

ObamaCare Affordable Care Act 2017

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Obama Care Facts 2017

<http://obamacarefacts.com/obamacare-facts/>

What is ObamaCare?

- The official name for “ObamaCare” is the *Patient Protection and Affordable Care Act* (PPACA), or Affordable Care Act (ACA) for short.
- The ACA was signed into law to reform the health care industry by President Barack Obama on March 23, 2010 and upheld by the Supreme Court on June 28, 2012.
- ObamaCare’s goal is to give more Americans access to affordable, quality health insurance and to reduce the growth in U.S. health care spending.
- The Affordable Care Act expands the affordability, quality, and availability of private and public health insurance through consumer protections, regulations, subsidies, taxes, insurance exchanges, and other reforms.

Obamacare is the Affordable Care Act: So what's in it?

Not everyone realizes that Obamacare and the Affordable Care Act are the same thing. The 2010 law created insurance exchanges — that is, marketplaces — for people to buy private health insurance if they couldn't get affordable coverage through work.

Critics initially used the term “Obamacare” in a disparaging way. But in 2011, President Barack Obama embraced the nickname, saying “I have no problem with people saying Obama cares. I do care.”

For the health plans sold through these marketplaces, the law provides people the first subsidies the government has ever given to help them pay for private insurance. Presumably, both the marketplaces and the subsidies would be dismantled under any legislation to repeal the ACA.

Besides setting up the exchanges, the law has other parts that affect insurance requirements and try to foster innovation in the way health care is delivered. It requires health plans sold to individuals and small businesses to include a set of “essential health benefits.” One popular provision allows young adults to stay on their parents' plan until age 26. Trump has said he likes that idea, but it isn't clear how he would implement it because neither his administration nor Congress's Republican majority has produced its own health-care plan.

Goals for ACA

- Expand Health Care Coverage
- Improve Health Care
- Decrease Health Care Costs

ObamaCare's Key Benefits, Rights, and Protections

- Letting young adults stay on their parents' plan until 26
- Stopping insurance companies from denying you coverage or charging you more based on health status
- Stopping insurance companies from dropping you when you are sick or if you make an honest mistake on your application
- Preventing gender discrimination
- Stopping insurance companies from imposing unjustified rate hikes
- Doing away with life-time and annual dollar limits
- Giving you the right to a rapid appeal of insurance company decisions
- Expanding coverage to tens of millions by subsidizing health insurance costs through the Health Insurance Marketplaces (HealthCare.Gov and the state-run Marketplaces)

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ObamaCare's Key Benefits, Rights, and Protections

- [Expanding Medicaid](#) to millions in states that chose to expand the program
- Providing [tax breaks to small businesses](#) for offering health insurance to their employees
- Requiring [large businesses to insure employees](#)
- Requiring all insurers to cover people with [pre-existing conditions](#)
- Making [CHIP](#) easier for kids to get
- [Improving Medicare for seniors](#)
- Ensuring all plans [cover minimum benefits](#) like [limits on cost sharing](#) and [ten essential benefits](#) including [free preventive care](#), OB-GYN services with no referrals, [free birth control](#), and coverage for emergency room visits [out-of-network](#)

The Washington Post

January 25, 2017 by Laurie McGinley and Amy Goldstein

What are Essential Health Benefits under the ACA?

The ACA requires health plans sold to individuals and small business, on or off the exchanges, to offer 10 categories of services, including hospitalization, emergency services, mental-health services and prescription drugs.

Supporters say this package ensures that consumers get meaningful coverage from health plans sold in the parts of the insurance market that were most troubled in the past.

Critics say the government should not dictate insurance benefits and that coverage would be more flexible and less expensive without the requirement.

List of Ten Essential Health Benefits

The Affordable Care Act's Ten Essential health benefits include:

- 1. Ambulatory patient services (Outpatient care).** Care you receive without being admitted to a hospital, such as at a doctor's office, clinic or same-day ("outpatient") surgery center. Also included in this category are home health services and hospice care (note: some plans may limit coverage to no more than 45 days).
- 2. Emergency Services (Trips to the emergency room).** Care you receive for conditions that could lead to serious disability or death if not immediately treated, such as accidents or sudden illness. Typically, this is a trip to the emergency room and includes transport by ambulance. You cannot be penalized for going out-of-network or for not having prior authorization.
- 3. Hospitalization (Treatment in the hospital for inpatient care).** Care you receive as a hospital patient, including care from doctors, nurses and other hospital staff, laboratory and other tests, medications you receive during your hospital stay, and room and board. Hospitalization coverage also includes surgeries, transplants and care received in a skilled nursing facility, such as a nursing home that specializes in the care of the elderly.

List of Ten Essential Health Benefits

4. **Maternity and newborn care.** Care that women receive during pregnancy (prenatal care), throughout labor, delivery, and post-delivery, and care for newborn babies.
5. **Mental health services and addiction treatment.** Inpatient and outpatient care provided to evaluate, diagnose and treat a mental health condition or substance abuse disorder. This includes behavioral health treatment, counseling, and psychotherapy. (note: some plans may limit coverage to 20 days each year. Limits must comply with state or federal parity laws. Read this document for more information on [mental health benefits and the Affordable Care Act](#)).
6. **Prescription drugs.** Medications that are prescribed by a doctor to treat an illness or condition. Examples include prescription antibiotics to treat an infection or medication used to treat an ongoing condition, such as high cholesterol. At least one prescription drug must be covered for each category and classification of federally approved drugs; however, limitations do apply. Some prescription drugs can be excluded. “Over the counter” drugs are usually not covered even if a doctor writes you a prescription for them.

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<http://obamacarefacts.com/essential-health-benefits>

List of Ten Essential Health Benefits

- 7. Rehabilitative services and devices** – Rehabilitative services (help recovering skills, like speech therapy after a stroke) and **habilitative** services (help developing skills, like speech therapy for children) and devices to help you gain or recover mental and physical skills lost to injury, disability or a chronic condition (this also includes devices needed for “habilitative reasons”). Plans have to provide 30 visits each year for either physical or occupational therapy, or visits to the chiropractor. Plans must also cover 30 visits for speech therapy as well as 30 visits for cardiac or pulmonary rehab.
- 8. Laboratory services.** Testing provided to help a doctor diagnose an injury, illness or condition, or to monitor the effectiveness of a particular treatment. Some preventive screenings, such as breast cancer screenings and prostate exams, are provided free of charge.

Obama Care Facts 2017

<http://obamacarefacts.com/essential-health-benefits>

List of Ten Essential Health Benefits

- 9. Preventive Services, wellness services, and chronic disease treatment.** This includes counseling, preventive care, such as physicals, immunizations, and screenings, like cancer screenings, designed to prevent or detect certain medical conditions. Also, care for chronic conditions, such as asthma and diabetes. Note: please see our full list of [Preventive services](#) for details on which services are covered.

- 10. Pediatric services.** Care provided to infants and children, including well-child visits and recommended vaccines and immunizations. Dental and vision care must be offered to children younger than 19. This includes two routine dental exams, an eye exam and corrective lenses each year.

Obama Care Facts 2017

<http://obamacarefacts.com/medicare-insurance/>

Changes in Medicare Benefits More Preventive Services

Starting in 2014 preventive Services are extended. Seniors now get certain preventive services like mammograms or colonoscopies, without charging you for the Part B coinsurance or deductible. [Medicare Part B \(Medical Insurance\)](#) covers:

- [Abdominal aortic aneurysm screening](#)
- [Alcohol misuse screenings & counseling](#)
- [Bone mass measurements \(bone density\)](#)
- [Cardiovascular disease screenings](#)
- [Cardiovascular disease \(behavioral therapy\)](#)
- [Cervical & vaginal cancer screening](#)
- [Colorectal cancer screenings](#)

Obama Care Facts 2017

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Changes in Medicare Benefits

More Preventive Services (cont'd)

- [Depression screenings](#)
- [Diabetes screenings](#)
- [Diabetes self-management training](#)
- [Glaucoma tests](#)
- [Hepatitis C screening test](#)
- [HIV screening](#)
- [Mammograms \(screening\)](#)
- [Nutrition therapy services](#)
- [Obesity screenings & counseling](#)

Obama Care Facts 2017

<http://obamacarefacts.com/medicare-insurance/>

Changes in Medicare Benefits

More Preventive Services (cont'd)

- [One-time “Welcome to Medicare” preventive visit](#)
- [Prostate cancer screenings](#)
- [Sexually transmitted infections screening & counseling](#)
- Shots:
 - [Flu shots](#)
 - [Hepatitis B shots](#)
 - [Pneumococcal shots](#)
- [Tobacco use cessation counseling](#)
- [Yearly “Wellness” visit](#)

More Wellness Visits

Starting in 2014 seniors get an additional annual wellness visit. This [“Wellness” visit](#) isn't like the traditional wellness visit, it's a chance for seniors to talk to the doctor about chronic conditions like diabetes or depression and to develop a plan to prevent disease.

The Washington Post

January 25, 2017 by Laurie McGinley and Amy Goldstein

What is considered preventive care?

Under Obamacare, all health plans, including employer ones, are required to provide certain preventive care benefits to consumers at no cost.

The benefits include contraceptives, various vaccines and screenings for HIV, depression and other conditions. The law also guarantees certain preventive services at no cost to older Americans on Medicare.

Critics say that such free services drive up everyone's premiums and should be eliminated. Supporters say preventive care reduces long-term medical costs by catching health problems at an early stage.

The Washington Post

January 25, 2017 by Laurie McGinley and Amy Goldstein

What does 'preexisting conditions' mean in the health-care debate?

People with preexisting medical problems generally don't have problems getting insurance if they work for big companies; employers usually offer all their workers the same coverage. But that wasn't the case in the individual market before the ACA was enacted. Insurers often refused to sell policies to people who had serious problems like cancer or minor ones like allergies.

Sometimes they issued policies but charged higher rates or excluded coverage at first for treatment of the very medical problem a new customer had. Some people were afraid to leave jobs to go start new businesses or make other changes in life because they were afraid of losing their insurance — a phenomenon called “job lock.”

Trump; his health and human services secretary nominee, Rep. Tom Price (R-Ga.); and other Republicans insist that they will make sure that people with preexisting conditions will be able to get coverage under whatever health-care regime comes next. Previous proposals by Price for repealing and replacing the ACA would guarantee insurance to people with preexisting conditions if they had at least 18 months of continuous coverage — a protection Democrats say is inadequate.

What is the individual mandate?

Under the ACA, most people in the U.S. must be covered by insurance or pay a penalty at tax time. The goal is to prod healthy people to enroll in insurance plans — especially “young invincibles” who think they don’t need insurance. Such healthy people tend to rack up few medical expenses, and their premiums help cover medical care for sicker people. ACA supporters say that getting the right balance in the insurance “risk pool” is critical because it helps insurers comply with the law’s requirement to cover people with costly, preexisting medical conditions.

The mandate, though, is the least popular part of the law with the American public. Critics say that it is coercive and that forcing everyone into the same risk pool drives up premiums for the healthy individuals. Republicans have been saying for years that they want to eliminate it. Already, [an executive order on the ACA](#) issued by President Trump hours after he took office could make it easier for agencies to not enforce the requirement, though none have begun to take such action so far.

For now, the 2016 penalty is the greater of the following: 2.5 percent of household income above a certain threshold or \$695 per uninsured adult and \$347.50 per child, up to a maximum of \$2,085 per family. Some ACA supporters think that penalty is too low to motivate everyone eligible for coverage through the marketplaces to get it.

The Washington Post

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What is the ACA Medicaid expansion?

The original idea for expanding coverage under the ACA was that about half of the newly insured would gain private health plans through the marketplaces and the other half would become eligible for Medicaid under a major expansion of the 1960s-era program that has been a joint responsibility of the federal government and states. Instead of the patchwork of eligibility rules that existed around the country, there would be national standard in which anyone with income up to 138 percent of the federal poverty level could qualify.

That expectation ended in 2012, when the Supreme Court, as part of a ruling that upheld the law's constitutionality overall, gave each state the latitude to decide whether to participate in the ACA Medicaid expansion.

As of now, 31 states and the District of Columbia have. For states that expanded Medicaid, the federal government paid 100 percent of the cost for newly eligible enrollees for the first few years, and the federal share is now ratcheting down to an eventual 90 percent.

The Washington Post

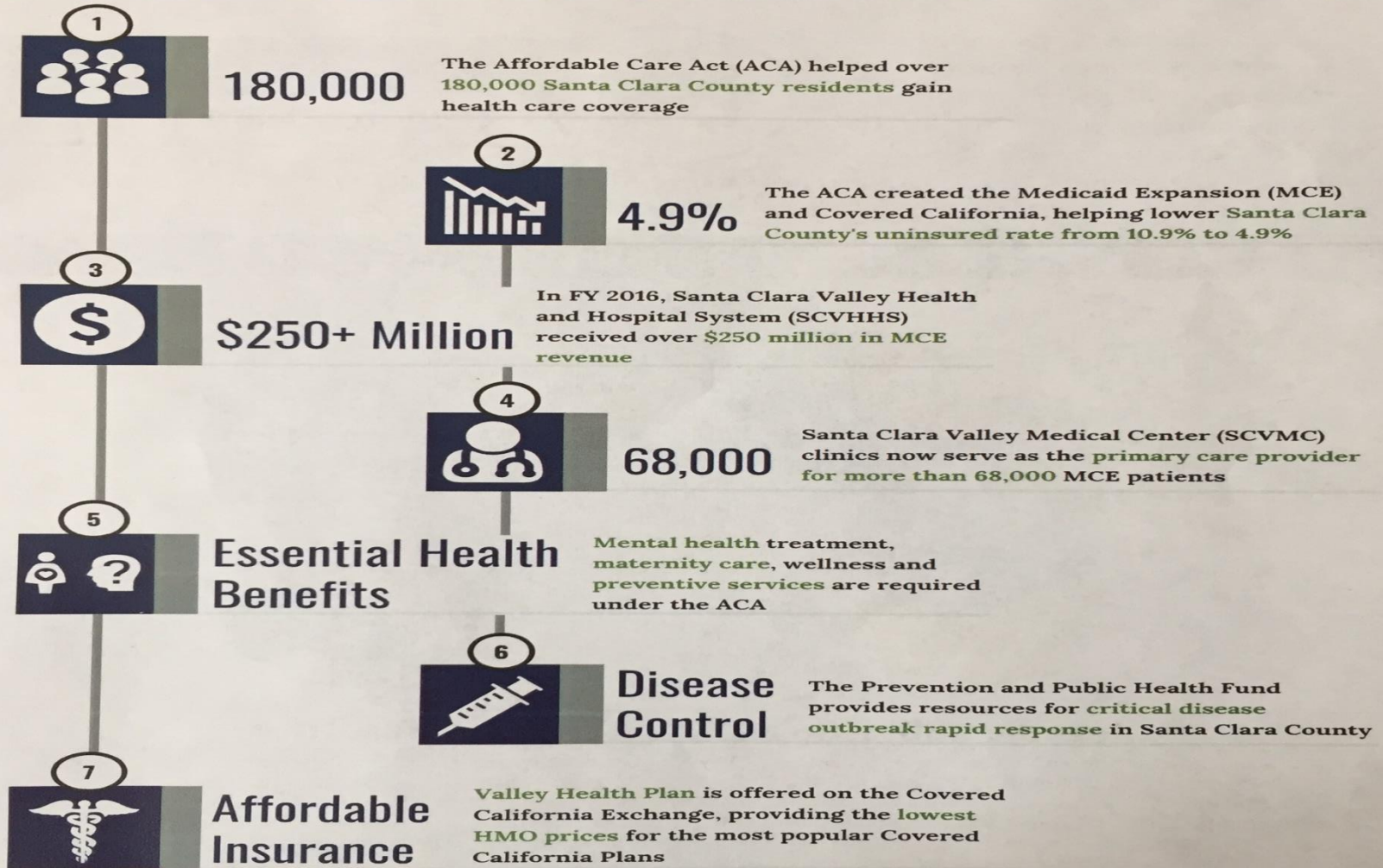
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What is the ACA Medicaid expansion? (cont'd)

While some states with Republican governors have expanded Medicaid under the ACA, the Trump administration and many GOP leaders in Congress oppose it. The president has recently indicated that he supports an idea, long popular in conservative circles, that would fundamentally change Medicaid, transforming it from an entitlement (meaning that everyone who is eligible can get into the program and the government spends whatever is needed to provide its benefits) to a program of block grants, in which the government allots to each state a fixed amount of money each year and frees states from many of the program's rules about what health services must be covered.

Block grant proponents say that they would give states more flexibility to run their programs as they see fit; detractors say they are a smokescreen to curb federal spending and ultimately would hurt poor people

The Top 7 Ways the Affordable Care Act has impacted Santa Clara County



All this and more are at risk with changes to the ACA

About Santa Clara Valley Health and Hospital System

Santa Clara Valley Health and Hospital System (SCVHHS) is Santa Clara County's public health care system and is at the heart of the county's health care safety net, providing acute care, emergency care, dental care, primary and specialty care, as well as public health and behavioral health services. Santa Clara Valley Medical Center (SCVMC) includes a 574 bed hospital with nearly 25,000 admissions annually. SCVMC's Emergency Department and geographically dispersed health centers provide nearly 800,000 outpatient visits annually. SCVHHS is one of Santa Clara County's largest employers providing over 7,500 jobs.

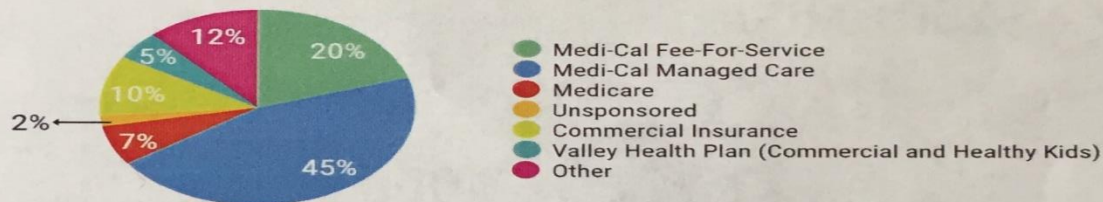


Our Vision:
Better Health for All

Patient Demographics

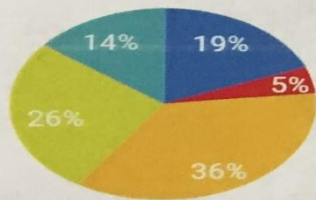
Payor Mix

(Inpatient and Outpatient Clinic Patients)

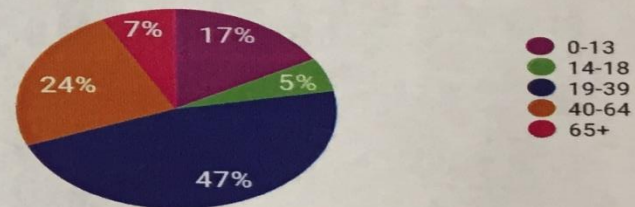


Race/Ethnicity

- Asian/Pacific Islander
- African American
- Caucasian
- Hispanic
- Other



Age



Data from HealthLink, 3/22/17

Together, SCVHHS and the ACA Saves Real Lives

"Mark" is a 55-year-old Santa Clara County resident. Mark was self-employed, did not have insurance or his own doctor. One day, he had a life-threatening heart rhythm due to severe mitral valve dysfunction and came to the Santa Clara Valley Medical Center (SCVMC) Emergency Department for care. The staff at SCVMC helped him apply for coverage. Mark was able to qualify under the Medi-Cal expansion and received life-saving surgery. Without this coverage, the surgery would not have happened. Mark and his family are grateful that SCVMC could help get him the coverage and surgery he needed. Needless to say, they are all very pleased with the staff and the care Mark received at SCVMC.