

The Case for Reform
By Gordon H. Smith, Esq.

As a national health reform proposal continues to take shape in Washington, it is important not to lose sight of the proverbial forest for the trees. In this case, the trees are the many details that any comprehensive bill necessarily would have to include. And no one is going to like all of the details. As lobbyists, we know all too well that it is far easier to defeat a bill than to pass one. And the more complex a bill, the more controversial it is likely to be and the easier to defeat. To draft a bill that meets defined objectives and to pass it in an area as complicated as health care requires patience, diplomacy, compromise, and real legislative skill. The formula for defeating a bill is much simpler. Focus on a limited number of controversial points, take them out of context, and speak loudly. In every possible way, try to drown out your opponents, thus causing the public to forget the overall objectives.

The primary objectives of health care reform should be the following:

- Provide appropriate public or private insurance coverage to all Americans; and
- Reduce the exorbitant cost of health care by slowing the growth trend.

If our leaders will focus on these objectives, measuring each legislative provision against these two benchmarks, the overall objectives are likely to be met. But, if supporters of the status quo are allowed to drown out the voices of the uninsured, the underinsured, employers, and employees who cannot afford annual double-digit increases in health insurance, reform is likely to fail and another opportunity will be lost.

One example of these tactics is the latest complaint of reform opponents that the Senate Finance Committee proposal is fundamentally flawed because it leaves 17 million people without coverage. The bill expands coverage by 29 million, ensuring that 94% of U.S. residents are covered. These skeptics are the same people who object to most of the measures that get the bill to cover 94% - that is, mandates to purchase insurance with subsidies for those who cannot afford coverage.

While physicians are concerned with many of the provisions in the Senate Finance Committee bill, particularly its failure to fix the flawed Medicare payment schedule for physicians, its promise of coverage for 29 million Americans currently without coverage is a positive attribute too large to be ignored. And while many of its provisions will cause financial pain, through increased fees and other revenue enhancements, all of these have to be weighed against the fact that many more patients in need of treatment will access that treatment earlier instead of seeking care in the highest cost settings when the problems have become acute. Coverage and cost must be the priority.

One example of the cost issue: Physicians participating in the Maine Medical Association's group health plan face a 29% increase in their health insurance premiums, effective February 1, 2010. Some options for families will now approach \$30,000 per year in this small group plan offered by Anthem Blue Cross Blue Shield of Maine.

Imagine this in a state where the average wage earner makes about \$35,000 per year. As anyone responsible for purchasing coverage for their employees knows all too well, if your loss experience is good in a given year, the health insurance company takes the difference. But if you have a bad year, your health insurance company wants its perceived or real loss back in the next year. The employer and its employees don't win in this cruelest of lotteries.

I cringe when I hear those opposing reforms say that Congress must avoid destroying the private, employer-based insurance system that is working so well. Working well for whom, I would ask.

Let us hope that our elected representatives remain focused on the primary objectives and are not distracted by the politics of distortion, distraction, and destruction.

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