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## **Inoculation needed against health care myths**

It has been an interesting week in Washington for health care reform. After a few hiccups as the Blue Dog group of conservative Democrats sought to exercise their power to simultaneously extract more Medicare benefits for their (mostly rural) communities and cut the cost of the bill, the House Energy and Commerce Committee today voted the bill out of committee. There will be some changes made to the bill before it goes to the House floor, but the hope is that these will improve rather than diminish the bill.

However the efforts of the Senate Finance Committee are faltering as all the evidence suggests that the compromises made will lose both liberal Democrats and conservative Republicans, and the Republican leadership is putting increased pressure on the three Republican Senators involved in developing the bill to withdraw from this bipartisan process.

Lawmakers of both parties and all stripes will go home for the August break to face a barrage of questions from constituents and media advertising from proponents and opponents of the many provisions in the bill.

Recent polls highlight that what Americans think about health care reform depends on what they are told about it; the more they know, the more they like it. For example, this week's WSJ/NBC poll showed that, when asked "From what you have heard about Obama's health care plan, do you think it's a good idea?" only 36% thought it was, with 22% undecided and 42% thought it was a bad idea. But when given several details of the proposal, 56% said they favoured the plan, compared to 38% opposed to it.

The President and Democrats must now begin the process of inoculating their constituents against the false messages that abound.

These include:

The bill is really about socialized medicine and the government takeover of health care, so the US will end up with a health care system like the UK or Canada. It seems that Americans believe every bad story they hear about health care systems elsewhere around the world, and you often hear Medicare recipients, oblivious to the irony, argue that they don't want the Government running their health care program.

The provisions in the bill that relate to comparative effectiveness (considered a nicer term than cost effectiveness, but still red rag to a bull) are attempts to ration care, intervene in the relationship between doctor and patient and deprive patients of treatments that would

keep them alive. Every Republican has a story about how someone died in the UK because the National Institute for Clinical Excellence denied them treatment. Presumably if they knew more about Australia there would be stories about the PBAC and MSAC too. In both the House and the Senate there have been multiple attempts to excise these provisions from the bill. They failed, but the Secretary of HHS is now constrained by language which says none of the data generated by the new Center for Comparative Effectiveness Research can be used to limit health cover or ration care. It's ironic that people who are most opposed to comparative effectiveness are generally most supportive of the for-profit health insurance industry, medical liability reform, and cutting the cost of federally-funded health care services.

The bill will mandate abortions and euthanasia. Despite the fact that the bill does nothing to change the current provisions that preclude the use of federal funds for abortion, and do not require health insurance funds to provide abortions, this has been an over-riding concern for conservatives. The issue about euthanasia arises because the bill provides Medicare reimbursement for a doctor or nurse practitioner to consult with a patient about 'advance care planning' which can help patients make their own decisions about end-of-life treatments. Such consultations can only be reimbursed in those states which medical directives are legal. Patients are not required to take advantage of the benefit or to sign a directive or living will at the end of the consultation.

The bill will use federal money to pay for the health care of illegal immigrants. Regrettably, this is not the case. All federally funded programs already require proof of citizenship for participation, and the bill has some tough language that says that financial assistance to help people purchase health cover is not available to individuals who are not lawfully present in the country.

The bill will bankrupt the federal budget. This is probably the biggest myth of all. The US currently spends \$2.5 trillion / year on health care, and the bill costs \$1 trillion / 10 years. Provisions in the bill ensure that it is fully paid for - even the Congressional Budget Office agrees on that now.

Enormous progress has been made against some tough odds. But health care reform is a long way from reality, and there is still plenty of room for things to go wrong. Stay tuned.

