



Written by [Joe Wolverton, II, J.D.](#) on April 25, 2011

## Death Panels By Any Other Name Are Still as Fatal

The issue of death panels will not go away. In a story published recently by The New American, it was revealed that in his budget proposal, President Obama all but explicitly endorsed the concept as part of his plan to cut federal spending.



In the speech outlining his response to the Republican budget package, President Barack Obama declared his intent to reduce the potential costs associated with his health care law by endowing the Independent Physicians Advisory Board (IPAB) with unprecedented power to decide matters of treatment based on the cost of the same. The 15-member panel is appointed by the President and is unaccountable to any but him. Under the ObamaCare scheme, these unelected bureaucrats decide matters of life and death based on an evaluation of the effect life-saving treatments would have on the bottom line. Patients are reduced to dollars, entries on a spreadsheet.

The concern, of course, regarding the power of this board is that the IPAB could effectively eliminate the private options currently available to patients. Then, in the exercise of their statutorily permitted role of final arbiters of which applicants for costly procedures will be approved, they will prefer the public (government-approved) treatment option, which may lead to denials of treatment and thus, death.

Essentially, this amounts to a cost-based rationing of health care. So prevalent is the worry that such a proposition will slowly emerge and become medical reality, that 72 Democratic House members joined Republicans last year in voting for the excising of the IPAB from ObamaCare.

Pundits and journalists added their voices to the chorus of concern.

Stanley Kurtz of [National Review](#) wrote:

Democrats and Republicans are joining to oppose one of the most important features of President Obama's new deficit reduction plan, a powerful independent board that could make sweeping cuts in the growth of Medicare spending. Obama wants to expand the power of the 15-member panel to rein in Medicare costs.

[Life News](#) agrees with Kurtz's position:

But not only do Republicans and some Democrats oppose increasing the power of the board, they also want to eliminate it altogether. Opponents fear that the panel, known as the Independent Payment Advisory Board, would usurp Congressional spending power over one of the government's most important and expensive social programs.

Under the law, spending cuts recommended by the presidentially appointed panel would take effect automatically unless Congress voted to block or change them. In general, federal courts could not review actions to carry out the board's recommendations. The impact of the board's decisions could be magnified because private insurers often use Medicare rates as a guide or a benchmark in paying doctors, hospitals and other providers.

Ed Morrissey of [HotAir](#), sees danger in the very structure of the IPAB:

Placing an unelected panel in charge of spending decisions that Congress only can veto — and



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doing that through the executive branch rather than the legislative branch — offends the very nature of separation of powers. The Constitution gives Congress the power of the purse, not the President, and the IPAB turns that on its head.

The *Wall St. Journal* [compared](#) the President's plan to that of the Paul Ryan and the GOP in the context of senior care:

Mr. Ryan has been lambasted for linking his "premium support" Medicare subsidies to inflation, not the rate of health cost growth. But if that's as unrealistic as the liberal wise men claim, then Mr. Obama's goals are even more so. Medicare grew 2.1 percentage points faster between 1985 and 2009 than Mr. Obama's new GDP target. At least Mr. Ryan is proposing a workable model for bringing costs down over time by changing incentives.

There are those that accuse the IPAB's detractors of acting like Chicken Little and using scare tactics to further their own anti-Obama agenda. This theory might be more believable were it not for the scope of the significant powers proposed by President Obama. Simply put, under the mandates of the proposal offered by the President, the IPAB exists only to decide which health care services will be paid by Medicare and which should be denied under the austerity mantra.

As summarized by the piece in Life News:

That inevitably means that significant numbers of people on Medicare won't get the care they desire, and thanks to the single-payer system and the fact that the government has already taken the money for those premiums, most of those will have little choice but to suffer more and die more quickly as a result. Obama's pledge to strengthen their power to make those cuts makes the issue even more urgent.

Obama blasted Paul Ryan's plan to transform Medicare into a voucher plan as somehow un-American, but at least Ryan's plan would allow seniors to find other insurance if coverage for their care got denied.

So the question is this. Do we trust seniors with the decisions for their own care, or do we trust hundreds of millions of those decisions each year to 15 unelected, unassailable bureaucrats in Washington DC? Obama may have made a very large mistake in reopening this political Pandora's Box in a thoroughly ill-advised speech.

An important and as yet unanswered question is why President Obama so willingly relies on the ability of 15 experts to render competent opinions on the advisability of particular medical care treatments rather than permit professionals in that field to make such crucial decisions on a case-by-case basis, informed by their training, skill, and experience.

Again, from Life News:

Post-ObamaCare, Medicare's administered fee schedule is set eventually to dip below Medicaid payments in many states, which are themselves already far lower than the rates of private insurers that reflect the true costs of health care. Medicare itself says these cuts will cause 15% of U.S. hospitals to become unprofitable in the next decade. Mr. Obama wants Americans to believe that his planners will wring out even more spending through the power of positive technocratic thinking.

The future of medical care, the future of the availability of life-saving procedures, is threatened by President Obama's almost evangelical affinity for statism and the regulatory schemes that undergird it.



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While the continued support for costly treatment is now unclear, what is crystal clear, however, is that President Obama and the congressional advocates of ObamaCare will continue to manipulate facts, figures, and the chimera of fiscal responsibility to promote the rationing of medical care and to accelerate the demise of private health care and of those treatment options that — regardless of cost — would be chosen by those whose lives are most affected by them.

*Photo: President Barack Obama at George Washington University in Washington, April 13, 2011, delivering a speech on fiscal policy: AP Images*



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