

ACTION ALERT!

STEALTH EUTHANASIA AS PRESCRIBED BY OBAMACARE

The Stealth Euthanasia Symposium presented by six co-sponsoring organizations at Biola University on November 23, 2013 focused heavily on medical malpractice observed in hospitals, nursing homes, and hospice that lead to imposed death. The symposium exposed those relatively few rogue medical practices which are so egregious that they could infect and discredit the noble medical profession that has stood by its credo of “Do no harm” for over two millennia.

What was not addressed at the Symposium is the far more subtle and vastly more encompassing form of stealth euthanasia administered through the Patient Protection and Affordable Healthcare Act of 2010, commonly known as Obamacare. That form of stealth euthanasia is *medical treatment rationing*. This is succinctly explained in “Obamacare Routes to Rationing” produced by the Robert Powell Center for Medical Ethics at the National Right to Life Committee, January 2014, from which much of the following material has been obtained. To read more about the mechanisms of Obamacare rationing in the original paper with extensive references, go to <http://www.nrlc.org/uploads/medethics/ObamacareRoutestoRationing.pdf>

Euthanasia, stripped of its euphemisms, comes down to the death of an individual caused or hastened by another or other individuals. Obamacare fulfills this criterion of euthanasia through state-control of medical treatment in the following ways.

1) Obamacare imposes a 40% excise tax on “excess benefit” health insurance premiums, beginning in 2018. It is designed to create a tax disincentive to suppress private, nongovernmental (employer) health care spending beyond a governmentally imposed limit, and that limit is indexed to general rather than health care inflation. General inflation is about half of medical inflation, which is comparatively high-end labor intensive. Surgeons and nurses are not as readily replaced with robots as might be done in assembly line work. To avoid this excess benefits tax, less costly medical procedures will be provided that cannot match life-saving procedures available today and people who could have been cured will die. This is stealth euthanasia through medical treatment rationing.

2) Obamacare insurance exchanges limit your right to use your own money to save your family members’ lives. The exchanges were designed to be marketplaces through which individuals and employees could select their health insurance plan for the next year. The original idea for exchanges was to allow comparison-shopping among all insurance plans that provided basic benefits. Under Obamacare, however, consumers may only choose plans offered by insurers that do not allow their customers to spend more than what government bureaucrats deem an “excessive or unjustified” amount for their health insurance. This means that health insurance plans offered in the exchanges typically have narrow panels of available health care providers that exclude specialist doctors and healthcare centers with a high reputation of successful, effective life-saving medical treatment. This is stealth euthanasia through medical treatment rationing.

3) Obamacare impacts Medicare and limits senior citizens’ right to use their own money to save their own lives. According to an August 2010 Congressional Budget Office estimate, Obamacare will cut \$555 billion from Medicare over the next ten years. Concurrently, as the baby boom generation retires, there will be fewer workers to sustain increasing Medicare cost, which is paid for by payroll taxes. The result is that the amount of money available for each Medicare beneficiary will shrink significantly. The shortfall could be made up by a dramatic increase

in taxes (unpopular), Medicare rationing (increased deaths), or voluntary premium payments by senior citizens. However, Obamacare allows Washington bureaucrats *to prevent older Americans from making up the Medicare shortfall with their own funds—taking away their right to spend their own money to save their own lives.* How does this happen?

Through legislative changes in 1997 and 2003 a “private fee-for-service” option was created in Medicare under which senior citizens could choose health insurance whose value was not limited by what the government might pay toward it. These Medicare Advantage (MA) plans could set premiums and reimbursement rates for health care providers without upward limits imposed by government regulation. Such plans would not be forced to ration treatment, as long as senior citizens were free to choose to pay more for them. Obamacare indirectly amended the section in the pre-existing law allowing these plans to set their premiums without approval by the Centers for Medicare & Medicaid Services (CMS) by adding, “Nothing in this section shall be construed as requiring the Secretary [of Health and Human Services] to accept any or every bid submitted by an MA organization under this subsection.” Therefore, CMS may now refuse to allow senior citizens the choice of private-fee-for-service plans that charge what CMS regards as premiums that are too high. Indeed, the provision literally authorizes CMS, if it decides to do so, to refuse to allow private-fee-for-service plans altogether. Thus, this provision could eliminate the only avenue that senior citizen may use to escape rationing—using their own money to save their lives. This is stealth euthanasia through medical treatment rationing.

4) Obamacare will limit what healthcare providers can do to save the lives of your family members. An 18-member “Independent Payment Advisory Board” is given the duty, on January 15, 2015 and every two years thereafter, with regard to *private* (not just governmentally funded) health care, to make “recommendations to slow the growth in national health expenditures” *below* the rate of medical inflation. 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 hospitals, requiring them to report on their compliance with them. Essentially, doctors, hospitals, and other health care providers can be told by Washington just what diagnostic tests and medical care are considered to meet “quality and efficiency” standards. These standards will be enforced not just for health care paid for by federally funded programs like Medicare, but also for health care paid for by private citizens and by the health insurance they or their employers purchase. In effect, Washington bureaucrats can create one uniform, national standard of care, established by Washington bureaucrats, that is designed to limit what private citizens are allowed to spend to save their own lives. This is stealth euthanasia through medical treatment rationing.

TAKE ACTION!

Contact your U.S. Representative and both U.S. Senators and implore them to reject Obamacare since it results in rationed medical treatment and could prevent people from paying for their own life-saving medical treatment.

Sen. Barbara Boxer: 213-894-5000, 202-224-3553, 202-224-0357 fax

Sen. Diane Feinstein: 310-914-7300, 310-914-7318 fax, 202-224-3841, 202-228-3954 fax

Your Representative: <http://www.house.gov/representatives/find/>