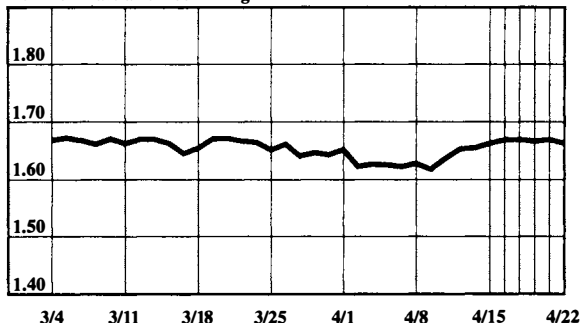


## Currency Rates

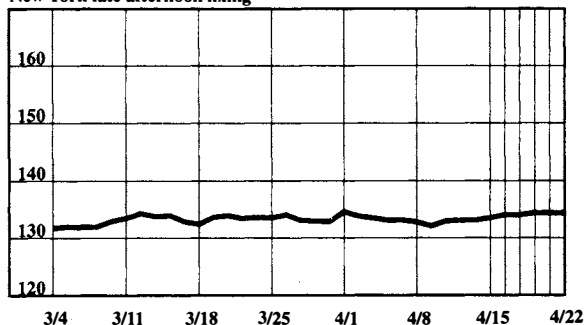
**The dollar in deutschemarks**

New York late afternoon fixing



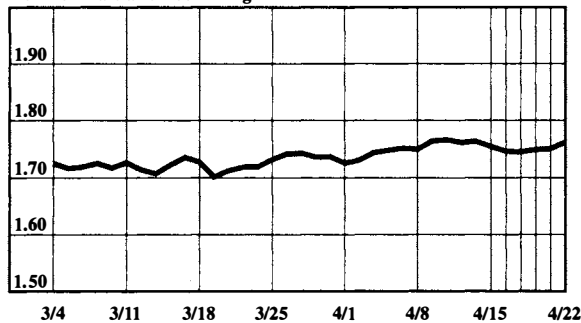
**The dollar in yen**

New York late afternoon fixing



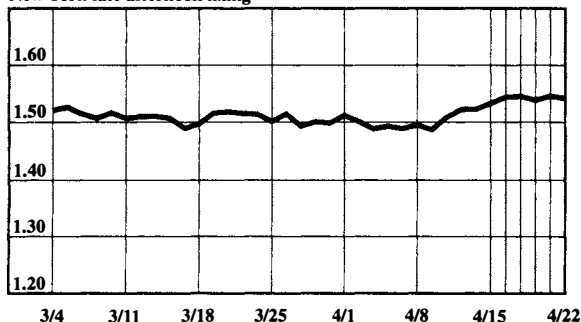
**The British pound in dollars**

New York late afternoon fixing



**The dollar in Swiss francs**

New York late afternoon fixing



## No health care in Oregon rationing plan

by Linda Everett

Within weeks, the Bush administration is expected to deliver its opinion of Oregon's plan to ration health care services for the poor. To implement its Medicaid experiment, Oregon needs the federal government to waive 15 Medicaid regulations that states are required to follow to qualify for federal matching funds. Although George Bush and the Health Care Financing Administration, which oversees the Medicaid program, appear to favor the plan, a study just released by the Congressional Office of Technology Assessment (OTA) provides fuel for both Congress and the country to defeat it.

The OTA's critique of the plan is useful, but the OTA is neutral about this first step to explicitly institute government-mandated control over your family's life and death. All the ethics studies, rationales, and promises that Oregon's plan provides "more access to care," amount to a river of swill meant to dupe you into accepting as "fair" society's killing of anyone it says is too costly to treat. So, although Oregon's plan denies the innate worthiness of each human life; guarantees *no* minimum set of medical benefits to any patient; denies Medicaid patients constitutional rights; reverses civil rights guaranteed by the Americans with Disabilities Act of 1990; and denies some Medicaid patients benefits they now have; and although OTA is critical of the plan for failing to treat a "substantial number of medical conditions that in absence of treatment would have serious medical consequences," the OTA found the plan "unambiguously good."

### Shrinking coverage

Oregon's plan will supposedly expand Medicaid coverage to anyone with a family income less than 100% of the federal poverty level, by cutting costs and restricting benefits through "managed care" programs like Health Maintenance Organizations (HMOs), and by prioritizing 709 health care conditions and their treatments. Each condition-treatment pair is ranked according to a numerical value that measures its cost-effectiveness, "clinical efficiency," necessity, duration of therapy, and "value" to society. Evaluation of a treatment's net benefit is a subjective, value-based judgment, and not scientific, the OTA admits. A costly treatment that could save a life is ranked low if the treatment duration lasts only one or two final years of the patient's life. If you have termi-