Repealing and Replacing the Affordable Care Act: Are American Health Care Providers Ready?

*Michael M Haniff and James JL Mateka

College of Health Sciences, Rush University Medical Center, USA

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*Corresponding author: Michael M Haniff, College of Health Sciences, Rush University Medical Center, Chicago, Illinois, USA, Email: michael_m.haniff@rush.edu

Abstract

The United States healthcare reform has been at the helm of evolution since the beginning of time. The Patient Protection and Affordable Care Act of 2010 (ACA) was the first attempt at health care reform since the advent of Medicare and Medicaid in 1965. The ACA was the most controversial law to come to fruition due to its policies and the amount of regulations that it would entail at the time. Although the law was created to extend health insurance coverage to all Americans, the provisions and mandates that would require changes would become the source of controversy. Some of the most controversial issues were the requirement of businesses with 50 or more full-time employees to offer health insurance, the elimination of pre-existing conditions from insurance companies, the Supreme Court’s ruling in 2012 that the act was unconstitutional due to special Medicaid provisions, the lack of participation by insurance companies which raised costs, and an average of 25% in health premium increases. On the other hand, there are many other accomplishments that have been attributed to the ACA that include: covering over 20 million Americans with health insurance, the push for movement to electronic health records, prohibiting of denials due to pre-existing conditions for over 129 million people, elimination of lifetime and annual limits on insurance coverage and the establishment of limits on out-of-pocket expenses that have been beneficial to over 105 million people and, expansion of Medicaid that lead to over 4 million people gaining coverage. President Donald Trump has made promises during his campaign and first week in office that the ACA would be repealed and replaced. The most concerning factor for most Americans, however, is the unknown amount it will cost to do so.

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The ACA’s goals were to expand the affordability, quality of care, and availability of public and private healthcare insurances within the United States White House [1]. However, due to the nature of the controversy that came with the proposition of the law, there have been many discussions this past presidential election to repeal and replace the ACA due to rising premiums and rising deductibles Manchikanti & Hirsch (2016). In retrospect, the ACA made headlines with the process of passing the law due to it only reaching the filibuster threshold of 60 votes in the Senate and through the House with a vote of 219 to 212 Manchikanti & Hirsch (2016).

At this point in time, there has only been speculation about the repealing or replacing of the current law. Newly elected President Donald Trump has promised Americans during his campaign that the ACA would be repealed or replaced with “something better” on the same day of any announcement to supplant the law Mangan [2]. While the Republican Party does not have a replacement strategy in place, there are many opinions as to what should be done, but it is without a doubt going to happen DeBonis [3]. The greatest concern regarding the replacement of the ACA is the cost that will be associated with doing so. According to the Congressional Budget Office [4], an attempt to either repeal or replace the current health care law can cause a very significant increase in the budget deficit that is already very high. One estimate of the cost to repeal and replace the ACA would add an additional $137 billion over a ten-year period, leading to a consequential increase in the budget by $353 billion (Congressional Budget Office, 2015). However, other sources estimate that repealing the ACA in its entirety would cost over $350 billion through 2027 using 4 conventional methods, or $150 billion using dynamic methods Committee for a Responsible Federal Budget, (2017).

Issue Analysis

Because there is no exact plan in place or even speculation with respect to a plan on the repeal and replacement of the
ACA, there needs to be an analysis on the ramifications of cost with respect to the most popular propositions; as cost of the repeal and replacement process is the major issue involved. The budgetary implications of the repeal process include the effects of repealing the provisions for health insurance coverage which include the added costs for Medicaid and Medicare, and the effects of repealing other portions of the ACA Congressional Budget Office [4].

Major effects of repealing the ACA include: increasing the federal deficit by over $137 billion over a ten-year period or possibly longer due to uncertainty, a significant decrease in the number of insured people by way of employment-based insurance coverage and Medicaid, negative effects on the economy of the United States due to increased deficit, and negative implications on both micro and macroeconomic feedback Congressional Budget Office [4]. The Congressional Budget Office in conjunction with the Joint Committee on Taxation (2015) agrees that a repeal of the ACA would increase the federal deficit by $9 billion in 2021 with the peak rising to $98 billion in 2025.

Another major issue is what should be done or what plan should be in place to repeal or replace the ACA. Despite the fact that President Obama indicated that the law has accomplished many of the goals it was created to for; he noted that uninsured rate has declined by 43% from 16% in 2010 to 9.1% in 2015 Manchikanti & Hirsch (2016). At the same time, however, costs are uncertain and there has been a slowdown in the growth of healthcare costs. Without repeal, the future of the taxation on health plans offered through employers, also known as Cadillac tax would be insufficient to keep paying for the ACA Manchikanti & Hirsch, (2016).

Additionally, President Trump agrees that rising premiums and deductibles, narrow networks, and limits of coverage by insurance companies are to blame Manchikanti & Hirsch (2016). Insurers were set to raise the premiums of their customers by an average of 22 percent for 2017 due to “adaptations in the market”, increased competition, efforts by certain states to undermine the law by choosing not to expand their Medicaid programs, incorrect forecasts were a contributing factor where insurers lost $2.7 billion due to payment of more claims than expected, the pulling out of major insurers in the marketplace and one of the most controversial rising prescription drug costs Weller & Chadbourn [5].

One of the most popular provisions of the ACA was the requirement of insurers to cover individuals with pre-existing conditions, a requirement that garnered over 70 percent of Americans’ support Jost (2017). According to the Department of Health and Human Services [6] (HHS), 23% of Americans (61 million people) have a pre-existing condition that include common medical conditions such as arthritis, asthma, high cholesterol, hypertension, obesity, alcohol or substance abuse, depression and Alzheimer’s. A potential effect of the repeal and replacement of the ACA would be the risk of Americans being denied coverage from a new insurer due to pre-existing conditions. The Kaiser Family Foundation [7] projected that a repeal of the pre-existing condition provisions of the ACA could put 52 million Americans at risk of being denied for health coverage in the future, particularly the elderly. Also, adding that in eleven states, at the very least, 3 in 10 non-elderly adults would most likely be denied coverage. It has been proposed that keeping coverage for individuals with pre-existing conditions while repealing majority of the law, however, these actions are much more difficult than it seems. The provisions in the ACA mandated that young and healthy people obtain health coverage to compensate for the costs of covering people with pre-existing conditions (Kaiser Family Foundation [7]).

The impact on Medicare would lead to the restoration of higher payments for the Medicare Advantage program, which would lead to increased premiums for these individuals and eventually the end of free preventative services Kaiser Family Foundation [7]. As a consequence, Medicare’s spending would account for approximately $350 billion over the same ten-year period. Furthermore, repeal would reduce the revenue streams to Medicare parts A and B for beneficiaries with earnings greater than $200,000 per individual or $250,000 per couple Kaiser Family Foundation [8]. Recently senators Bill Cassidy and Susan Collins introduced the Patient Freedom Act a plan that was developed to leave states with majority power to decide whether they want to keep the ACA or not. Such a proposal would allow states who opt to stay with the provisions of the ACA to keep the mandates, subsidies and, protections for patients with pre-existing conditions. On the other hand, states that choose to opt out would have another plan that allows them to provide a uniform tax credit linked to health care savings account to assist people in the ability to afford a basic comprehensive insurance policy Chastain [9]. However, experts lend their opinions that the proposed replacement would cause more spending than the original ACA, repeal existing health savings accounts, support government imposed price controls, and create an automatic enrollment program Jacobs [10].

The most important problem that the ACA has brought to the American people is the proven fact that the plan has not been affordable. People are now faced with higher premiums and even higher deductibles. President Obama had promised the public that premiums would 7 decreases by an average of $2500 per year, but they have increased by an average of $3775 per year (A Better Way, 2016).

Proposed Solutions

Trump Administration Solutions

The Trump administration described the solution to the ACA as a repeal of the law that “will broaden healthcare access, make healthcare more affordable and improve the quality of the care available to all Americans” Donald J Trump for President [11].

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So far, there has only been speculation on whether to repeal or replacing the ACA in its entirety, partially, or not at all. According to president Trump, the ACA will have some modification. Since its inception, there have been proposals and criticism on how the law could be improved. There have been a multitude of proposals, but majority of them agree on making changes to reform Medicaid and or Medicare, keeping the provisions that allow people with pre-existing conditions to retain health care coverage, deflect rising insurance premiums and out-of-pocket expenses and, most importantly accomplishing these and many more goals without increasing spending Congressional Budget Office [4], Antos et al. [12], Manchikanti & Hirsch (2016). Regardless of which proposal or reform, combination of proposals, or no proposal at all becomes the chosen new healthcare policy, the effort must begin with Congress where majority vote rules.

During the presidential election, the plan to repeal and replace the ACA was discussed the most by candidate Donald Trump. His plans to repeal and replace the act include a wide variety of proposed solutions that include a multitude of actions to be taken. The following paragraphs will outline these actions. The first action is to completely repeal the ACA. The current president indicated that the individual mandates must be eliminated, adding that no one person should be required to purchase insurance unless they want to (Donald J Trump for President [11], Manchikanti & Hirsch (2016). The administration adds that existing laws that inhibit the sale of health insurance should be modified to allow any vendor to offer insurance across state lines. By doing so, the hope is to create increase competition amongst insurers in order to drive costs down and increase consumer satisfaction Donald J Trump for President [11].

The Trump administration adds that individuals should be able to fully deduct their health insurance premium payments from their tax returns. This solution is proposed to individuals due to the fact that businesses are allowed to deduct their insurance premiums. The president adds that basic options for Medicaid should be reviewed so that those who want health care coverage can obtain it Donald J Trump for President [11], Manchikanti & Hirsch (2016). The president adds that individuals should be able to use their Health Savings Accounts (HSAs) and that contributions to these accounts should be tax-free. Adding that the accounts should be passable to heirs without death penalty. The new law should focus on attracting HSAs to younger people as they are generally healthier and can afford higher deductibles. An additional proposition includes that HSAs should be able to be utilized by any family member without penalty Donald J Trump for President [11]. One important aspect of the proposed Trump health plan is the requirement of all health care providers to provide price transparency. The proposition puts an emphasis on physicians and health care organizations such as hospitals and clinics. This will allow individuals to shop around for lower prices for similar exams or medical-related procedure Donald J Trump for President [11]. The proposition to block-grant Medicaid to the states will allow individual states to manage the administration of Medicaid without federal overhead. At the state level, there are benefits offered to individuals that go beyond what is required of Medicaid. The president recognizes that states know the needs of their people better than any other federal entity and by allowing this provision; states can manage their own Medicaid programs. The president adds that states will receive incentives for seeking and eliminating fraud, waste and abuse to preserve federal and state-level resources Donald J Trump for President [11], Manchikanti & Hirsch (2016).

Finally, president Trump lists that the removal of barriers of drug providers who manufacture safe, reliable and less expensive products to enter free markets. This provision would allow Americans to access imported drugs from overseas and across Canada to drive costs of medications down by increasing competition and diluting the market. The president adds that although drug companies are private, they offer a public service the costs associated with some drugs on the market is astronomical Donald J Trump for President [11], Manchikanti & Hirsch (2016).

The president adds that the aforementioned reforms would lower healthcare costs for all Americans and would only be considered the start of a reform. According to the president, there is over $11 billion being spent annually on health services on illegal immigrants, creating a heavier burden. By enforcing immigration laws, eliminating fraud, growing the economy and creating jobs, there will be a lesser burden placed on the health system Donald J Trump for President [11].

Pillars for Reform

Capretta & Moffit [12] created a plan to reform the ACA since its inception by defining three pillars for reform. The authors add that any reform must account for the strengths and weaknesses of the current healthcare system and solve the problems that contributed to the need for a reform. The first pillar is defining a contribution approach to the finances involved. Creating a cost conscious environment would require the consumer to prioritize the spending of their money. To accomplish this, the authors propose that a replacement program must move the system away from open ended government subsidies and tax breaks toward a more defined contribution system Capretta & Moffitt [13]. This method proposes that insurance plans compete against each other and the governmental involvement consist of a fixed financial contribution towards the purchase of insurance by each individual Capretta & Moffitt [13]. This same proposition would mean employers would no longer be subject to unlimited tax breaks on employer-paid premiums. The benefit would contribute to individuals who choose the high value, low-premium policies; however, those who choose higher priced premiums would be subject to paying the additional costs for those plans out of their own pockets Capretta & Moffitt [13]. Furthermore, taxpayers would be able to deduct their health
coverage as individuals despite their employment status or the generosity of their health plan provided by their employer Capretta & Moffitt [13].

The second pillar proposed includes the personal-responsibility and continuous-coverage protection Capretta & Moffitt [13]. This pillar creates a program that opposes the individual mandate which requires all Americans under the ACA to enroll in government-approved programs. Thus, by eliminating the individual mandate, people who stay continuously enrolled in a health plan would never have to face increasing premiums associated with the development of an expensive disease Capretta & Moffitt [13]. Additionally, individuals who maintain continuous coverage under a reform could be protected against raising premiums as a result of a preexisting condition Antos et al. [12]. In order for a plan as such to become implemented, it would require amendments to the Consolidated Omnibus Budget Reconciliation Act (COBRA) the 1985 law that allowed employees who lost their jobs to retain health coverage under their employer’s plan if they paid the full premiums themselves Capretta & Moffitt [13].

The third pillar creates genuine relationships with states. Capretta & Moffitt [13] maintain that because states vary significantly with respect to demographics, economic profiles, infrastructure, levels of employment and poverty, rates of Medicaid enrollees and number of uninsured, they should be given the powers to innovate and experiment with healthcare based on their individual needs. This pillar also mentions that should states require federal participation should not be subjected to regulations enacted by the feds, however, they should be allowed to have meaningful control over their design and implementation of their own health insurance markets Capretta & Moffitt [13]. This pillar parallels the plan proposed by Trump which gives states full control of their own healthcare plans, citing that states know their demographics best and can plan accordingly to adapt to those needs Donald J Trump for President [11]. The fourth pillar of a reform, possible repeal and replace of the ACA addresses the treatment of taxation on employer-sponsored plans. Currently, the ACA allows employers tax credits for providing their employees health care coverage. However, employers are taking advantage of the open-endedness of the provisions by disproportionately making health coverage a large part of total compensation Capretta & Moffitt [13]. Experts blame malfunctions in the 12 market on these tax policies. The best example of this situation is when a person switches jobs, they cannot remain enrolled in the same insurance plan. Capretta & Moffitt [13] propose that the issuance of a standard tax credit to every taxpayer, regardless of employment status would be the demise of the advantages employers are taking. This pillar also parallels the health reform proposal outlined by President Trump.

The fifth pillar proposes a complete overhaul of Medicaid and allowing insurance coverage for working-age adults and children Capretta & Moffitt [13]. According to Capretta & Moffitt [13], Medicaid still has attributes of when it was welfare-based, which includes the payment of exceedingly low fees to providers and is notoriously paired with low-quality care. Reform of Medicaid should give greater access to quality care but it be run as two separate entities where adults and children are supported by their own per capita federal allotment, and the non-elderly, non-disabled, and low-income individuals be grouped in one category which would allow them to receive a federal tax credit Antos et al. [12]. This reform moves lower-income people from Medicaid to private health insurance and would allow patients greater access to quality care while getting this same federal tax credit Capretta & Moffitt [13]. Additionally, setting an allotment on a per capita basis would decrease the costs that Medicaid brings at the federal level Capretta & Moffitt [13]. Placing a per-capita allotment will reform Medicaid’s financing, restore Medicaid’s focus on the most vulnerable populations, and restore federalism by empowering states with freedom and flexibility to run their Medicare programs A Better Way (2016). A Better Way (2016) maintains that the fixed allotment approach would provide certainty for states to enhance their budgets and promote better behavior an innovation to the Medicaid program.

Privatizing & Modernizing Medicare

The most popular plan for Medicare is a premium-support model that would include a traditional fee-for-service option Antos et al. [12]. A fee-for-service Medicare plan would allow people who choose more expensive plans to pay the extra premium themselves. Additionally, traditional Medicare needs to be modernized if it were to be changed over to a privatized system. This plan should include merging Parts A and B, include catastrophic protection and cost sharing Antos et al. [12]. The future of Medicare is extremely important; continuing on this same path would eventually defund the program and deteriorate over time for beneficiaries. For this reason, a plan to save Medicare needs to be in place to save the program for future generations.

Patient Freedom Act

Recently, the Patient Freedom Act (PFA) was introduced by Senator Bill Cassidy of Louisiana and Senator Susan Collins in 2015 which give states an allotment of funds to distribute amongst its residents in the form of a health savings account. The intention of the bill is to put the funds allocated towards the payment of premiums based on people’s ages rather than income. It is the hope that PFA would abolish the individual mandate and the provision that requires employers to offer health insurance to their employees Lopez Guzman & McQuaid [14]. The proposed act allows states to keep the ACA if they so choose or design their own programs, using federal funds to do so Cassidy (2017). The bill would repeal the requirement that employers provide and individuals buy insurance, but keep
provisions regarding pre-existing conditions and allowing children to stay enrolled on their parent’s policies until they are 26 years old. Furthermore, the PFA allows states to enroll people based on catastrophic medical expenses alone as a default unless the individual chooses to opt-out of the plan which would impose a fee 14 for re-enrollment and subjected to higher premiums Cassidy (2017). Similar to the ACA, the proposed PFA would not allow insurers to place lifetime caps on patients nor caps on the amounts of money paid per claim, which gives people protection for astronomical out of pocket costs associated with medical expenses Lawlor [15].

Policy Recommendations

Recommendations to change the current health care system must be for the improvement of the system to negate all of the controversial and expensive costs associated with the current ACA. There must be protections put in place to ensure that all Americans are treated fairly by their care providers and insurance companies. Additionally, there must be changes to the current regulations that decrease the rising costs of healthcare in the United States. To achieve these goals, it is recommended that most of the proposed solutions become a reality. It goes without mention that the current scope of the ACA needs to be reformed. It was mentioned by President Trump that the ACA in its entirety should be repealed. However, there are certain aspects within the provisions that even the president would agree to keep or partially repeal. There is not one particular recommendation change the current health care system. The majority agrees that there are a multitude of changes that are necessary to make our health care system work, effectively and efficiently. First and foremost, the main recommendation is to decrease the costs of the rising insurance premiums that are required by law that people have to pay for. The main issue that people have with the ACA is that it is not affordable, despite the word being in its name. The below listed principles should be incorporated in the new reform must consider in order to be effective and be accepted by the people it will be made for.

Repeal Affordable Care Act but Keep Some Provisions

There is no doubt that people want the ACA repealed. Recall that the law only passed due to it reaching a filibuster A Better Way (2016). This law has been the most controversial in American history. There were warnings that the law would be unsustainable and the costs would be exorbitant. Experts agree that the law cannot be fixed, but certain aspects of the law should be kept with careful consideration and possible reforms. One such provision is the ability for Americans with pre-existing conditions to not be denied health coverage. Americans favor the provision brought by the ACA that allowed the protection of people with pre-existing conditions. A person should never be denied coverage or face being excluded in a health plan based on a Pre-existing condition. Prior to the ACA, 1 in 7 people were denied health insurance coverage, translating to over 651,000 people over a three-year period Health Network Group [16]. Thus, it is vital that this provision of the ACA be kept so that individuals that need health insurance are able to obtain it.

More Options, Lower Costs and Flexibility

The current health plan is too bureaucratic and expensive. Additionally, people do not have many options available to them that give them access to high-quality care and affordability A Better Way (2016). The ACA forced many individuals and families to the ancient Medicaid system, an insurance program that was already broken and has failed to protect people. Medicaid and Medicare should be updated and brought to the 21st century. This would include making the program more sustainable by expanding the program and allowing the propositions to let individual states manage their Medicaid programs at that level rather than at the federal level. This way Medicaid and Medicare could be molded into the best way that fits the demographics 16 of the state. Without a reform, we stand to lose the Medicaid and Medicare over time due to instability and rising costs A Better Way (2016). The new health care reform should support the plan to expand health coverage across state lines as outlined in the Trump administration proposition. As the administration determined that this would increase competition amongst insurance providers and lead to decreased insurance premiums for people. The ACA obstructs people from purchasing a health plan advertised in another state. However, by lifting this barrier, a national balance could be reached in the market while lowering overall costs A Better Way (2016).

Innovate Our Health Care System

The new health care reform should promote new procedures to advance therapies, lifesaving devices, and clinical research and encourage discovery. Much like the ACA promoted the use of electronic health records the new health care reform should promote innovation via the 21st Century Cures Act. This law provided $4.8 billion in funding for the National Institutes of Health, but allotted $1.8 billion for cancer research, $1.6 billion for brain diseases such as Alzheimer’s, $500 million for the Food and Drug Administration and $1 billion for states to combat opioid abuse Washington Post [17].

Expand Health Savings Accounts

Health savings accounts (HSAs) are tax free medical savings accounts for individuals who are enrolled in high-deductible health plans. The funds may only be used to cover qualified medical expenses. The Trump administration maintains that its health care reform plan would expand HSAs by increasing annual contribution limits to $6250 for individuals and $12,500 for families. Furthermore, the administration would allow HSAs to be utilized by any family member without penalty Donald J Trump for President [11]. It is recommended that these 17 propositions be included in the chosen health care reform in order to provide increased funds to contribute to expensive out-of-pocket procedures or medications.
Conclusion

At this point in time it is highly unclear which direction that the key stakeholders and policymakers would choose with respect to the health care reform. There have been discussions about repealing and replacing the entirety of the ACA, or only some provisions. The general consensus is that the ACA is not working as proposed and has made health care unaffordable for the majority. A Better Way (2016). The only certainty that Americans have are increasing costs, low quality care, and political discussions that a new plan is without a doubt going to be coming to light. Regardless of what happens, there are certain aspects of the current health system that need to be changed. The major issue that Americans foresee with the repeal and replace proposal is that it will cost an exorbitant amount of money. Estimates of a repeal and replace transition adds $137 billion to the deficit over a ten-year period Congressional Budget Office [4]. Thus, possibly leading to negative changes in the economy, infrastructure, and health care system Council on Foreign Relations [18]. There is only a matter of time until the Trump administration creates the final proposal and debates regarding it begin. Recommendations to repeal and replace by experts basically parallel each other and include reforming Medicaid and Medicare, keeping protections for people with pre-existing conditions, expanding health savings accounts, allowing health insurance to be purchased across state lines, and gives power to the states to manage their health care coverage’s Antos et al. [12], Capretta & Moffitt [13]; Donald J Trump for President [11], Manchikanti & Hirsch (2016). Regardless of what plan comes to fruition, substantial changes to the economy would only be undertaken by engaging the public [19-25]. The new plan should be accessible, efficient, cost effective, and most importantly, responsive to the needs of the American people.

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