

April 1, 2009

Dear Friends and Colleagues:

After a year-and-a half of seemingly endless national and local debate, healthcare reform is now the law of the land—3,300 pages of “law,” to be exact.

Locally the passage of health care reform is being discussed in terms “*What happens to me?*” and “*What happens to NCH?*” Before I respond to those questions, let me first answer the most fundamental question surrounding healthcare legislation, “*Why change what we are doing now, since in Collier County at least, we seem to be doing fine with the healthcare we already have?*”

I would cite two reasons:

- 1) While most of us take care of ourselves and have good insurance, there are still an estimated 50 million people nationally and 50,000 people locally who are uninsured and a huge percentage, who are overweight, smoke, drink excessively and don’t exercise. So we have work to do.
- 2) The economic well-being of our nation is intimately linked to the health of our nation. If we can spend less on healthcare while producing better outcomes for everyone, then the resources saved can improve our economic condition. Consider that this past decade was the first since the 1930s that individual net worth on average in the U.S. fell over 14%. At the same time, 24% of U.S. homes are worth less than people owe on their mortgages. By contrast in the rest of the world, household wealth from Shanghai to Warsaw has improved. The point is that solving our healthcare dilemma will help improve our economic standing.

Now what is the answer to the question, “*What happens to me?*” The short answer is, “*It depends.*” If you currently receive Medicare or Medicaid, which insure half of all Americans and about two thirds of people locally, not much will change in terms of your benefits. Those in upper income brackets will see an increase in their taxes. Medicare Advantage, which has not been popular locally, will be phased out over the coming years.

Commercial insurance will be mandatory for anyone gainfully employed. There will be new health insurance buying opportunities and mandates for insurance companies to issue policies with specific benefits—which will be more comprehensive than before. Premiums will change, but no one knows at this point, by how much. About 32 million Americans, who previously lacked insurance, will now have Medicaid or commercial insurance. This will happen gradually over the next nine years.

As to “*What happens to NCH?*”—we expect fewer uninsured patients, as many will now have Medicaid. As anticipated, we will have lower payments from Medicare. And our new health insurance plan for our 5,319 colleagues and their families will add to benefits, including covering children up to age 26 who are not on another employer’s insurance.

One constant in all this will be the dedication of our NCH family to provide quality community healthcare. Case in point: **Evelyn Huggins**, who retired last week after 42 years at NCH, most of the time preparing instruments for surgical services. Happily, Evelyn is contemplating continuing as an NCH volunteer. That kind of dedication will never change, no matter how the healthcare system is “reformed.” And for that, all of us should be thankful and proud.

Respectfully,



Allen S. Weiss, M.D., President and CEO

P.S. Feel free to share *Straight Talk* and ask anyone to email me at allen.weiss@nchmd.org to be added.