

# Whole classes of patients are denied treatment with 'managed care'

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Almost every day, you see news coverage of some individual or group in the United States—nurses, doctors, patients, patients' relatives, etc.—announcing, "Managed care is harming people, but it's here to stay. Let's correct the (fill in the blank) abuse, and make it fair."

But this is impossible.

In fact, the thousands of instances of wrongdoing in the era of "managed" health care, stem not from mere coincidental perpetration of *abuses*, but, rather, from what is *characteristic* of the managed care system. Under the managed care principle, medical services are to be limited in a way to maximize profit-taking by designated interests, at the expense of the person, the economy, and the country. In practice, this means that managed care kills.

The way to deal with the rash of managed care "abuses," is to mobilize to roll back the whole system as soon as possible, in the interests of the public good.

The practices of denying and restricting treatment under managed care are so distinct that they constitute crimes under the Nuremberg Principle, under which the U.S. government tried Nazi officials and doctors in 1945. The Tribunal established the doctrine of, "knew, or should have known," governing the culpability of officials whose decisions result in harm and atrocities.

In recent weeks, we have printed biographical case studies of individuals harmed, and brief reports on whole categories of patients harmed, by managed care. We continue that coverage here.

## Mental health patients

The limitation, or denial, of care to subgroups of mental health cases have become so widespread that remedial actions have been prompted in several states, and in thousands of court cases. For example, the consumer-affairs agencies of California and Rhode Island have begun investigations of how managed care companies code and handle mental health cases.

Over the 1980s to the present, most HMO plans cut back on the number and type of mental health treatment services formerly covered by fee-for-service, or other means. This was accomplished through outright cuts, and through pressure on the medical staff, and facilities involved. As of late 1995, Dr.

Russell Newman, who deals with issues connected to clinical practice for the American Psychological Association, said, "We're starting to see clients up in arms. People are starting to realize there's a conflict of interest for those who are deciding how much therapy they can get." Dr. Newman is referring to the HMO profits coming from such practices as limiting sessions with psychotherapists, limiting hospital stay, and so forth.

"It violates the Hippocratic Oath," stated Dr. Robert Feder, staff psychiatrist and medical director of the partial hospitalization program at Optima Health Catholic Medical Center in Manchester, New Hampshire, in statements given to the Oct. 13 *Boston Globe*. Dr. Feder said, "That Oath calls for us to do everything possible to help a patient, not everything possible to reduce care for a patient so an insurance company can make bigger profits. . . . Let's put it this way. Managed care companies seem to be taking more risks with patients' lives than we as clinicians feel comfortable doing, especially when it comes to length of in-patient stays."

Clinicians point to patients hospitalized in a suicidal state, who are then ordered by managed care to be discharged after only a few hours of being stabilized.

In 1993, the RAND Corporation conducted a study tracking 617 patients for two years, who were treated for depression by different kinds of health insurance plans. In the more serious cases, individuals did worse under health plans that imposed fewer treatment sessions because of cost limits.

Mary Hurtig, policy director for the Southeastern Pennsylvania Mental Health Association, told the Jan. 24, 1996 *New York Times*, "A major profit center for health plans has been mental health. For example, I know of one large HMO that gets \$35 per month for mental health treatment for its members who qualify for Medicaid. But they subcontract their mental health care to a managed-care firm at a rate of \$14 per month. The result is that some vulnerable, very ill people are getting badly hurt by arbitrary denial of care."

## Mentally disabled children

One entire group facing cut-off of Social Security benefits is mentally disabled children. There are about 900,000 such children in this category nationwide. The Social Security Administration has announced they expect that 185,000 of these

children will be cut off from benefits by next July.

Before a 1990 Supreme Court decision, such benefits, known as the Supplemental Security Income (SSI), and usually amounting to about \$400 a month, were not available for children suffering from such childhood conditions as spina bifida, Downs syndrome, and autism. Then this was changed, following a Supreme Court finding that thousands of children had been illegally denied SSI assistance, because their specific disorder had not been included on a list of eligible disabilities. The eligibility requirement was changed, making it contingent on an expert determination of whether a child could function at a level appropriate for his or her age, based on reports from teachers and other child care providers, and by a Social Security physician.

As a result of the broadening of eligibility following the 1990 Supreme Court ruling, the number of children receiving benefits tripled, from 300,000, to over 900,000 presently.

Such rapid growth in an "entitlement" program—though the increase only amounted to less than \$3 billion annually—became a target for the Conservative Revolution. In 1994, Rep. Jim McCrery (R-La.) declared in congressional testimony that many of the new beneficiaries had been coached by their parents to *fake* the symptoms needed to become eligible for benefits. Bob Dole, then senator from Kansas, chimed in, declaring that "children's SSI needs a tune-up." A national hot line was set up, with teachers and other child care providers instructed to call to report any children they believed had been coached to feign mental disability.

The minimal hot line results show how venal were the accusations. From September 1994 to July 1995, only 230 calls were made to the hot line. Of those, only about half involved children actually receiving, or applying for, benefits. Of the 115 or so cases thus investigated, the Social Security Administration recommended further investigation in 83 cases. That is one *possible* case of fraud, for every 7,228 recipients. One wishes that such a record could be established for Congress!

Despite the minute amount of possible fraud, Congress pressed ahead, and, in the recently passed welfare "reform" legislation, ordered the Social Security Administration to tighten the eligibility requirements for children's SSI. Under the new law, mentally disabled children are eligible for SSI, only if they suffer from a "medically determinable impairment which results in marked and severe functional limitations" that are potentially fatal, or which last more than one year.

The new law also directs that 300,000 of the nearly 1 million children receiving benefits, be reevaluated. Melinda Bird, a managing attorney with Protection and Advocacy Inc., a disability rights law firm in Los Angeles, told the *Los Angeles Times* on Oct. 17, "It's part of the Social Security Administration saying we basically have a goal of eliminating people off of our rolls. It's more a cost goal, than based on any evidence that these people aren't disabled."

## **Pregnant immigrants**

The same welfare reform law also prohibits local government assistance, including medical care, for illegal immigrants, unless a state specifically passes a new law providing such aid. In California, Gingrichite Governor Pete Wilson immediately announced that state assistance for prenatal care for illegal immigrants would be cut off, saying the state could not afford the \$69 million cost.

A number of medical associations have attacked Wilson's deadly cuts. "Cutting prenatal care for pregnant women will cause unwarranted suffering, avoidable birth complications, smaller babies, and needless disability," the Los Angeles County Medical Association president, Dr. Brian D. Johnson, told the *Los Angeles Times* on Oct. 17.

Dr. Jack Lewin, executive vice president of the California Medical Association, which represents 34,000 physicians in the state of California, said Wilson's cuts "will cause an epidemic of low-birth-weight babies, and expectant mothers presenting late to emergency rooms. This is absurd public policy for the state."

Lisa Kalustian, a spokesman for Wilson, replied, "What we're saying is that people who are in this country illegally, who broke the country's laws, should not have this care paid for by California taxpayers. They should be getting aid in their own countries."

Doctors throughout the state are warning that it is a sick fantasy to believe that pregnant women will go home to seek proper care during their pregnancies. Instead, the women simply will not seek, and will not receive, proper prenatal care. And treatments for infants born with health problems that could have been prevented by prenatal care, easily cost far more than prenatal care.

"We are attacking one of the weakest, but most important, links in our society—that is, the mother," said Fred Quevado, former executive director of the Philippino Medical Society of Southern California.

## **'Mercy killing' of the poor and elderly**

A recent study in the *Archives of Internal Medicine* shows the well-founded grounds for fear among the poor and elderly, of being targets for "mercy killing" by the euthanasia movement. A survey was taken by researchers at the Duke University Geriatric Evaluation and Treatment Clinic, in Durham, North Carolina. A group of 168 elderly patients (average age, 76) and their relatives were canvassed on whether they favored physician-assisted suicide for the terminally ill. Less than 40% of the elderly patients at the clinic said that they agreed. But close to 60% of their relatives said they were in favor.

Dr. Harold Koenig, the research director, said, "These findings are provocative and of great concern, because the frail elderly, and poorly educated and demented members of our society, have little power to influence public policy that may affect them."