

# HEALTH

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the United States. The course delves into the costs of health care, health outcomes, health care fraud, disparities in health care, communication between doctors and patients, as well as many other facets of the industry.

"The course really is a background to understand what the whole (health care reform conversation) is about," Schlenker said. "(Students) need to be informed individuals, because these are the people who are going to be our future leaders in South Dakota and elsewhere."

Dr. James Young said he trembles at the thought of what health care reform will do to the nation. He is a dermatologist who serves as board president for the Yankton Medical Clinic. Since the clinic's board has not had the opportunity to review the legislation in depth and develop a position on it, Young said his views are his own and do not represent those of the institution.

"After being a physician for 28 years and being intimately associated with military medicine and Medicare — I've seen nothing in my career that makes me confident government can do this in a cost-effective manner," he said. "The big thing is going to be that this is an onerous burden on employers and consumers of health care. The insurance companies are put in a position where they can't lose. They will be able to sit back and let people come to them. They will charge people whatever it takes to get insurance. It's

unprecedented, I think, that government has mandated that people have to have a service. I've talked to several owners of small businesses here locally who are quite concerned that this is going to cut down on their ability to hire people."

According to the Christian Science Monitor, the Obama administration recognizes that health care providers will be getting an influx of new customers with the expansion of health care coverage. Consequently, the legislation includes provisions that will have drug manufacturers paying the government \$16 billion between 2011 and 2019. Health insurers will pay \$47 billion during the same period, and medical device manufacturers will pay a 2.9 percent excise tax on the sale of any of their products beginning in 2013.

If they offer high-end health benefits, businesses will face a new tax that is expected to bring in \$20 billion in revenue in 2019. Large employers will be penalized if they don't offer health benefits at all.

Providing coverage to millions of Americans who do not currently have insurance is a concern to Young because of its potential economic impact.

"If you think you're going to insure 32 million people and the deficit is going to go down, where is that going to give?" he said. "It's going to mean less services for everybody. Americans will see health care rationed. I shudder to think about not only what this is going to cost us but also our kids."

Many people don't look at the big picture when talking about the costs associated with reform, Schlenker said.

"It's going to cost more money initially if you're going to insure more people," she said.

"But if those people don't get as sick, they are more productive. That is something many people don't address."

While Young is glad to see that people who want insurance cannot be denied under the new rules, not enough was done to eliminate Medicare fraud and other issues that plague the health care industry.

"I think that this was ill-advised and ill-conceived," he said. "I actually have not had anybody approach me in the last two months who is for this. I think that there is a level of anger among people that I have not seen in my 54 years of life."

Still, Young said he is confident that America will continue to practice the "best medicine in the world."

"We're going to concentrate on providing that and let the chips fall where they may," he said. "Wherever we can influence the process, we're going to look for ways we can do that in a constructive fashion."

Also sharing Young's concerns about the costs of the overhaul is Dr. Roger Filips, an optometrist who practices in Hartington, Neb., and Creighton, Neb. He believes it will contribute to the bankruptcy of the nation.

"In the 2,000 pages of this bill, they don't even know all the intended consequences, much less the unintended consequences," he said.

Filips said the legislation doesn't do nearly enough to curb rising medical costs.

Additionally, he took umbrage with the fact that the bill doesn't prevent the use of federal funds to pay for elective abortions covered by private insurance.

Obama kept a pledge Wednesday needed to pass health care reform by signing an executive

order saying his administration will not use federal funds for that purpose. Filips said that executive order could be revoked at any time in the future.

"Certain issues are non-negotiable for many people," said Filips, who is a Catholic. "For pro-life people, abortion is non-negotiable. You can't make a good out of doing a bad. You can't say that Dr. Josef Mengele advanced medical care by doing horrendous experiments on Jewish children. That does not balance out morally."

Filips criticized Avera Sacred Heart Hospital in Yankton for being part of the Catholic Health Association of the United States, which supported the legislation.

In a press release applauding the passage of reform, Sister Carol Keehan, president and chief executive officer of the Catholic Health Association, said, "We are confident that the reform law does not allow federal funding of abortion and that it keeps in place important conscience protections for caregivers and institutions alike. We are also pleased that the bill includes \$250 million to fund counseling, education, job training and housing for vulnerable women who are pregnant or parenting."

Doug Ekeren, the vice president of planning and development for Avera Sacred Heart Hospital, said his institution recognizes the legislation is not perfect, but it does include some many good steps.

"When you look at things like expanding coverage to low-income and vulnerable populations, the removal of pre-existing conditions from insurance policies, closing the donut hole in the Medicare prescription drug plan and fixing Medicare pay-

ment incentives — there are a number of things that are positive about this," Ekeren said. "There is certainly the other side of it. Will the savings actually be achieved? There are a lot of what-ifs that have to be played out, including follow-up legislation to address areas of concern. The process is certainly not over."

He said Avera will continue to work with Congress and the president to address shortfalls in the legislation. The number one focus is making sure the system works for people in the Yankton area and doesn't harm the community's position as a health care destination.

"We want to have the greatest possible number of people covered and put health care on a path to reducing costs while providing better and safer care," Ekeren said. "Setting the legislation aside, we have to look for ways to deliver health care that is safer for patients and more cost-effective. Hopefully, we can do that in conjunction with the legislation that has been passed."

Schlenker said she hopes the vitriol on display by some factions will subside, as will the amount of misinformation about the overhaul.

"This kind of stuff is not amenable to sound bites. It takes work for citizens," she said. "They've got to work at it and comprehend it. That's why I decided to do this course — because I think most people may not have the background to even understand what some of this means. I have hope. I'm approaching this issue as, we have solutions and can improve it. We're all in this together. It's not us versus them."

# CHOICE

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Fulton of Lincoln. A Republican who is opposed to abortion, he's leaning in favor of extending prenatal benefits to illegal immigrants but phasing out such funding over time.

Some lawmakers crinkle their brows and become solemn when speaking about the decision they may have to make. Others get angry when arguing that the issue is strictly about illegal immigration, not anti-abortion sentiment. One normally open lawmaker refused to talk publicly about the issue, worried it could hurt him in the upcoming election.

Heineman, meanwhile, has tried to stay out of the fray. Running for re-election, the Republican quietly announced his opposition to state-funded prenatal care for illegal immigrants last month in a letter to a legislative committee.

State officials say that about 870 illegal immigrants and 750 legal residents including citizens lost Medicaid coverage this month when Nebraska dumped its two-decade-old Medicaid policy. More than 4,700 legal residents once considered at risk of losing coverage got to keep it because state officials found they qualified under different provisions of Medicaid.

The reports of more women seeking abortions — which some lawmakers are openly skeptical of — spurred the renewed push to create a separate, non-Medicaid program under which illegal immigrants and some legal residents would get state- and federal-funded prenatal care. It would be created under the federal Children's Health Insurance Program, which allows unborn children to qualify for federal- and state-funded care.

About a dozen other states have similar programs that are a hybrid of state and federal funding.

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