

Health care law complicated and confusing, local experts say

Jill Terreri • and Jeffrey Blackwell • March 28, 2010

Confusion and fear aren't surprising results of the [health](#) care debate in Washington, experts on the topic said last week.

People don't trust the [government](#) and they are trying to understand a complicated topic. Meanwhile, vested interests, politicians included, want people to be confused, they said.

"There's so much confusion because it's so complicated," said Thomas Feeley, chairman of the Department of Communication at the University at Buffalo. "No one, including myself, who studies health care, could get through the information unless they quit their job."

Mark Dulaney, 49, an Internet business owner from north Chili, said he has concerns about the bill but has yet to ingest its potential effect on his business and family.

"It's a (1,000)-page bill and I have not had a chance to read it," he said. "If there is stuff in there that really takes away the freedom I have today, that would scare me."

The "Patient Protection and Affordable Care Act,"

which was signed by President Barack Obama on Tuesday, is 906 pages.

Mark Russell, 41, an apple grower from Rochester, said he is happy with the bill's progress because it signals that reform is moving forward in the health care debate.

"It's a flawed bill. It's clear that they were not going to come up with something that was going to please everybody," he said. "But I believe that it was long past time that something got done and I'm glad there will be some immediate positive changes."

But Gabriel Sukenik, 21, a senior at the [University of Rochester](#) studying political science, is not so happy.

He said he is opposed to the legislation because it's an unnecessary governmental intrusion into the market and into people's lives.

"I myself, along with a lot of college students who are young, fit and healthy, certainly wouldn't be buying into health insurance," he said. "I feel healthy right now. You have a college graduate with a lot of debt who might have better things to spend their money on."

At the core of the massive law is the extension of [health care coverage](#) to 32 million people who now lack it, through a complicated concoction of new mandates for individuals and employers, subsidies for people who can't afford to buy coverage on their own, consumer-friendly rules clamped on insurers, tax breaks, and marketplaces to shop for health plans.

The debate has exposed the country's complex health care system, created incrementally, with

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patches to correct deficiencies, said Rick Mayes, an associate professor of political science at the University of Richmond who worked for AARP during the Clinton administration's health care debate.

Any changes to the existing system, Mayes said, are therefore complex, unless the system is destroyed and replaced with a simpler single-payer system. But that, he adds, would be politically toxic.

"You can do your homework and you can go study this or you can listen to the loudest voices," he said.

But major reforms to the country's health care system are occurring when people are feeling insecure about their job stability and their own financial outlook.

Add to that a highly polarized political landscape, public disapproval of government involvement in private business, and a lot of misinformation.

"There's a lot of ignorance, a lot of anxiety and a lot of cynicism," said Theodore Brown, a professor of history at the University of Rochester who has studied efforts to institute national health reform.

"What disturbs me most is the willful ignorance that surrounds this," said Brown, adding that people are making unfounded and generalized statements that don't match the contents of the bill.

The ignorance is helped along by politicians on both sides of the aisle, he said.

Republicans can stoke fear in the hopes it will lead to electoral victory while Democrats can obfuscate what's in the bill so they don't alienate voters or let down progressives, he said.

"It's a little bit cynical for President Obama or (senior adviser) David Axelrod to say we didn't communicate effectively," Brown said. "They could have chosen a supremely simple strategy of Medicare for all."

Obama tried to have the reform effort avoid a "socialism" label, but it didn't work anyway, Brown said.

The events in the health care debate last week left many local residents with concerns and confusion. Many will say they are supporters or detractors of

the bill, but few will say they fully understand what the legislation will mean to them.

Dulaney said he has heard of the possibility of new fees and taxes to fund the new bill and he worries about the effect on his business and his customers.

"It's scary because it is such a big change from what we have," he said. "We seem to have the best health care and I don't understand why we need to make so many fundamental changes."

Ben DeGeorge, 23, of Rochester works for his family's company and receives health coverage on their policy.

Politically, he says he is in the middle of the road on health care. He wants to provide health care to people who need it, but wants to do so as cost efficiently as possible.

But DeGeorge, a recent graduate of the State University of New York at Geneseo, said he is unclear whether the health care bill will accomplish his goals for reform.

"I think on both sides of the aisle, people still don't truly understand what the bill is all about — I definitely don't," he said. "The most important thing is for people to understand it, or for it to be explained better. That's the first step in knowing where we are with health care."

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On the other side, the bill's local critics are staunchly opposed to the legislation.

"It's wrong. I don't like it," said Judy Falzoi, 62, a **retired** teacher from Avon, Livingston County. "I have a whole bunch of negatives. Number one in my mind is that I don't like the idea that government is taking on another entitlement program."

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