

## Physicians mixed on health reform bills

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### Body

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Expense, healthier nation are issues being considered.

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"I will use those dietary regimens which will benefit my patients according to my greatest ability and judgment, and I will do no harm or injustice to them.

"Into whatever homes I go, I will enter them for the benefit of the sick, avoiding any voluntary act of impropriety or corruption ...

"So long as I maintain this Oath faithfully and without corruption, may it be granted to me to partake of life fully and the practice of my art, gaining the respect of all men for all time. However, should I transgress this Oath and violate it, may the opposite be my fate," reads the conclusion of the Hippocratic Oath.

With that reverential vow to their profession's duties, graduates leave the college campus and enter the medical arena.

Pledging to care for others means doctors and nurses keep their doors open for the sick and the hurt, even if the resources aren't available to pay for the treatment.

It is with that pledge in mind that doctors are weighing the health care reform discussion taking place in living rooms, restaurants and in Congress.

There's little doubt medical professionals believe reform is needed. It's the method to reach that goal that varies dramatically.

Michael Maharry, a Muscatine doctor who operates a family practice in Iowa City, supports the largely Democratic legislation for the simple reason that he believes people have a moral right to health care in the United States.

"It's not about reimbursement ... It's about taking care of our citizens as a nation," Maharry said, adding the legislation will be great news for family doctors like himself.

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"That is part of the 80 percent that I believe is bipartisan about the bill ... is that there needs to be more emphasis on primary care, more people need to have a medical home and they need to encourage more young doctors to go into the field of primary care."

He said the paradox is ultimately people will become healthier, and he'll have fewer patients.

"The goal is, it should be, to improve the health of the nation, not just to give everybody health insurance," Maharry said.

Mariannette Miller-Meeks, a nonpracticing ophthalmologist in Ottumwa, agrees with the ideal of health care for all, but says the proposed legislation doesn't do accomplish that task. Besides, she said it's too expensive.

Last year, Miller-Meeks, a Republican, sought to unseat Dave Loebsack from his 2nd District congressional seat.

"We can't afford to give everybody a Cadillac in health care," she said. "The amount of tax on the middle income person would be tremendous ... to provide everybody the same level of health care that we have right now.

"Instead of saying we have a financing problem in health care, we say our system is broke."

She added that if that level of care was provided to everyone, it would have to be rationed.

Medicare for all?

To begin tackling the myriad problems of the current health care system, Miller-Meeks proposes changing Medicare reimbursement, something finds support with Maharry and much of Iowa's federal delegation.

Blocking that, though, are the more populous states have more representatives in Congress who support status quo. Compounding the problem, the Medicare fund is running out of money.

Miller-Meeks blames the bankruptcy on overuse, saying those who get care for free are prone to use it unnecessarily like patients with mild sore throats who'd otherwise would gargle with salt water.

Maharry, however, sees the good in Medicare.

"Medicare is run more efficiently, and people cannot deny that fact, that are against a public option. It costs less to run Medicare than Blue Cross-Blue Shield," he said. "That's what the savings would be under a health care option from the government."

For him, the public option essentially would offer Medicare to everyone.

"If you talk with people on Medicare, they're happy with Medicare, so giving that option to people under 65 doesn't seem to me to be a scary thing," Maharry said. "Medi-care does not care if you have cancer or diabetes or are about to die; they will insure you. Private health insurance will not do that."

He doesn't dispute the notion the government program could become more efficient.

"People that are for the free market yet don't want the public option is sort of stifling the free market," Maharry said. "Let that choice compete with you guys (insurance companies) who haven't been successful at controlling costs the last 40 years."

Miller-Meeks, however, says that's a false argument. She said insurance companies have to worry about a bottom line, whereas the government can increase taxes.

"Just like Fannie Mae and Freddie Mac, it's a government-sponsored entity," Miller-Meeks said. "If Medicare is underfunded, in order to provide the current level of benefits that we provide to seniors, then how much taxation do people want to pay for that?"

Other options

Instead, Miller-Meeks would rather allow insurance companies to compete across state lines, with fewer mandates.

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"We know that if you had a policy that allowed people to purchase across state lines from any company and it included a varying deductible like your auto insurance and it included the things that people are most frightened about ... the policy could be offered at an extremely low cost," Miller-Meeks said.

She said the biggest fears people have in coverage are immunization, prevention, and catastrophic events. Miller-Meeks said those could be covered and the government could fund an account for low-income people so it would still be subsidized.

"If people are paying for it out of their debit account, they'll utilize those resources in a great manner," Miller-Meeks said.

The problem with that, Miller-Meeks admits, is that each state has different coverage requirements. So she proposes ending that practice and requiring coverage just for the three things she believes people fear most.

Miller-Meeks said the government also could gradually phase out employer deduction but offer individuals the same deduction so they could choose their best means of care.

For example, she said Lasik eye surgery is not covered by insurance but that through competition it has become more widely available and less expensive.

Maharry would still rather lean on the government than trust the private industry.

## Insurance concerns

"Private health insurance, if they wanted to cover everybody, they could right now," Maharry said. "They discriminate against people that have health conditions. They will not cover people you if you have diabetes ... The health reform will change that."

Miller-Meeks agreed, saying that health insurance companies made a "good-faith effort" by going to the administration and offering not to exempt preexisting conditions and to cover everyone.

She's unsure how often or egregious private health insurance companies drop coverage for sick people.

Earlier this year, however, executives from just three health insurance companies testified before the House Energy and Commerce Committee that during a five-year period they rescinded -- or dropped coverage on -- nearly 20,000 policies, acknowledging that the figure "significantly" undercounts the total.

They further reported they saved more than \$300 million as a result of their rescissions during the same period.

At the conclusion of the testimony, one executive said the practice would continue to be necessary until there is comprehensive health reform.

Miller-Meeks said the law could be amended to provide an option for people to have guaranteed renewability in their plans for a nominal fee.

Maharry doesn't see it in those terms, saying the system definitely is not OK the way it is, despite claims to the contrary at town hall meetings.

"That's not really being emphasized, either, that insurance companies have been allowed to get away with this for so long, to pick and choose who they want to cover. You shouldn't have to. Our country should take care of our citizens."

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