

*Story originally printed in the La Crosse Tribune or online at [www.lacrossetribune.com](http://www.lacrossetribune.com)*

**Published - Sunday, August 02, 2009**

## **Our View: It was time to slow pace of health reform**

U.S. Sen. Russ Feingold and former Speaker of the House Newt Gingrich disagree on a lot of things.

They agree on this, however: That Congress will miss President Barack Obama's August recess deadline for health care reform legislation is a good thing.

The American people are more engaged over the issue of health care today than ever before. While the the Clintons' failed attempt at health care reform brought out visceral opposition, there was no depth to the conversation, no agreement about what needed fixing, no in-depth discussion of issues. The Clinton plan's conception out of the public eye and its bursting into the public arena offended Americans' democratic sensibilities.

Learning from that failure of the Clinton administration, Obama tried the opposite approach. He gave Congress a big idea: Fix health care. He offered a few guidelines — cover everyone, rein in skyrocketing costs, etc., and get it done by the August recess.

It's good to have a goal, and Feingold told the Tribune's editorial board on Friday that the president's approach was sound in that sense. Having come this far — with bills in the House and Senate getting closer to floor votes — means that health care reform could become a reality by year's end.

But the president has had a hard time selling a big idea with details to be determined later. The American people want to hash out the details now, not later. Feingold says he has heard a lot of that desire in his listening sessions of late.

A single-payer proponent, Feingold knows that single-payer isn't in the cards. He also said that stealth single-payer — a public insurance option that overwhelms private competition — isn't in the cards. While sentiment for a strong public option might not carry the Senate, Feingold said he believes some sort of new public option will be part of the final reform bill.

Here are a few key items to focus on as the debate continues. Major missteps on any one of these issues could make the final product untenable:

- Medicare reimbursement — geography: There are regional differences in the costs of services, but the crazy three-fold differences need to go.
- Medicare reimbursement — quality outcomes and preventive care: These are what need to be rewarded, not the quantity of procedures and tests.
- Medicare reimbursement — paying for services rendered: As Gingrich correctly points out, the current public option, Medicare, pays many health care providers much less than the services cost. Insured and self-pay patients make up the difference. In other words, many of us pay for the current public option twice: through taxes and through our own health care plans.

- Pre-existing conditions: Reform that doesn't address the nightmare of the uninsured who have pre-existing conditions won't be real reform.
- A public option: Any public option that underpays health care providers in the mold of the current Medicare systems or gives employers too great an incentive to ditch health insurance as an employment benefit is a non-starter.

Those are just a few key issues. There are many more issues that need to be worked through — from addressing end-of-life health care costs in a way that respects the wishes of patients to putting down in black and white what metrics will measure quality outcomes.

These things will take time. But at least the president's insistence on taking health care out of the too-hard pile has led to an opportunity for the debate.

All stories copyright 2000 - 2006 La Crosse Tribune and other attributed sources.