

# The Risks and Perils of Obamacare

Many of those who cheered in March 2010, when the Affordable Care Act was signed into law, continue to be bamboozled by its promise. As details of the plan have emerged, however, a large number of people have changed their minds, realizing that what was pledged is an administrative and fiscal disaster, bringing higher health care costs, a severe physician shortage, and the rationing of medical services. In brief, a recipe for mediocrity.

If all you know about Obamacare is that it will provide insurance to 32 million Americans who don't have it; that patients with pre-existing conditions may not be excluded from coverage; that certain screening procedures are offered without co-payments, and that children may remain on their parents' plan until the age of twenty-six, you would have no reason to fear or oppose it. Sadly, that is exactly where the Obama White House wants you to be: in sheer ignorance of the innumerable provisions that make up the 2,700 pages of the law. A law that directs you to providers you may not choose or even like, that forces you to pay more for the services you receive and that decides what level of care is suitable for you. Most disturbingly, it is a law that subjugates your doctors' judgment-and their livelihood-to bureaucratic authority. Those whom you have come to regard as the guardians of your health will have other motives than to preserve or improve it.

If the Affordable Care Act is not socialized medicine it will of necessity lead to it, by the exercise of regulatory mechanisms and fiscal pressure. Medicine will no longer be a liberal profession, but a government job, where your physician's desire to excel in the delivery of care will cede its place to the fulfillment of government imposed requirements, the adherence to imperious rules and the fear of retribution.

In a first phase, Obamacare eliminates private physicians and consolidates the practice of medicine around hospital institutions. President Obama once promised "If you like your doctor, you can keep him." What he omitted to mention is that, sooner or later, your doctor will go out of business.

The Affordable Care Act prohibits physicians from owning hospitals and implements measures to cripple and bankrupt their practices. Drastic cuts in reimbursement and a slew of new regulations have already led to the closing of many free-standing facilities or their acquisition by neighboring hospitals. Regulations have escalated to the point that full compliance has become virtually impossible. Physicians' offices are raided on a massive scale and systematically audited to recover monies allegedly paid in wrongful billing. Impropriety is quickly adjudicated and called fraud to justify the huge fines which are then imposed. The intimidation and the resulting financial strain often lead physicians to close their practices. Auditors entreated with that task are compensated with a generous portion of the fines they collect, leaving little doubt as to their incentives. This is absurd in any free society but many physicians capitulate, in fear of retaliation. Those who contest the ruling do so at their own expense and, when victorious, can only hope to recover the fines they paid.

That state of affairs, buttressed by media sensationalism and its unrelenting attack on the medical profession, unfortunately lends credence to the notion that physicians are somehow responsible for Medicare's fiscal insolvency, a ridiculous notion, but one that furthers the Obama administration's agenda to strip them of practice ownership and make them employees. Many have already resigned themselves to the new fiscal reality and hasten to avert the inevitable collapse. As they quietly surrender their practices for a hospital job, often in bitterness and depression, they put a pragmatic face on their decision. They soon find themselves trapped into roles they never wanted or felt prepared to assume. They become demoralized, sometimes rancorous, as they enter a world ruled by bureaucrats who, generally, don't have a fraction of their education, their training or their experience. Yet, a hospital CEO typically earns north of a million dollars, sometimes several million. Other administrators are also generously remunerated but an internist can only hope for a \$150,000 annual salary.

Medical education and training is an arduous and lengthy process, requiring anywhere between seven and thirteen years after college, and its cost is exorbitant. Few students faced with the prospect of a career under Obamacare will

sacrifice their youth to study medicine, while incurring a greater than \$200,000 debt. First year earnings are often higher for MBA and law school graduates than for primary care physicians, with four or five fewer years committed to the study of their discipline, and their quality of life is certainly more appealing. They don't work evenings, weekends or holidays, and rarely, if ever, do they have to face a lawsuit.

It should therefore come as no surprise that, according to a recent survey, nine out of ten physicians currently dissuade their children from pursuing a career in medicine. The desirability of a medical career is nowhere better reflected than in the plummeting number of applications to medical school during the last generation. The quality of medical education will undoubtedly decline and the AAMC (Association of American Medical Colleges) predicts that by the year 2025, there will be a physician shortage of 160,000. What that means is that nearly one of five people will have insurance coverage but no access to health care. The reality is probably even bleaker, as disillusioned physicians, by then all employees, will have cut their hours, become less efficient and less productive, lost their desire for excellence and taken early retirement.

When health care is not accessible, many will have to go without it, suffer or die. When physicians cannot be found in their offices and a growing population who demands care cannot be served, emergency rooms will be flooded, crowding out the critically ill, and lines will form at their doors. Those who were around in the late 1970s will remember with bitter nostalgia the long lines that formed at gas stations during the Carter years.

What happens when a physician's practice is acquired by a hospital is that the cost of health care soars. So much so that you will quickly long for the days when a mammogram and a screening colonoscopy entailed a small co-payment. Hospitals are compensated by Medicare and private insurers at rates far higher than the modest payments made to private physicians. For example, a routine visit which runs seventy dollars at your private doctor's office will cost over \$120.00 when that office becomes part of the hospital outpatient department. An echocardiogram, which costs \$373.00 in a cardiologist's office may bring in \$1,600.00 when that office enjoys the hospital outpatient designation. A colonoscopy, reimbursed at a flat facility fee of \$350 in an ambulatory center, easily reaches three times that amount when charges are itemized under the hospital label.

In today's economic reality, most patients with private insurance have large deductibles, ranging from \$2,000 to \$5,000 dollars. The increased cost burden incurred by hospital billing becomes the patient's responsibility until the deductible is met and, even after that, co-payments remain considerably higher. Insurance premiums will therefore continue to rise, to accommodate the higher charges, and will set the stage for rationing. There just isn't enough money to go around.

Yet even so, Obamacare will continue forcing physicians out of their practices, by pressuring them to join accountable care organizations (ACO), and that will effectively dismantle the patient-physician relationship. The ACO is a new government-imposed structure, a group of physicians, in charge of delivering care to a certain population of patients. Its stated goal is to improve quality, by the fulfillment of preset criteria, and cut cost, by coordinating care amongst physicians and eliminating waste. ACO's indeed have a financial incentive in cutting cost as they retain a portion of the savings they realize. Accordingly, physicians will find themselves in the uncomfortable position of denying care in the name of fiscal responsibility. Their obligation to their patients may be compromised by their loyalty to the group and the pressure to save may overtake the commitment to heal. Inferior care will rear its ugly head and frown upon unwilling partners in this new pact of negotiable morality.

We will thus have established a new standard, one that the government will hail as thoughtful and well proportioned, that hospital administrators will label as coordinated and aptly delivered, and that regulators and accreditation agencies will honor as compliant. Regardless, the rest of us will recognize the new standard for what it really is: medical mediocrity.

Contrary to what its name suggests, the Patient Protection and Affordable HealthCare Act neither protects patients nor is affordable. It only protects a new mammoth bureaucracy created to

enforce the law by pilfering precious healthcare dollars. Innumerable agencies and boards will rise to administer those changes, i.e. provide insurance coverage to residents of each state, including illegal immigrants, and no fewer than 16,500 new IRS agents will be hired to monitor abidance by the law. Hundreds of billions of taxpayer dollars will be seized from the Medicare fund and squandered to support the new bureaucracy, seriously imperiling the treatment of seniors. And if that were not enough, the law imposes scores of new taxes and tariffs on individuals and businesses, most of which will hit the middle class.

Furthermore, patients are far from protected. In fact, their rights are trampled upon as new paradigms are applied to the management of their health and they are forced to pay for services they find morally reprehensible.

Supporters of the bill, including our congressional representatives, were dangerously misinformed about its contents and its devastating effects. The president and his allies preached that universal coverage was a moral issue but were careful to avoid discussion regarding the methods they would use to achieve it and the bleak future those methods portend on the quality of care, not to mention the economy. They wanted you to believe that just because the idea was good, the bill was sound.

We would like to remind those fervent believers that support of the Arab Spring also seemed honorable and lofty but its execution proved foolish and calamitous. Those naive enough to trust the unfailing wisdom of government surely remember that sub-prime lending allowed many to achieve the American dream but led to the largest financial crisis in recent history. Misplaced generosity ushered the way to collective insolvency. Not only did the beneficiaries pay dearly but society went down with them. The plan was ill-conceived, its prosecution bungled. Similarly, not only will the health care law fail to bring good medicine to the newly insured, it will deprive everyone else of the quality care they have so far enjoyed.

"If what Romney and Ryan say about Medicare is true, how come our plan is endorsed by the AMA (American Medical Association), the 'national' American Hospital Association and, most importantly, the AARP (Association of American Retired Persons)", challenged Vice-President Biden in a recent campaign speech in Fort Myers, to an innocent and cheering group of supporters. Were they to infer that those organizations, perhaps by virtue of their names, are somehow the defenders of our rights, the guarantors of our morality? AARP is in the business of selling insurance and expects large profits from Obamacare's onslaught on Medicare Advantage plans. Hospitals, the big winners in the Health Care Act, will see their coffers swell as doctors become their employees and patients pay more for services. Even catholic hospitals have embraced the law, while the Catholic Church is suing the federal government over it. As to the American Medical Association, far from representing physicians, with fewer than 17% holding membership, it survives on government funds. Mr. Vice-President, we are not stupid.

In her address at the Democratic National Convention, Health and Human Services Secretary Sibelius declared that, for Democrats, Obamacare was a "badge of honor". But if it is so wonderful, why have so many companies and organizations been exempted from it? Secretary Sibelius' words betray her true sentiments, for the passage of the Affordable Care Act was purely a political victory, achieved solely by one party, without a single vote on the other side of the aisle. Such a political victory was hardly a way to bring the country together. It is fiscally catastrophic, the ruin of Medicare as we know it and, what is worse, the harbinger of the most dreaded consequence in a country where health care has been the envy of the world: medical mediocrity.

Last year, Ohioans voted by a two-third majority to opt out of Obamacare. Today, that majority would be even greater. By 2015, when the law is fully implemented, ACOs have burgeoned around the country, to which patients are assigned without their knowledge, the IPAB (Independent Payment Advisory Board) is rendering decisions on the care to which you are entitled, and doctors are totally demoralized, few if any, will want the law upheld. The law must be repealed. Unfortunately, that will be impossible if President Obama is elected to a second term.

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