

# The legacy of Obamacare: A five percent increase in heart patient deaths

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*When one individual inflicts bodily injury upon another such that death results, we call the deed manslaughter; when the assailant knew in advance that the injury would be fatal, we call his deed murder. But when society places hundreds of proletarians in such a position that they inevitably meet a too early and an unnatural death, one which is quite as much a death by violence as that by the sword or bullet ... murder it remains. (Friedrich Engels, *The Condition of the Working Class in England*, 1845)*

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A US government program supposedly devised both to improve medical care and cut costs has, predictably, succeeded in the latter while undermining the former. Research published Sunday in *JAMA Cardiology* (*Journal of the American Medical Association*) shows that an initiative introduced five years ago under the Affordable Care Act (ACA) to induce hospitals to reduce Medicare readmissions for heart patients has resulted in an increase in mortality rates among those studied.

Under the ACA's Hospital Readmissions Reduction Program (HRRP), hospitals were penalized financially when heart failure patients were readmitted within a month. While the program has succeeded in reducing the number of 30-day readmissions, the number of patients who died within a year rose by 5 percentage points. According to one of the study's senior authors, these findings could account for an additional 5,000 to 10,000 deaths annually across the US due directly to the program.

For the American ruling elite, HRRP and other schemes devised by bureaucrats at the Centers for Medicare and Medicaid Services (CMS) are part of an agenda that is as deliberate as it is ruthless: Men and women in the US are living too long into old age and measures must be taken to cut costs associated with

their medical care and shorten their life expectancy. This is the deadly price that must be paid to prop up a society that is one of the most socially unequal both in terms of income and the delivery of health care.

The statistics do not lie. Study researchers analyzed 115,245 patients at 416 hospitals in the American Heart Association's Get With the Guidelines-Heart Failure registry from January 2006 to December 2014. They examined readmission and death rates before and after the program began in 2012.

\* Readmission rates within one month fell from 20 percent before HRRP penalties to 18.4 percent after HRRP (down 1.6 percent). Mortality rates, however, rose by almost the same rate, from 7.2 percent before HRRP to 8.6 percent after (up 1.4 percent).

\* Statistics for readmission and mortality within one year were even more damning. Readmission within one year fell by only about 1 percent, from 57.2 percent before HRRP to 56.3 percent after. But the mortality rate within one year rose from 31.3 percent before HRRP to 36.3 percent after—a *shocking 5 percent increase*. These figures show that there is a direct correlation between implementation of the Obamacare policy and preventable deaths.

HRRP penalizes hospitals up to 3 percent of every Medicare dollar for "excessive" repeat hospital stays. That is 15 times more than the 0.2 percent penalty levied against hospitals with high mortality rates. In other words, while hospitals with higher rates of mortality face a minimal fine, hospitals are being substantially penalized for failure to comply with a program that is resulting in increased deaths.

Compounding the misery, financial penalties from HRRP have been shown to fall disproportionately on academic medical centers and "safety-net" hospitals where "higher readmission rates are associated with the higher case-mix complexity and lower socioeconomic

status,” according to the study, i.e., those treating poorer and sicker patients. In such settings, hospitals are incentivized to “game” the system by delaying admissions, increasing observation stays or shifting inpatient-type care to emergency departments, to the detriment of patient welfare.

The US mortality rate rose in 2015 in the first year-over-year increase since 2005, with life expectancy falling between 2014 and 2015 from 85.8 years to 85.6 years for men, and from 87.8 years to 87.6 years for women. According to the Centers for Disease Control and Prevention, this decline was due to an increase in eight of the 10 leading causes of death in the US, including heart disease, stroke, Alzheimer’s disease and suicide.

With heart disease rising, there is no other way to interpret the penalties imposed by the ACA for early readmission of heart patients than a deliberate effort to see more men and women die. US corporations are already reaping a grim dividend from this downward trend, with at least 12 major corporations reporting this summer that they have reduced their estimates for how much they could owe in pension and other retirement obligations by a combined \$9.7 billion due to shorter life spans.

It is fitting that the health care overhaul known as Obamacare was the instigator of HRRP, an irrefutable demonstration that the ACA was the first major volley in the bipartisan drive to restrict access to affordable health care and sharply reduce the length of workers’ lives.

As the *World Socialist Web Site* explained as early as 2009, the Obama administration’s health care “reform” established a framework for the insurers, the corporations and the government to drastically reduce the health benefits available to low- and middle-income individuals and families. The aim is to limit the amount that the government must pay out for health care and Social Security payments, as well as what corporations must pay in pensions and other retirement benefits.

Health care in the Obamacare era has nothing in common with quality, near-universal health care, as Obama initially pledged. It is based entirely on the for-profit health care system in America, including the insurance companies, giant hospitals, health care chains and pharmaceutical companies. Any repeal of the ACA—and its replacement with “Trumpcare” or any

other legislation—will maintain the class-based delivery of health care and undoubtedly worsen it for the majority of Americans.

The empirical proof provided by research published in *JAMA Cardiology* that an ACA program has predictably caused increased deaths should serve as a stark warning to the working class. This Obamacare program is of a piece with the bipartisan attack on jobs and living standards, the attack on immigrants and democratic rights, and the drive to war.

This assault will inevitably provoke enormous social opposition among workers and young people. This opposition must be channeled into the fight for a progressive overhaul of the health care system that takes as its starting point an end to privately owned health care corporations and medicine-for-profit and the establishment of socialized medicine, democratically administered by a workers’ government, providing free, high-quality health care for all.

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