

HEART OF THE MATTER

Health Insurance

For Everyone

As I write this column, the House of Representatives is struggling with the details of the new health care legislation, the American Affordable Health Choices Act of 2009 (H.R. 3200). By the time you read this, Congress will be in recess, having left the final form and fate of the legislation uncertain.

The goal of providing universal health insurance is ambitious, and to achieve that goal while limiting its cost is a monumental task. If achieved, it will represent a sea change in the way America pays for health coverage, just as Medicare transformed the care of the over-65 population 34 years ago. The proposed legislation will totally rewrite the rules of how Americans receive their care and how we physicians provide that care in an expanded government-controlled health care system.

The government is already heavily involved in providing health care to a third of the U.S. population. Medicare, which has been very successful in the eyes of the elderly patients if not a darling of doctors, covers more than 45 million Americans. Medicaid jointly financed by the federal and state governments covers another 60 million poor people. It would seem obvious to expand that program to include the remaining two-thirds.

For a public plan to be viable, it must include an individual mandate to participate. Everyone must be included. If not, the healthy patient by design or by personal desire will be left out and only the sickest and the most expensive will be left in the public plan. A personal mandate will require the government to subsidize the poor, just as it has in the past, but in a more organized system rather than the expensive and dysfunctional care in the emergency department.

Without a universal health plan in place, the ranks of the uninsured will continue to increase. Almost 50 million Americans are currently uninsured, representing well over 15% of our population. When Americans who are out of work in the current recession return to the workforce, the post-recession health insurance policies will not resemble the pre-recession policies. Many of the benefits will disappear and the copayments will most certainly increase. As the pool of insured patients decreases there will be increased competition among health care providers for those few insured patients. We see this already, with hospital and physicians advertising on TV and in the print media. Caught between increased cost and falling profits, insurers will have to choose between increased premiums or cutting doctors fees. The day may come when Medicare's physician fee schedule could be a welcome lifeboat for physicians' practices.

In his response to President Obama's address to the American Medical Association

in June, AMA's leadership echoed the need for universal care, but indicated that a payment schedule based on Medicare rates was unacceptable. The AMA has been reluctant to articulate just what sort of universal health insurance plan is acceptable, public or private.

Nevertheless, the process of achieving a federal insurance plan has been much different than that of the Clinton plan in 1993. This time there has been a significant bargaining between Congress and the health providers. The word has been sent out by the Democratic Congress that if you want to take part in the formative process, negative advertising and publicity will lock you out. So at this point everyone is in until they are out. The pharmaceutical industry has indicated that it will provide an



BY SIDNEY GOLDSTEIN, M.D.

\$80 billion savings over a 10-year period to the elderly if it limits the reduction in drug coverage to Medicare recipients trapped in the Part D "doughnut hole." The major hospital associations pledged to save \$150 billion dollars providing that the new public plan will cover the indigent. And the AMA has agreed to support HR 3200.

There is considerable concern about cost, which is now estimated at \$900 million over the next 10 years. Congress hardly blinked an eye when they spent well over that in a useless war in Iraq. The social and economic necessity of a universal health plan is obvious. To achieve that, a robust universal public insurance foundation is essential. Any thing short of that will lead to further deterioration in American health care. ■

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