What Future for the Affordable Care Act?

Will the changes in Washington destroy the progress we’ve made?

Results of the November election reflected an angry electorate that wants to see changes in the government and its policies. Although the Patient Protection and Affordable Care Act was attacked by Republicans and the Tea Party as big government gone awry, a Kaiser Family Foundation poll taken about a month before the election suggested that Americans were split over whether the act’s passage was good or bad for the county, with similar percentages viewing the law favorably and unfavorably. As the election drew closer, the percentage of people who said they were confused about the health care reform law actually rose, even as the Affordable Care Act seemed to take on less importance as a factor in the election and jobs and the economy became the driving concerns. Nevertheless, Republicans have pledged to repeal all or parts of the Affordable Care Act (see a Washington Post report on Republicans’ plans at http://wapo.st/ab8Qz3, as well as in In the News in this issue). Framing the law as a takeover of health care by government, Republicans oppose the law’s mandates that individuals carry health insurance, employers cover their employees, and the government provides subsidies for those who can’t afford to purchase it. Although Republicans say they would offer their own version of liability reform to end discrimination by insurance companies against people with pre-existing conditions, critics point out that without the mandates for coverage, the pool of those who are insured and healthy will be insufficient to cover the costs of insurance for those who are ill and had previously been excluded from coverage by insurers. This was a crucial part of the new law; the insurance reform built into the act is based upon a three-legged stool:

- Require insurance companies to provide coverage to all people, whether sick or well, with or without preexisting conditions, and without lifetime caps on coverage. (The lifetime caps allowed insurers to drop people with costly health conditions such as cancer once they reached the pay-out limit.)
- Require employers to offer affordable health insurance to their employees or pay a penalty that will be used to cover those who can’t afford coverage.
- Require individuals to purchase insurance coverage or obtain it through their employers. For those who can’t afford coverage, provide a government subsidy, as currently occurs under Medicaid. The Affordable Care Act will expand Medicaid and set up insurance exchanges (at the state and federal levels) for those without coverage to shop for the health insurance policy that best meets their needs, much as exists now for federal employees through the Federal Employees Health Benefits Program.

Without any one of these legs, the stool will topple. For instance, if there’s no mandate or subsidy for insurance coverage, people are likely to remain uninsured until they think they need it—that is, until they have a serious illness. And if they then apply for insurance, and the insurer has to cover them, the pool of insured people will be sicker and profit margins for the insurance companies will decline.

Aaron points out that a repeal of the Affordable Care Act before 2013 is unlikely, but a reconstituted Senate and a Republican-controlled House of Representatives could block financing for the implementation of the act in ways that would cripple it and make it unworkable. Although the law includes authorizations for reforming
in designing a more affordable, more equitable, safer, and higher-quality health care system. It’s important for nurses to educate the public on what’s in the Affordable Care Act, how it will benefit them and their families, and what they can do to ensure that the law is only the first step in a long-overdue overhaul of health care in the United States. It’s equally important for nurses to talk with their federal and state policymakers about why reforming health care is essential.

Particularly when other countries are outperforming the United States in terms of leading health indicators, it’s become clear that our nation simply cannot afford to spend more than any other nation on a health care system that will ultimately cripple our economy.

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REFERENCES