

**Richard A. Courtney, CELA**  
**Certified Elder Law Attorney**  
**4400 Old Canton Road, Suite 220**  
**Jackson, Mississippi 39211**  
**601-987-3000 or 1-866-ELDERLAW**  
**For more Articles, go to:**  
[www.elderlawms.com](http://www.elderlawms.com)

**MID-MONTH  
MUSINGS**

**“Musing”** (*noun*) – a calm, lengthy, intent consideration

Unlike our first-Tuesday e-newsletter, this monthly essay will not focus on practical legal cases and planning issues. The “Mid-Month Musings” will hopefully inform, inspire and provoke thought about many topics. We hope you enjoy it – and let us know what you think!

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**Raise Your Voice in the Health Care Reform Debate**  
**(Read this and then Vote with your Phone)**

If you have watched any TV channel that does news coverage, read any news magazine or newspaper, or clicked on any website that covers current events, you have seen it. Information about the ongoing health care reform debate in Washington. We know something has to be done.

- Forty-seven million Americans are uninsured and rely on emergency rooms for primary care – costs that are passed on to paying patients and their insurance companies by hospitals.
- Medical insurance plans have long denied coverage based on pre-existing health conditions, and they have increasingly terminated private coverage and raised premiums, deductibles and co-payments.
- In 2008, health care spending in the United States reached \$2.4 trillion, and is projected to reach \$4.4 trillion in 2018 without reform.
- In recent years, medical bills or illness have contributed to 62 percent of all U.S. bankruptcies.
- Medicare is scheduled to “go bankrupt” as early as 2017 based on some recent projections, as nearly 70 million baby boomers age into our retirement years.

In spite of the urgent need for corrective action in America’s health care system, many on the conservative political side have warned that “socialized medicine” in the form of government-sponsored health plans would deprive us of access to medical care and freedom of choice of physicians. (This was, by the way, the same argument that was used in the 1965 debate over the creation of Medicare for the elderly, which has been one of the most popular government programs ever.) On the other hand, a totally federal universal health care program that would give free coverage would create chaos in the current health care industry. Between these radical ends of the spectrum in the debate lie the basic principles for effective and affordable health care reform that will benefit the greatest portion of the American population.

The reform plan laid out by President Obama in February 2009 stated eight basic principles for reform. As of July 19, there are 10 separate bills that have been introduced in the House and Senate combined, most of which have espoused some or most of these principles.

Comprehensive health reform should:

- Reduce long-term growth of health care costs for businesses and government (cost reduction)
- Protect families from bankruptcy or debt because of health care costs (economic protection)
- Guarantee choice of doctors and health plans (freedom of choice)
- Invest in prevention and wellness (wellness care)
- Improve patient safety and quality care (quality of care)
- Assure affordable, quality health coverage for all Americans (affordability of coverage)
- Maintain coverage when you change or lose your job (portability of coverage)
- End barriers to coverage for people with pre-existing medical conditions (no pre-existing condition exclusion)
- The plan must put the country on a clear path to cover all Americans (universal coverage)

An additional priority is to address **long-term health care**, an issue of great importance to many of our clients. The Senate Finance Committee plan seeks to improve the availability of long-term care services by increasing access to home and community-based services through changes in Medicaid program requirements and through grants to states. The HELP Committee bill would establish a national, voluntary insurance program for purchasing community living assistance services and supports (CLASS program). The program will provide individuals with functional limitations a cash benefit to purchase non-medical services and supports necessary to maintain community residence. The program is financed through voluntary payroll deductions; all working adults will be automatically enrolled in the program, unless they choose to opt-out.

There are at least two non-political sources you can go to for great current information about these priorities and the proposed laws:

- The non-partisan Kaiser Family Foundation *Focus on Health Reform* website ([http://www.kff.org/healthreform/upload/healthreform\\_sbs\\_full.pdf](http://www.kff.org/healthreform/upload/healthreform_sbs_full.pdf)) has an enormous amount of analysis, including a **side-by-side comparison of all 10 health proposals**, including the House Tri-Committee bill and both Senate bills (Finance Committee and Health, Education, Labor & Pensions Committee).
- The August 2009 issue of Consumer Reports magazine article entitled “Viewpoint: A Prescription for Health Care” (<http://www.consumerreports.org/health/insurance/health-care-reform/overview/health-care-reform-ov.htm>) applies real-life situations to each of the priorities and gives Consumers Union’s recommendation for reform. In short, CU favors: creation of a National Health Insurance Exchange through which employers and individuals without health plans could purchase coverage with standard sets of benefits; requiring everyone to have coverage, with one option being a public plan offered by the government through the Exchange as well as private plans; more complete disclosure of information about doctors, drugs, treatments and medical errors; cost subsidies for small employers for employee health plans through the Exchange; payment to doctors and hospitals for managing an “episode of illness” to reward quality of outcome for the

patient, not quantity of tests and treatments; and incentive payments to primary care family physicians for better preventive care. CU believes that a public plan would not be a “government takeover” of health care as many have claimed, but would be “simply another insurer that uses the same private providers to deliver care”, bringing “competition to the many markets now dominated by just one or two private carriers.”

## **YOU MUST GET INTERESTED IN THIS DEBATE!**

The U.S. Congress is considering the various health care reform bills as you read this, and President Obama has asked that a final bill be passed by the August recess. If no bill is passed by that date (and chances are that it won't), then your congressional representatives will be home during the August recess to hear from you and their other constituents.

***Here's what you must do.*** You should not try to read and understand all the details of the 10 health bills currently filed in Congress (unless you have stronger eyes and patience than I have). But, **you should review the eight principles above and determine which ones are the highest priority for you.** Once you have done this, you must call your Senators and Congressman and tell the nice staffer who answers the phone which of these priorities you would like to see emphasized in their decisions on the legislation for health care reform. The U. S. Capitol Switchboard at 202-224-3121 will connect you directly to your member of Congress' Washington office. Just ask for your Senator and/or Representative by name and state. You can also find a member's phone number by going to <http://www.senate.gov/contacting/index.cfm> for Senate offices and [www.house.gov](http://www.house.gov) for House offices.

Your voice and opinion does matter to your elected representatives, and the staff will pass your request along to them. This is the only way that your voice will be heard in the 2009 Great Debate on Health Reform.