>> EDITORIAL | **Neal Flomenbaum, MD**
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Springing Forward

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act, commonly known as the Health Care Reform Act of 2010. To paraphrase Vice President Biden, it was a "BFD."

Last month, noting several discouraging setbacks and modifications of the bill through the long hard winter just past, I thought there would be "many more balks before the president and Congress [would] finally pitch a viable health care package to the nation." To continue the baseball metaphor a bit further, when the bill was passed by Congress and signed by the president just as spring officially began, I could not help feeling a little like the father who convinces his son to leave for the parking lot during the bottom of the ninth inning of a 3-0 game, only to hear the roar of the crowd from the exit ramp as the rookie batter hits a grand-slam home run to win the game.

In the 45 years since Medicare and Medicaid became law, this new bill has clearly been the most significant health care legislation enacted, both for the numbers of people affected and for the scope of its provisions. Though the new law will undoubtedly be challenged, tested, modified, refined, used—and probably abused—it will not be repealed. As was the case with Medicare and Medicaid previously, this will change everything, in subtle and not-so-subtle ways.

After all of its revisions take effect, the new law will provide health care coverage for an estimated 32 million Americans who are currently uninsured, leaving an additional 23 million *residents* uninsured, of whom as many as 10 million are undocumented immigrants. The main provisions of the law include expansion of Medicaid eligibility, preventive care coverage, and family coverage to include children up to age 26; elimination of additional charges or denial of coverage to those with preexisting conditions; and mandatory enrollment (or annual fines) for almost all Americans. Undocumented immigrants, however, will not be allowed to purchase insurance coverage from the new government health insurance exchanges at any price.

What will this law mean for the nation's emergency departments and for emergency physicians? Will patient volume increase or decrease? Will problems with waiting time, length of stay, and ambulance diversions get better or worse? Will reimbursement for emergency care improve or worsen? Not everything is entirely predictable, but as I wrote last September, health care reform "will certainly not put us out of business."

Neighborhoods change over time, and there is no reason to believe that the "neighborhood" that is our workplace is any different. Such changes have already been under way for some time. Demographic data for the past decade indicate that many more people are now *choosing* emergency departments for their care than was the case previously—including significant numbers with the means or insurance coverage to obtain at least some of that care elsewhere. This can only be the result of two considerations operating in concert: faith in the quality of emergency department care and convenience or need to obtain that care when other providers are not available. With millions more Americans now gaining access to care that was previously unavailable to them, the desire or need for timely care may further increase the numbers of people *choosing* EDs for their care. In addition to increases in patient volume as a result of patient choice, the millions of undocumented immigrants who have always come to emergency departments for all of their care will continue to do so, since, as noted above, the new law does not provide any additional coverage for them.

For those of us who have chosen to help people by becoming health care providers, this is a very good time to be a nurse, nurse practitioner, physician assistant, or emergency physician. □