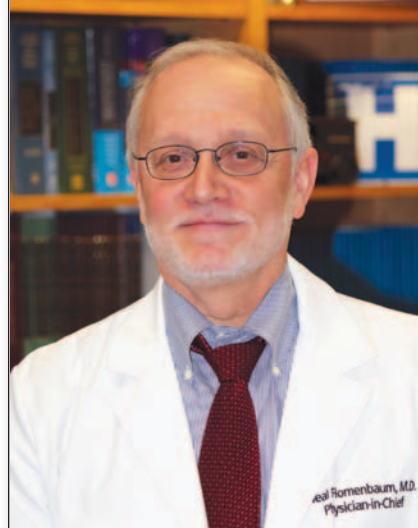


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Our National Pastime

Baseball has long been considered our national pastime, and lately our elected and appointed officials seem to enjoy spending a lot of their time in the bottom of the ninth inning struggling over health care issues. On June 28, 2012, during the final week of its current session, the US Supreme Court ruled that the Affordable Care Act (ACA) of 2010, including the individual mandate to obtain insurance or pay a penalty, is constitutional.

I wrote in April 2010 that after “noting several discouraging setbacks and modifications of the bill through the long hard winter just past ... there would be many more before the president and Congress finally pitch[ed] a viable health care package to the nation. [But] to continue the baseball metaphor a bit further, when the bill was passed by Congress and signed by the president [only a short time later], 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.” I concluded that “though the new law will undoubtedly be challenged, tested, modified, refined, used—and probably abused—it will not be repealed.”

Clearly, the court reporters for ABC, CNN, and Fox News had not

read my editorial when, as soon as the court’s decision was issued on the 28th, they quickly read the Court’s rejection of the government’s two main arguments defending the law as interstate commerce and rushed to erroneously report that the ACA

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mandate was dead. But there was one more “out” to go, and the government’s argument casting ACA as a tax—considered to be the weakest “player” in the lineup—managed to score the winning “run” to uphold ACA. Game over. Final score: ACA wins 5 to 4. But national health care, a goal sought repeatedly for at least three decades, should have been too important an issue to be decided by a single vote at the last minute, or to waste two years debating its validity instead of implementing its provisions. Having now done so, what next?

My initial exuberance over the Court’s decision was tempered in the days that followed by sobering thoughts of how challenging it will be to fully realize the benefits that ACA is intended to provide,

and how difficult its implementation will be for emergency physicians and emergency departments in years to come.

The ACA contains no provisions for increasing the number of health care providers. If 24 million more Americans now have access to “affordable” health insurance, but there are no new providers, where will they go for care? I do not believe that the sudden appearance of new urgent care centers in all of the best neighborhoods is a coincidence, and while they will help free up emergency departments to care for more patients, those patients are more likely to be Medicaid or uninsured patients whom the centers don’t typically care for. In those states that choose to expand their Medicaid programs, county and municipal “safety net” hospitals will clearly benefit. At the same time, the ED income of nearby “nonprofits” may decrease with the changes in payer classes. Also, the new shortage of physician-providers may induce many states currently considering granting independent privileges to nurse practitioners and physician assistants to do so.

All of these issues and others will have to be resolved before the president, along with some members of Congress, and the chief justice of the Supreme Court, can take their places in the “Hall of Fame.” In the meantime ...

Play ball!

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