

National Health System Reform

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The Louisiana State Medical Society (LSMS) believes reform of the nation's health care system is long overdue and we are extremely pleased the debate on reform is now underway in the Congress. We share your concerns about the availability of quality health care coverage for all Americans, multiple choices of health care financing mechanisms in an open market setting, affordable and portable coverage options, and the elimination of fraud and abuse that siphons precious resources needed to assure the continued viability of the delivery systems.

We have examined the current proposals in light of the above concerns and with the compendium of LSMS health care reform policies. Although some of the concepts are compatible with those policies the majority of proposed changes differ significantly from our vision of needed system reform. The conscious injection of a progressive pattern of more government control of the health care system, even the actual delivery of the care itself, is the most alarming and objectionable aspect of the proposals. Therefore, the Louisiana State Medical Society's key points of concern regarding the current proposals are detailed in this letter.

Cost of Financing and Implementation

Cost estimates for implementing the provisions of the House bill range from \$1 trillion to \$1.6 trillion dollars which will add to a federal debt that already ballooned significantly with stimulus and bail out packages approved by Congress this year. Every dollar spent that is not supported by a real dollar of actual income pushes this nation closer to the brink of a financial cliff. The financing of this bill is based on higher taxes and "estimates" of future savings extended through the next decade. The Congressional Budget Office (CBO) has already invalidated several of these estimates as being unrealistic and unverifiable. In developing a plan for health system reform it is time for the Congress to voluntarily be bound by President Obama's proposal on June 9, 2009, of "making pay as you go rules for federal spending into law".

Given the enormous task of reforming our health care delivery and financing systems, the process chosen to develop a workable plan and the timeline for key decisions/votes is totally unrealistic. The current objective is to steamroll through the critical stage of design to get to the point of reconciliation of both chambers' bills. This shows a lack of respect for the American public and its right to provide valuable input and response into the shaping of a program that dramatically impacts their daily lives. The commitment of the Congress should be to take the time to **Do It Right** and give reform a chance to succeed. That is what the American people expect and deserve.

The Ultimate Transformation to a Single Payer System

We oppose the creation of a Public Plan that will compete in the private insurance market. A government designed "wedge" plan will always have legislatively approved advantages that are not available to the private sector and positions it to artificially influence the balance of active competition. The United States Treasury, at the discretion of the Congress, can provide a Public Plan the unlimited financial capability to drive down premiums and ultimately forcing out competitors in the private market leaving only a government plan option which becomes the single payer of health care services. When true competition is eliminated, Choice becomes No Choice.

Currently almost half of the nation's health care is paid for by a government program. These programs include Medicare, Medicaid, Veterans Administration, TriCare and disability payments through social security. This bill not only creates another government health plan but extends the reach of government into literally every aspect of America's health care system. It completely restructures America's private insurance market, limits and/or channels patient choices of physician and coverage options, establishes direct and indirect control of payment for all health care services, and ultimately provides the framework for rationing of care as a response to cost escalation.

LETTER TO THE EDITOR

No Tort Reform

There is no tort reform in the House bill or versions of the Senate Committee drafts currently under consideration. The present medical liability system is fraught with inefficiencies highlighted by escalating and unpredictable awards, the high cost of defending against lawsuits, and forcing physicians to alter or limit patient services because of liability concerns. It is widely acknowledged that the threat of suits and large awards has forced physicians into defensive medicine adding billions of dollars to the cost of health care each year. No reform of a health care system should ignore the real savings that can accrue from addressing this major problem. Some states, including Louisiana, have passed tort reforms that have been successful and any federal tort reform action should contain provisions to preserve those state laws.

Determination of Quality Care

The determination of quality medical care must be made by the medical profession, not by a government bureaucracy. For decades standards of care have been developed, revised,

and implemented by physicians through their specialty societies and national specialty certifying organizations. This process has served patients and the nation well producing standards and quality of care that are emulated around the world. Legislation that allows the government or third party payers to make determinations of what constitutes quality medical care are rooted in cost containment goals or profitability and do not put the patient first.

The Right To Privately Contract

The right to privately contract is a fundamental provision of American law in our democratic society. Patients should have the right to enter into agreements with their physicians as to the fees and conditions for providing services. When patients exercise the right to privately contract with physicians of their choice it respects their right to consider all options and implement their own decisions about the most personal and precious aspect of their lives and those of their families.

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