



The Day



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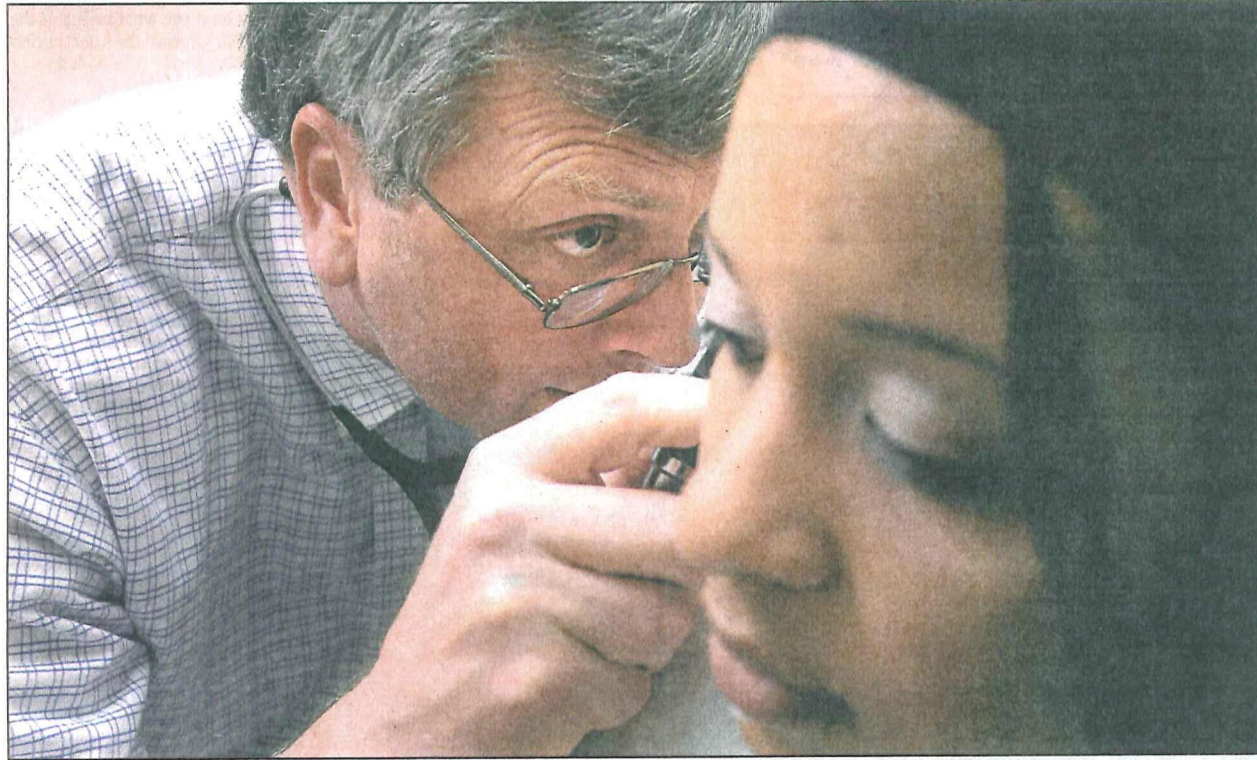
HEALTH CARE REFORM

"It is time to chill out, Republicans. Let this bill work. Let our constituents finally get health care." **REP. BOB FILNER, D-CALIF.**

"There's no fixing the government health care takeover Democrats forced through on Sunday." **SEN. JIM DEMINT, R-S.C.**

Vote's over, but debate rages on

Democrats revel in passage of health care reform bill as Republicans explore repeal, look ahead to midterm elections



By **DAVID M. HERSZENHORN** and **ROBERT PEAR**
New York Times News Service

Washington — As jubilant Democrats prepared for President Barack Obama to sign their landmark health care legislation in a ceremony at the White House, Republicans opened a campaign on Monday to repeal the legislation and to use it as a weapon in this year's hotly contested midterm elections.

"We will not allow this to stand," Rep. Michele Bachmann, R-Minn., promised Monday afternoon as the House reconvened a day after the bitterly partisan vote.

Democratic leaders hailed the passage of the bill as a towering achievement.

"Last night, we made history," Speaker Nancy Pelosi, D-Calif., said as she prepared to sign the legislation and send it to the White House. "We honored the vows of our founders who in the Declaration of Independence talked about life, liberty and the pursuit of happiness. We believe the legislation that we have gives all people in our country the liberty to have healthier lives."

Democrats said they would focus on explaining the measure to their constituents and on highlighting some immediate benefits, and they called on Republicans to ease off on their attacks now that the legislation had passed.

"It is time to chill out, Republicans," said Rep. Bob Filner, D-Calif. "Let this bill work. Let our constituents finally get health care."

But there were no signs of a cease-fire. Senate Democrats said they would take up a budget reconciliation containing the final re-

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A good bill? Depends on whom you ask

Controversial legislation to overhaul health care is going to mean different things to different people

By **JUDY BENSON**
Day Staff Writer

For Dr. Hartmut Doerwaldt, health care reform is about the kinds of patients he sees every day, like the young mother with a chronic health condition he treated Monday. She had gone without treatments and medications

for the past few months after her insurance coverage changed to a plan her former doctors wouldn't accept.

A primary care doctor at the Community Health Center in New London, Doerwaldt declared himself "very pleased" with the House of Representatives' approval of the health care bill

late Sunday, he said. And, he added, it promises to help people like that patient who need health coverage that's affordable and portable without interruption.

Perhaps more significantly, Doerwaldt said, the bill would end the practice of denying insurance coverage to people with pre-existing medical conditions. Many of the region's

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Above, Dr. Hartmut Doerwaldt checks the ears of patient Isabella Cruz of New London at the Community Health Center in New London on Monday. The specialist who treats Cruz's multiple sclerosis no longer accepts her health insurance, so she went to the center for a general checkup along with her 2-year-old daughter, Jazmyn Moore.

TIM COOK/THE DAY

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Reaction mixed on health care bill

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uninsured end up at the health center, oftentimes with problems that should have been treated much sooner, but patients waited out of fear of the cost.

"It's a great step in the direction of health care being a right and not a privilege," Doerwaldt said of the health care bill.

But like other local consumers and providers of health care, whether they were pleased, disgusted or had mixed feelings about the bill, he characterized the bill as a first action toward reform that leaves problems like rising health care costs largely unaddressed.

"It's not solved," Bruce Cummings, president and chief executive officer of Lawrence & Memorial Hospital in New London, said Monday from Chicago, where he was attending a conference of hospital executives. "But I'm glad it passed, and I think it does a number of things to reform health insurance. It's so much better than nothing."

Cummings drew a distinction between what this bill is — health insurance reform — and isn't — health care reform. A broader measure, he said, would have included more incentives to reduce costs and raise quality; improved coordination of care between doctors, hospitals, nursing homes and other providers; and shifted the focus toward preventive care.

Cummings described the mood among his conference colleagues as "expectant, nervous and unknowing" about exactly how the bill will impact hospitals, but also aware that "what we have now is unsustainable" in terms of escalating costs for Medicare and the portion of the U.S. economy consumed by health care spending.

Some supporters still expressed uncertainty about how aspects of the bill will play out in the real world. But they are confident that it is at least a chance to start somewhere on addressing a long festering problem.

But small-business owner J.T. Dunn sees it differently. He agrees health care reform is needed, but this bill isn't the "well thought-out, incremental approach" that will work, he believes.

"I'm disgusted," said Dunn, owner of Common Cents EMS Supply in Old Saybrook, of the bill's passage. "As a small-business owner, in the short term my insurance rates will go up, and in the long term, everyone's taxes will go up."

Dunn said he fears large employers will respond to new insurance mandates by dropping insurance coverage for their employees and paying federal fines instead, because that will be cheaper, and that a tax on so-called "Cadillac" plans will result in people opting for cheaper, lower-quality coverage.

"This was a short-term strategy for political gain to show they could accomplish something," Dunn said. "It's a train wreck."

After a phone call later Monday from Rep. Joe Courtney,

For more information see the "key provisions" guide at http://docs.house.gov/energycommerce/IMMEDIATE_PROVISIONS.pdf, and a timeline at <http://docs.house.gov/energycommerce/TIMELINE.pdf>

ney, D-2nd District, Dunn said he was reassured to learn there is at least one appealing part of the bill: Small businesses like his would qualify for a 35 percent tax credit for offering employees health insurance.

Courtney said he's heard a mix of reactions from constituents and has been trying to spend his time clarifying what is and isn't in the bill, and when various provisions kick in.

"This is very gradual, moderate, incremental change," Courtney said, that will leave the system "looking much like it looks today" with a mix of private and government insurance and private and public health care providers. Among the most significant near-term provisions, he said, is one that bans health insurers from canceling coverage when someone gets sick; another that bans them from denying coverage for pre-existing conditions; a third that bans lifetime coverage limits, a main cause of bankruptcy; and a fourth that allows young adults up to age 26 to be covered under their parents' plan.

Courtney added, however, that health reform remains a work in progress. But he added that the Massachusetts model, on which key parts of the bill were based, demonstrates it can work.

"It will need to be amended, but there will be an opportunity to build on this measure," Courtney said.

To Dr. Daniel Rissi, chief medical and clinical operations officer at L&M, the key areas that should be tackled next are obvious: The payment system needs to be shifted to reward keeping people healthy versus treating sickness; malpractice needs comprehensive reform; and primary care needs to be emphasized over specialty care.

"The public hasn't been well educated on how broken our current system is," Rissi said.

Despite the bill's shortcomings, Rissi said he's pleased that the problems in health care are finally getting the national attention needed to begin working toward solutions.

"Isn't it exciting?" he asked.

Joe Parise of Waterford, owner of The Hair Stop, has a very personal stake in what impact the bill ultimately has on health insurance costs. He recently retired due to a disabling back condition from day-to-day duties in his hair salon and has been struggling to afford health insurance for himself and his wife, plus the costs of medical care that's not covered.

"There's no question we need health reform, but I don't know if this is the right reform," he said. "All of us have a lot of questions and very few answers."

One of his main questions, Parise said, is how effective

the bill will be in controlling insurance costs for people like him with pre-existing conditions. By 2014, insurance exchanges would be set up so Parise and his wife could be put in a large group of customers that, bill supporters believe, would enable them to purchase cheaper insurance. But the plan remains to be proven.

"Everybody wishes it were more of a bipartisan measure," Parise said. "But we had to do something. We'll just have to wait for the dust to settle."

Like Parise, John Gomes of Pawcatuck also has worries about his own health care coverage that made the debates in Congress seem personal.

For the past two years Gomes and his wife were unemployed and covered by Cobra insurance that was affordable to them only because of a federal subsidy, he said. Both he and his wife have pre-existing conditions — she's a cancer survivor and he was seriously injured 10 years ago when a truck hit him while he was directing traffic for the fire department. He also has a chronic respiratory condition.

For the Gomeses, finding affordable private insurance is impossible. Their Cobra coverage is due to expire May 1, so a federal bill that would ensure he's covered couldn't take effect soon enough.

"I can't understand how a nation as powerful as we are can't give everybody affordable insurance," said Gomes, a 60-year-old Navy veteran. "It's scary when you're faced with not having it, so I'm glad the bill passed."

Some advocates of expanded access to care are more circumspect about the bill. Nicole Lamoureux, a New London native who now heads the National Association of Free Clinics, remains concerned about the 42 million uninsured in this country, many of whom end up at the one-day clinics her organization runs or the permanent member clinics.

"We know this is going to take years of implementation, but while we're waiting, we remain committed to offering the care they need," she said.

She maintains a "wait and see" approach about the measure, vowing to monitor whether it will truly answer the needs of the nation's uninsured for access, portability and affordability. The ban on refusing coverage for pre-existing conditions, she said, is perhaps the bill's most significant provision for those who turn to free clinics for care.

The contentious debates in Congress, she said, were at times disheartening, and seemed to leave out those most affected.

"The patients were getting lost," she said, "and as an organization, we were very disappointed that we were not brought to the table" on its model of providing care for

thousands with volunteers and no state or federal monies.

"But it's definitely a first step in helping the nation's uninsured," she said.

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