

Health Care Questions for Your Congressperson

Part I

Members of Congress will be home next week for a month-long recess. This will provide an excellent opportunity for citizens to query them on the subject of the Obama-Kennedy-House Democrat health care bill.

There are actually three huge bills under intense development. The Democrats' game is to cobble together some collection of provisions that will attract enough votes to pass their respective chambers. Then in the House-Senate conference, their leadership and the Obama Administration will reshape the package into what they want, and twist arms until enough Democrats agree to vote to enact it

Here are twelve questions that concerned citizens should pose to their Congresspersons:

PENALTIES: The bills impose an individual mandate on me to buy health insurance approved by the Federal government. What will happen to me if I don't go along? Fines? Wage garnishment? Jail? Will these penalties also apply to millions of illegal aliens, or will they apply only to American citizens and legal aliens?

EMPLOYER MANDATES: The bills impose a mandate on most businesses to pay for employee health insurance containing "essential benefits" approved by the federal government. If the businesses don't do so, they'll be required to pay a fine. How many small businesses in Vermont will shrink their operations, or go under, rather than pay this new penalty?

KEEPING PRIVATE PLANS: President Obama said that if I am happy with my coverage, I can keep it "no matter what". Now we learn that I can keep it until my employer changes or drops it, or until I change employers, or until I try to buy individual insurance. Will you stand behind the President's initial promise, or will you support Congress's action to break it?

UNION PREFERENCE: The bills contain a provision allowing health insurance plans bargained by labor unions to continue unchanged - while nonunion workers are threatened with loss of coverage. Is this preference for unionized workers a result of Labor's strong support of Obama and the Democrats in the last election? Do you support the exemption?

INCREASE IN DEFICIT: President Obama has said he won't support a health care reform bill that will add to our exploding deficit. The Congressional Budget Office says this bill will bend the Federal health care expenditure curve up, not down. Will you vote against any bill that fails President Obama's requirement that it will not add to our deficit?

UNFUNDED MANDATE: Governors of both parties have strongly objected that the bill's mandated expansion of Medicaid will put an intolerable fiscal burden on struggling state treasuries and state taxpayers. Will you vote against any bill containing this very costly unfunded mandate?

RATIONED CARE: The bill includes provisions for Federally-designed “comparative effectiveness research”. This is intended to require health care providers to deny health care to elderly citizens, people with disabilities, and others the health of whom certain appointed experts think is not worth improving. Will you oppose any bill that contains such a provision?

ABORTIONS: The bill requires that “qualified” health insurance plans include all “essential benefits” determined by federal bureaucrats. Democratic majorities have already voted down amendments to exclude elective abortions from the list of “essential benefits”. That means that for the first time taxpayers will be required to subsidize elective abortions. Will you vote for a bill requiring taxpayer financing of elective abortions?

INFLUENCE OF LAWYERS: Exploding medical malpractice claims, fueled by the plaintiff’s bar, are driving doctor and hospital malpractice insurance premiums ever upward. Why are there no provisions in any of the bills to ameliorate this problem, which is driving doctors out of practice? Is it because the plaintiff’s bar contributes millions of dollars to the leading sponsors of this legislation?

GOVERNMENT MONOPOLY: The bill contains a “public option”, a government-run insurance company “to keep the private insurers honest.” Will this government-run company pay taxes, pay for its own revenue collection and marketing costs, and pay market interest rates on its debt? Or will it enjoy government backing that will enable it to undersell its private competitors, swallow up their customers, and become a new “Medicare for Everybody”?

MEDICARE: Speaking of Medicare, the system is \$36 trillion out of actuarial balance and will run out of hospitalization benefit funds by 2017. How will the government-run “public option” insurance company avoid turning into another Medicare basket case? And how will our senior citizens on Medicare continue to get medical services?

WILL YOU TAKE PUBLIC PLAN: Finally, as a supporter of this “public option” plan, are you willing to transfer your family and your staff’s families out of the existing Federal Employees Health Benefit Plan, with its choices of many private insurers, into the new government plan? If not, why won’t it be good enough for you?

Part II Below

LINE BY LINE ANALYSIS

Pg 16: SEC. 102, lines 3-26, PROTECTING THE CHOICE TO KEEP CURRENT COVERAGE: Outlaws private insurance by forbidding enrollment after HR 3022 is passed into law.

Pg 21-22: SEC. 113. INSURANCE RATING RULES of the HC Bill MANDATES the Government will audit books of ALL EMPLOYERS that self insure!!

Pg 29, SEC. 122, ESSENTIAL BENEFITS PACKAGE DEFINED: On lines 4-16... Your health care is rationed!

Pg 30, SEC. 123, HEALTH BENEFITS ADVISORY COMMITTEE: There will be a government committee that decides what treatments/benefits you get.

Pg 42, SEC. 142, DUTIES AND AUTHORITY OF COMMISSIONER: The Health Choices Commissioner will choose your health care benefits for you. You have no choice!

PG 50-51, SEC. 152, PROHIBITING DISCRIMINATION IN HEALTH CARE: Health care will be provided to ALL NON-US citizens, here legally or otherwise.

Pg 58, SEC. 163, ADMINISTRATIVE SIMPLIFICATION: Government will have real-time access to individual's finances and a National ID Health Card will be issued!

Pg 59, SEC. 163, Lines 21-24, ADMINISTRATIVE SIMPLIFICATION: Government will have direct access to your BANK ACCOUNTS for electronic funds transfer. This means the government can go in and take your money right out of your bank account.

PG 65, SEC. 164, REINSURANCE PROGRAM FOR RETIREES: A subsidized plan for Union retirees and their families, and to community organizations (think ACORN).

Pg 72, SEC. 201, Lines 8-14, ESTABLISHMENT OF HEALTH INSURANCE EXCHANGE; OUTLINE OF DUTIES; DEFINITIONS: Creates an "Exchange" to bring private health care plans under Government control.

PG 84. SEC. 203, BENEFITS PACKAGE LEVELS: Government mandates ALL benefit packages for private health care plans in the Exchange.

PG 85, SEC. 203. BENEFITS PACKAGE LEVELS Line 7 HC Bill - SPECIFICATION OF BENEFIT LEVELS FOR PLANS = The Government will ration your Healthcare!

PG 91: SEC. 204, Lines 4-7, CONTRACTS FOR THE OFFERING OF EXCHANGE-PARTICIPATING HEALTH BENEFITS PLANS: Government mandates linguistic appropriate services. (Example - Translation for illegal aliens!)

Pg 95, SEC. 205, Lines 8-18, OUTREACH AND ENROLLMENT OF EXCHANGE-ELIGIBLE INDIVIDUALS AND EMPLOYERS IN EXCHANGE-PARTICIPATING HEALTH BENEFITS

PLAN: The Government will use groups (i.e., ACORN and Americorps) to sign up individuals for Government plan.

PG 102, SEC. 205, Lines 12-18, OUTREACH AND ENROLLMENT OF EXCHANGE-ELIGIBLE INDIVIDUALS AND EMPLOYERS IN EXCHANGE-PARTICIPATING HEALTH BENEFITS PLAN: Medicaid Eligible Individuals will be automatically enrolled in Medicaid. No choice!

PG 124, SEC. 223, lines 24-25, PAYMENT RATES FOR ITEMS AND SERVICES: No company can sue the GOVERNMENT on price fixing. No “judicial review” against Government Monopoly!

PG 127, SEC. 225, Lines 1-16, PROVIDER PARTICIPATION, DOCTORS / AMA: The Government will dictate the income of doctors and other health care professionals.

PG 145, SEC. 312, Line 15-17: EMPLOYER RESPONSIBILITY TO CONTRIBUTE TOWARDS EMPLOYEE AND DEPENDENT COVERAGE: An Employer MUST auto enroll employees into public option plan. NO CHOICE!

PG 146, SEC. 312, Lines 22-25, EMPLOYER RESPONSIBILITY TO CONTRIBUTE TOWARDS EMPLOYEE AND DEPENDENT COVERAGE: Employers MUST pay health care coverage for PART-TIME employees AND their families.

PG 149, SEC. 313, Lines 16-24, EMPLOYER CONTRIBUTIONS IN LIEU OF COVERAGE: ANY Employer with payroll of \$400,000 and above, who does not provide public option, will pay an 8 percent tax on all payroll.

PG 150, SEC. 313, Lines 9-13, EMPLOYER CONTRIBUTIONS IN LIEU OF COVERAGE: A business having a payroll between \$251K – \$400K, who does not provide the public option, must pay a 2 – 6 percent tax on all payroll.

PG 167, SEC. 401, Lines 18-23, TAX ON INDIVIDUALS WITHOUT ACCEPTABLE HEALTH CARE COVERAGE: ANY individual, who does not have acceptable health care, according to the Government, will be taxed 2 – 5 percent of their of income.

PG 170, SEC. 401, Lines 1-3, TAX ON INDIVIDUALS WITHOUT ACCEPTABLE HEALTH CARE COVERAGE: Any NONRESIDENT Alien is EXEMPT from individual taxes. (Americans will pay)

PG 195, SEC. 421, CREDIT FOR SMALL BUSINESS EMPLOYEE HEALTH COVERAGE EXPENSES: Officers and employees of the health care administration (GOVERNMENT) will have access to ALL Americans financial and personal records!

PG 203: SEC. 441, Line 14-15, SURCHARGE ON HIGH INCOME INDIVIDUALS: “The tax imposed under this section shall not be treated as tax” It actually states that in writing!

PG 239, SEC. 1121, Line 14-24, SUSTAINABLE GROWTH RATE REFORM: Government will reduce physician services for Medicaid. Seniors, low income, poor affected.

Pg 241, SEC. 1121, Line 6-8, SUSTAINABLE GROWTH RATE REFORM: Doctors, it does not matter what specialty you have, you will all be paid the same.

PG 253, SEC. 1122, Line 10-18, MIS-VALUED CODES UNDER THE PHYSICIAN FEE SCHEDULE: Government will set value of Doctor's time, professional judgment, etc. Literally, the government will determine the value of humans (The philosophy of Karl Marx)

PG 265, SEC. 1131, INCORPORATING PRODUCTIVITY IMPROVEMENTS INTO MARKET BASKET UPDATES THAT DO NOT ALREADY INCORPORATE SUCH IMPROVEMENTS. Government will mandate and control productivity for private health care industries.

PG 268, SEC. 1141, RENTAL AND PURCHASE OF POWER-DRIVEN WHEELCHAIRS. Federal Government will regulate rental and purchase of power driven wheelchairs

PG 272, SEC. 1145, TREATMENT OF CERTAIN CANCER HOSPITALS: Cancer patients, welcome to rationing!

PG 280, SEC. 1151, REDUCING POTENTIALLY PREVENTABLE HOSPITAL RE-ADMISSIONS The Government will penalize hospitals for what Government deems preventable re-admissions.

PG 298, SEC. 1151, Lines 9-11, REDUCING POTENTIALLY PREVENTABLE HOSPITAL RE-ADMISSIONS: If doctors treat a patient during initial admission, that results in a readmission... the Government will penalize them.

PG 317, SEC. 1156, Lines 13-20, LIMITATION ON MEDICARE EXCEPTIONS TO THE PROHIBITION ON CERTAIN PHYSICIAN REFERRALS MADE TO HOSPITALS: Incredible! A PROHIBITION on ownership and investment! Government will tell doctors "what and how" much they can own!

PG 317-318, SEC. 1156, Lines 1-3 and 21-25, LIMITATION ON MEDICARE EXCEPTIONS TO THE PROHIBITION ON CERTAIN PHYSICIAN REFERRALS MADE TO HOSPITALS: A A PROHIBITION on expansion - Government is mandating hospitals cannot expand!

PG 321, SEC. 1156, Lines 2-13, LIMITATION ON MEDICARE EXCEPTIONS TO THE PROHIBITION ON CERTAIN PHYSICIAN REFERRALS MADE TO HOSPITALS: Hospitals have option to apply for exception BUT community input required. Can you say ACORN?

PG 335, SEC. 1162, Lines 16-25 and Pg 336-339, QUALITY BONUS PAYMENTS: Government mandates establishment of outcome-based measures. Health care the way they want, aka... rationing.

PG 341, SEC. 1162, Lines 3-9,. QUALITY BONUS PAYMENTS: Government has authority to disqualify Medicare Advantage Plans, HMOs, etc., thus forcing people into Government plan.

PG 354: SEC. 1177, EXTENSION OF AUTHORITY OF SPECIAL NEEDS PLANS TO RESTRICT ENROLLMENT: Government will RESTRICT enrollment of Special needs people!

PG 379, SEC. 1191, TELEHEALTH EXPANSION AND ENHANCEMENTS: Government creates more bureaucracy, the Telehealth Advisory Committee. Can you say health care by phone?

PG 425, SEC. 1233, Lines 4-12, ADVANCE CARE PLANNING CONSULTATION: Government mandates Advance Care Planning Consultations. Think Senior Citizens end of life

PG 425, SEC. 1233, Lines 17-19, ADVANCE CARE PLANNING CONSULTATION Government will instruct and consult regarding living wills, and durable powers of attorney. This is Mandatory!

PG 425, SEC. 1233, Lines 22-25, PG 426, Lines 1-3, ADVANCE CARE PLANNING CONSULTATION: Government provides approved list of end of life resources, guiding you in death!

PG 427, SEC. 1233. Lines 15-24, ADVANCE CARE PLANNING CONSULTATION: Government mandates program for orders for end of life. The Government has a say in how your life ends!

PG 429, SEC. 1233, Lines 1-9, ADVANCE CARE PLANNING CONSULTATION: An “advance care planning consultant” will be used frequently as patients health deteriorates. Can you say government-induced euthanasia?

PG 429, SEC. 1233, Lines 10-12, ADVANCE CARE PLANNING CONSULTATION “advance care consultation” may include an ORDER for end of life plans. AN ORDER from Government!

PG 429: SEC. 1233, Lines 13-25, ADVANCE CARE PLANNING CONSULTATION: The Government will specify which doctors can write an “end of life” order.

PG 430, SEC. 1233, Lines 11-15, ADVANCE CARE PLANNING CONSULTATION: The Government will decide what level of treatment you will have at end of life.

PG 469, SEC. 1302, MEDICAL HOME PILOT PROGRAM: Community Based Home Medical Services equals Non profit organizations. Hello, ACORN Medical Services here?

PG 472, SEC. 1302, Lines 14-17, MEDICAL HOME PILOT PROGRAM PAYMENT TO COMMUNITY-BASED ORG: 1 monthly payment to a community-based organization...like ACORN?

PG 489, SEC. 1308, COVERAGE OF MARRIAGE AND FAMILY THERAPIST SERVICES AND MENTAL HEALTH COUNSELOR SERVICES: The Government will cover Marriage and Family therapy... They will insert Government into your marriage!

Pg 494-498, SEC. 1308, COVERAGE OF MARRIAGE AND FAMILY THERAPIST SERVICES AND MENTAL HEALTH COUNSELOR SERVICES: Government will cover Mental Health Services, including defining, creating, and rationing those services.