Richard M Fleming, PhD, MD, JD; Tapan K. Chaudhuri, MD

• FHHI-OI-Camelot; Eastern Virginia Medical School • February 7, 2020

CMS is primary reasons healthcare costs have increased for everyone.

We appreciate the enthusiasm of Drs. Himmelstein and Woolhandler's response, keystrokes and information regarding Justin Kimball's development of health care in Texas. We appreciate your comments, and should specifically state, that it was in the 1960s that the Federal Government partnered with BCBS, producing today's BCBS of TX.

Doctors — including us — do not actually do the billing for office and hospital visits, testing, drugs, et cetera. We suspect you do not either. Simply filling out a billing sheet does not mean this is what the billing department will turn in to CMS, private insurers or the patients. Fortunately the hard working people in the billing department correct — as is their job — any incorrect boxes we check on the billing sheet.

CMS does not pay for all doctors and hospitals, tests and prescription medications. Few patients elect to undergo testing if they have to pay for the test and fewer still will pay for the medications prescribed if CMS has determined a different drug can be used in its place.

Harvard participates with CMS, but like everyone and every place else, it does so by increasing the costs of the same office and hospital physician visits, hospital costs, testing and drugs, to other private insurers and those who are uninsured. This is the reason an aspirin can cost — as one patient remarked the other day – \$60.

It is this increase in charges which others pay to compensate for the lower payments made by CMS resulting in many being unable to afford healthcare in the first place. As more people are covered under CMS, the burden of these costs will shift to fewer and fewer individuals, thereby complicating the problem and making more Americans uninsured. This produces a scenario where Government must cover more people. To be clear, CMS is merely shifting the burden away from itself onto others.

This does not solve the problem – it produces it. Further removing patient choice of physician, hospitals, testing and prescription drugs and as Medicare–for–All has shown us in the current Presidential debates, it will do so at a cost the country and patients cannot afford.

Having a government lawyer run healthcare system for all is meaningless if the choice and quality is compromised. Then we will be left with a system where only the wealthy can truly receive quality choice healthcare.

FULL ARTICLE

References

Comments







 ${}^{\smile}$