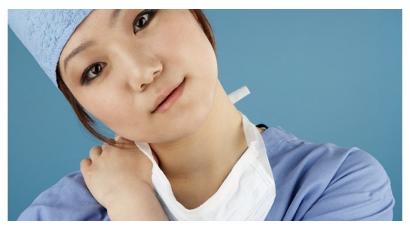
Written by **Bob Adelmann** on November 3, 2014



More Doctors Refusing ObamaCare Patients

South Florida resident Miranda Childe <u>finally found</u> an ObamaCare plan she could afford, thanks to a subsidy from the government. But when she tried to use it, she found that doctors — even those on the plan's network — wouldn't see her. She stated,

I just felt that I wasn't being treated like a first-class citizen. Nobody, I don't care what kind of degrees they have, should ever be treated that way.



Welcome, Miranda, to the world of socialized medicine, a world where doctors are struggling to keep their offices open, where insurance companies are cutting reimbursements under pressure from the federal government to keep their premiums "affordable," and where the supply of physicians and other medical service providers is shrinking while the demand (thanks to newly insureds entering the market needing medical attention for problems that have festered for years) is increasing.

Sal Morales lost his employer-provided health insurance last year when he was laid off. So he found a plan that was affordable under his straitened means, thanks to federal subsidies. But when he tried to use his new coverage, he discovered that the first three physicians he called for an appointment wouldn't see him. He related,

I actually went to a doctor and in the lobby they had an 11-by-17-inch sign in bright yellow that said: "We do not accept anything from the [ObamaCare] marketplace."

After a shouting match with the office staff, Morales left and tried, for four months, to find a doctor who would see him. He finally found one who was close by and willing to see him and accept his coverage.

An internist, Eduardo Martinez, views ObamaCare from the other side of the receptionist's desk:

To be able to see a patient costs money. So it's easier to ... avoid those patients because you don't know if you're going to get paid or not, and yet you have to pay your employees, and you have to pay the light bill.

And when a medical service provider does get paid, he or she might be dismayed at how little that payment is. Dr. Doug Gerard, an internist in Hartford, Connecticut, is usually paid \$100 or more when a new patient comes to see him. But if the patient comes with an ObamaCare policy, Gerard receives only \$80. This is due partly to the pressure the federal government continues to apply to insurers to keep their premiums low and "affordable." Gerard explained:

I cannot accept a plan [which pays only] Medicare rates. You have to maintain a certain mix in private practice between low reimbursers and high reimbursers to be able to keep the lights on.

Problems with insurers are exacerbated by the "90-day grace period" rule, whereby a patient who just signed up goes in to see a provider and then stops paying his premium. The doctor is assured he'll get paid for the initial visit but may be left holding the bag on additional services provided afterward. Internist Martinez explained:



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How do I plan for a patient who needs to have surgery that's a large amount of money. [Whom] do I send him to? Which of my colleagues do I refer him to, knowing that my colleague is going to take a financial hit?

The whole chain of services gets affected.

Another issue is policies with large deductibles and co-pays that are the patient's responsibilities. Often those are the only plans affordable to lower-income people, who don't have the resources to meet them. What will a physician with a towering overhead do?

Jane Orient is a physician in Tucson, Arizona, who has never taken one dollar of third-party payments, private or public. It's a "philosophical and ethical" position she's held for more than 20 years. Now the executive director of the American Association of Physicians and Surgeons (with a membership of more than 4,000, including Dr. Rand Paul, U.S. senator from Kentucky), she says that more than half of them don't take Medicaid patients, but they'll take cash instead. Those patients are then free to wrestle on their own with their insurance companies to get reimbursed.

Gary Franchi, a reporter for NextNewsNetwork, wrote on November 1 that more than 200,000 physicians and other medical service providers have dumped ObamaCare:

In just a short amount of time since the [ObamaCare] laws have started taking place, already 215,000 doctors are now refusing to accept ObamaCare patients. That's more than 1 in 4 doctors across the nation, and that number is still rising.

In some states it's even higher. 70 percent of doctors in California are refusing to participate with ObamaCare plans.

Debbie Wasserman Schultz, a member of the U.S. House of Representatives from Florida's 23rd Congressional District, has been getting complaints from her constituents about their problems finding doctors to take them. Schulz also is chair of the Democratic National Committee and thus can see the future for doctors. Back in July she issued this chilling statement:

My staff has raised [the issue] with the Department of Health and Human Services as well as directly with some of the insurance companies....

I believe *the onus is on the insurers and the providers* to bridge this gap and provide reliable, consistent customer service. [Emphasis added.]

And what if they don't want to "bridge the gap," or can't afford to? Turn them into government employees and force them to, according to Merrill Mathews, a scholar with the Institute for Policy Innovation:

Patient access to doctors is approaching a perfect storm of decreased physician supply, more demand for medical care ... and doctors increasingly refusing to see low-paying Medicare or Medicaid patients.

If the "promise" of Obamacare's access to health care is to be kept, government will eventually have to force doctors to accept Obamacare-covered patients.

This is the end-game of ObamaCare. It's socialized medicine, and physicians and other medical care providers who don't want to play nice will simply be assimilated by force into the system — socialized into government employees, so to speak. ObamaCare customers such as Miranda Childe will discover that they are no longer dealing with their physician but instead with a government bureaucrat. Then



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they will experience all the glories of government-provided health care as promised under ObamaCare.

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