

# **Profit Driven Health Care: Obamacare Rips Off Americans**

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It's a plan to enrich insurers, drug companies, and large hospital chains. It's market-based for profit. They let business benefit at the expense of ordinary people.

Tens of millions are left uninsured. Millions more are underinsured.

On August 12, The <u>New York Times</u> headlined "A Limit on Consumer Costs Is Delayed in Health Care Law," saying:

Obama delayed a "significant consumer protection." He did so until 2015. He did it secretly. He did it last February.

According to The Times, he "obscured (it) in a maze of legal and bureaucratic language that went largely unnoticed." Labor Department officials confirmed what happened.

Discovery will likely fuel greater debate. ACA's a healthcare disaster. Millions already can't afford high costs. Obama may delay key consumer protections longer. Maybe he'll suspend them altogether.

The longer they're deferred, the more consumers pay. Doing so makes Obamacare less affordable than already.

Out-of-pocket deductibles and co-pays weren't supposed to exceed \$6,350 for individuals and \$12,700 for families. Federal officials granted insurers and employers one year's grace. Obama touted caps as a key Affordable Care Act (ACA) provision. Deferring them increases costs significantly. Doing so makes ordinary people bear burdens they can't afford.

They'll be denied vital care when most needed. They'll be debt burdened to buy mandated coverage. They won't get what they pay for. They'll be ripped off so healthcare giants can profit.

Cap-free coverage isn't what people expected. Lots more surprises await. More on that below.

According to The Times, (f)ederal officials said that many insurers and employers needed more time to comply because they used separate companies to help administer major medical coverage and drug benefits, with separate limits on out-of-pocket costs."

Buying this rubbish doesn't wash. Companies had years to prepare. Instead they pressured for relief. They usually get what they want. Doing sostraps debt burdened households.

Who's advocating on their behalf? Who's listening? What administration officials care? None did before. None do now. Sink or swim is official Obama policy. So is enriching corporate predators.

Millions of households struggle to get by. Protracted Main Street Depression conditions makes everything less affordable.

After rent or mortgage payments, healthcare coverage is the greatest burden most face.

A senior administration official spoke anonymously to avoid embarrassment, saying:

"We knew this was an important issue. We had to balance the interests of consumers with the concerns of health plan sponsors and carriers. They asked for more time to comply."

Ordinary people were thrown under the bus. It was done to benefit them. Expect lots more corporate giveaways ahead. Expect them harming consumers.

In July, administration officials announced another major one-year delay. It requires large employers provide healthcare coverage for full-time employees.

They'll do it later, not sooner. Perhaps they'll weasel out of it altogether. Obama waivers are easy to get.

Senior Obama advisor Valerie Jarrett said delay shows "we are listening" to business. Complaints about complex reporting requirements were addressed.

They don't wash. Large employers have professionals able deal with all issues. Consumer concerns don't matter. Bottom line priorities alone count.

Although both delays are unrelated, they show ACA is less than meets the eye. It falls way short of providing equitable healthcare. It's a boon to industry profiteers.

National Health Council head Myrl Weinbert said:

"The government's unexpected interpretation of the law will disproportionately harm people with complex chronic conditions and disabilities."

People with major illnesses face tens of thousands more annually in out-of-pocket costs. Unaffordability means greater pain and suffering. It risks shorter life spans.

In 2009, Obama said "limit(s) (will be placed) on how much you can be charged for out-of-pocket expenses, because in the United States of America, no one should go broke because they get sick."

In June 2009, <u>BloombergBusinessweek</u> said "(m)edical problems caused 62% of all (2007) personal bankruptcies."

Surprisingly, "78% of those filers had medical insurance at the start of their illness. Over 60% had private coverage."

Medically-related bankruptcies rose steadily for decades. In 1981, only 8% of families were affected.

Given years of protracted hard times, they're by far today's leading cause of consumer insolvency. Obama's mindless of the problem. It's far greater than when he took office.

Expect it to worsen ahead. ACA makes it more likely, not less. Consumer advocates know they're sold out. Rose garden promises were fake.

National Multiple Sclerosis Society vice president Theodore Thompson said:

"The promise of out-of-pocket limits was one of the main reasons we supported health care reform. So we are disappointed that some plans will be allowed to have multiple out-of-pocket limits in 2014."

ACA requires dental care for children. Providers can offer separate coverage. Federal rules say free-standing dental plans must have "a reasonable annual limitation on cost-sharing."

No matter. Out-of-pocket costs and co-pay limits can be delayed. Gaming ACA for greater corporate profits is official Obama policy.

Another loophole lets employers offer bare-bones plans. Minimal services are provided. Hospitalizations and surgeries can be excluded. What good's healthcare coverage without what's most needed? What good's having what doesn't help?

ACA's fundamentally flawed. Universal coverage alone works. Everyone in equitably. No one left out. Obama's fundamentally opposed. He's pro-business at the expense of consumers.

On August 7, the Wall Street Journal headlined "Members Only: How the White House is weaseling Congress out of ObamaCare," saying:

White House officials released "legal details behind its ObamaCare bailout for Members of Congress and their staffs."

Details are worse than suggested. They reflect "(i)llegal dispensations for the ruling class, different rules for the hoi polloi."

Senator Chuck Grassley's 2010 ACA amendment said "the only health plans that the Federal Government may make available" to Congress are those "offered on ObamaCare insurance exchanges."

Congressional members and aides aren't pleased. They don't qualify for ACA subsidies.

They'll lose government contributions. They get them under Federal Employees Health Care Program (FEHBP) provisions. They cover about three-fourths of premium costs.

"At President Obama's personal request, the Office of Personnel Management decreed that the Members don't have to get off the gravy train after all."

"The eat-your-own-cooking provision begins with the phrase 'Notwithstanding any other provision of law.' "

It's a giant loophole. It leaves FEGBP's 1959 law unchanged. Congressional members and staff benefit. The White House says they're entitled to enroll in FEHBP concurrently with exchanges.

Doing so excludes them from Obamacare inequity. "Millionaire senators and affluent" bureaucrats were supposed to be treated like everyone else. They were supposed to play by the same rules.

Not in America. "It would have been fairer and less corrosive to the rule of law had Congress simply passed a bill giving their workers a raise to make up for the lost compensation of dropping out of the FEHBP," said the Journal.

"But that would mean an ugly political fight that voters might notice."

"It's so much easier to slip through this political fix in August when Congress is out of session and the press corps can't wait to hit the beach."

On August 8, <u>The Hill</u> headlined "ObamaCare 'death panel' faces growing opposition from Democrats."

It's designed to limit Medicare and Medicaid costs. Congressional democrats facing tough 2014 reelection battles want Obamacare's Independent Payment Advisory Board (IPAB) repealed.

So do the American Medical Association, American Hospital Association, and other healthcare related groups.

Critics call IPAB a death panel. It gives appointed bureaucrats life and death powers. They can cut essential care when most needed.

They can stop or limit expensive treatments. They can make costs for administering them unaffordable. They can let providers charge whatever they wish.

IPAB's designed to begin when Medicare cost growth exceeds a certain level. Medicaid's affected the same way.

Appointed bureaucrats decide what's approved, what's not, what's limited, and what care costs.

Doing so rations healthcare. It doesn't matter. Congress is required to fast-track its recommendations.

ACA ostensibly precludes rationing. Reducing provider reimbursements works the same way. Healthcare providers won't offer unprofitable treatments. Patients needing them won't get them.

House and Senate IPAB repeal measures have 192 and 32 co-sponsors respectively.

In mid July, the WSJ discussed "an Obamacare board answerable to no one."

The law's "most disturbing feature may be" IPAB, it said. Letting unaccountable bureaucrats make vital medical decisions raises disturbing questions.

At stake are life and death issues. IPAB authority begins within two years. Members will control over half a trillion dollars of federal spending annually.

They're mandated to "develop detailed and specific proposals related to Medicare." They include cutting costs below a statutorily required level.

IPAB's empowered to make rules "related to" Medicare. Medicaid's affected.

ACA stipulates "no administrative or judicial review." Board decisions are nearly "untouchable."

Members are "presidentially nominated." They're Senate confirmed. They're on their own. They can only be fired for "neglect of duty or malfeasance in office."

Congress alone can overrule IPAB decisions. It can only do so through "unprecedented and constitutionally dubious legislative procedures."

Debate's restricted. Congressional committee deadlines are mandated. So are other accelerated procedures. Super-majoritarian voting's required.

"The law allows Congress to kill the otherwise inextirpable board only by a three-fifths supermajority, and only by a vote that takes place in 2017 between Jan. 1 and Aug. 15."

"If the board fails to implement cuts, all of its powers are to be exercised by HHS Secretary Sebelius or her successor."

Obama wants Medicare spending insulated from the political process. He wants bureaucrats able to make life and death decisions. He wants Medicare recipients denied care when most needed.

Authority this great is at odds with supposed separations of powers. No branch is supposed to have more than others.

It never worked that way. It doesn't now. Checks and balances are illusions. They don't exist. Democracy's a figure of speech. Government operates free style.

It does what it wants. It does so without popular approval. It does it by narrowly interpreting law. It does it fancifully. It does it extrajudicially.

It's autonomous. It's detached. It's unresponsive to popular interests. It operates in a realm of its own. It's self-serving.

It's no government of, by and for everyone. It does what it wants with impunity. It lets presidents get away with murder. It's unlikely to reverse IPAB powers.

They're "breathtaking," said the Journal. Congress relinquished its authority to unaccountable bureaucrats.

In Mistretta v. United States (1989), the Supreme Court ruled that Congress must establish an "intelligible principle."

It must "confine the discretion of the authorities to whom Congress has delegated power." Congress must take responsibility for fundamental policy decisions.

IPAB has "no such intelligible principle," said the Journal. On the one hand, ACA lets board members impose deep Medicare cuts.

On the other, it's prohibited from rationing care. Reducing provider payments achieves doing so. It forces providers to limit or stop seeing Medicare patients. The same holds for Medicaid.

Doing so denies patients care or enough of it. Expensive illnesses will be impacted hardest. Giving IPAB unaccountable powers raises disturbing questions. It "could decide to make cuts beyond the statutory target," said the Journal.

"It could require that insurers or gynecologists make abortion services available to all their patients as a condition of doing business with Medicare, or that drug companies set aside a certain percentage of Medicare-related revenues to fund 'prescription drug affordability.' "

There's no limit. IPAB's no traditional government agency. It's a power unto itself. Congress effectively abdicated. Judicial review's excluded.

Patients and providers have nowhere to turn for relief. Congress can repeal IPAB's authority. It can defund its operations.

Doing either won't be easy. It's unlikely. Patient/provider relations won't be the same. Unaccountable bureaucrats will decide what care they get, how much, and at what cost. Many will end up on their own sink or swim.

It bears repeating. Obamacare's a health rationing scheme. Patients suffer at the expense of bottom line interests.

They'll do so when treatment's most needed. They'll be denied or limited when bureaucrats

say so. They deserve better. They won't get it. Obama wants it that way.

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