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Posit: Health Reform

"The 'Patient Protection and Affordable Care Act' is so ill-conceived, ill-timed and hastily drafted that it should be repealed immediately."

Among 129 responses, 77 (60 percent) disagreed. Though a posit does not constitute a valid poll, the results of this posit coincide very closely with the most recent CMA survey on the same topic, as noted in Dr. Paul Phinney's comment at the end of this page.

Forty-nine very slightly edited comments follow.

AS LONG AS WE HAVE A SYSTEM that has a mandate for care (ER service), we need a mandate to insure. In addition, many of the other provisions of the bill (extension of benefits to older children, pre-existing condition policy, national minimum coverages, health insurance exchange) do a great job in diversifying the risk pool and broadening coverage. If one measures health care efficiency in terms of outcomes versus dollars spent, the for-profit/fee-for-service system we have in place, with high-risk/high-cost patients covered by Medicare and lower-risk/healthier/low-cost patients the domain of the private sector, is both terribly inefficient and insufficient. The PPACA is a great step in the right direction. — **Srihari Namperumal, MS III**

During the debate over the health care bill, I recall Nancy Pelosi saying, "We need to pass this bill so that we can see what is in it," a profoundly revealing statement from the leader of the House that shows how lazy our elected representatives can be about doing their jobs. The bill is poorly conceived, without enough thoughtful deliberation about unintended future consequences and costs of its provisions. Repeal it and start over, with a much more limited role of the federal government in our health care system. — **Terry Williams, MD**

It was high time that the public subsidy of the health insurance industry profits was at least limited, even if the measure did not go far enough. It is only fair to ask them to insure all of us if they want to be in the business of insuring any of us. If it is too hot in the kitchen, then they shouldn't be cooking. — **Daniel Egerter, MD**

A noble idea morphed into a terrible plan by a corrupt, partisan legislative process. The citizens of the United States deserve far better than this bureaucratic monstrosity. — **David Linstadt, MD**

It should not be repealed — it should be amended. It is beneath us as a wealthy and humane society to fail in providing universal coverage. The PPACA is a significant step in remedying that failure. However, the PPACA itself is fatally flawed (in the fullest sense of the term) in failing to explicitly include protection for human life and conscience as stated

in the Hyde and Weldon Amendments. In refusing to include such protective language in the Act, the Obama team may have lost critical support that will bring down the whole of it. — **Stephen McCurdy, MD**

One thing I have learned about our health care system is that change is inevitable and constant. We are at the beginning of the biggest changes since Medicare and Medicaid arrived in the mid 1960s. According to SSVMS and CMA opinion polls, half of our members are ready for and support these changes and the other half are firmly against them. Be assured that what we see in these reforms is not what we will get. The Affordable Health Care Act and all of its components are a work in progress that will be never ending, just like the Winchester Mystery House, another door here and another there. — **Bill Sandberg**

According to the most recent poll of CMA members, more than half (59 percent) would disagree. This professionally run, telephone interview poll was carried out on a sample of CMA physicians closely reflecting the demographics of the association as a whole. The results are statistically valid within a couple of percentage points, and show a shift in sentiment of CMA members towards favoring the legislation as compared to a year earlier when equal percentages were in favor as were opposed. The two polls were conducted by a reputable firm with experience running polls for Republican candidates, and, as such, is unlikely to have a bias in favor of liberal ideology. — **Paul Phinney, MD**

Reform is necessary because of the fiscal crisis facing our health care delivery system. PPACA primarily afforded access at a great cost to the taxpaying public without any unit cost or utilization cost reform save Medicare Advantage. Many states are under water currently and cannot fiscally respond to the mandates in the bill no matter how worthy the goal is to have all Americans insured for health care. We appear to be heading towards “social equality ideology” that is neither our choice nor can we afford the cost currently. Reconsideration of a true safety net insurance product should be considered, delivered by the private insurers.

However, no matter how much money we spend on medical insurance for healthcare delivery, Americans will remain unhealthy until our cultural behaviors improve, e.g., obesity, smoking, ETOH, etc. The delivery system is principally treating the ill (save pediatrics). — **Robert Forster, MD**

I look forward to its full implementation. — **Sam Applebaum, MD**

The ACT contains many provisions that a compassionate, responsible society should have been doing years ago. It expands coverage for children and many who would otherwise be unable to get insurance. It goes after fraud. It ends despicable insurance company practices like canceling existing insurance for sick people or refusing to insure in the first place. It provides incentives for 20,000 new primary care doctors. Many of its components emphasize preventive care. It is not perfect, but not because it was hastily written. The faults arose when people who live by the motto of, “I’ve got mine, screw you,” started to gut key components. OK, that led to it garnering enough votes to pass. But it needs to be reformed, to un-gut it. As it is currently written, without a public option to compete with Big Insurance, it is a corporate give-away.

It will require reform to keep insurance companies from jacking up rates so high that everyone pays the fine rather than acquire insurance. And it will require close monitoring to keep the people who find ways to subvert well-intentioned laws from doing so. — **Ann Gerhardt, MD**

I don't understand it all so it must be those bad things you listed! — **Byron Demorest MD**

It's probably the best we can get for now. — **Mark Levy, MD**

Most, if not all, of the bill's provisions are appropriate. The problem is, as expected, it may not go far enough to control fraud, abuse, and waste in fee-for-service care. But those provisions will follow when the payments become unaffordable.

The key now will be the creation and implementation of regulation. California has already started to implement its piece. The new law requires Medicaid to implement correct coding initiative edits but California Medi-Cal implements new CPT codes 9 months late. California Medi-Cal claims processing will require new methodology to control fraud and abuse. — **Jerry Rogan, MD**

It does nothing for actual health care. And it does nothing for malpractice reform. It seems to just squeeze reimbursements to providers, did not actively seek the input and advice of patients, and has loaded care for 30 million new patients without making any additions to primary care capacities in our community! — **Pankaj Patel, MD**

The PPACA is a costly, overly-complicated hodgepodge. I favor making the health plan that our federal legislators and government workers have been made available to all Americans. It would be ungodly expensive but higher co-pays and deductibles than we are used to would help. Health care is at least as important as defense. We can do this. The greatest nation on earth should have no less. — **Lawrence Bass, MD**

[Disagreeing] Please read A "Broader Regulatory Scheme" — The Constitutionality of Health Care Reform, from NEJM, in defense of my position. It includes a great legal overview of the importance of reform to health insurance. — **Jessica Nuñez de Ybarra, MD**

It is a good start. It still needs a lot of work, but that can be said for anything the government creates. — **Anthony Russell, MD**

I write from both the physician's and patient's point of view. The AMA and AARP sold out their respective memberships with physicians accepting their new roles as compliant rationers of medical care and the elderly as victims who no longer can trust "their" doctors for independent judgment. Most physicians don't know the mesh of regulations that will direct their judgment assisted by their Medical Directors who will counsel them. Obamacare will require thousands of new IRS agents to govern compliance.

Pragmatically speaking, "quality" is Compliance. The Hippocratic Oath is dead! The public must be told that "Primacy of the Patient" no longer governs the service of doctor to patient. So should the trial lawyers. There are at least two constitutional challenges doctors should back. Finally, whatever bill emerges from repeal, the sick and those with preexisting conditions must be insurable and there must be major tort reform which the AMA backed away from when Obama declined to grant. — **Cleve Baker, MD**

It definitely needs some help, but I would not start over. — **Thomas Curran, MD**

Most of this repeal chorus is a partisan political smokescreen to subvert the current administration and win the next presidential election.— **Mark Zlotlow MD**

In contrast to Nancy Pelosi's statement, we need to "read what is in the bill BEFORE we sign on to it". — **Harold Rennolet, MD**

More pluses than minuses and certainly not hastily drafted! — **Jonathan Breslau, MD**

The worst piece of legislation ever produced by Congress. Large employers have already projected the effects and costs are going up for employees. Small business cannot afford to add new employees. The number one component that should have been in this legislation is missing...tort reform. — **Reinhardt Hilzinger MD**

The private sector has had years to get medical costs under control. Instead, we now spend 17 percent of our national GDP on healthcare and still fall far short of insuring everyone. In this age of fear of big government regulation, the PPACA was probably as close as we could come to real reform without completely dismantling the current system.

Some of the reforms no doubt will appeal to liberals and conservatives alike: dealing with the Medicare Part D doughnut hole, barring health plans from excluding children due to pre-existing conditions (and at a later date, applying that to everyone), allowing dependents to stay on health plans until age 26, and raising Medicaid reimbursement.

The more contentious items seem to be the promotion of accountable care organizations and what that means exactly. And lastly, the issue of health insurance exchanges managed by the individual states. We know how good California has been managing its finances! Should be interesting to see how it plays out. — **Nate Hitzeman, MD**

While this bill was not financial reform it is a start; everyone in this country deserves decent health care and, while awkward in its approach, this will move towards that goal. — **Thom Atkins, MD**

It should have included a public option provision. — **Gerald Swafford, MD**

They need to have tort reform in order to decrease the cost of medical care. — **Richard Wakamiya, MD**

The bill hardly addresses the problems of our healthcare system and, in fact, puts more money in the hands of the insurance companies; however, it does insure millions of new people and it is at least a step in the right direction. — **Jana Chtchetinin, MS II**

Everyone should be able to purchase health insurance, so the "preexisting" ban is a very positive aspect of Health Care Reform. Also being able to keep children on the parents' plan until age 26 is good. — **Debra Johnson, MD**

This is just the first, but very important step, towards an affordable healthcare system with universal coverage for the USA. — **Ralph Koldinger, MD**

According to those who really know the specifics of the bill, it's worse than we can imagine — **Greg Nulton, MD**

When I was in school 20 years ago, Canadians and even Brits were coming to the US to get care not available, or not available for months to years in their home country. Where will we go if the U.S. goes "nationalized"? — **Brian Wipperman, MD**

This is the first step to improve our totally broken system. It is totally wrong to repeal this. Let us improve it. If repealed, nothing will happen for another several decades. We cannot afford that. — **Jane O'Green Koenig, MD**

Some of its provisions should be changed; specifically, there should be more restrictions placed on the control insurance companies have on delivery of health care to Americans. — **Sebastian Conti, MD**

Does absolutely nothing to reduce costs and waste. We need evidence-based medicine in combination with tort reform so that we don't waste billions of dollars in unnecessary tests performed solely for "defensive" medicine. — **Steven Polansky, MD**

This bill is intended to ultimately result in the federal government controlling your person through health care. Pelosi was right in saying it needed to be passed to learn what it contains — and what we are finding is UGLY, for instance the 1099 requirement which is probably a first step of a value added tax. — **Donald Macko, MD**

Although far from perfect, it is an improvement over our current system. One only need look at the EDs to see the results of poor healthcare asset allocation. Patients wait hours for care, often for non-emergent issues often exacerbated by time delays due to lack of access, and inability to purchase or qualify for insurance. Lack of communication between providers adds to the costly stew and leads to unnecessary and/or repetitive testing. It is inexcusable that the U.S. spends more than any other nation, yet ranks nowhere near the top in most measures of healthcare delivery. — **Kimette Marta, MD**

Reform will always be considered ill-timed and "hastily drafted," not to mention ill-conceived, to those who oppose it. Like a pregnancy, there is never a "convenient" time for reform. The Patient Protection and Affordable Care Act is complex and imperfect... but it's a start. If it is "ill-timed" it is because it is way overdue. If there is an "ill-conceived" model, it is our current fragmented, overpriced, wasteful system of irrational rationing.

Let's put our energies into moving forward; let's build on a decent start. Let's not stagnate in a system that has become sadly laughable to developed nations worldwide, and has proven over and over that it does not work equitably, rationally, or compassionately. — **Jody Gordon, MD**

It may not be the ultimate ideal in health plans, it is definitely going in the right direction. For a change, a plan has been proposed that is for the rights of the patient. — **Shereen Zakauddin, MD**

Too broad a statement. Some parts of the Act should be repealed. — **Kuldip Sandhu, MD**

It gives more coverage to more people but does not really address the problem of cost control. If you can truly keep cost under control, there will be affordable care. The current Act or Bill, all it does is shift the cost of care probably through higher taxes in the future. — **Vong Lee, MD**

We cannot throw the baby out with the bath water. It could certainly use some amendments. — **Olivia Kasirye, MD**

Too many extraneous things in the bill, such as businesses filling out 1099s every time \$600 is spent, and the 182 committees and commissions. Let's start over and get it right this time and allow congressmen and senators time to actually read the bill. — **Sidney Yassinger, MD**

The “Patient Protection and Affordable Care Act” is neither ill-conceived, ill-timed or hastily drafted. It was the product of many months of careful consideration by intelligent specialists, in consultation with many important interest groups. In contrast, our current, disordered health care “system” is both illogical and inhumane. We should proceed with the legislated changes, then build from there. — **Steven Orkand, MD**

It is the worst piece of legislation in history and should be repealed. It should then be replaced with many separate bills that are thoroughly debated and passed in the usual honest fashion. — **Donald Hause, MD**

Not only hastily drafted, but most members of Congress never read the act. — **Norman Label, MD**

It’s a start! We need health care insurance reform to make this work — caps, incentives for preventive care, etc. — **Barbara M. Livermore, MD**

This legislation is a small step toward a system of medical care that will bring us into the civilized world. — **Saul Schaefer, MD**

While it is not perfect, there are parts of it that cannot be argued against. The objectors say it should be entirely repealed, some stating that we have the best system in place already, ignoring the fact that the current system is melting down. They are driven solely by partisanship and they have not presented viable alternatives. — **Clifford C. Marr, MD**

The suggestion to repeal the entire PPACA represents pure political posturing, good for sound bites, but devoid of any thoughtful evaluation. In fact, one should say that the notion of total repeal is “ill-conceived, ill-timed, and hastily drafted.”

Many of the provisions in the act will be good for patients, some will be good for the economy, and some will even be good for physicians and others who provide health care. In fact, many Republican leaders will admit, but only in private and off the record, that some of the PPACA policies, particularly regarding health care cost reduction, are well-aligned with their stated goals. That said, there is no doubt that this law, like most of the ideas that emerge from the Congress, could and should be improved — through careful study and revision of key sections, but not through wholesale repeal. — **Alfredo Czerwinski, MD**

I don’t know how many of us have the background and knowledge to answer this question. I like CMA’s position that we want to retain the good and correct the bad parts of the legislation. However, I have heard others say that the plan is “so ill-conceived and hastily drafted” that it is irreparable, needs to be scrapped and started again based on proven principles of public health. — **Richard Gray, Jr., MD**
