

HEALTH CARE REFORM: Reflections and Ruminations

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Well, after more than a year of political wrangling, posturing and name calling, in both Houses of the Congress, and on both sides of the aisle, we finally have health care reform. It's not as much as liberals had hoped for, nor as dire as Conservatives had predicted. It is a compromise, which, by definition, means not completely satisfactory to anyone. But that should in no way detract from its profound importance, nor the tremendous accomplishment of the Obama administration and the Democrats in the Congress in getting it passed. After seventy-five years of failed attempts by various presidents, from Franklin Roosevelt to Bill Clinton, President Obama on March 23, 2010 signed legislation to overhaul the nation's health system and guarantee access to health care to tens of millions of Americans. It is, undoubtedly, the most significant social welfare legislation to pass since Medicare/Medicaid in 1965, or maybe since Social Security in 1935.

For the first time in our history, affordable health care will be available to most, if not all Americans. We can finally join the ranks of Canada, France, Britain, Italy, in fact, most of the Western industrialized world, in guaranteeing health services as an essential right to their respective countrymen. It is not the end-all and be-all. There are still many serious questions to be resolved, such as: will the Administration's prediction of cost (and cost reduction) prove accurate? And: Who will pay for this cost? These are very slippery issues, which are not easily answered. Much of the anticipated savings will depend on how the act is interpreted and then implemented, which only time will tell.

But now that most of the furor is over, (despite the attempts of the Republicans and some states to test the act's validity in the courts, which I don't believe will be successful), I would like to look back briefly on what has been a truly significant and exciting, or frustrating - depending on your viewpoint - period in our history.

Prior to the passage of the Health Reform act, most experts agreed that our health care system was broken and urgently needed fixing. To quote the President of the United States:

“Millions of our citizens do not now have a full measure of opportunity to achieve and enjoy good health. Millions do not now have protection or security against the economic effects of sickness. The time has arrived for action to help them attain that opportunity and that protection.”¹

¹ Quoted in *Critical What We Can Do About The Health Care Crises* by Tom Daschle,, p. xi.

That quote might have been lifted from one of President Obama's numerous speeches in support of his health care agenda, but, in fact, was taken from President Harry Truman's speech to a joint session of Congress in 1945 to promote his own doomed health care plan. It took six decades more, and the vain attempts by three later presidents,² before health care reform was finally achieved.

Before passage of the health reform act, about 47 million Americans were without health insurance. Welfare families? Not so much. Four-fifths of them were either employed or members of a family with at least one employed adult. An additional 16 million people were "underinsured" or had coverage that would not protect them from catastrophic illness. At the same time, as health care costs exploded, more employers were reducing the amount of insurance they would cover. As a result, more working people were not able to afford coverage, even when it was offered to them. Other employers, fighting to reduce ruinous costs, eliminated coverage for prescription drugs, dental care, vision care, or even coverage for dependents. And it wasn't just low-income workers who were affected. The Census Bureau published statistics to show that more middle class people – families with incomes over \$50,000 – were not covered. Eighteen million of the roughly 47 million uninsured in the country earned over \$50,000. What was the impact? The Institute of Medicine has estimated that, in the year 2000, 18,000 people died because of lack of insurance, and, by 2006, that number had risen to 22,000, according to the Urban Institute.³

Health insurance premiums, prior to Health Reform, were increasing by about 15% per year; on track to double in five years. Employers, the principal providers of health insurance, were under progressively greater fiscal strain. This escalating rate of cost could not continue, without drastic results either to employers, in terms of reduced profits, or to workers, in terms of decreased health coverage or reduced wages, or both. The government's story was similar. About 60 % of the health care cost in the United States was paid for by government, including Medicare, Medicaid, the Veterans Administration, County hospitals, public employees' health care and through large tax breaks for employer-paid health care.⁴ Rising health costs were hitting government at a time of low economic growth, forcing governments to consider budgetary cuts in education, criminal justice, public safety and, of course, welfare programs.

More disquieting facts: As I have said, more than 16 percent of our economy, or \$2 trillion, is spent on health care. In fact, the United States spends more of its GDP on health care than any other country in the World, except for East Timor.⁵ And remember: In countries like Germany, England, Canada, France, Spain, Switzerland and Japan, coverage is universal. No one is denied health care. On a per person basis, Americans spent, in 1994, more than \$6,100 on medical care, more than twice the industrialized world's average, including Canada. Yet Canada has better five-year survival rates for kidney transplants, colorectal cancer, and childhood leukemia than we do. Canadians can also look forward to living two years longer, on average, than Americans. If you are

² LBJ, Nixon, Clinton.

³ *Health Care Rationing Rhetoric Overlooks Reality*, N.Y. Times (8-13-07)

⁴ *Epidemic of Care*, by Halverson & Isham Publ. J:osey & Bass (203) p. xii.

⁵ WHO "World Health Statistics, 2009. http://en.wikipedia.org/wiki/Health_CARE_REform_Debate. Population of East Timor@ 900,000. Located in Indonesia.

Spanish: 2.1 years longer; Japanese: nearly four years longer. The United States also compares poorly with other industrialized nations in infant survival rates with 6.9 deaths per 1,000 live births in the year 2000. In Japan it was 3.2; in Sweden, 3.4; in France 4.6; in Denmark, 5.3. The bottom line is that in a more revealing WHO global ranking of health care, the United States placed a dismal 37th – between Costa Rica and Slovenia. Now I recognize that the foregoing statistics may afford only a rough correlation with the quality of health care. Obviously, there may be other factors at work: diet, genetic disposition, social factors, etc. But you begin to get the idea: other countries offer universal coverage without it being ruinously expensive, and with a better quality of health services.

Another bizarre and inequitable feature of the American Health Care System has been pricing. Imagine going into a grocery market for a box of cereal. The price is 95 cents. Another customer comes in and is charged 53 cents for the identical box of cereal. A third customer is charged \$1.25 for the same box of cereal. Obviously that grocery market wouldn't last long. But that type of surrealistic pricing is quite common in the health industry. Hospitals typically have a standard cost for a procedure or room charge. That's the "sticker price." But big insurance companies, HMO's and Medicare negotiate to obtain volume discounts off those rates, so they pay only a small percentage of the sticker price. Studies show that the uninsured is charged three, four, sometimes as much as ten times more than an insurance company would pay for the same service. An example: According to one report, OU Medical Center in Oklahoma City, Oklahoma charged an uninsured patient \$85,400 for a craniotomy.⁶ A typical insurer would have paid \$15,600 for the same procedure. Medicare would have paid \$13,900.⁷ The OU Medical Center is part of the Country's largest for-profit hospital chains, HCA Inc., which, by the way, is controlled by the family of former Senate majority leader, Bill Frist. (To be fair, Frist sold his company shares in 1995). This is not an isolated example; nor is HCA, Inc. the only culprit; although it was found, at least in one study, to be a major offender.⁸

The victims of this pricing system are not the rich, who have insurance, nor the aged nor the very poor, who have Medicaid and Medicare. The victims are the lower to middle-class working families who are not able to afford insurance, but are not eligible for government aid. So, what happened to good-old Adam Smith's efficient market" capitalism? Why aren't market forces achieving optimum prices? Because the system is rigged in a way that would not be tolerated in the sale of any other consumer product. In the supermarket you know what everybody pays for a particular commodity. If you think the price is too high, you don't have to buy it. But in the health care industry, it is very difficult to determine what the average price is for a product or service, and if you are a cancer patient or an emergency patient, you don't have much choice anyway.

It was evident to many that our health care system was on the road to disaster. So, given that health care reformers have been preaching the need for reform for years, why was there so much resistance, and so much rancor that greeted the Obama health reform efforts? The answer, I believe, is rooted in three factors: (1) the complexity and breadth of the issues; (2) the inherent nature of our bi-partisan political system; and (3) the

⁶ *Critical, supra*, p. 15.

⁷ *Id.* at 15.

⁸ *Id.* At 22

powerful influence of the interest groups in the “health care industry,” all of whom had a considerable stake in the way the health care system worked.

Let’s take those factors in reverse order. Start with the “vested interest” groups. As already noted, 16% of our economy, or \$ two trillion annually, goes on health care. If we are going to achieve cost savings in the system, a significant portion of the savings will come out of company profits and executives’ salaries and bonuses. The stakes are high, and the health care industry was not about to give up such profits (bloated as they may be) without a fight. In terms of political clout, the health care industry is second to none – *not even the trial lawyers*. Between 1998 and 2006, pharmaceutical companies and other manufacturers of health-care products spent over a billion dollars on lobbying. That is more than anybody else spent, and twice as much as the oil and gas industries.⁹ Insurance Companies ranked second in lobbying dollars. But, in addition to lobbying, there were also hefty contributions to political campaigns. In the last 15 years, the health care industry contributed \$479 million to political campaigns, more than the energy industry (\$315 million), commercial banks (\$133 million) and big tobacco (\$52 million).¹⁰ In addition, I would guess that untold millions have been spent by such companies and their PACs on direct ads aimed at scaring people about the potential dangers of health care reform, particularly the public option, and the ruinous potential effect of the proposed health reform on the economy.

Ironically, it was an insurance company which was largely responsible for providing the final push which caused the health care bill to pass in the House. In the final innings, when votes were really tight, Anthem-Blue Cross, headquartered in California, unexpectedly began to advise many of its 800,000 individual non-group policy holders to expect a premium increase by up to 39%, effective March 1, 2010. The reaction was swift and sharp from Anthem’s customers and from elected officials at every level. President Obama said, “If we don’t act, this is just a preview of coming attractions...” HHS Secretary Kathleen Sebelius called on Anthem to provide a “detailed justification” for the increases, especially since Well Point, Anthem’s parent company, posted record profits of \$2.7 billion in the fourth quarter of 2009. Suddenly, the momentum was back with the Democrats and health care reform.

The second big reason for resistance to health reform was pure politics - at both ideological and practical “rally the troops” levels. Seldom in recent times have we seen such polarization between Democrats and Republicans? Not a single Republican in the Senate or in the House voted for the health care bill. To me, that is remarkable. GOP lawmakers attacked the proposed legislation with doomsday rhetoric. Minority leader John (“Hell No!”)Boehner (R-Ohio) shouted in a fiery speech of opposition to the bill: “We have failed to listen to America and we have failed to reflect the will of our constituents.” When the bill passed, he compared it to Armageddon. (One wag speculated that Boehner’s passionate opposition to the bill was because it imposes a tax on tanning salons – of which, seemingly, he is an *habitué*.) Gov. Arnold Schwarzenegger of California stated in his State of the State address: “Health care reform, which started as noble and needed legislation, has become a trough of bribes, deals and loopholes.”¹¹ The press also chimed in. Ten years earlier, conservative guru Bill Kristol had opposed the

⁹ Id at 194.

¹⁰ Id at 69.

¹¹WHO “World Health Statistics, 2009. http://en.wikipedia.org/wiki/Health_CAre_REform_Debate

Clinton plan in favor of so-called “free-market” reforms. He argued that the results, if Clinton’s health reform prevailed, would have profound ideological and political ramifications:

“...the long term political effects of a successful...health care bill will be even worse – much worse....It will revive the reputation of...Democrats as the generous protector of middle-class interests. And it will at the same time strike a punishing blow against Republican claims to defend the middle class.”¹²

More recently, even moderately conservative columnist David Brooks, of the New York Times, became hyperbolic, warning that passing the bill “would be political suicide. It would be the act of a party so arrogant, elitist and contemptuous of popular wisdom that it would not deserve to govern.”¹³ The Conservatives’ messages were uniform in their conclusion: health care reform. – or at least the Democratic version of it – must be stopped, or we will face fiscal disaster.

During the 2009 reform debate, Sen. Jim DeMint (R-SC), in an appeal to colleagues - having nothing to do with the merits of the bill, but very much to do with Republican politics - stated: “If we are able to stop Obama on this, it will be his Waterloo. It will break him.”¹⁴ There was also partisan rhetoric on the left. Paul Krugman, a Nobel laureate in economics, and NY Times columnist, argued that Republican and Conservative opposition to the health reform bill was nothing more than “spite pure and simple.”¹⁵

Understandably, people in the Country, were confused and frustrated by this rhetoric from their elected leaders. Whom to believe? Exacerbating the whole thing was the downturn in the economy. Here was a pressing issue (the economy) that needed attending to, and the people in Washington were dithering over minutiae in the health bill. This frustration, in part, spawned the formation of the “tea party” movement. This is not actually a political party, nor does it have any stated agenda or elected officials. As the name suggests, it is more a symbolic protest against politicians in Washington who will not listen to their constituents’ concerns. Based on their expressed viewpoints, the tea partiers are essentially conservative, so the Republicans would like to co-opt their passion – against the Democrats in general and health reform in particular. The Democrats, on the other hand, seem to view the tea party as an ephemeral phenomenon, or a “lunatic fringe” which will never pose a political threat. Obama, to his credit, did not dismiss the movement as a mere aberration but rather as a symptom of the growing frustration in the country with Washington politics. He promised to address their concerns.

The passage of the Health care bill gained tremendous *cachet* for President Obama. His skill in guiding the Congress over some very rocky terrain was impressive. Nancy Pelosi, majority leader in the House, is also due substantial respect for her political astuteness in steering this bill through the House, which ultimately led to victory. One bit of political legerdemain which was intriguing (at least to me) was the use of the reconciliation bill. Reconciliation is a procedure created in 1974 as a way of making

¹² Id. Last visited 2/8/2010

¹³ N.Y. Times, 1-19-2010 p. _.

¹⁴ Id.

¹⁵ Krugman-the Politics of Spite-October 2009. <http://www.nytimes.com/2009/10/05/opinion>.

changes in federal policy to meet fiscal guidelines. Because the process limits debate to 20 hours, it is filibuster -proof and requires only a simple majority for passage. But reconciliation comes with strict rules which bar its use for anything other than bills which have a purely fiscal impact. In 1994, President Bill Clinton wanted to use the reconciliation procedure to get his own health reform bill passed. He sought the approval of Sen. Wm. Byrd of W. Va., then president *pro tempore* of the Senate. Byrd said no, and so the procedure was abandoned, and that was the end of health care reform in Clinton's time. This time around, the Democrats were again considering using the reconciliation procedure as they were one vote shy of the 60 needed to block filibuster, and the Republicans were clearly threatening to use filibuster to block the Democrats health reform bill in the Senate. But then Al Franken was finally seated as Senator from Minnesota, and so the Democrats had their 60 votes and reconciliation was not needed. The Bill passed the Senate with, of course, no Republican votes and was headed to the House. Then, to everyone's surprise, Scott Brown was elected Senator from Massachusetts to replace Ted Kennedy. Brown was a Republican, and opposed to the health reform bill of the Democrats. At that point, the House could have simply voted to approve the Senate bill, and that would have been that. But a sufficient number of House Democrats were unhappy enough with the Senate bill to make its passage questionable. If the bill were modified to satisfy a sufficient number of the Democrats to ensure its passage, then it would have to go back to the Senate - where the Republicans were waiting for them. It was a thorny dilemma. Finally, Obama or someone in his administration, got the brainy idea of resurrecting the reconciliation procedure. First, the House would pass the Senate bill without changes. Then a second bill, containing amendments to the first bill, which would eliminate the objectionable sections of the former, would be passed in the House as a reconciliation bill. It would then go to the Senate for approval, where filibuster would not be possible. That's exactly what happened. This time, by the way, Sen. Byrd voted for the reconciliation bill. President Obama signed the two bills, which, in combination, became the health care reform act.. Republicans cried "foul" claiming this was a cynical flouting of the democratic process. But then, arguably, so is the use of the filibuster.

The third factor which caused so much confusion and dissention in the Country was the sheer complexity of the subject. The Senate bill, which served as a blueprint for what ultimately was passed, runs over 2000 pages; it covers myriad amendments and deletions to the already complex Medicaid and Medicare Acts. With so many issues covered and so many esoteric subjects such as cost and cost recoupment, budgetary impact, and how insurance co-ops would work, people were often easily – and intentionally - misled. One of the early hot-button issues was the so-called public option.. To liberals, the public option was the next best thing to a single-payer system, like Canada has. To many conservatives, who feared it would drive out private insurance companies, they warned that it would put the country on the path eventually leading to *socialism!* Needless to say, with the disinformation that was spread about it, it did not survive the cut.

A ludicrous example of how an issue was deliberately distorted to generate resistance to the health reform bill, was the so-called "death squads." The original idea, innocuous enough, was to provide in the bill a provision for reimbursement of physicians for counseling with patients and their families about end-of-life issues. Specifically the

proposed language in the bill covered a voluntary conference with a doctor every five years about living wills, powers of attorney and end-of-life treatment preferences. The primary author of the provision was Earl Blumenauer, a Democratic Representative from Oregon. The provision had many advocates on both sides of the aisle. In fact, a co-sponsor of the provision was Charles Boustany, a Republican from Louisiana. Even Alaska Governor Sarah Palin issued a proclamation in 2008 that stated the importance of end-of-life planning. Then Betsy McCaughey entered the fray. In a radio interview she attacked the end-of-life counseling provision, claiming “it would make it mandatory, absolutely require, that every five years people on Medicare have a counseling session that would tell them how to end their life sooner.” This malicious distortion of what the bill provided went viral immediately. A week later, Rush Limbaugh described this same provision on his show as: “Mandatory counseling for all seniors at a minimum of every five years, more often if the seasoned citizen is sick or in a nursing home.” Two days later, the lie found its way into Republican political statements. John Boehner stated censoriously “This provision may start us down a treacherous path toward government-encouraged euthanasia, if enacted into law.” This comedy-of-errors finally went ballistic when Sarah Palin wrote on her Facebook page: “The America I know and love is not one in which my parents or my baby with Down syndrome will have to stand in front of Obama’s ‘death panels’ so his bureaucrats can decide... whether they are worthy of health care. Such a system is downright evil.”¹⁶ Subsequent efforts by Democrats to set the record straight were of no avail. The pernicious rumor had taken on a life of its own.

Abortion was another issue which almost derailed the passage of the bill near the end. The Family Research Council, a conservative group, raised the prospect that taxpayers would be required to “pay for abortion on demand” and to “fund the leading provider of abortion in the nation, Planned Parenthood.”¹⁷ Actually the bill didn’t change the way abortion was treated before passage of the bill. If a private insurance company’s policy didn’t provide coverage for abortion, that wouldn’t change. That would also be true for coverage offered through the newly-invented national insurance exchanges i.e. it would be up to the insurance company to decide whether or not to include abortion in its policy. Contrary to rumor, the bill would also not pre-empt state laws governing abortion. Nor would Medicaid cover abortion. It would still be governed by the Hyde Amendment,¹⁸ which restricts federal funds from being used for abortions, except in the case of rape, incest or danger to the mother’s life. Nevertheless, anti-abortion members of the House, led by Democrat Bart Stupak, of Michigan, insisted on more re-assurance. Finally, President Obama agreed to sign an executive order affirming the non-use of federal funds for abortion, which satisfied the Democrats. When Republicans were not mollified by the executive order, Rep. Stupak rose to quell their objections, and was greeted with a cry of “baby killer” from the Republican side of the House.

Finally, despite all the opposition, the bill did pass the House, (219 – 212) and we now have Health Reform.

Health Care Reform – What it does.

¹⁶ Quoted in *My Near Death Panel Experience*, by Earl Blumenauer N.Y.T. 11-15-2009, Op. Ed. Page.

¹⁷ Quoted in <http://prescriptions.blogs.nytimes.com/2009/08/27/the-abortion-question>.

¹⁸ First passed in 1976. Not a permanent law. It is a “rider” to budget law which expires at the end of the fiscal year, but has been passed annually ever since.

The Patient Protection and Affordable Care Act was signed into law on March 23, 2010. The Health Care and Reconciliation Act of 2010, was signed into law on March 30, 2010. Combined, the two bills are the "Health Reform Act." The Act takes effect essentially in three stages, over the next four years, some provisions taking effect immediately, some 90 days later, and others which will go into effect in 2014 and beyond. The bill is divided into 10 titles, and includes: expanding Medicaid eligibility, subsidizing insurance premiums, providing incentives for employers to provide health care benefits, prohibiting denial of coverage and prohibiting denial of claims based on preexisting conditions, establishing health insurance exchanges, and support for medical research. The costs of these provisions are offset by a variety of taxes, fees and cost-saving measures, such as Medicare taxes for high-income bracket tax payers, cuts to the Medicare Advantage program and fees on medical devices and pharmaceutical houses; there is also a tax penalty for citizens who do not obtain health insurance (unless they are exempt). For a detailed exposition of the Health Reform Act, there are many newspaper articles and websites. One which I found helpful is:

http://en.wikipedia.org/wiki/Patient_Protection_and_Affordable_Care_Act.

I am not a health care expert, and I do not purport to understand all of the ins and outs of the Bill. For simplicity, I would emphasize five key changes in the Bill:

1. **Compulsory Health Insurance.**

You will be required to purchase health insurance or be subject to a fine. If your employer doesn't offer health insurance or if you do not earn enough to afford it, you may get assistance from the government. Thirty-three million additional people will be insured under this law.

1. **Coverage for Adult Children.**

Children will be able to be covered on their parents' insurance until they reach age 26. Formerly, many policies did not cover children once they reached age 19. (Eff. Immediately).

2. **Insurance Cannot drop you.**

Your Health Insurance Company will no longer be able to drop you if you get sick

3. **Denial of coverage for Pre-Existing Conditions**

Starting this year, your children cannot be denied coverage because they have a pre-existing health condition. . Also, if you have been denied coverage because of a pre-existing condition for at least six months, coverage options will be immediately available to you. (Eff. Immediately.)

4. **No Caps on coverage.**

Insurance companies will be barred from instituting lifetime caps on health coverage. (Eff. Immediately)

That, in broad summary, is what the Health Reform Act *did*. Now, let's consider what the Act did *not* do.

Health Care Reform – What it didn't do.

First, and foremost, it did not include the so-called “public option.” President Obama had campaigned for the public issue when he ran for president. No one at that time had even seen a written model for such a plan, so the ideas of how it would work varied considerably. Many people thought it would be modeled after the United Kingdom or Canadian systems, so-called “single-payer,” which are government funded. This was not exactly what President Obama was advocating. His idea was a government-run health insurance agency which would compete with private insurers. But a substantial number of people still felt that the government-run agency (with no profit motive) would eventually drive out the private companies, leaving only the government in charge. In all frankness, I believe that this assessment is correct: Over time, the more costly private insurance companies would have been driven out of the business. (But, to everyone's benefit, in my judgment.)

Initially, the House, in 2009, passed a bill which incorporated the public option. Then the idea just seemed to lose steam. Despite the fact that in many polls, the public option seemed to have the approval of the majority of Americans,¹⁹ Pres. Obama abandoned the public option in favor of an insurance co-op system. It was clearly a political expedient. Despite the poll numbers on popular opinion, , Obama didn't think he had the votes to get it passed. Pres. Obama downplayed the change in course, calling the public option just “a sliver” of the over-all plan. But to many, the public option was the lynchpin of health reform, assuring universal coverage, curtailment of insurance costs and drug costs, and standardization of medical costs and the billing system for same. Dennis Kucinich (D-Ohio) was one such person. He was a liberal who steadfastly refused to accede to the bill until, at the eleventh hour, with heavy persuasion from Pres. Obama, he grudgingly caved in, conceding that the bill, though flawed in his estimation, was better than nothing. Many policy experts, however, don't see co-ops as a simple substitute for the public option. According to former Labor Secretary Robert Reich, only a big national public option can force insurance companies to cooperate, share information and reduce costs. “Starting up new co-ops across the country that would effectively compete with the mammoth insurers,” said Timothy Jost, a health law expert and professor at the Washington and Lee University School of Law, “is like expecting people to start up electric companies in their garages to compete with the dominant regional power company.”²⁰ It is a reflection of the power of health insurance lobbyists. To me – an admitted non-expert – the removal of a public option from the plan will significantly jeopardize health reform by eliminating the essential competitive market forces necessary to keep health insurance premiums and drug costs down. But, at this point, no one really knows for sure.

Another issue missing from the bill was tort reform. The argument in favor of this issue, a favorite of the Republicans, is that large medical malpractice awards contribute significantly to health care costs. They also argue the Doctors, faced with huge potential liability, practice what they call “defensive medicine,” which means that they overuse expensive diagnostic tests, such as MRI, so that they can't be criticized if a patient has a bad outcome; thereby driving up costs dramatically. However the direct cost of

¹⁹ http://en.wikipedia.org/wiki/Public_Health_Insurance_Option

²⁰ Ibid.

malpractice suits amounts to only about 0.5% of all healthcare spending.²¹ A 2004 report by the CBO put medical malpractice costs at 2% of US health spending and concluded that “even significant reductions” would do little to reduce the growth of health-care expenses.²² In Ohio, we have had a series of “tort reform” acts, the most recent having been passed in 2004. Five years later, there has not been a significant decrease in health costs. During that time, health insurance premiums in Ohio employer plans have increased by 19%, while the national average was 22% during that same period. And even that small decrease over the national average, according to some experts, can be attributed to a variety of factors other than tort reform. In neighboring Kentucky, premium increases were less than in Ohio, and Kentucky doesn’t even have tort reform.

CONCLUSION.

Will the Health Reform Act, in time, prove to be the cure for what has ailed the system for years, or will it, as its critics predict, be a ruinously expensive and bureaucratic nightmare? Well, the jury is still out on that one. There are too many factors; too much is dependant on how the Act is interpreted and implemented. Like the weather, there are too many imponderables; it’s the butterfly effect, and the further out you go, the less likely the predication is going to be accurate. We do know that, at least by CBO estimates, the number of uninsured will drop by 32 million people by 2019, the year the final provisions of the Act go into effect. That, to me and I would guess, most people, is a good thing. Of course, that leaves 15 million people still uninsured, at least 1/3 of whom are illegal immigrants. I think that is disgraceful; but, that is a problem we will have to face another day.

The Health Reform Act will reduce the federal deficit by \$138 billion over the next decade, according to GBO estimates. The price tag on Health Reform has been estimated at \$940 billion over the next 10 years, \$923 Billion of which will be spent in the final six years (2014-2019) when the benefits all kick in. The CBO also projects revenues will exceed spending during the same six years. Davis Walker, former US Comptroller General, has stated that GBO estimates are not likely to be accurate because they are based on the assumption that Congress is going to do everything they say they are going to do.²³ But, based on what we know now, it doesn’t sound like health care reform will lead to Armageddon. I suspect that in ten years, health reform will prove to be as vital and dear to the hearts of Americans as Social Security is now.

²¹ http://en.wikipedia/wikiHealth_care-reform_debate

²² Ibid.

²³ #18 p. 8