

LIVES AT RISK: How the Obama Health Care Plan will ration your family's medical treatment

On March 23, 2010 President Obama signed into law an unpopular, anti-life healthcare restructuring plan, passed by the slimmest of margins. Congresswoman Kathy Dahlkemper (D-PA3), Senator Bob Casey, Jr. (D-PA) and Senator Arlen Specter (D-PA) voted for this legislation.

If the Obama Health Care Rationing Law is not repealed by 2013, before its most dangerous provisions come into effect, the result will be the rationing and denial of lifesaving medical treatment and consequent premature and involuntary death for an unknown but immense number of Americans.

It is imperative that between now and 2013 the American people learn the facts needed to counter the smokescreen of misinformation surrounding "ObamaCare."

A POWERFUL RATIONING COMMISSION

Under the Obama Health Care Law, doctors and hospitals will no longer be free to determine, in consultation with the patient, what treatment and diagnostic tests are best suited to the patient's condition. Instead, as a condition for being allowed to contract with qualified health insurance plans, all doctors and other health care providers will have to comply with "quality and efficiency" standards imposed by Washington with the objective of forcing private health care spending below the rate of medical inflation.

Here's how it will work. A powerful "Independent Payment Advisory Board" is charged with the duty of bringing private health care spending below the rate of medical inflation. It is directed to make recommendations to achieve this on January 15, 2015 and every two years thereafter. Based on these recommendations, the federal

Department of Health and Human Services is authorized to impose "quality and efficiency" standards on all health care providers.

HOW RATIONING WILL BE IMPOSED

The Commission's recommendations are to be ones "that the Secretary [of Health and Human Services] or other Federal agencies can implement administratively." In turn, the Secretary of Health and Human Services is empowered to impose "quality and efficiency" measures on health care providers – standards your doctor must follow in order to participate in any qualified health insurance plan and get paid for services provided.

WHAT THIS MEANS FOR YOUR FAMILY

In practice, this means ever-increasing limits on the treatments and tests American health care providers will be allowed to give their patients. As the standard of medical care is strangled more and more year after year, the denial of sought-after lifesaving treatment will become commonplace.

Basically, doctors, hospitals, and other health care providers will be told by Washington just what diagnostic tests and medical care are considered to conform with the latest "quality and efficiency" standards – not only for federally funded programs like Medicare, but also for health care paid for by private citizens and their nongovernmental health insurance.

These standards will be specifically designed to limit what ordinary Americans may choose to spend on health care. Treatment that a doctor and patient deem necessary or advisable to save that patient's life or preserve or improve the patient's health but which runs afoul of the imposed standards will be denied,

even if the patient is willing and able to pay for it.

In effect, there will be one uniform national standard of care, established by Washington bureaucrats and set with a view to limiting what private citizens are allowed to spend on saving their own lives.

LIMITING THE RIGHTS OF SENIORS

The multi-billion dollar cuts in Medicare to finance the Obama Health Care Law have been well-publicized. Less well known is that the law specifically empowers Washington bureaucrats to keep senior citizens from using their own money to try to offset these cuts.

Under the law previously in effect – as a result of 2003 Medicare revisions championed by the pro-life community – older Americans who chose to do so were permitted to add their own money on top of the government's Medicare contribution in order to purchase private insurance (known as Medicare Advantage private-fee-for-service plans) less likely to deny treatment. However, the new law empowers bureaucrats in the Department of Health and Human Services to refuse to permit such plans to be offered, preventing senior citizens from seeking to escape rationing by making up the shortfall with their own hard-earned and carefully saved funds.

Additional information and documentation:
www.nrlc.org/healthcarerationing

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Lives at Risk

***What the Obama Health
Care Plan means for you
and your loved ones***
