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WEATHER WATCH

Residents enjoy snow, officials urge caution



Experts: Uncertain future for ACA is unhealthy for care

■ More than 20 million Americans already have received insurance through the federally created health insurance marketplace

BY MICHAEL ABRAMOWITZ

The Daily Reflector

As promised, Republican members of the 115th Congress this week made their top agenda item the repeal of the Affordable Care Act, also known as Obamacare. The lawmakers quickly discovered that political talk is easier than political action.

Local health care professionals hope they heed the call to slow down.

Donald Trump won voters during his election campaign by pledging to immediately scrap the law that bears President Barack Obama's name. But after winning the election, he announced that such a move would be problematic and dialed back his pledge. For one thing, it requires congressional action.

On Wednesday, Vice President-elect Mike Pence



reminded Republican lawmakers that removal of Obamacare is a voter mandate. But now, some of those voters are signaling second thoughts about a wholesale abandonment of the law.

People on both sides of the ACA issue realize that the law is complex, with deeply interconnected moving parts. Any action is further complicated by the fact that more than 20 million Americans already have received insurance through the federally created health insurance marketplace, healthcare.gov.

Some experts said that

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ACA

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that suddenly vacating coverage would throw the insurance industry and the American economy into chaos and have equally devastating effects on the

nation's health.

Within the Republican Party, legislators differ on the preferred approach to reforming health care law. They can scrap the law entirely now, phase it out over a two-year period while cobbling a replacement plan, or come up with another approach.

Trump, ever alert to the Twitter grapevine, has said he wants to keep the parts of the ACA that protect patients from losing coverage due to pre-existing conditions, allow children to stay under their parents' plans until age 26, prevent lifetime coverage limits and charge women equally for the same product. He and most Republicans insist on eliminating any legal requirement to carry health insurance. Those who do not sign up

for insurance under Obamacare face fines.



COUNTHAN

Kevin Counihan, CEO of the Healthcare.gov marketplace where qualified people can sign up for health

insurance under the ACA, said that marketplace enrollment is on track to enroll 13.8 million people nationally, including almost 400,000 North Carolinians. Blue Cross Blue Shield of North Carolina almost doubled in size after absorbing most of the new enrollees and is committed to the Affordable Care Act, Counihan said. BCBS also picked up sub-

scribers when Aetna and UnitedHealthcare pulled out of North Carolina marketplace because of growing financial losses attributed to Obamacare. "Clearly, we're delighted that the president-elect has

supported some key tenets of the law," Counihan said. "I think changes to the law now circle more around amending it as opposed to replacing it." Counihan said his organization is working with the new administration to get it

the information it needs to make the right decisions. The goal, he said, is to assure that as many people as possible get healthy and stay healthy at the lowest possible cost. The highest cost to states and the nation results from an unhealthy population, he said. "Uninsured people get sick, too, but they tend to wait until their illness is

much more advanced before they seek medical care," Counihan said. "Then they go to the emergency room, the most expensive place to get that care, which is paid by people with insurance in the form of higher premium rates. Providing people access to health insurance is the gateway to improved health care for the country." Counihan stressed that the ACA's insurance marketplace is not socialized medical coverage or a gov-

ernment plan to force any particular insurance plan or provider into the market, but a pro-competition way to open and expand markets within states. "The government does not tell people they have to get their insurance from

a particular company," he said. "It just facilitates access to a number of competitive plans and provides some tax credits to those

eligible for them." One place in eastern North Carolina providing help with the process is Greenville-based Access East, a not-for-profit corporation that helps qualified

consumers in 27 eastern

North Carolina counties

navigate the marketplace at

no cost.

During the most recent open enrollment period, Access East enrolled 90 Pitt County residents in insurance plans through the ACA marketplace, up from 57 during the same period in 2015.



HALLOCK

Cheryl Hallock, who COordinates the Access East navigators, also called assisters, said she sees

unpredictable climate now for the Affordable Care Act, the insurance marketplace it created and health care reform in general. "It's kind of a crapshoot

out there to predict what's going to happen," Hallock said. "It's not a matter of simply repealing (the ACA). The structural changes that came with it extend far beyond health insurance to how health care is delivered, trying to change to an accountable outcome-based care model rather than simply paying per procedure or by coded items." Political ideologists over-

look the complexity of the ACA, with its many closely integrated entities, interconnected services and relationships among providers, payers and consumers, Hallock said. "It is an oversimplifica-

tion to simply say, 'Let's repeal and replace it," she said. "If you pull selective plugs to save money without having others that would replace that money, you're going to have institutional crashes. That's not something we want. It's not a good business practice. President-elect Trump has spoken in a lot of gen-

eralities so far," she said. "What we do know is that 20 million people are enrolled with health insurance through the Affordable Care Act. "If you never had it, you don't know what you're missing. But once you've

had it and someone tries to take it away, that's not good politics," she said. It's a notion that has Republican legislators thinking carefully about their

next move. They appear determined to knock out the law's insurance premium tax credits and cost-sharing provisions and eliminate some of the tax revenues that support the law. But doing so would leave country with a huge economic deficit (estimates range into the trillions). Because the contract with enrolled consumers is in effect, if the tax credits

are repealed, the insurance companies - who compose a large and powerful lobby — would have to eat those annual costs, Hallock said. "You're guaranteed the premiums you signed up for through the marketplace for at least a year," Hallock

said. "If the government doesn't come through with the ACA tax credits to help pay for the remainder of the premium, it will destroy insurance companies. F 0 Vidant Health, which serves

HUGHES uninsured patients and pro-

populaof tion unhealthy, underinsured and vides more than \$100 million annually in unreimbursed

health care, even small legislative cutbacks are felt. Such a drastic measure by Congress would prove challenging, Chief Financial Officer David Hughes said. "The Affordable Care Act did a lot toward integrating health care providers to provide the right care at

BY THE NUMBERS

- An estimated 70,000 young adults in North Carolina are covered by the ACA provision that allows children to stay on their parents' health insurance up to age 26.
- Almost 400.000 state residents have coverage through the ACA Marketplace.
- Up to 4,099,922 people in North Carolina have a pre-existing health condition. Under ACA, health insurance companies cannot refuse coverage or charge people more because of pre-existing conditions.
- More than 2,072,282 people in North Carolina are covered by Medicaid or the Children's Health Insurance Program, including 1,430,363 children and 240,953 seniors and people with disabilities covered by both Medicaid and Medicare.

the entire health care continuum to focus on and improve the overall health and well-being of the patient by structuring payments on outcome measures. Those factors must remain the focus; however, this will be revamped." Medicaid expansion was

a key component of the ACA's success in states that accepted it because it allowed those states to cover more people for basic health care. Providers in those states

longer would need disproportionate share payments from the government for the care it provided to underinsured and uninsured people, Hughes said. "Providers in states that did not expand (like North

Carolina) were having their disproportionate payments reduced to pay for the coverage of those newly insured patients in states that did expand Medicaid," he said. "That, combined with the loss of newly insured individuals had a substantial negative impact." Uncertainty about the direction of health care

coverage is a challenge in itself, Hughes said. "Until somebody actually puts a plan on paper, it's

hard for us to react without a clue about what will hap-

pen," Hughes said. "Repeal and replace' tells us noth-

"I've got to believe that intelligent people

make the right decisions so we don't destroy the overall health care system across America," he said. "The Affordable Care Act didn't get implemented in one day. They're not going to be able to take it away in one day."

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