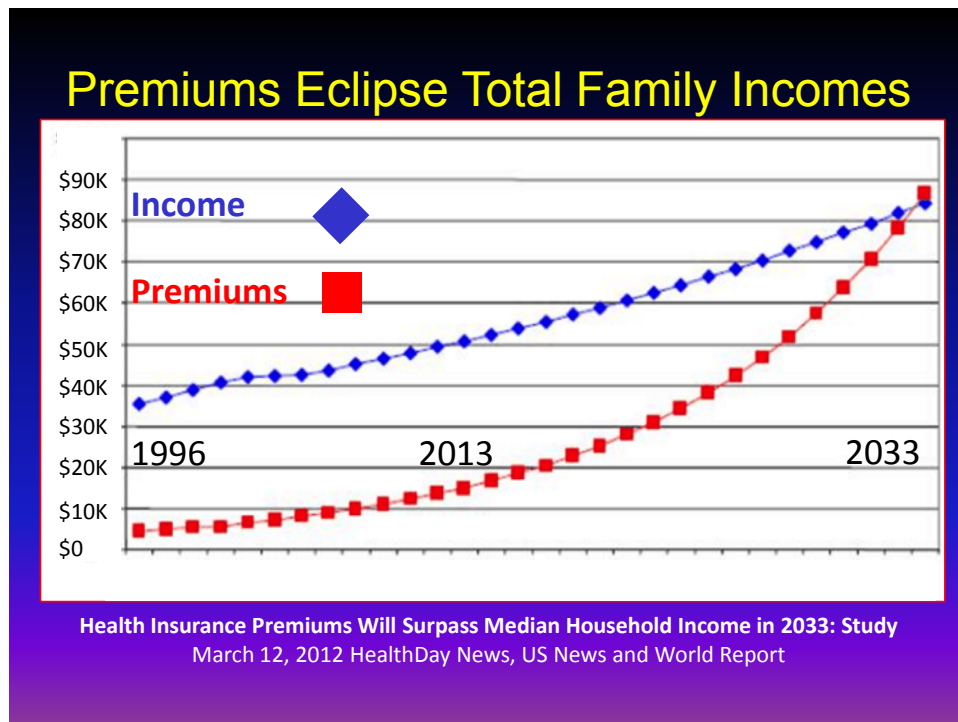


The Affordable Care Act Will Help Many Oregonians... for a while



*This mother of two children in 2013 paid \$451 per month for a \$15,000 deductible family plan, i.e., she had “insurance” but could not afford health care. The ACA may drop her premium to \$291 for a \$2,000 deductible plan, which covers (only) 70% of her medical bills and provides an out-of-pocket cap of \$12,000. Her family will be more secure, but the higher-than-necessary **US health care costs*** (above out-of-pocket caps) will still be borne by all Oregonians through rising premiums and/or taxes.*

Rise in Premiums Will Continue to Price Americans Out of Health Care with or without the Affordable Care Act and Coordinated Care Organizations



Ten Good Things About The Affordable Care Act

- 1. Caps on out-of-pocket spending by patients:** This will protect many more Americans from losing their life savings and homes to pay for health care costs.
- 2. Pre-existing conditions.** No one can be denied health insurance or be charged a higher premium because of pre-existing medical conditions (but see # 7 in "Bad Things..." below).
- 3. Preventive services to all women** without co-pays, co-insurances, or deductibles. Health insurance plans have added eight health benefits for women including counseling for breastfeeding, contraception, domestic violence, gestational diabetes, HIV screening and counseling, sexual diseases and wellness visits.
- 4. Medicare preventive services** (no co-pays, etc). Screening for aneurysms, bone mass, cancer, cardiovascular disease, depression, diabetes, glaucoma, etc.
- 5. Premium equity.** Enrollees' premium ratio (older/younger) drops from 5:1 to 3:1.
- 6. Adult dependent insurance coverage.** Adult children up to age 26 can continue to get health insurance on their parent's policies.
- 7. Insurance payout limits.** No more limits on insurance payouts, lifetime or annual.
- 8. Minimum medical loss ratio for insurers.** Health insurers must spend at least 85% of their premium dollars on health care (80% for smaller group plans) or give rebate to enrollees.
- 9. New applicant/enrollee health coverage reports.** Insurance coverage and costs are reported in a standard format allowing better comparison of different health insurance plans.
- 10. Doughnut hole closing.** The "doughnut hole" in Medicare drug plans (Part D of Medicare) is closing in annual stages, totally by 2020. Savings to Medicare beneficiaries will be in the tens of billions of dollars.

Ten Bad Things About The Affordable Care Act

- 1. Insurance companies can keep raising premiums** and price Americans out of insurance. The ACA lacks teeth to enforce control of premiums.
- 2. Insurance companies can still keep 15%-20% of your premium** for administration (**Medicare keeps 1-3%**).
- 3. Doctors will still have to deal with dozens of insurance companies** and hundreds of plans for authorizations and payment (\$60,000-\$80,000 and 3 weeks work time/year/physician). *Health Aff July/August 2009 vol. 28 no. 4 w533-w543*
- 4. Bronze and Silver plans under ACA cover only 60-70% of patients' bills** (underinsurance by definition);
- 5. Premiums may be unaffordable** even with subsidies; low-middle income families face financial penalties instead of guaranteed access.
- 6. Out-of-pocket caps** (annual limits on how much a patient must pay for care) will help individuals avoid bankruptcy **but will trigger higher premiums and/or taxes** and not **control excessive costs to the population.**
- 7. Insurance companies can drop plans, services, drugs, and entire insured groups.** Individuals can still be priced out of insurance.
- 8. Continuity of care is disrupted as patients bounce** among eligibilities and plans (churning).
- 9. The ACA does not adequately move provider incentives** toward generating the most health for the least cost-- redirecting money from unnecessary costly procedures to public health, primary care and prevention.
- 10. The ACA prohibits the use of accepted scientific criteria** such as quality-adjusted-life-years in determining what services should be paid for. This prohibition, included at the behest of the health care industry, severely limits the use of scientific findings that could help us achieve the most health for the least cost.

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