



Leadership in Reverse

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by John S. Hoff

The American people need to understand the choices they face in financing health care. They are aware that Medicare is insolvent, but they do not understand the extent of the insolvency or what it will take to restore financial stability to the program. Polls indicate Americans believe that Medicare's financial problems can be solved simply by eliminating fraud and abuse.

Leadership is necessary to educate the American people to the fact that it will not be quite so easy. This leadership should come from the White House, and President Clinton is uniquely suited to provide it. As a Democrat, President Clinton can discuss reforms to subsidy programs with less risk of political attack than can Republicans. In 1995 the Republican Congress passed the first glimmers of Medicare reform, but they were accused in the 1996 election campaigns of trying to cut Medicare or even destroy it. The Republicans are both resentful and skittish about addressing the issue again. As the first Democratic president in the history of the Republic who cannot run for re-election, President Clinton is free to take actions that may be politically unpopular.

Despite this opportunity, the President has not addressed the fundamental issues of Medicare or health care financing in general. Instead he has by a series of actions sought to hide and minimize them. The administration's 1998 budget addressed the problem of Part A's looming bankruptcy by stretching out the day of reckoning through new provider cuts and bookkeep-

ing changes (shifting home health care from Part A to Part B).

The 1998 budget promised new Medicare benefits such as increased mammography exams and respite care for Alzheimer patient caregivers. However worthy, proposing these added benefits did not help people understand Medicare's problems and sent the wrong message on what will be necessary to fix them.

The President announced that he was sending Congress proposed legislation aimed at fighting waste, fraud, and abuse. The White House issued a laundry list of proposals that are designed, it said, to "strengthen" the provider enrollment process, "impose new sanctions," and close "loopholes." The proposals in fact are minute adjustments to the overarching regulatory structure that already exists, camouflaged under the label of antifraud and abuse rules. Much of the proposed legislation in fact seems to be entirely duplicative of existing legislation. One proposal, for instance, would impose civil, criminal, and administrative penalties on providers that pay kickbacks to induce referrals. Most of us thought that was already the law.

This last proposal affirms the American people's mistaken belief that Medicare solvency can be restored by eliminating fraud and abuse. The proposal gives the appearance that the Administration is doing something to resolve the solvency problem.

Congress has been equally fearful of political repercussions in pursuit of Medicare and other health care reform.

Efforts by employers to use managed care to restrain increases in health care costs have reduced patients' ability to get insurance coverage that provides an unre-

strained choice of providers and an unlimited volume of services. As the shoe has begun to pinch, people have objected to the restraints imposed on them.

For instance, patient advocate Fran Visco, president of the National Breast Cancer Coalition, summed up the sorry situation (*Oncology Times*, Vol. XIX No. 3 March 1997), "The way to do public policy is to find the courage to enact meaningful health care reform. To try to do anything less than far-reaching legislation produces bad public policy." Although she agrees with many other patient advocates that "piecemeal legislation is the only alternative available right now," she adds: "We don't like this, but it's all we have at the moment.

"This country did not have the courage to enact meaningful health reform two years ago," continued Visco. "We are now paying the price for that decision. Women undergoing mastectomy should not have to suffer because the country and Congress did not have the nerve to do what had to be done."

The politicians are reacting to sentiments like this. When government acts in this area, it does so in response to particular pressures. It enacts requirements that are fixed in statutory language, which prevents the development of innovative and varied solutions.

Congress is now at the precipice of legislating by body part. The members know that they should not be intervening, but because the cause is "good" and offers such a quick and positive political payoff, they cannot say "no." Congress has started down the road of regulating, piece by piece, the financing and delivery of health care in the country. It will not be a pretty sight. ■

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