million people will not be able to keep the health plan that they currently have.¹ This includes 50% to 75% of people who purchase their health plan coverage on their own, 51% of employer-sponsored plans, and 53.5% of the non-group market.¹

The Obama Administration argues that all of these people, who lose the health plans they have and like, have substandard plans, and will get better coverage (as determined by government bureaucrats) under "ObamaCare." The reality is, "People are being forced into inferior and costlier plans."¹ People are being forced to buy coverage that they do not need and do not want, for the purpose of subsidizing coverage for others.

Although ACA contains a grandfather clause (Section 1251) that would allow a person who liked his health plan to keep it, subsequent regulations promulgated by the Obama Administration gutted that provision by narrowly interpreting it so that most would not qualify for the grandfather provision.¹ In fact, the Administration predicted that "40% to 67%" of "individually-purchased plans would lose their ObamaCare-sanctioned 'grandfather status' and become illegal."¹

One physician who lost her health plan noted that she was being forced into a plan with a higher deductible, with no access to out-of-network physicians: "I'm getting less coverage than I had before."⁶

As many physicians and some top hospitals are not participating in the Exchange plans, many patients will likely have care access problems.

The Medical Society State of New York (MSSNY) conducted a survey that found that 44% of physicians are not participating in the Exchange plans, and 33% were still unsure whether they were going to participate in any of them.⁷ That means that 77% of New York State physicians have not signed up to participate in ACA's Exchanges.

Physicians are essentially being asked to sign up to participate in these plans so that they can find out what is in them—whether they will be paid, and how much they will be paid for their work. The president of the New York County Medical Society, Dr. Paul Orloff, summed up the situation: "We have no idea what the reimbursements will be or what the claims-form process will entail."⁸

One news article reported: "New York doctors are treating ObamaCare like the plague."⁹ The president of MSSNY, Dr. Sam Unterricht, commented: "This is so poorly designed that a lot of doctors are afraid to participate. ... There's a lot of resistance. Doctors don't know what they're going to get paid."⁹ Survey comments included: "I plan to retire if this disaster is implemented. This is a train wreck."⁹ "The solution is simple: Just say no."⁹ "ObamaCare is a disaster. I have already seen denial of medication, denial of referrals." "Any doctor who accepts the exchange is just a bad businessman/woman. Pay's terrible. ... Can't imagine any doctors would be willing to work for so little money."⁹

ACA is also negatively impacting access to care at the nation's top hospitals. The law's premium caps are causing insurance companies to cut costs, and top-quality hospitals, like top-quality physicians, do not agree with having their fees slashed. Many of the nation's top hospitals are refusing to participate in Exchange plans.¹⁰

The Big Lie: "If You Like Your Health Plan, You Can Keep It"

Despite President Obama's repeated promise that if you like the health plan you have, you can keep it, the Obama Administration knew in 2010 that millions of Americans would not be able to keep their health plans under "ObamaCare."¹ The Administration knew that 50% to 75% of people who purchase their insurance coverage in the individual market would not be able to keep their health plans.¹

On Oct 28, 2013, White House Press Secretary Jay Carney was forced to admit that indeed under the law some people would not be able to keep the plan they have, and that they would be forced to switch to another plan and possibly to another doctor.¹¹ Carney told the press that health plans had to meet the minimum standards under "ObamaCare," and some people would just have to switch to another plan. Those affected, we were told, would get a higher quality plan at a lower cost due to subsidies. "But many middle-class families are finding out that they will be required to pay higher premiums for new plans and that they don't qualify for subsidies."¹¹ One Florida resident was advised that she could not keep the plan she liked and would have to transfer to an ACA-approved plan with premiums 10 times more than her current premium.¹¹

President Obama's promise of lower, more affordable premiums was also a lie. Insurance policy mandates and the pre-existing condition provision (no one can be denied coverage or have to pay more due to pre-existing conditions) predictably increase insurance rates. One study found that "ObamaCare" will increase insurance rates for males by an average of 97% and for females by an average of 62%.¹² In North Carolina, individual insurance rates are predicted to quadruple for men and triple for women.¹²

The brunt of rate increases will be borne by younger and middle-aged people. Twenty-seven-year-olds, for instance, face rate increases of 279%, and 40-year-olds will face rate increases of 305%.¹² ACA represents the largest wealth transfer program in the history of our country. However, if young healthy individuals are unwilling to pay exorbitantly increased premiums in addition to higher taxes to subsidize the care of others, the law will collapse.

Transition to Socialized Medicine Was Planned

ACA was designed to incorporate failure as part of the strategy to transition to socialized medicine. *World Net Daily* has put together a collage of videos that reveal in Obama's own words his plans for the law as a transitional step to a full government takeover of medicine.¹³ Early on, Obama stated clearly that he is a "proponent of single-payer, universal health care plan... Everyone in, nobody out."¹³ The real goal all along was a socialist utopia, with no escape. Obama admitted that we might not "get there immediately," and that he would pursue "transitional system building on the existing systems we have."¹³ And, he warned that "transitions" may be "very difficult and costly."¹³

This planned destruction of the private insurance market parallels what happened to the private insurance market once Medicare became law. Section 1803 of the Social Security Act (part of Medicare) promised: "Nothing in this title shall be construed to preclude any State from providing, or any individual from purchasing or otherwise securing, protection against the cost of any health services." Medicare monopolized the market and quickly destroyed the private insurance market for those 65 and over.

Similarly, "Section 1251 provides that nothing in the Affordable Care Act requires an individual to terminate the coverage in which the individual was enrolled on March 23, 2010."¹⁴ However, beginning Jan 1, 2014, grandfathered plans must comply with many of the law's core provisions, thus eliminating the ability of people to keep the health plans that they have and like. The Federal Register refers to this as a means to accomplish "gradual implementation of reforms through a reasonable grandfathering rule."¹⁴, p34540 Insurers are terminating existing private health plans because of ACA requirements. This massive disruption in the private health insurance

market was predicted by the Obama Administration in 2010 and was well-described, beginning on page 34,552 of the Federal Register.¹⁴

Private insurers cannot compete against a government-controlled program, which can raise as much revenue as needed through taxes, and where government makes all the rules for private insurers. As premiums escalate, employers will have no choice but to discontinue coverage for their employees, who, in turn, will be forced into the government insurance exchanges or into the government-run Medicaid program. The cost of government mandates in approved insurance plans will ultimately confront premium caps, and private insurers will be forced either to leave the market or go bankrupt. As M. Catherine Evans and Ann Kane point out: "Putting the private insurance industry out of business was all part of the plan. The president's 2003 utopian agenda of a single-payer system cannot happen as long as they exist."¹³

Putting independent, fee-for-service physicians out of business was also part of Obama's plan. Accountable Care Organizations were designed to accomplish that goal.

Ultimately, ACA was designed to destroy not only the patient-physician relationship, but freedom in medicine.

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