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“ . . .let us kill all the insurance execs. . . ”

(With apologies to William Shakespeare)

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More than 400 years ago Shakespeare penned: “First thing we do, let us kill all the lawyers;” (*Henry VI part 2*). Ignoring the original context with which those words were written, over the past 400 years they’ve come to symbolize how we feel about the legal system (or at least lawyers). It isn’t a long leap to change the object of calumny to the insane medical insurance system we’re being forced to deal with. One thousand four hundred and twenty-seven Part D Medicare HMO’s and their Blue Cross/Blue Shield allies all exist for the sole purpose of collecting premiums, paying off investors, and paying out claims only when absolutely mandatory and necessary. Profit is their *only* motivation. “Damn the torpedoes, full money ahead.”

I don’t know about you, but it seems that during the past three or four months the number of denials of service(s) I’ve received, or denials for medication or DME or whatever have absolutely skyrocketed. I find myself spending an inordinate amount of time and energy appealing decisions, justifying preapproval, dictating letters, or scrawling on forms to be faxed back; all the nonsense we’re forced to wade through just to get our patients what they need. Valuable time wasted in a Kafkaesque maze of bureaucratic insanity.

Think about it for a minute. We, the people directly and completely responsible for our patients’ health, have the least power to make those decisions. Our hands are tied, but we’re legally responsible. What the hell are we doing? Ceding our power to those bastards. Letting them hang us out to dry. Can they really call the tune? Or are we just too overloaded, overwhelmed and bewildered to think this through? When I think about the insurance nightmares and the punishments I’d like to invoke, I get positively Medieval: visions of Drawing & Quartering, heads on pikes, immersion in molten lead, burning at the stake, and all the other implements of the Spanish Inquisition run thru my fevered brain.

Well, I’ll tell ya. I’ve been doing a lot of thinking this through, and since the tortures I’ve

conjured up being both immoral and illegal, I needed to come up with a more “modern” version of Dante’s Circles of Hell. All this thinking has led me to the conclusion that the insurance industry *has no legal authority to force us to practice their economies!* Yes, they may coerce us. They may wheedle and cajole and yell and scream. They may even bribe us, but they have no legal right to do what we’ve let them do. Before you laugh me out of the room, hear me out. I have two good reasons for making such an outlandish claim.

Many of these HMO’s are based in other states. Do they have a license to practice medicine in the State of California? Many of these denials are signed by pharmacists or administrators—rarely a physician. To me that says “Practicing medicine without a license.” This is a felony offense that carries both jail time and significant financial penalties. Therefore, *I am, right here, right now, loudly and publicly asking for the California State Attorney General’s Office to file criminal charges against the most egregious of the HMO’s with the goal of having their CEO’s do jail time, and the companies fined into bankruptcy.* This would include—no, I’d better not name names for fear of libel action. But I have communicated privately with the AG’s office pressing my case and naming names.

And, even if they do have a California-licensed physician on board, they are then guilty of malpractice and gross negligence. For it is my understanding that whenever a treatment is ordered by a physician, that physician, in all good conscience, must perform a “good faith history and physical,” or otherwise know the patient before writing the orders. These guys haven’t performed *any* kind of examination on the patient. They haven’t even spoken to the patient, as many of us do when we’re on call for our, or our partners’, patients. They may, or may not, have read the attending physician’s notes, but that ain’t the same as actually laying hands on the patient. In reality, they are practicing the worst kind of “remote control” medicine; making judgements and decisions based on generic protocols without having the slightest knowledge about the patient (except for their premiums). *Therefore, I am, right here, right now, loudly and publicly asking that the Medical Board of California investigate their activities, with the goal of revoking or suspending their licenses.* I’ve seen, in the *Medical Board of California Reports*, where physicians have had their licenses revoked for far lesser offenses.

I am well aware that, in reality, no such legal actions will ever take place. However, if, when we file our appeals, we do send copies of the letters to the Attorney General, the state

Insurance Commissioner and the CMA, we may get some action. I've spoken to representatives from the CMA, and they want our complaints—it seems they're working on their own strategies for driving the Part D HMO's out of business.

Our appeals may be more rapidly approved when we add that, since many of the therapies that are being denied could be construed as lifesaving, we would also like to see the companies investigated for “felonious patient endangerment.” This approach does work, and most of my appeals do get approved when I get down to it, and I resort to threats I fully intend to carry out. But (and this is the point of the whole argument) the situation should never have deteriorated enough that we would even contemplate taking such actions.

To me, Health insurance in the United States is nothing more than a parasitic “bait and switch” that is designed to suck money out of an already overburdened health care system. It is imperative to each one of us, both individually and collectively, to put our feet down, issue a resounding “NO” to the current structure and fight for something more humane and fair. Something that keeps health care dollars in health care and off Wall Street.

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