



Advancing Extension of the Affordable Care Act in 2018

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Abstract

The Affordable Care Act of 2010 was enacted in 2012 with mixed reviews on its success [1]. After six years, the good news is that after a failed 65 attempts by the Republicans Congress, the law is still in place. The Republican President promised his voters that he would repeal and replace the law on his first day in office. To date, all attempts have failed [2]. The health care law is called OBAMACARE by its detractors, named after former President Obama. In most public opinion surveys, this law and its many provisions are much more popular today than ever before [3].

Why the Popularity?

The new law provided a mechanism for millions of Americans with no health insurance to obtain coverage. As a result, the number of people with health insurance has risen to the highest levels that have ever been recorded in the United States [4]. With mandatory enrollment and government subsidies, the law attempts to expand coverage and lower costs. The reality has been different. Health insurance is a numbers game and large populations of enrollees are required for insurers to succeed. Since there is a small penalty for not participating in the plan, many younger, healthier individuals opt for the penalty versus a more expensive insurance policy. The result is that the increased numbers of insured individuals is disproportionately weighted toward and older less healthy population. The result is higher costs than anticipated and increasing health insurance premiums. Thus, the availability of health insurance to those individuals who were uninsured, through expanding the State Medicaid programs, tax credits and federal subsidies failed to substantially reduce the cost of health care delivery. According to GALLUP, the data from the Centers for Medicare and Medicaid reported that the nation’s uninsured rate fell to 10.9 percent last year, from 17.1 percent in late 2013 [5]. Still many Americans are still without health insurance protection. In addition to voluntary non-enrollment, a reason is the refusal of 19 States to expand Medicaid to all low – income citizens [6].

Overtime, the Federal subsidies were not enough to cover the cost increase of over 35 percent in monthly premiums and deductibles. As explained above, the increases left many Americans unable to afford the high cost of health insurance coverage. Now, many of these same individuals are again uninsured. In South Florida, this results in an increased reliance on Medicaid and public hospitals in Miami – Dade, and Broward County.

Early data suggest that access to health care has improved due to the introduction of OBAMACARE. However, the main problems that exist now are: rushed passage of an inefficiently designed plan, weak mandates, reliance on insurers to “do the right thing”, higher than out-of-pocket costs, limited plan participants leading to low – cost health plans offered, with minimal benefits, under the State exchange marketplaces. The other major provisions that proven to be positive under the Affordable Care Act is the creation of integrated systems with a broader care continuum, prominently through coordinated care initiative and the development of Accountable Care Organizations (ACO’s). These new strategies have placed greater emphasis on value, cost and access and moved payment models towards bundled and global payments all pointing to the greater organizational consolidation and integration that is occurring in the private health care system [7]. The changes to the health care system wrought by the Affordable Care Act have increased access to health care, however, a large segment of our

population is still without a quality care health plan. The result is that in the richest nation on the face of the earth we fail to meet the needs of a population that is experiencing high rates of mental illness, drug addiction, opioid use and aging symptoms.

The problems?

One of the problems that exist under the Affordable Care Act is that in some States there are limited choices to select a health plan because some plans have withdrawn from participation in these states. This leaves thousands of health consumers with no coverage option. Consequently, health care consumers who do not qualify for Federal subsidies to help with the cost of rising premiums encounter costs rising higher than the average cost of living each and every year. It is reported that the rise in premiums in various State was substantial as a 58 percent increase in Alabama, 116 percent in Arizona, 69 percent in Oklahoma, 53 percent in Pennsylvania and 63 percent in Tennessee [8].

High drug prices are another major problem that the Affordable Care Act has not addressed. The out – of – pocket drug costs have sky rocketed for many customers. Some Congressional leaders have identified rising drug prices as a major economic priority in the new campaign called “A better Deal’ this plan suggests that Medicare should be allowed to negotiate the price of drugs for seniors and companies that raise their prices would have to warn the government in advance and give a reason for their planned price hike [9].

New Public Policy Proposals

The Republican leadership has consistently attempted to repeal the ACA and the individual health Mandate. This provision requires all Americans to either obtain health insurance or pay a fine. It is reported by some health economists that removing the mandate would encourage even fewer younger healthy individuals to buy health insurance. As explained above a strong mandate is a key to lowering health care costs. Removing the mandate would cause a spike in health insurance premiums and more Americans would not have health insurance coverage [10].

The U.S. Congress, has recently passed a tax reform bill and added verbiage to attack the ACA. Passage of this provision is expected to increase health care cost and take away insurance from millions of Americans in future years.

Conclusion

In keeping with his campaign rhetoric, the current President has continued to attempt to undermine and reverse the Affordable Care Act. Actions taken so far by the congress, Executive Orders and federal appointments (nominating a drug industry veteran to head HHS) do not bode well for improving our health care system. What is needed are bold actions to attack inefficiencies in the Medicare system to free up wasted millions and a voter focus on issues and their ramifications. A number of Members of Congress, have proposed a Single – Payer system to help off -set the growing corporate takeover of the United States health care system [11]. We can expect more legislation to be introduced in the Congress in the near future, to consider this approach to address our current problems in the delivery of health care services in the United States.

References

1. Hester RD (2017) The Successful Innovations of the Affordable Care Act of 2010. The Journal of Innovations and Entrepreneurship.
2. Reviving Repeal and Replace , The Wall Street Journal , April 10, 2017, A 16
3. Pear R (2017) Little Lobbyist Pivotal to health Law’s Survival. The New York Times. A- 16.
4. Ableson R (2017) How to Repair the Health Care Law (It’s Tricky but Not Impossible). The New York Times.
5. Ibid
6. Armour S (2017) Ending Mandate Brings Risks to Costs, Coverage. The Wall Street Journal, A6.
7. Gabow P, Smith M (2017) Separate or United:The Safety Net in the Era of Health Care Integration. Journal of Health Care for the Poor and Underserved 28: 853-860.
8. Ableson R (2017) Without a mandate. The New York Times. A 19.
9. Ablseon R (2017) How to Repair the Health Law (It’s Tricky but Not Impossible). The New Times.
10. Sanger – Katz M (2017) Who Really Pays More if the Individual Mandate Goes Away? The New York Times.
11. Longman P (2017) How Big Medicine Can Ruin Medicare for All. 49: 27 -35.