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Legislation and defending Affordable Healthcare
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importance of your movement-

Affordable healthcare is one of the most pivotal and pressing movements in modern political history. With the stagnation of the real wages of labor market engagers and the rise in the cost of pharmaceutical drugs and medicine, affordable healthcare and its other variations (universal healthcare, free healthcare, etc), has been the center of talk for decades now. Since the AALL Bill of 1915 calling to limit coverage to the working class and provide services, to FDRS 2 failed attempts at implementing affordable and universal healthcare in the wager act and through the social security act, Affordable healthcare has constantly been derailed by partisan efforts or through a negligent outlook. One thing remains clear and yet has yet to be considered: Data. Understanding data and constructing analysis to better understand how our movement can bring about change in our healthcare system and make it affordable is imperative. For without this movement, millions can end up uninsured, demand for pharmaceutical drugs will only increase as supply depreciates, and only then we'll be able to look back and ask where we went wrong.

Patient Protection and Affordable Care Act-

The gist

Make affordable health insurance available to more people. The law provides consumers with subsidies (“premium tax credits”) that lower costs for households with incomes between 100% and 400% of the federal poverty level.

Expand the Medicaid program to cover all adults with income below 138% of the federal poverty level. (Not all states have expanded their Medicaid programs.)

Support innovative medical care delivery methods designed to lower the costs of health care generally.

Why should this legislation be repealed and modified?

Simply put, the legislation hasn't really amounted to much of its expectations. Initially, Obamacare aimed at cutting premiums by \$2,500 yearly. Unfortunately, According to the Department of Health and Human Services (HHS), it had the adverse effect, "premiums have doubled for individual health insurance plans since 2013, the year before many of Obamacare's regulations and mandates took effect." Even shockingly, HHS reports, "Average individual market premiums more than doubled from \$2,784 per year in 2013 to \$5,712 on Healthcare.gov in 2017—an increase of \$2,928 or 105%."

Secondly, the amount of people uninsured has grown since the implementation of the act. Currently, there's 28 million people uninsured in the U.S. The implementation of the individual mandate only exacerbates this situation, as The cost hasn't decreased for everyone, and those who do not qualify for subsidies may find marketplace health insurance plans unaffordable. Furthermore, businesses are cutting employee hours to avoid covering employees, and tax penalties are to be expected. People with pre-obamacare insurance also lost it after it was implemented as well.

To summarize, there are too many people without subsidies who cannot afford coverage under Obamacare. CMS provided an informative example that correlates with this claim: "A 60-year old couple in Grand Island, Nebraska making \$70,000 a year—which is just slightly too much to qualify for Obamacare's premium subsidy—is faced with paying \$38,000, over half of their yearly income, to buy a silver plan with an

\$11,100 annual maximum out-of-pocket limit.” Truly preposterous, isn’t it?

The impact of that policy on the goal of your movement or the subjects your movement intends to help?

The affordable care act is incredibly detrimental to affordable healthcare because, ironically given its objective, it isn’t making healthcare affordable at all. To summarize:

-Many people have to pay higher premiums due to the wider range of benefits and cover people with preexisting conditions. have.

-Taxes are going up as a result of the ACA

(Around \$15 billion taxes on individuals)

-Businesses are cutting employee hours to avoid covering employees

(According to the healthline, “Business with 50 or more full-time employees must offer insurance or make payments to cover healthcare expenses for employees. By reducing hours, businesses are able to get by the 30-hour-per-week definition of a full-time employee.”)

In modifying, and/or eliminating obamacare in its entirety, the rise in premiums and copayments within the program and as a result of private insurers can face a sharp depreciation, taxes can shrink on the masses providing funding for it, and businesses wouldn’t be forced to cut hours from employees as a result of it,

Medicare

The gist

Medicare is a national health program that benefits:

-People who are 65 or older

-Certain younger people with disabilities

-People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD)

Medicare is split within 3 distinctive parts:

-Medicare Part A (Hospital Insurance):

Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

-Medicare Part B (Medical Insurance):

Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services.

-Medicare Part D (prescription drug coverage):

Helps cover the cost of prescription drugs (including many recommended shots or vaccines).

Why should this legislation be repealed and modified?

-Medicare, like other health programs, is a complicated story. We'll simply split each argument in accordance to the medicare plan it addresses,

Part A: provides coverage for hospital stays, skilled nursing, hospice and some home health services. If one has acquired a 10-year work history, this plan comes with no out of pocket expenses of expenditures. However, this comes with a deductible of \$1,340 per benefit period and has annual caps on benefits, unfortunately. ¹

¹ *Centers for Medicare and Medicaid Services.*

Part B: Provides coverage of wide variations of services and other goods, like visiting a doctor or receiving other outpatient services, like a flu shot. Furthermore, It also covers medical equipment.

This year the monthly premium for Part B is \$144 for people with an income up to \$85,000. If you earn more than that, you'll pay more (see chart below.) It also comes with a \$183 deductible. After it's met, you typically pay 20 percent of covered services.

Medicare Part B 2020 premiums

Individual taxable income	Joint taxable income	Monthly premium
\$87,000 or less	\$174,000 or less	\$144.60
\$87,000 to \$109,000	\$174,000 to \$218,000	\$202.40
\$109,000 to \$136,000	\$218,000 to \$272,000	\$289.20
\$136,000 to \$163,000	\$272,000 to \$326,000	\$376.00
\$163,000 to \$500,000	\$326,000 to \$750,000	\$462.70
\$500,000 or above	\$750,000 and above	\$491.60

Source: Medicare.gov

Centers for Medicare and Medicaid Services.

Additionally, people who don't buy qualifying health insurance will have to pay an income surtax, due to the individual mandate. The rates are shown below:

2014	2015	2016 <i>and beyond</i>
\$95 <i>per adult</i>	\$325 <i>per adult</i>	\$695 <i>per adult</i>
<i>or</i>	<i>or</i>	<i>or</i>
1% <i>of family income</i>	2% <i>of family income</i>	2.5% <i>of family income</i>
————— <i>whichever is greater</i> —————		
<small>*THE PENALTY CANNOT BE GREATER THAN THE NATIONAL AVERAGE PREMIUM FOR BRONZE COVERAGE, ESTIMATED TO BE \$4,500-\$5,000 IN 2016; SOURCE: KAISER FAMILY FOUNDATION</small>		

Part D: Provides coverage for pharmaceutical drugs. The issue here is quite simple, and its solution should be the forefront of the movement. Government monopolization and overspending within the healthcare market, which in return subsidizes high prices and crowds out the private market (given the restraints the private market already has with obamacare in effect) results in lack of competition between healthcare insurers, which artificially increases the premiums, deductibles, and copayments on most medicine and drugs.

“The misconception that the American healthcare system is a free market system and the European systems are socialized because they provide universal coverage are complete fallacies. The American healthcare system has less consumer choice and other free market principles than most every industrialized nation even though they are often referred to as socialized medicine. U.S.government (taxpayer) funded health care spending is the highest of any country in the amount spent per capita, as a percent of GDP and as the percent paid by government compared to private payments. At 65 percent, it exceeds any nation, including those with universal health care programs such as the United Kingdom, Sweden, Canada and France.”

-KevinMD³

share) as well as strong growth in Medicare spending (a 16 percent share).

Health Spending by Major Sources of Funds:

- **Private Health Insurance (34 percent share):** Private health insurance spending increased 5.8 percent to \$1.2 trillion in 2018, which was faster than 4.9 percent growth in 2017. The acceleration was driven in part by faster growth in the net cost of private health insurance, which was primarily due to reinstatement of the health insurance tax in 2018 following a one-year moratorium in 2017. On a per enrollee basis, spending for private health insurance was \$6,199 in 2018, an increase of 6.7 percent over 2017.
- **Medicare (21 percent share):** Medicare spending increased 6.4 percent to \$750.2 billion in 2018, compared to a rate of 4.2 percent in 2017. The growth in 2018 reflected faster growth in Medicare spending for non-personal health care, which includes government administration and the net cost of insurance for Medicare private health plans. The acceleration in the net cost of insurance was largely a result of private Part C and Part D plans adjusting their premiums to reflect the reinstatement of the health insurance tax. On a per enrollee basis, spending for Medicare was \$12,784 in 2018, an increase of 3.7 percent over 2017.
- **Medicaid (16 percent share):** Total Medicaid spending accelerated in 2018, increasing 3.0 percent to \$597.4 billion compared to growth of 2.6 percent in 2017. The faster growth in 2018 was influenced by faster growth in the net cost of insurance, again influenced in part by the reinstatement of the health insurance tax. On a per enrollee basis, spending for Medicaid was \$8,201 in 2018, an increase of 2.0 percent over 2017.
- **Out-of-Pocket (10 percent share):** Out-of-pocket spending grew 2.8 percent in 2018 to \$375.6 billion, which was faster than 2.2 percent growth in 2017.

<https://www.cms.gov/files/document/highlights.pdf>⁴

To sum it up, Medicare+Medicaid encapsulates around 37% of the health market by spending, and private insurance encapsulates around 34%.
(Out of pocket expenditures left out in both)

3. *Kevinmd, 2017*

2. *PPACA Legislation, pages 317-337*

3. *CMS, National Health Expenditures 2018 Highlights, 2018*

Solutions

>There are several factors that should be taken into account in bringing forth affordable healthcare. We must scale back on the regulations that surround Obamacare. Firstly, the individual mandate must be rescinded. It provides no logical premise. People shouldn't be coerced to opt in to healthcare coverages, and be penalized when they refuse to.

>Depreciate government percentage of spending in the market so as to allow for other healthcare insurers to compete with one another to drive prices down.

> Allow for a single-payer system, and using the bargaining leverage that creates (usually coupled with administrative fiat) to keep down costs. All nationals will be enrolled within the single-payer system, and will be allowed to supplement their government coverage alongside private insurance.