The Right to Choose – Your Doctor

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Just as the Clinton campaign strategy was “the economy, stupid,” the first order of business of his administration is “health care reform, stupid.”

The Clinton people have mothballed the slogan “national health insurance” because it sounds like expensive socialized medicine. They also jettisoned the highly touted “pay-or-p1ay" plan (to shift all the costs of health care onto business) after analysis showed that it was likely to destroy small business and increase unemployment.

Now that Clinton people think they have come up with a magic label to sell their health care plan: Managed Competition. They know the “managed” part will appeal to the Democrats and they hope the “competition” part will seduce the Republicans.

The Clinton plan is to set up a “National Health Board” to decide how much America will spend on health care and to define a “basic comprehensive health package" that must be offered by employers or by the government. The Federal Government would use the income tax code's carrot and stick (i.e., tax deductions) to drive all Americans into big managed care groups.

Under this scheme, a few large Health Maintenance Organizations (HMOs) would dominate all health care. Health insurance would be a product purchased principally by employers, who would choose from among several mammoth HMOs with doctors on their payroll. The currently uninsured would be covered by an expanded Medicaid program.

Under Managed Competition, a new National Health Board would determine what the standard health insurance plan would be for everyone in this country. Employers would be allowed to take a tax deduction only for this standard basic plan.

Under Managed Competition, you could not choose your own doctor. He would be selected by the insurance company executives and the managers of your employer's health benefits program. Decisions as to health care and treatment would be made, not by patients and their doctors, but by the politicians who decide what is tax deductible and by the HMO and employer executives who decide how they will ration the funds they are willing to spend.

There is little likelihood that employers would offer additional benefits if they cannot deduct the additional payments as a business expense. Moreover, employees might even be asked to pay taxes on any health insurance coverage that exceeds the basic plan approved by the National Health Board.

We already have the Oregon experience to tell us how a National Health Board would determine what to include in a basic health insurance package. Oregon devised a plan to expand Medicaid

eligibility by containing costs through rationing of health care. The rationing scheme listed various health care services, with the order of priority determined through the political process.

Under Oregon's health care p1an, the services in the top third of priorities included treatment for alcohol and other drugs, sterilization procedures, “contraception management,” and abortion of unwanted pregnancies. Procedures that ranked lower on Oregon’s priorities included operations that night prevent blindness, surgical procedures for cerebral palsy, treatment of women who had had a miscarriage, surgery for babies born with dislocated hips, and therapy.