

Obamacare: What's It All About ALFIE?

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Obamacare 101, 102, 103, 104..... AFFORDABLE CARE ACT - 2010

I. Brief background/Trends/Myths

- A. To keep inflation low during and after World War II, large companies and unions agreed to provide health care policies to workers in lieu of large wage increases. Workers in large firms had hospital (major medical) plans, and doctor coverage. Some even had drug coverage. Most workers paid little or nothing for coverage.**

- B. FAST FORWARD:FF. By 2010, About 50 million uninsured—illegals, invincible (18-35), unemployed, poor families often headed by women, other low wage workers often in small firms. Often the boss had coverage, but small firm employees did not.**

- C. Health care costs kept rising about 7-8 percent a year from 2000-2010 (Kaiser Family Foundation). Large employers paid the increases by and large, small firm employees who were covered had higher co-pays and higher costs for less coverage than employees in large**

firms. Many small employers began dropping insurance during the “Great Recession.” More uninsured folks were being treated in emergency rooms of hospitals—the highest cost alternative.

D. MEANWHILE: *Romney care* in MASS seemed to be working (95 pct insured) but **costs** kept rising b/c folks wanted more “stuff” covered—and insurance companies wanted to maintain profits for insuring sickest residents. Mini clinics in drugstores started to appear!! Costs were lower in clinics!!

E. Workers in certain self employed professions-real estate agents, barbers, beauticians, consultants were not likely to have health insurance unless provided by a significant other.

II. *ENTER OBAMACARE TO THE RRRESCUE!!* But in 2010 states could opt out of federal programs establishing state insurance markets for uninsured!! AND: Can keep your insurance if you like it!!!!!!

III. Result: Many states not yet ready to offer insurance in established markets! Been granted federal extensions.

IV. Obamacare supposed to incentivize doctors to establish EMR-electronic medical records—with very little federal money or guidance. What has happened? Where are we?

1. EMR supposed to establish “medical home” for each patient. Who is responsible for keeping track of all the various doctors, medicines, etc that a patient has?? This issue is still ongoing, although many docs put all meds on computer files at present. No entity is as yet officially responsible EXCEPT the PATIENT.

2. Where is the enforcement?

V. TODAY: the Geography, Compliance and Politics of PPAHCA.

A. _Why so complicated? Data on workers with health coverage comes through EMPLOYERS (LABOR DEPT-DOL)

Data on the unemployed and those not in the labor force (young, old, long-term unemployed)

comes from the Census Bureau (Population surveys).

DOL and Census surveys often provide different results—not all results reported!

B. Understanding Compliance-Business

- 1. Under Obamacare, workers continue to receive health coverage through employers, but what employers MUST do has changed:**
- 2. If your business has fewer than 25 workers, the employer is exempt from Obamacare. But if he/she provides ANY healthcare, there is a tax credit of up to 35 percent of the costs of health care. Applies to about 30/140 million workers.**
- 3. If your business has 25-50 workers, you are still exempt from Obamacare, but fewer tax incentives from providing insurance.**
- 4. If you have less than 200 employees, and provide health insurance, you do **NOT automatically have to enroll new employees**
In the company plan. (Haves vs. have nots).**
- 5. Employer part of Obamacare applies to less than half of employees—rest go to state MARKETS.**

6. What kind of health care policies can you buy in state markets?

a High deductible health plan

b Fee for service (Blue Cross)

c Medical savings plans

d HMO's.

D What must policies cover??? VARIES BY STATE with federal minimum.

1. 85 percent insurance company rule

VI The Campaign to Defund Obamacare!!

1. Why?

a. States believe costs will rise too fast under Obamacare (policies will cover too many things)

b. States believe too many docs will stop practicing under Obamacare b/c less money available for reimbursements.

c. States do not want to be told who to insure.

d. States believe small firms and family farms will be hurt under Obamacare.

e. States believe Medicare money will be insufficient to purchase health insurance for poorer residents.

Remainder of funds perhaps to come from general tax funds.

VII Unintended Consequences: Potpourri

- A. Consolidation: Doctors Offices Being Bought Out by Local Hospitals and non-Local hospitals. States Not Ready For Market Places**
- B. Competition in Non-Federal Markets: Aging in Place, Cosmetic surgery, Bargaining With your Doctor**
- C. Pressure to lower education requirements for nurse practitioners and physician's assistants.**
- D. Will Free (Not for Profit) Clinics Remain for Illegals??**
- E. Concierge Medicine without Insurance**
- F. Health Programs/Exercise Incentives-How Will They work?**
- G.Can You/ Should You Take a job without Health Insurance?**
- H Should Doctors Be allowed to Refuse Medicare Patients**

I.

No

Insurance—Pay a Fine?

VIII Waste, Fraud and Abuse: Can we Catch the Cheaters??

IX THE END?? NAH, ONLY THE BEGINNING....