Estimate of the Situation

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The Affordable Care Act (and other fables)

Mr. Chief Justice Roberts, allow me to introduce you to Humpty Dumpty. You two have much in common. Just consider this dialogue from Lewis Carroll's classic, *Through the Looking Glass*.

"When I use a word,' Humpty Dumpty said in rather a scornful tone, 'it means just what I choose it to mean — neither more nor less.'

'The question is,' said Alice, 'whether you can make words mean so many different things.'

'The question is,' said Humpty Dumpty, 'which is to be master — that's all."

Chief Justice John Roberts certainly agrees with—and employs--Humpty Dumpty's approach to the use of language and apparently knows "which is to be master". Unfortunately, this latest episode of creative jurisprudence follows the deceit-driven trajectory that has accompanied the ACA from its inception.

- It was designed in secrecy by a coterie of dishonest politicians and policy wonks (viz. MIT Professor Jonathan Gruber) whose contempt for the truth and the American people was openly admitted on videotape.
- It was enacted by a Congress that never read it.
- It was deliberately and repeatedly misrepresented to the public by no less a person than the President of the United States ("you can keep your hospital and your doctor").
- Somehow along the way, the "affordable" part of the "Affordable Care Act" seems to have gone missing. On July 3rd, *The New York Times* reported that health insurance companies will once again be seeking <u>huge rate increases</u> (20% to 40%).

The ACA's proponents believe (hope) that the recent SCOTUS decision will foreclose further debate. Unfortunately for them, facts are stubborn things. The iron rules of economics are as immutable as gravity and the Third Party Payer System is unsustainable because of them. Since its enactment, the ACA has severely damaged the private practice of primary care medicine; forced the closure of small rural hospitals and threatened the survival of many others, wreaked havoc on the economies of small cities and towns; and spawned an epidemic of consolidation creating monopolies and near monopolies for the benefit of large "consolidated" health care" systems and insurers. *National Public Radio* reported on July 6th that <u>Aetna is acquiring Humana</u> and that other major insurers are considering consolidation.

What will happen, one wonders, when a completely unsuspecting public comes to realize that "value-based purchasing" and "pay-for-performance" are designed to force everyone into thinly disguised HMOs at the point of a federal gun? Inasmuch as "providers" are being financially incentivized to avoid treating those patients most at risk for adverse outcomes, the people who will ultimately suffer will be those most in need of care, the elderly, the chronically ill, and the very poor. The silent acquiescence of hospital and physician "leaders" in the face of these events is inexplicable. Have we really reached the point at which *anything* imposed upon hospitals and physicians by the Third Party Payer System will be quietly accepted, even actions that pose an existential threat to institutional survival and ethical principles? Perhaps the first six minutes of this YouTube video may hold a partial answer. I suggest that you turn up the sound and think about it.

