

Dismantle and delay

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Anyone claiming to know what will happen to the Affordable Care Act in 2017 and the impact of its purported “repeal and replacement” is either a psychic or fraud. Or, possibly both.

A couple of things, however, are abundantly clear. First, while President Trump and Congressional Republicans have been tripping over themselves to repeal Obamacare, they have yet to offer anything resembling a coherent replacement. They certainly have not provided any details on their strategy to safeguard coverage gains made by 20 million Americans and counting who now have health insurance thanks to the Affordable Care Act.

Those figures include over 200,000 Nevadans who have gained coverage through our state’s decision to participate in the Medicaid expansion and 85,000 more who have selected private plans for 2017 in our state’s insurance marketplace. Over the past three years, the percentage of Nevada adults under the age of 65 who are uninsured has dropped from 27 to 17 percent.

It is equally clear that the Trump administration and GOP policymakers are moving the goal posts. In particular, the definition of “access to care” and meaning of “universal coverage” are undergoing a rapid revision in the increasingly fact-challenged health policy debates unfolding in Washington.

Warts and all, the Affordable Care Act generated a long-overdue national discussion about what constitutes health insurance and what “essential health benefits” should be covered by insurers. While reasonable people can disagree about what is essential, the ACA advanced the humane, and often cost-effective, idea that mental health and substance abuse disorder services, chronic disease management, and preventive and wellness services should be included in anything calling itself an insurance product.

Obamacare also reformed the medical underwriting practices of individual market insurers that, before the ACA, allowed pregnancy to be considered a pre-existing condition in some plans and many effective, but expensive, chronic disease medications to be listed as “declinable medications” in their drug formularies.

The Kaiser Family Foundation recently estimated that 25% of adults in our state under the age of 65 or 439,000 Nevadans have health conditions that would likely leave them uninsurable if they applied for individual market coverage under pre-ACA underwriting practices.

At a more fundamental level, delivery system reforms embedded in the Affordable Care Act have begun to advance a “triple aim” approach to federal health policy – that is, policymaking simultaneously focused on enhancing the individual experience of care, improving the health of populations, and reducing the per capita health care costs.

Indeed, the elusive goal of universal coverage sought by Presidents going back to the FDR administration will only happen if our fragmented, often competing, system of health care providers, insurers, and consumers achieve the difficult, yet attainable, triple aim of better health and better care at a lower cost set in motion by the ACA.

“Dismantle and delay” lacks the alliterative appeal of “repeal and replace,” but that’s what appears to be in store over the next two years. Moreover, details remain in short supply about how hard-fought coverage gains and delivery reforms will be preserved, not to mention how Obamacare’s replacement will impact state budgets and taxpayers.

John Packham, PhD is Director of Health Policy Research at the University of Nevada, Reno School of Medicine