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Health care reform's good, bad and ugly

The passage of the health care reform bill is a major milestone for U.S. health care services. With passage, we will need to unravel the bill and the real story and prepare for the intended and unintended consequences of this massive effort.

The legislation is neither as bad as the Republicans make it out to be, nor as fabulous as the Democrats claim. The bill changes the health care system to an amazing depth and breadth, and despite the proclamation of economists, politicians and policy wonks, we do not really know the full impact of the bill.

Reform is needed; we will soon be hitting the point at which employers have trouble providing health insurance to employees at an affordable price, the alternatives being dropping coverage or taking more from employees' pockets.

President Obama will be hammered by the political right for going too far too fast, and by the progressive left of his own party for being timid. The left wanted a single payer system, was willing to settle for a public option, but left the table with only hope that reform will be revisited, as it will.

The amount of misinformation, overgeneralization and plain old hot air tossed around during the debate make a calm analysis

difficult, and will leave citizens and patients confused and alarmed, probably more than required. The bill is full of slow phase-ins and long transitions as we attempt to turn around one-sixth of our economy and attempt to attain several seemingly contradictory goals.

A great deal of the debate has focused on the budget impacts, and specifically the positive or negative impact on the deficit over a 10-year span. The bill is full of wiggles and gimmicks, and as the vote drew near the Congressional Budget Office (CBO) estimated a positive deficit impact of about \$140 billion in 10 years.

Truth be told, no one has any real idea what the bill will do to the deficit over 10 years. Anyone who has studied the history of Medicare and Medicaid knows the legislative budget estimates tend to melt in the face of annual politicking and lobbying.

There are problems needing immediate attention. State budgets, hammered by the recession, will have to cut Medicaid benefits, a backwards step. Medicare physician reimbursement formulas, problematic for a decade, are being patched again while Congress dances around a permanent solution. Private insurers and employers will have to adjust quickly to new regulations and cost structures. Changes in Medicare are inevitable.

We can improve coverage and contain cost, but the reforms have to be constructed so carefully it is unlikely any political process has or will do so.

Now we know when the journey begins and the

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direction it is going.

The details will be tough to work out, and there are many battles ahead, but decision making improves as certainty increases. We may get a good place, but not without many bumps and bruises.

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