

Health Reform's Promise

Reno Gazette-Journal / RGJ.COM

Sunday, September 29, 2013

On the eve of the launch of the Affordable Care Act's new state insurance market places, recent Census Bureau data underscore the need for the law's key insurance coverage provisions and the sizable amount of unfinished business facing policy makers on matters of basic access to health care for the least among us.

The rate of uninsured Americans edged down slightly from 15.7 percent in 2011 to 15.4 percent in 2012. This dip was largely a result of more people enrolling in Medicare and Medicaid, and ACA-related provisions allowing children under the age of 26 to remain on their parent's insurance plans.

Despite these modest gains, a staggering 48 million Americans remain uninsured and thus face substantial barriers in accessing primary care and basic preventive services. Worse, according to Harvard University's Dr. David Himmelstein, these figures translate to an estimated 48,000 preventable deaths resulting from care delayed or simply foregone by the uninsured.

In Nevada, the data are particularly sobering. Over the past four years, the Census Bureau reports that both the number and percentage of Nevadans without health insurance have grown. In 2009, 20.6 percent of state residents or 542 thousand Nevadans lacked health insurance coverage. Despite an improving economy and labor market, those numbers ballooned to 23.5 percent of the population or 642 thousand Nevadans who were uninsured in 2012.

On October 1st, uninsured Nevadans will begin enrolling in qualified health plans available through the Silver State Health Insurance Exchange. Moreover, most of these uninsured individuals and families will be eligible for premium subsidies to offset much of the financial burden of gaining coverage.

Much of the current opposition to the ACA can be boiled down to two factors: Obama Derangement Syndrome and the uncertainties unleashed by reform. While the former is a largely incurable condition mostly confined to the President's longstanding conservative opponents, the latter is an inherent feature of any change in public policy on the scale of the new health reform law. As was the case with the implementation of Medicare in the 1960s and the relatively recent rollout of the Medicare prescription drug benefit less than a decade ago, these uncertainties will diminish over time as both patients and providers learn how to navigate the new rules of the game.

Repealing, defunding, or delaying the Affordable Care Act or its key coverage provisions, as some members of the Nevada congressional delegation are demanding, is thus not only unjust and morally indefensible on matters of basic access to care – it's bad public policy that would do nothing to address rising health care costs passed on to taxpayers and increased insurance premiums for those of us fortunate to have coverage.

Our delegation's grandstanding also does a disservice to the yeoman-like work of state officials in Nevada to build new eligibility and enrollment systems, create state-based marketplaces, prepare for the Medicaid expansion, and establish enrollment assistance resources and marketing and outreach plans – efforts that hold the promise of expanding access to care and financial peace of mind for thousands of currently uninsured Nevadans.

John Packham, PhD is Director of Health Policy Research at the University of Nevada School of Medicine and Chairs the Nevada Public Health Association's Government Relation Committee.