Mandatory Medicare in Our Free Society: Opt Out and Social Security Is Lost: The federal government mandates that its citizens over the age of 65 must be Medicare participants. That has been so until now, as a lawsuit has been filed that would permit people to opt out of Medicare without losing their Social Security benefits. While the Social Security law does not require participants to participate in Medicare, and while the Medicare law does not require participants to accept Social Security, in 1993 the Clinton administration rigidly coupled the two federal programs: if a senior withdraws from Medicare, then he/she also loses Social Security benefits! The plaintiffs have secured their own health care, preferring to contract with private physicians and health care facilities of their own choosing, even though they paid Medicare taxes throughout their income-earning years. But, they do want to retain their Social Security retirement benefits that they deservedly should receive. It appears that the current state of affairs, at least in part, was created to avoid a “two tier” health system. Savings: if only 1 percent of Medicare-eligible retirees voluntarily opted out of Medicare, then Medicare expenditures would drop $1.5 billion/year. It boils down to whether individuals should be able to pay for their own medical care and make their own health-care choices. Wall Street Journal, October 27, 2008.

Medical Helicopter Crashes Mount: Nine fatal medical helicopter crashes have occurred in the United States from December 2007 through the middle of November, with 35 fatalities. This doubled the previous 12-month high in recorded history. The Federal Aviation Administration has as yet failed to implement four recommendations made by the National Transportation Safety Board in 2006: increased weather-minimum and pilot-rest duty requirements; deploying formalized dispatch and flight-following procedures, including weather information and flight risk assessments; use of helicopter terrain awareness and warning systems; deployment of flight-risk evaluation programs and training procedures. The use of night-goggles is another valuable risk-avoidance measure that has yet to be mandated. The other question that has been raised by these accidents is how many of these Medevac flights are being used unnecessarily. Trauma patients occupy only a small percentage of such flights. One study of trauma patient transport in Pennsylvania in 2000 comparing air versus ground transport found longer transportation times with helicopters and no difference in mortality. AMA News, November 17, 2008.
New Hospital Accreditation Alternative—The Joint Commission Finally Has A Competitor: There is a new hospital accreditation organization with CMS-deemed authority: Det Norske Veritas Healthcare Inc. (DNV) is an international, independent foundation first established in Norway in 1864 and has been in business in the U.S. since 1898. While its application to CMS was being processed, 45 hospitals have received DNV accreditation, while still maintaining that of the JC. DNV's goals are to assess compliance and to educate and encourage hospitals in best practices, claiming to be more collaborative and less prescriptive than the JC. Its accreditation program is titled National Integrated Accreditation for Healthcare Organizations. It integrates ISO and Medicare Conditions of Participation compliance into one survey process. ISO is a network of the national standards of 148 countries, formed in 1947, to facilitate the development of standards for industrial production. The majority of ISO standards are specifically addressed to a particular service or product. DNV surveys are conducted annually. NIAHO standards demand that hospitals become ISO-compliant within two years of the initial survey. Costs are based on the hospital's size and complexity. Horty Springer Action Kit for Hospital Law, January 2009.

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