

Making a Bad System Worse: Disturbing Obamacare Surprises

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Consumers are in for many rude surprises. Soon enough they'll know they've been scammed.

A [previous article](#) discussed insurers limiting hospital and doctor choices. Doing so cuts costs. Sacrificed is treatment from relied on providers when most needed.

Using their services requires paying costs out-of-pocket. Obama lied claiming:

"If you like your doctor, you will be able to keep your doctor. Period," he said.

"If you like your health care plan, you will be able to keep your health care plan. Period. No one will take it away. No matter what."

Obamacare deception is one of many lies he told. Marketplace medicine doesn't work. Obamacare prioritizes corporate profits. It does so at the expense of proper healthcare.

It's not a commodity. It's a fundamental human right. Not in America. Not under Obamacare for sure. Bottom line priorities matter most.

On December 6, the [Washington Examiner](#) headlined "Doctors boycotting California's Obamacare exchange," saying:

"An estimated seven out of every 10 physicians in deep-blue California are rebelling against the state's Obamacare health insurance exchange and won't participate, the head of the state's largest medical association said."

According to California Medical Association (CMA) president Dr. Richard Thorp:

"It doesn't surprise me that there's been a high rate of nonparticipation."

"We need some recognition that we're doing a service to the community. But we can't do it for free. And we can't do it at a loss. No other business would do that."

CMA represents about 104,000 California doctors. California offers one of the nation's lowest reimbursement rates.

It's 30% lower than Medicare payments. Some reimbursement rates are even lower.

In September, insurers pegged them to California's Medicaid plan (Medi-Cal). Many doctors opted out in response.

Others consider early retirement. Former San Diego County Medical Society president Theodore Mazer said he just turned 55.

“Maybe there’s something else we can do because this is just getting too onerous to keep on going,” he said.

With many California doctors opting out or retiring, state healthcare could be overwhelmed. Other states may experience similar problems.

Alameda County Health Care Services Agency director Alex Biscoe already complains of a physician shortage.

It’ll “get worse as more people enter the market,” he said. He’s not surprised about large numbers of doctors refusing to participate in a bad system.

If enough opt out nationwide, millions needing treatment won’t get it. Others won’t get adequate care for serious illnesses.

Healthcare in America is already dysfunctional for millions. Obamacare makes a bad system worse.

Around half of US households have employer-provided health insurance. By 2016, the Congressional Budget Office (CBO) estimates six million fewer people receiving it.

US Chamber of Commerce/International Franchise Association survey information shows 28% of mid-size companies plan to drop coverage. It’s cheaper to pay imposed penalties than provide it.

Large and smaller firms maintaining it are shifting costs increasingly to employees. In 2015, Obamacare requires companies with 50 or more workers to provide coverage for full-time staff. Penalties are imposed on ones that don’t.

National Retail Federation vice president Neil Trautwein said it’s “definitely less expensive to pay (them) than provide coverage.”

At the same time, most companies prioritize temporary or part-time workers. They avoid full-time ones as much as possible. Doing so avoids having to provide health insurance.

Last August, [Forbes](#) magazine headlined “It’s Fact, Not Anecdote, That ObamaCare Is Turning Us Into A Part-Time Nation,” saying:

“An avalanche of ‘anecdotes’ continues to pile up as workers across the country are having their hours cut and their health benefits slashed across a broad range of industries.”

Many employers say they have no choice. United Food and Commercial Workers Union president Joseph Hansen originally supported Obamacare.

No longer. It’s having a “tremendous impact as workers have their hours reduced and their incomes reduced,” he said.

Current data show one full-time job created for every four part-time ones. Employers have

to play or pay. They're opting out by cutting back on full-time employees.

A Chamber of Commerce survey showed 71% of small businesses saying Obamacare makes growth harder.

Many said they'll either cut hours of full-time workers or replace them with part-time ones. One-fourth said they'll reduce hiring to stay under the 50-employee benchmark.

Large companies "are being hit, too," said Forbes. Delta Airlines estimates an extra \$100 million healthcare cost increase in 2014.

UPS is cutting eligibility for employee spouses with access to healthcare elsewhere. The University of Virginia is limiting spouse health benefits.

Lots more than Obamacare turned America into a part-time nation. Employers gamed the troubled economy. They're still doing it.

They've cut staff, reduced wages, trimmed benefits, and shifted more heavily to temporary or part-time workers.

Obamacare makes things worse. It remains to be seen how severely going forward. Evidence so far isn't encouraging.

Struggling households face increasing stiff headwinds. They're more than ever on their own to get by. Obamacare adds an extra burden. It does so at the wrong time.

On December 4, the [Wall Street Journal](#) headlined "Drug-Cost Surprises Lurk Inside New Health Plans," saying:

"(D)epending on the coverage they select," consumers on expensive medications will end up paying up to half the cost themselves.

Many cancer, hepatitis, rheumatoid arthritis, HIV, and other patients are in for rude surprises.

"(T)he lower a plan's monthly premium, the higher the portion of drug costs patients must bear," said the Journal. Other factors are involved.

They include "whether a medication is on the insurer's covered-drug list, or formulary; in what level, or tier, of coverage it is; and what cost-sharing formula applies to that tier."

It "can vary from plan to plan even among those offered by the same insurer in the same bronze, silver or other category."

Drug tiers depend on insurer/Big Pharma price arrangements. They "can make a huge difference in patient costs," said the Journal.

Understanding what various plans provide is hugely challenging. Doing so requires careful due diligence. Too few consumers bother.

Clear information isn't easy to access. Arthritis Foundation advocacy director Kimberly Beer said:

“We’re concerned that people may be attracted to plans with low premiums and not have much drug coverage at all.”

According to Gay Men’s Health Crisis in New York Aids counselor Alexandra Remmel:

“Right now, the problem is not getting access to care – it’s getting access to information.”

Consumers complain about trying to find the right plan. Obamacare makes it harder, not easier.

On December 9, the [Washington Post](#) headlined “AIDS advocates say drug coverage in some marketplace plans is inadequate.”

Insurers can’t deny coverage to consumers seeking it. Even sick ones. They’ve got other ways to game the system. Examples above were discussed.

Patient advocates said some insurers “found a way to discourage the chronically ill from enrolling in their plans,” said WaPo.

One way among others is offering “skimpy” drug coverage “for those with expensive conditions.”

Some plans don’t cover HIV medications. Or they require patients to pay up to half the cost. For some, it’s over \$1,000 monthly. It’s much more than most people can afford.

AIDS Foundation of Chicago vice president John Peller said:

“The fear is that they are putting discriminatory plan designs into place to try to deter certain people from enrolling by not covering the medications they need, or putting policies in place that make them jump through hoops to get care.”

According to National Health Council executive vice president Marc Boutin:

“The easiest way (for insurers) to identify a core group of people that is going to cost you a lot of money is to look at the medicines they need, and the easiest way to make your plan less appealing is to put limitations on these products.”

Bottom line priorities depend on it. Insurers are experts at gaming the system. They’ve always done it. Especially in recent decades.

Swallowing Obamacare is enough to make most people sick. For insurers, it’s a potential bonanza. Millions more consumers must be covered. Insurers have lots of wiggle room.

They can’t turn away customers based on pre-existing or other conditions. They can discourage them in lots of ways.

They can make them pay half the cost of expensive drugs. They can restrict hospital and doctor choices.

They can pay limited amounts for treatments. They can require doctors to use certain drugs before prescribing more expensive ones.

They can do lots of things to make money. Key is attracting more healthy people and fewer sick ones. Important also is making healthcare decisions that should be solely up to doctors.

“A new (Avalere Health) analysis of (marketplace exchange plans) found that the benefits tend to be skimpier than in most other private insurance in the United States, with drug benefits a particular weak spot,” said WaPo.

Patients needing expensive drugs “could encounter big bills right away.” Avalere’s head, Dan Mendelson, believes employers may go the same way as exchanges.

It’s already happening. It’s less expensive. It shifts costs to employees. Former MS Consortium neurologist Daniel Kantor believes “2014 is going to be a scary year.”

“People are going to have to stop taking medicines they are already stable on because of this,” he said.

Insurers hope “if they make it inconvenient for people with MS to get treatment, they will leave their rolls.”

The Centers for Disease Control and Prevention (CDC) estimates over 1.1 million HIV/AIDS infected Americans.

About 50,000 more are infected annually. Around 15,000 die each year. “Perhaps the most politically sensitive issue related to drug coverage involves people” currently affected, said WaPo.

Studies show a single tablet/three to four HIV meds combined works best. It reduces hospitalizations. It keeps patients healthier.

An AIDS group coalition voiced concerns. It reviewed nationwide health plans. It found at least 47 exclude single tablet coverage and other standard treatments.

Some insurers are reconsidering earlier decisions. They may begin covering the drug. They may cut other costs to compensate. They may require patients to pay up to half the cost.

Plans excluding life-saving drugs show how insurers can game the system profitably. So does making patients pay plenty for expensive drugs covered.

Universal single payer coverage alone works. Everyone in, no one out should be mandated.

Insurers are predatory middlemen. They add around \$400 billion annually to healthcare costs. They provide no care to ill patients.

America is the only developed nation without some form of government provided universal coverage.

Obamacare scams consumers. It rations care. It makes America’s dysfunctional system worse. It sacrifices healthcare for profits. It does so irresponsibly.

Universal coverage provides care for everyone. It does it cheaper. Medicare for all alone works.

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