



## 'A Game-Changer' For Medical Professionals

### Longtime health care lawyer analyzes reform bill

It was only in the last 72 hours before passage of sweeping health care reform legislation that the American Medical Association and top hospital groups signed on to endorse it. Few, if any members of Congress, have read every word of the 2,000-page bill. But even as the dust settles, Connecticut health care lawyers and their clients are facing a changed world. Hartford's Elliott B. Pollack, of Pullman & Comley, has been representing hospitals and individual physicians for more than three decades.

He also teaches a course at the University of Connecticut School of Law called Health Care Law and Regulation. Pollack spoke last week with Senior Writer Thomas B. Scheffey.

**LAW TRIBUNE:** I bet your health care law students are asking you what the new reform package means to them – and to future clients.

**ELLIOTT POLLACK:** At our weekly class, I said one of the things we need to grapple with is that a lot of the legal issues that have occupied lawyers practicing in health care arena now are being addressed in this legislation. Pre-existing conditions, for example. Sometimes litigation results from the situation in which somebody didn't disclose something, and [insurance] coverage is denied. That issue is out the window.

**LAW TRIBUNE:** Isn't this going to take a lot of pressure off of emergency rooms? A lot of people won't have to use the ER as their primary care facility.

**POLLACK:** That's a very appropriate observation. We need to increase the supply of primary care physicians, especially those who practice in urban areas, [where many] people are now using emergency rooms for their primary care. One issue the system is

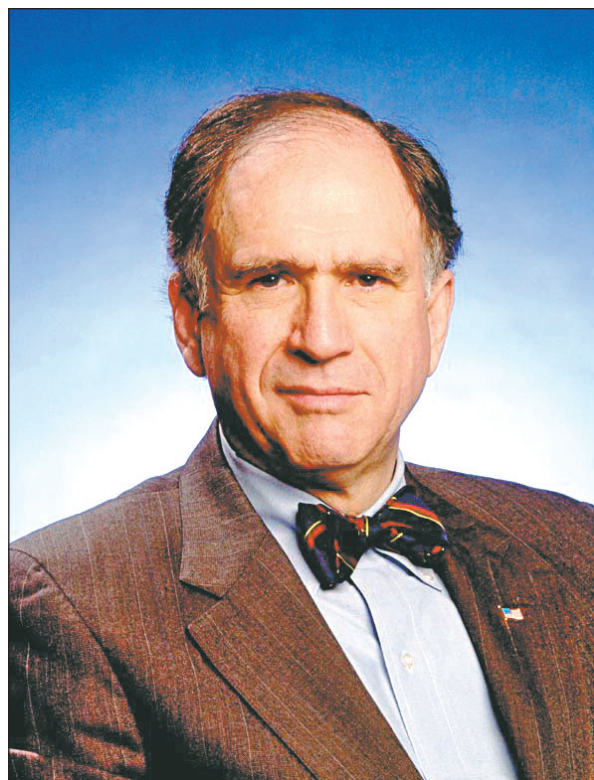
facing is that the [insurance] reimbursement model has shifted over the years from rewarding face-to-face "cognitive" care, to maximizing payments for technology—radiology, surgery, transplants, and so forth.

**LAW TRIBUNE:** Who benefited from the practice of excluding people with pre-existing conditions from obtaining health insurance?

**POLLACK:** It benefited the carriers by reducing their medical loss ratios. But it seems that Congress and the president have concluded that the social compact for meaningful health has to be extended to people who did not qualify previously due to pre-existing conditions. And the cost of that entry will be borne by all of us as a society, so that we avoid the shame of people dying or having poor health because they don't have access to health care, and filing bankruptcy because they can't pay bills they've incurred.

**LAW TRIBUNE:** Overwhelming medical costs are behind a large number of bankruptcies.

**POLLACK:** Yes, and another thing the new legislation does is eliminate caps – annual and lifetime limits on coverage. [That change] would tend to have a premium-increasing impact, it seems to me. But the extension of insurance to the uninsured will result in not only better health for this group, but also lower utilization of high-tech ser-



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**Pullman & Comley attorney Elliott Pollack believes the controversial health care reform package approved last week will 'rein in the wastefulness of our system.'**

vices, because illness can in many cases be headed off. Like the case of a woman who is not getting appropriate maternity and prenatal care, and delivers a baby that requires hundreds of thousands of dollars in resources in the neonatal ICU. We don't have experience extending quality care to people in this group, so we'll see how this goes. But on a moral level, to have people go into bankruptcy because they can't pay their health care bills is a shame. Hopefully, this will rein in some of the huge costs people incur, by getting people cared for sooner.

**LAW TRIBUNE:** You've been a health care lawyer for some 35 years – how does this rank?

**POLLACK:** It's a game-changer. Major change always has an element of fear with it, but I think knowledgeable physicians and health care providers realize there's a lot of good, even with the limitations the legislation brings with it. Let's face it: if we're spending 17 percent of our gross domestic product on health care, when most other industrial countries are spending 10 or 11 percent, we have a major hemorrhaging of resources.

**LAW TRIBUNE:** Parts of our medical system that are comparable, like Medicare, have been well-received.

**POLLACK:** Those people who say this

is socializing the health care system, I don't think it could be further from the truth. Actually, this preserves the conventional system. It is just trying to eliminate the inequities. We have mandatory automobile liability insurance, but we don't have mandatory health care insurance. Nobody complains about [auto] insurance being mandatory, because if they get hit, they'd like to be able to recover [damages]. We know there are so many normal aspects of life that can be attended to economically if people get health care on a regular basis.

**LAW TRIBUNE:** Do you sense that the medical community is optimistic about this?

**POLLACK:** Most physicians are working

hard, and have so little time to sit back and reflect, that it may be some months before they come to a reasoned understanding of what impact it will have on their lives. My preliminary view of the legislation is there is so much that is good for individuals and society that the negatives, such as increased taxes and an increased role of government, is something that we just have to accept. The system otherwise would be collapsing. When my physician clients tell me that they advise their children not to go into medicine – what is that saying about where our health system is going? What does that say about where the next generation of caregivers is going to come from? Hopefully, making the system more rational and more economically efficient will help address those concerns. ■