

News

10 questions on health insurance reform with Professor Thomas Ealey

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Thomas Ealey, associate professor of business at Alma College for the past four years, has also had experience in health care administration and accounting.

Born and raised in Ohio, the 57-year-old Ealey is married and has two children and two grandchildren.

Ealey is one who has been paying attention to the health reform package.

Q: What does health care reform look like? Will the average person see changes?

A: No, not in the immediate future. Long term, it's unknown. The bill is massive. I've spent hours and hours. It will take five years to phase in and there are all those unintended consequences. The Obama administration said "this will happen" but we don't know what will happen. It's the great experiment.

Q: But we do know some things? Lifetime caps for example?

A: They're uncapping. That can help some folks. (Eliminating) pre-existing conditions goes into effect Sept. 23. Catastrophic coverage is down the road. That will end up in the premiums.

Q: Premiums will go up? They're already too high for many.

A: Possibly. Deductibles will go up. We're all going to pay for it.

As this thing phases in, there will be mandatory insurance and federal subsidies for those who can't afford it. But you have to read the fine print. There are employer tax credits and state health care exchanges, lots of different things are being phased in.

Q: But nothing much happened with malpractice reform, did it?

A: Nothing significant. The trial lawyers won. Physicians lost.

Q: Will this help the budget deficit?

A: The government projections of cost savings are pure fantasy.

Q: If there won't be many changes at least in the beginning and premiums or deductibles will increase, what was all the fighting, back biting—all the hubbub and name calling that's still going on – what was it all for then?

A: It got us off dead center. (But) we don't know what's going to happen with Medicare. Will it be delivered in the same way? Less coverage?

(Getting into the details of it) there is the comparative effectiveness research, what was called the "death panels." For example, there have been studies that have shown that too many prostate tests don't extend the life span or wellness. Should there be fewer tests? Is it rationing?

Q: How concerned should we be?

A: There is concern, no guarantees that this all works out. It's tinkered with constantly. The far left wanted a single payer system: Medicare for all. And Obama is unhappy with that and not having a public option.

But it's a huge first step.

The right? They had eight years to make it worse and I'm a conservative Republican.

It is a massive expansion of government.

It's like I said, in the short term there won't be any major changes, it's the long term we don't know.

Q: If there is so much we don't know, do those claiming to be afraid have a reason to be fearful?

A: No, I think it will be revised and amended. Things will change.

Q: How will physicians be impacted?

A: In five to 10 years, many more doctors will be working for hospitals and integrated health systems rather than working for themselves.

Q: How did this all come about? How did we get into this situation?

A: No one designed this system. It just evolved. Medicare and Medicaid came in and we're still tinkering with Medicare. We've got prescription coverage and no way to pay for it.

When Medicare passed, that was called socialized medicine. But this isn't comparable. Medicare is for those 65 or older or disabled. This is much, much broader.

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