

Originally published March 25, 2010

What New Health Reform Means to You

by Zenitha Prince



President Obama made passing health care reform a priority of his administration. (Courtesy Photo)

With a flourish of a pen—several, actually —President Barack Obama on March 23 further canonized himself in history, enacting of one of the most sweeping health care reform laws America has seen.

"Today, after almost a century of trying; today, after over a year of debate; today, after all the votes have been tallied -- health insurance reform becomes law in the United States of America," the president said at the signing ceremony in the East Room of the White House. "Today."

While Obama praised House Speaker Nancy Pelosi, Senate Majority Leader Harry Reid and other lawmakers for their role in securing the 219-212 vote that turned dream into reality, Vice President Joe Biden praised Obama for his willingness to pursue change despite opposition.

"Mr. President, you've done what generations of not just ordinary, but great men and women, have attempted to do,"

Biden said. "You have turned the right of every American to have access to decent health care into reality for the first time in American history."

Later, in more succinct terms, Biden whispered to the president in comments not meant to be overheard, "This is a big [expletive] deal."

And it is a big deal—for the president, Democrats and the American people, said political analyst Ron Walters.

"It's a huge victory in terms of the scope of the legislation and politically," Walters said. "When you look at the forces arrayed against the president and the Congress—the emergence of the tea party, unanimous disapproval of the Republicans in Congress, the sliding scale of the president's approval rating—he faced some extremely formidable odds.

"To get something like that passed in this kind of political environment is truly remarkable. It gives the president something to campaign with."

More importantly, it gives the more than 30 million uninsured Americans—especially African Americans who disproportionately lack access to health insurance as well as quality health care—hope.

"This isn't radical reform," the president averred in his remarks after the bill was passed Sunday. "But it is major reform. This legislation will not fix everything that ails our health

care system. But it moves us decisively in the right direction. This is what change looks like."

That change will take place in phases, according to administration officials.

"All these changes don't happen overnight," Health Secretary Kathleen Sebelius told reporters in a March 22 teleconference. "The cracks in our health care system have been widening for a long time and they're not going to be closed in one day or even the first year." But, she added, the department will be moving "quickly but carefully" now that the bill is signed.

Some reforms effective this year are:

Tax credits of up to 35 percent of premiums to small businesses who offer coverage to employees.

Adults, uninsured because of pre-existing conditions, will have access to affordable insurance through a temporary high-risk pool.

Beginning closure of Medicare Part D donut hole with a \$250 rebate to Medicare who hit the gap. In 2011, the bill institutes a 50 percent discount on prescription drugs in the donut hole.

New private plans have to provide free preventive care: no co-payments and no deductibles for preventive services. By Jan. 1, 2011, Medicare will do the same.

Insurance companies banned from excluding children with pre-existing conditions from coverage.

Young people can remain on their parents' insurance policy until they're 26. Discrimination based on salary outlawed.

Insurers banned from dropping sick people from coverage, and from implementing lifetime caps on coverage.

For African-Americans, health advocates say, the laws' benefits are profound. Blacks are 19 percent uninsured (7 million); bear a disproportionate toll of chronic illnesses (48 percent compared to 39 percent in the general population) and suffer from health care disparities despite spending a higher percentage of their income on health care costs (16.5 percent) compared to their White counterparts (12.2 percent).

Increased funding for community health centers and new investments to increase the number of primary care doctors, nurses, nurse practitioners and physician assistants—both beginning in the next fiscal year—will have the biggest impact on disadvantaged communities in rural and urban areas such as Baltimore, Md.

According to an analysis by Baltimore HealthCare Access, a local nonprofit dedicated to increasing access to healthcare, more than 600,000 uninsured Marylanders, including more than 63,000 in Baltimore City, will gain access to affordable coverage the federal legislation: By January 2014, 31,793 uninsured residents could qualify for Medicaid, when the program is expanded to include all persons under age 65 with incomes up to 133 percent of the federal poverty level (FPL). And, 32,372 more uninsured Baltimoreans

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with incomes between 134 percent- 400 percent of FPL can get subsidized health coverage through the exchanges.

"Our current health care delivery system has been under enormous strain trying to deal with those who are uninsured," Kathleen Westcoat, president of BHCA. "It's been extremely discouraging to see so many people with chronic conditions such as diabetes or asthma go without the ongoing treatment they need. This is an enormous step forward that will improve the lives of so many people in Baltimore and around the state."

