

Some Things Never Change

WILL HEALTH CARE REFORM FARE ANY BETTER THIS TIME AROUND?

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In spite of wars and a downward-spiraling economy, health care remains at the top of the presidential agenda. At a recent White House health care summit, [President Obama stated](#), "We cannot delay this discussion any longer. Health care reform is no longer just a moral imperative, it is a fiscal imperative. If we want to create jobs, rebuild our economy, and get our federal budget under control, then we must address the crushing cost of health care this year."

The [Obama health care reform plan](#) primary relies upon a series of strategies directed toward employers, insurers, the pharmaceutical industry, consumers and hospitals. Here are the key elements of the plan:

- *Employers*: Employer reform includes creation of tax credits for small businesses, a safety net for businesses that would cover a portion of catastrophic health care costs in exchange for reducing employee premiums, and requiring large employers to either make "a meaningful contribution to the cost of quality health coverage for their employees" or face an additional payroll tax that would go toward employee health care.
- *Insurers*: Insurers would be required to cover pre-existing conditions at a fair price and refrain from "anticompetitive activity that drives up prices without improving quality of care." Malpractice insurers would be forced to adopt processes targeted toward the reduction of preventable medical errors and face limits on malpractice insurance premiums.
- *Patients*: The most ambitious portion of President Obama's plan calls for the establishment of a National Health Insurance Exchange for individuals and small businesses that would provide affordable private insurance options in addition to a government-sponsored plan with a minimum benefit set, comparable to the health benefits currently enjoyed by members of Congress. In addition, patients who are eligible would receive tax credits to help defray the cost of health care premiums.
- *Pharmaceutical Reform*: The Obama plan calls for lower drug costs, primarily through the import of pharmaceuticals and increased use of generic drugs in federal programs.

The plan also calls for more emphasis on health care quality and cost-effectiveness through initiatives that would require hospitals to collect and report health care cost and quality data, and through the mandated use of electronic medical records. The current estimated price tag for implementation of the entire plan is \$634 billion over the next 10 years.

If it weren't for these new wrinkles in my neck, I might be thinking I have been catapulted backward into 1993. Already a doctor of chiropractic, I was working toward my PhD in health services research and health policy at the University of Minnesota. I was chair of the National Health Care Committee for the [Minnesota Chiropractic Association](#) and an alternate to the [Minnesota Health Care Commission](#). I had my own copy of the [Clinton Health Care Reform Act](#), which I actually read. I spent a lot of time talking with academicians, policy-makers, doctors of chiropractic, other health care providers and patients about the health care crisis.

The United States was spending [13.4 percent](#) of its gross domestic product (GDP) on health care expenditures - nearly \$1 trillion dollars. In spite of this high expenditure, just over 39 million

Americans were uninsured. The situation was urgent. Something had to be done immediately. The political machine, spearheaded by the insurance industry, went into action and squashed the Clinton health care reform plan. After the dust settled, a few states ended up with pretty good health plans for uninsured kids, and we all went on to discuss more timely topics at meetings and cocktail parties.

Unfortunately, the problems in the U.S. health care delivery system did not fade with our attention. So here we are, more than 15 years later. To be honest, except for the even more dire statistics, the conversation has pretty much picked up right where we left off in 1993. In 2006, the United States spent [16 percent of its GDP on health care](#). Total spending topped [\\$2 trillion, or about \\$7,026](#) for every man, woman and child in the country. This is expected to [double by 2017](#), where it will then account for 20 percent of the GDP. The U. S. Department of Health and Human Services (HHS) spends [\\$2 billion dollars a day](#) on health services, programs and research. A recent Institute of Medicine (IOM) report has called for the HHS to streamline processes to enhance quality and efficiency.

We spend more on health care than any other industrialized nation. If we were the healthiest nation, one might be able to argue that these expenditures are justified. However, this is a tough case to make when the U.S. ranks [29th in infant mortality](#) and [45th in average life expectancy](#) - two benchmarks considered to be key indicators of a healthy nation. Don't even get me started about the nearly 47 million Americans who are currently without health insurance.

Do I think the Obama health care reform plan will be any more successful than the Clinton health care reform plan gathering dust on my bookshelf? Well, yes and no. First, [Nancy Ann Min DeParle](#), the new director of the White House Office for Health Reform, is probably a better choice than Hillary Clinton to spearhead reform initiatives coming out of the White House. DeParle is a former director of the [Health Care Financing Administration](#) and has a long-term, consistent, impressive track record in health care. Second, the statistics actually are more dire than previously. In a time of economic crisis, finding ways to control health care costs seems like low-hanging fruit to many. Third, health care reform has become decentralized. The world has not been entirely waiting for health care reform to show up on the president's agenda in a meaningful way. Medicare's pay-for-performance initiative and the work of the [National Quality Forum](#) and the AQA are already leading the way.

During the next few months, I will be using this column to discuss the Obama health care plan, as well as other current health reform initiatives. Most important, I will be discussing their potential impact on chiropractic from our multiple roles as part of the health care delivery team, as citizens in need of health care and as small businesses owners.

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