

HEALTH CARE

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CHAPTER

THE AFFORDABLE CARE ACT IS A WORK IN PROGRESS. CHANGES MUST BE MADE TO KEEP THE SYSTEM AFLOAT AND ENSURE THAT CARE REMAINS AFFORDABLE. IRONICALLY, DETERMINED CONSERVATIVE EFFORTS TO ROLL BACK THE ACA'S COVERAGE EXPANSION MAY BE RESPONSIBLE IN PART FOR AMERICANS' GROWING ACCEPTANCE OF THE IDEA OF UNIVERSAL HEALTH CARE.

When Siobhán Lyons moved from Ireland to the United States, she was shocked to receive invitations for fundraisers for sick friends. “I had never been to a fundraiser for someone who had cancer before, and this is now a regular occurrence,” she says. “On the one hand, it’s wonderful. People in the United States are extremely generous and you can throw a fundraiser for a friend who has cancer and you might raise \$30,000 to \$50,000. That’s great, but it normalizes the lack of provision of affordable health care in the United States.”

Not only is health care in the United States hugely expensive, or even out of reach for many despite recent major expansions in coverage, it is also extremely complicated, even to highly educated and well-informed Americans.

Most people interviewed for this survey explained their positions on the current system by using the personal experiences they or those close to them had, or by echoing the language of politicians from their parties, much more so than on other issues.

Those who spoke of personal experiences tended to emphasize the cost of care. Like many others, Atim Smith of El Paso, Texas, blamed the Affordable Care Act, commonly referred to as “Obamacare” or the ACA, for rising insurance premiums. “[Obamacare] didn’t hurt me personally because of my job. I was getting coverage through my company,” he says. “However, I had

friends who had to pay a little more than they were actually making.”



▲ Martin, Birmingham, Alabama

In 2011, a year after the ACA took effect and shortly after Martin started attending the University of Alabama, he was diagnosed with leukemia. He did not have health insurance, but he says thanks to government programs, including Medicare and Medicaid, he got the care he needed and is now healthy. He counts himself lucky, “that health care has always been very in reach. I’ve never had too much of a hurdle to jump over in the chemotherapies, in my hospital therapies.” He worries that Republican lawmakers would do harm to many Americans if they follow through on their vows to repeal the legislation, “without having a visible sense of what [they] want to either replace it with or help these people out with.”



“I had never been to a fundraiser for someone who had cancer before, and this is now a regular occurrence.”

————— Siobhán Lyons

Outside of personal experience, many Americans make sense of the health care debate by listening to politicians – particularly of their own party. On both sides of the aisle, politicians cite statistics and stories of constituents to simplify – and sometimes oversimplify – this extremely complicated and partisan debate. A July 2017 survey found that 77 percent of Democrats support the ACA, whereas 50 percent of independents and 16 percent of Republicans do.¹ This is a significant shift for Democrats and independents: In 2015 only 61 percent of Democrats, 41 percent of independents and 17 percent of Republicans approved.²

ACCESS TO CARE

Twenty-nine million Americans, just under 10 percent of the population, are without health insurance.³ These are mostly people who do not get insurance through their employer and cannot afford to buy a plan outright, those unaware that they qualify for help or subsidies, or poor people who live in states with restrictive Medicaid coverage.⁴ Their numbers have been shrinking, and they might shrink even further if Republican state officials who have resisted loosening eligibility requirements for Medicaid relent now that conservatives’ attempts in Congress to repeal the ACA – which funded an expansion of Medicaid coverage – have failed.

At the same time, health-care spending per capita in the United States far outpaces other developed countries,⁵

and over a quarter of American adults ages 18 to 64 say they or a member of their household struggled or failed to pay medical bills in the last 12 months.⁶

For many uninsured, an unexpected medical emergency can mean bankruptcy. Because hospitals are legally required to provide emergency care to anyone who needs it, whether or not they are insured,⁷ uninsured people sometimes do not receive treatment until they are very sick, and emergency rooms are often crowded with people effectively forced to use them as their primary doctor’s office.⁸ Although hospitals that treat many poor or uninsured people receive subsidies from the government, a Northwestern University study found that hospitals typically “are left to absorb at least two-thirds of the cost of all of this uncompensated care.”⁹

Even for those with insurance, access to affordable care varies significantly. For instance, those insured with Medicaid, a government program for the poor, have fewer choices of hospitals and doctors than some with private insurance.

Further, rural areas often suffer from a relative dearth of doctors and facilities, even though the government provides grants and subsidies to ensure that hospitals and clinics can operate there.

Venetta Seals, mayor of Pecos, Texas, is also the direc-

tor of public relations for Reeves County Hospital. She says that until a local clinic opened that offered kidney dialysis, residents who needed the treatment had to travel more than an hour each way three times a week. “And that was over 50,000 miles a year they were having to travel just for life-saving treatment,” she says.



 Mayor Venetta Seals, Pecos, Texas

Rural areas also tend to have fewer insurance companies selling plans through “marketplaces” created by the ACA for those without insurance through their job or a government program, so the premiums tend to be higher for a lack of competition.¹⁰

Both insured and uninsured Americans, particularly in the border regions, travel abroad for less expensive medical care. Professor Josiah Heyman of the University of Texas at El Paso estimates that 25 to 30 percent of El Paso’s residents travel to neighboring Juarez, Mexico, for care. Some Americans head in the opposite direction, to Canada, for procedures and prescriptions, which are often cheaper than in the United States. So-called medical tourism is also popular to India, Brazil and South Korea.

THE MANDATE

The passage of the ACA was a cornerstone of President Barack Obama’s presidency, reshaping the U.S. health care landscape. Most controversially, it required all Americans to have health insurance or face a financial penalty, which for 2017 is either 2.5 percent of household income or \$695 per adult (\$347.50 per child), whichever is higher.¹¹

Many Americans, particularly conservatives, see the mandate as government overreach.

“I think that ought to be the person’s prerogative,” says

Reid Leach, a retired postal worker from Alamosa, Colorado. “If they want to carry health insurance they ought to be able to, but I don’t think they should be fined just [because] they don’t.”

Coupled with the mandate was a ban on insurance companies’ practice of refusing coverage to those with pre-existing conditions, from diabetes to cancer, and even pregnancy. With the ACA, insurance companies were willing to accept such patients because their coverage costs were offset by the mandate, which brought healthier people into the insurance pool.

The Affordable Care Act provides subsidies for some people who earn too much to qualify for Medicaid but cannot afford insurance on their own. Still, many on the right and left say the plans are not affordable, making the steep penalty unreasonable. “I know people who cannot afford health insurance under the Affordable Care Act,” says Jane Walsh Waitkus, a Democratic member of the Luzerne County Council in Pennsylvania. They are “in the in-between land,” she says. “No health insurance even though they’re supposed to have it” but not poor enough to qualify for Medicaid or subsidies.

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————— Reid Leach

“If you don’t have money to pay for the insurance, you’re not going to have it no matter what,” says Seals. “If you have to choose between insurance and putting food on the table, chances are you’re going to put food on the table,” she says.

Although he concedes – as many of the law’s backers do – that the ACA has some serious problems, including affordability, surgeon Richard Schulik of Denver, Colorado, says the mandate is critical. “The way insurance works is that you pool people who don’t need it as much with people who do need it more. And you spread the cost. ... Hopefully over most people’s lives



“I think you hit the jackpot if you put in a fair amount during your lifetime and you never require a lot of money spent on your health care. That’s a win.”

————— *Richard Schulik*

there’s a period when you’re paying more into it than you get, and there are other periods when you’re taking out more than you’re putting in. I think you hit the jackpot if you put in a fair amount during your lifetime and you never require a lot of money spent on your health care. That’s a win.”

Although some see the mandate as an infringement of personal liberty, others believe universal health care is a fundamental right.

“It’s sort of out of control that we can’t as a country that’s considered as great as we are – that we can’t provide affordable health care to everyone. And [my husband and I] do believe that it’s a right, not a privilege,” Lindsay Reid of Bellingham, Washington, says.

THE HEALTH INSURANCE MARKETPLACE

The ACA created marketplaces, or exchanges, which allow those not on Medicaid or Medicare and without work-based insurance to buy private insurance. Although only a small portion of Americans – 11 million as of March 2016 – get their insurance this way, the marketplaces have been the focus of much of the recent political debate over health care.¹²

Applicants can use the federally facilitated or the state-

based marketplaces, and the vast majority of those in this system – 83 percent – receive a health care tax credit that lowers the monthly premium cost.¹³ Although many see the tax credits and subsidies as a waste of taxpayer dollars, others argue that they are insufficient and that more needs to be done to make the plans affordable.

PRIVATE INSURANCE

Almost half of Americans receive health insurance through their employers, which typically means that their employer offers a plan or a selection of plans from which employees can choose. Employers typically pay a portion of the cost and employees pay the rest.

Employer-based insurance in the United States took off during World War II, when factory owners offered health insurance as a benefit to attract workers. In 1943, the Internal Revenue Service deemed that employers’ payments for health insurance were not subject to the same taxes as wages, and in 1954, further legislation offered additional tax advantages.¹⁴ Throughout the 1950s and 1960s, work-based insurance became the norm: The share of the population covered by these plans skyrocketed from 9 percent in 1940 to 70 percent in the 1960s.¹⁵ Currently, 156 million Americans, nearly half of the U.S. population, receive insurance through an employer plan.¹⁶

The Affordable Care Act now requires larger employers to provide insurance for most of their full-time employees and provides tax incentives for smaller businesses to do so,¹⁷ but these plans can be expensive. Dale Bright, an official with a construction workers union in Seattle, Washington, that provides health insurance for its members, says the “cost of health care is just destroying us.”

Renee Chambers, a job-seeker in Yakima, Washington, suspects that fewer places are hiring because of the law’s requirements that employers provide insurance. A 2016 study did not see significant changes in employer behavior based on the Affordable Care Act requirements,¹⁸ but some critics of the ACA argue that any major changes in employer behavior would take some time to be felt.

MEDICARE

Although a plurality of Americans procure their insurance through their employer, tens of millions are insured publicly through the Medicare and Medicaid programs established in 1965 by President Lyndon Johnson.

Medicare provides insurance to more than 55 million Americans, including those 65 and older as well as younger people with disabilities and anyone with end-stage renal disease. It is funded primarily by payroll taxes but also by premiums paid by enrollees who do not qualify for free coverage.

“I don’t consider [Medicare and Social Security] an entitlement. I consider it a promise, that somebody’s trying to take away.”

————— *Jim Peacock*

Medicare typically covers 80 percent of health-care costs. For poor beneficiaries, Medicaid will sometimes step in to cover the rest, but other enrollees sometimes buy so-called “Medigap” policies to extend their coverage.

Those private Medigap plans can be expensive. “I’m really annoyed with what’s happening with health care,” says Maria L., a retiree from Alamosa, Colorado. “We’ve worked our butts off all our lives and then ... we don’t get a break in anything. ... The medical insurance is

sky high, even for us, that we’ve [paid into for] so many years. I don’t think that the government is supporting the seniors for all they’ve done.”



▲ Jim Peacock, El Paso, Texas

Lawmakers worry that the payroll taxes that fund the system may not be able to sustain the nation’s aging population – demographers project that by 2030, one-fifth of Americans will be older than 65.¹⁹ But many on both the right and left see these systems as a contract between citizens and the government. “[Lawmakers] say, ‘Oh, we’ve got to do something about Social Security and Medicare.’ ... I paid for that crap for 40 to 50 years! And I don’t consider it an entitlement. I consider it a promise, that somebody’s trying to take away,” says Jim Peacock, a retiree from El Paso, Texas.

MEDICAID AND CHIP

Medicaid is public insurance funded jointly by the federal and state governments.²⁰ It covers low-income people and families, but coverage varies significantly by state. Some states have expanded Medicaid through the ACA to cover anyone with an income of up to 133 percent of the official poverty line, while other states have more restricted access.²¹

For poor people who need health care, where they live can make all the difference. Carmelita L., a single mother who lives in a homeless shelter with her sons, says her children received Medicaid coverage in New Mexico but lost it once they moved to El Paso, as Texas has not expanded coverage.

In addition to Medicaid, there is the Children’s Health Insurance Program (CHIP), which provides low-cost public insurance to children, typically from families that earn too much to qualify for Medicaid but cannot afford private plans.²²

VETERANS ADMINISTRATION

The U.S. government offers health care to many military veterans through a system of hospitals and clinics. In recent years, these Veterans Administration facilities have come under fire for long waiting periods for appointments.



 Vicky Pettis, Colorado Springs, Colorado

Vicky Pettis, executive director of the Colorado Veterans Resource Coalition and Crawford House, a homeless shelter for veterans in Colorado Springs, sees this problem firsthand. She says veterans at the shelter, who often have serious health problems as a result of their military service, must wait months to see VA doctors. “They’re fine when they’re in [the military], but once you get injured or your time is up, it’s like ... you’re a third-class citizen,” Pettis says. “Like they don’t need you anymore. ... These ... guys and gals put their lives on the line to protect this country, and then this is how they get treated when they get out. I think they can do a better job at taking care of them.”

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After media exposés of the delays, the VA has tried to reduce wait times. According to a new tracking tool, more than 90 percent of veterans’ health-care appointments were scheduled within 30 days of the requested date, at the time of writing.²³

THE INDIAN HEALTH SERVICE

The Indian Health Service provides care to 2.2 million Native Americans under treaties signed with the tribes.²⁴ The IHS has an annual budget of \$5.1 billion and employs hundreds of doctors, nurses and other medical professionals.

Clarinda Underwood, a member of the Quinault Tribal Council in Washington state, says the system’s funding is inadequate. Quinault Nation, like many reservations, is rural, which Underwood says makes it difficult to retain medical professionals at the local clinic, so the tribe must offer incentives. “Sometimes we have to provide them the money that they would normally get in the city so that they are able to come here,” she says.

THE \$3 TRILLION INDUSTRY

The health-care industry, from private hospitals and major research institutions to drug companies and insurance providers, is a significant chunk of the U.S. economy, employing more than 12 million people.²⁵ Health-care expenditures reached \$3.2 trillion in 2015, and they continue to climb, soaking up roughly 17.8 percent of the nation’s GDP.²⁶

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————— Josh Carpenter

“Health care is a big industry here and the reason that business is booming isn’t always good,” says Josh Carpenter, director of external affairs at the University of Alabama Birmingham. “We have one of the highest rates of obesity and chronic illness – comorbidities. So there’s a need. But with an aging population and more effective technology, that sort of health-care growth has sort of buoyed the entire U.S. economy, not just the Birmingham economy.”

OUTLOOK

The Affordable Care Act is a work in progress. Changes must be made to keep the system afloat

and ensure that care becomes affordable. Republican lawmakers have been working actively to repeal the ACA and make good on a campaign promise they have been making for the better part of a decade. Ironically, though, determined conservative efforts to roll back the ACA's coverage expansion may be responsible in part for Americans' growing acceptance of the idea of universal health care.²⁷

Given the historic unpopularity of Republican health-care proposals in 2017, it seems the debate on this issue in the United States has shifted to the left.²⁸ As more Americans become insured and benefit from subsidies, access to care and coverage for pre-existing conditions, politicians find it increasingly perilous to push for a return to the pre-Obamacare days – just how perilous we will find out in the congressional elections of November 2018 when we witness the fate of those who voted to repeal the ACA.

THE PLAN	THE DETAILS	NUMBER ENROLLED	COST TO INSURED
Insurance Through Employment	<p>Most of the cost is paid for by employers, with employees paying premiums.</p> <p>Under the Affordable Care Act, employers with more than 50 employees are required to provide insurance that pays at least 60 percent of the cost of a list of medical services for a standard population and covers a substantial portion of physician and inpatient hospital costs for their workers, including those with pre-existing conditions.²⁹ Those with fewer employees might be eligible for a tax credit or can use the exchange (marketplace) to find the best option.</p>	156 million ³⁰	Varies by plan and state. Employers pay for part of the plan. On average employee contributes \$1,255 per year for single-person plan. ³¹
Health Insurance Marketplace	The Health Insurance Marketplace is for people who do not have qualifying health coverage, whether through their job, Medicare, Medicaid, CHIP or another source. ³² Applicants can apply via the federally facilitated marketplace or the state-based marketplace. Many who sign up for insurance this way receive a health-care tax credit that lowers the monthly premium cost. ³³	11 million ³⁴	Varies by person and region. In 2017 a 40-year-old non-smoker earning \$30,000 per year pays about \$207 per month (\$2,484 per year) for a basic plan. ³⁵
Medicare	Medicare is a federal government health insurance program that covers people over 65 years old, disabled people under 65, or anyone with permanent kidney failure. ³⁶ Medicare is paid for through two trust fund accounts held by the U.S. Treasury: the Hospital Insurance Trust Fund, which comes from workers' payroll taxes, and the Supplementary Medical Insurance Trust Fund, whose funds are authorized by Congress. ³⁷	55.3 million ³⁸	Typically no cost to enrollees, but many buy supplemental insurance.

THE PLAN	THE DETAILS	NUMBER ENROLLED	COST TO INSURED
Medicaid and CHIP	<p>Medicaid is a joint federal and state program that, with the Children's Health Insurance Program (CHIP), provides health coverage to about 74.5 million Americans, including children, pregnant women, parents, the elderly and people with disabilities. Under the Affordable Care Act, eligibility for children has been extended to families earning up to 133 percent of the federal poverty level (\$11,880 for an individual) in every state. Some states have expanded their Medicaid coverage to this same threshold. Eligibility varies by state and can be based on income alone or can include household size, disability, age and other factors.³⁹</p> <p>The federal government pays states for a percentage of program expenditures based on criteria including per capita income.⁴⁰</p>	74.5 million ⁴¹	No or low cost to enrollees.
Indian Health Service (IHS)	<p>The Indian Health Service provides care through its own facilities or affiliated providers to federally recognized American Indians and Alaska Natives.⁴² IHS serves about 2.2 million members of 567 tribes⁴³ and receives funding from Congress, with a 2017 budget of about \$5.1 billion.⁴⁴</p>	2.2 million ⁴⁵	No cost to enrollees.
Veterans Administration (VA)	<p>People who served in the military for at least two years and were not dishonorably discharged may qualify for VA health-care benefits.⁴⁶ In addition, those discharged for disability or injury incurred in the line of duty or those who served prior to September 7, 1980, are automatically eligible.</p>	9.1 million ⁴⁷	Typically no cost to enrollees.
Uninsured	<p>People who can afford health insurance but choose not to buy it must pay a penalty. For the year 2017, this is either 2.5 percent of household income or \$695 per adult (\$347.50 per child), whichever is higher. For those uninsured for just a few months, the penalty is lower.⁴⁸</p>	29 million ⁴⁹	No insurance costs. All health-care costs paid out-of-pocket.

*Note that some people use a combination of these programs

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