

Health Care Reform: What Does It Mean?

Continued from page 3

Medicare beneficiaries also will receive some **new benefits**, like a free annual wellness visit and a personalized prevention plan, beginning in 2011. Primary care physicians and general surgeons will receive a 10 percent Medicare bonus in 2011, and the legislation provides additional scholarships and loans to train medical professionals, whose supply must increase to address the new demand for health care services.

The Medicare cuts in the bill impact health care providers – primarily hospitals. This approach is based on the premise that over time, the number of uninsured patients treated by hospitals will decrease, which will reduce uncompensated care. And, with incentives to improve quality and patient outcomes, unnecessary tests and ineffective treatments will be eliminated, reducing overall health care costs. The long-term solvency of the Medicare Trust Fund was not addressed in the legislation, but Congress will have to deal with it at some point in the future.

Overall, I believe there are more positives in the legislation than negatives. Some 32 million Americans – including **4.1 million Texans** – will be covered. Despite the lack of “scoring,” the demonstration projects and pilot programs that modify the delivery system will save money and improve quality and patient outcomes. But remember, this massive reform of health care delivery and financing will take time to work.

Political Process

Many people are angry at the process, and many are fuming about government’s involvement in an individual’s health care. Others are concerned about the bill’s funding sources and the impact on the debt their children will inherit. Some health care leaders are concerned about the immediate reductions in Medicare reimbursement and the delay in expanding coverage and the growth in state Medicaid programs.

Without doubt, the political process was partisan and full of political theater. A bipartisan approach and a real debate of the issues would have been better. The bottom line is that the bill contains many provisions supported by both parties – initiatives that make sense and will help businesses and individuals over time.

If you are concerned about government’s involvement in health care, remember that Medicare and Medicaid

– both government programs established in mid-1960s – already pay for 50 percent or more of inpatient care. When you include military and Veterans Administration health care activities, government has been deeply involved in health care for a long time. And contrary to what you may hear, the controversial “public option” that would have provided a government-backed insurance policy is not part of the package. States will set up insurance exchanges to allow consumers to compare and purchase private commercial policies that meet federal standards. For those below 400 percent of poverty, sliding-scale subsidies will help families purchase coverage.

Deficit Reduction

Everyone seems to agree that the nation’s deficit is too high and must be reduced. At the Texas Hospital Association’s Annual Leadership Conference in February, national health economist and policy analyst Len Nichols said that passing comprehensive health reform is critical to helping the nation get its financial house in order. Without comprehensive reform, government programs – such as Medicare and Medicaid – will continue to grow, and the cost trends are not sustainable. The health care reform legislation actually will **reduce** the deficit over time.

Remember, the choice was never between this health care reform legislation and the status quo. Congress had to do something, and without reform, most observers expected Congress to simply cut Medicare and Medicaid. Those cuts would have reduced payments to physicians and hospitals at a time when the number of people covered by these programs is increasing. This would put more pressure on hospitals to shift costs to privately insured patients. Given the current economy and in the absence of reform, the number of uninsured would likely have increased as employers lay off workers and/or drop health insurance coverage.

While health care reform has brought cuts in hospital reimbursement, it also has provided the potential to increase the number of insured patients and decrease the volume of uncompensated care. The legislation also will accelerate changes in the way health care is delivered, and should result in better quality and patient outcomes. But the only way the approach works is if everyone is covered. Americans don’t like to be forced to do anything, but state and federal governments currently have many mandates – from paying income tax to carrying auto insurance. A personal mandate is the only way to create personal responsibility, which Americans do support.

Will it stick?

Democrats own the legislation, and the political drama likely will intensify, leading up to the November General Election.

Continued on page 6

Health Care Reform: What Does It Mean?

Continued from page 5

Some are skeptical that the legislation will stick, especially if Republicans regain control of Congress. Time will tell.

It's important to remember that this bill is not the "silver bullet" that will fix our nation's health care system overnight. **It is a beginning.** Like any other major legislative initiative, some issues need to be revisited and tweaks will be needed over time.

Although some provisions take effect within 90 days, **comprehensive change will not occur immediately.** The legislation will be phased-in over time, and will require extensive regulatory activity, a process where hospital input can influence actual implementation.

The health care reform legislation is far from perfect, but it is a reasonable start. Health care financing and delivery must change, and this legislation provides the framework to make it happen.

"Saddle Up" for the Texas Scottish Rite Hospital for Children's rodeo night

Saddle up Friday, August 6, 2010, for Texas Scottish Rite Hospital for Children's (TSRHC) Night at the Mesquite Championship Rodeo! Conceptualized three years ago by TSRHC volunteers, the event has raised more than \$17,000 for the hospital's Wish List Fund.

Last year, more than 500 hospital volunteers, families, patients and friends witnessed the thrills of this original western sport. Nichola Kouzes, former patient and reigning Miss White Settlement, sang the national anthem while TSRHC's logo was boldly displayed on the jumbo screen. Volunteers staffed an information booth telling the hospital's story of how children throughout Texas are treated for pediatric orthopedic and neurological conditions. Children eagerly lined up for face painting, the petting zoo and to receive autographs from rodeo cowboys while others savored Texas barbecue. Patients and volunteers in bandanas and cowboy hats posed for photos with family, friends and rodeo cowboys.

Any successful community fundraiser requires a dedicated and skilled committee working many months in advance. Committee chair Ken Hill has led and inspired this enthusiastic group since its inception. TSRHC staff member Angel Wolfe serves as the committee's hard-working hospital liaison. Collaborating closely with the Mesquite Rodeo, the committee promotes Rodeo Night within the hospital, throughout North Texas Masonic lodges and community-wide to ensure that event outreach is as broad as possible. Corporate sponsors are secured and given prominent recognition on Rodeo Night as well as honored at a post-event reception at the hospital. To boost ticket sales, a rodeo



clown, bull rider and others bring the rodeo's excitement to the hospital the week before the rodeo.

The Mesquite Rodeo generously donates 50 percent of ticket sales to TSRHC, which is critical to fundraising success, and 100 percent of those funds will be donated to the hospital's Wish List Fund. In 2008, the inaugural Rodeo Night earned \$3,000. Last year, even with the challenging economy, the event raised \$14,000 -- quadruple the earnings the year before! Hill gives credit to his committee, citing that they have "put their whole heart into this effort, and the results were phenomenal!"

TSRHC volunteers invite everyone in the North Texas area to join them at this great family event at the Mesquite Championship Rodeo at Resistol Arena on August 6, 2010. Just come as you are (cowboy hats and boots are optional) and bring your children and friends. For tickets or more information about starting a rodeo fundraiser in your area, please contact TSRHC's Volunteer Services department at (214) 559-7825.

ABOUT GROWING OLDER...

1. Eventually you will reach a point when you stop lying about your age and start bragging about it.
2. The older we get, the fewer things seem worth waiting in line for.
3. Some people try to turn back their odometers. Not me, I want people to know "why" I look this way. I've traveled a long way and some of the roads weren't paved.
4. When you are dissatisfied and would like to go back to youth, think of Algebra.
5. You know you are getting old when everything either dries up or leaks.
6. I don't know how I got over the hill without getting to the top.
7. One of the many things no one tells you about aging is that it is such a nice change from being young.
8. One must wait until evening to see how splendid the day has been.
9. Being young is beautiful, but being old is comfortable.
10. Long ago when men cursed and beat the ground with sticks, it was called witchcraft. Today it's called golf.
11. If you don't learn to laugh at trouble, you won't have anything to laugh at when you are old.