

A Path to Incremental Health Care Reform: Improving Affordability, Expanding Coverage, and Containing Costs

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Timely Analysis of Immediate Health Policy Issues

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In Brief

Since the implementation of the Affordable Care Act (ACA) coverage provisions in 2014, health insurance coverage has expanded significantly, but about 32 million people, or 12 percent of nonelderly US residents, are estimated to remain uninsured in 2020, and affordability issues persist for some. As a result, the debate continues over the most attractive next steps, ranging from incremental changes to the current system to widespread overhauls, including everything from ACA repeal with state block grant funding to full federalization of the health insurance system. This analysis focuses on improving the current system through incremental steps that would maintain the structure of the ACA but increase insurance coverage, enhance affordability, and contain costs. The reform package seeks to expand coverage in an efficient and policy-sustainable way.

We estimate the coverage and health care spending effects of four reform scenarios, each building upon the preceding scenario. The policy scenarios are as follows:

- **Scenario 1: Restore 2016 ACA policies.** Reinstate the ACA's individual mandate penalties and cost-sharing reductions and prohibit the expanded availability of short-term, limited-duration (STLD) plans.
- **Scenario 2: Expand Medicaid eligibility in all remaining states.**

Add to scenario 1 full federal financing of the Medicaid expansion for all states and families with incomes up to 138 percent of the federal poverty level (FPL), adding autoenrollment of those receiving Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP) benefits.

- **Scenario 3: Improve marketplace financial assistance.** Add to scenario 2 enhancement of the ACA's premium tax credit and cost-sharing subsidy schedules. Tie assistance to 80 percent actuarial value ("gold") coverage instead of 70 percent ("silver"), eliminate the tax credit "cliff," and introduce a permanent federal reinsurance program for the nongroup market.
- **Scenario 4: Reduce nongroup market premiums and out-of-pocket costs.** Cap provider payment rates paid by insurers in nongroup insurance markets at levels somewhat above Medicare levels.

Table 1 shows the number of uninsured people and people without minimum essential coverage (i.e., the uninsured plus those with STLD policies), federal government spending, and total national spending on acute care for the nonelderly population in 2020. By implementing all four of our policy scenarios, the number of uninsured would fall by 12.2 million people to 7.3 percent of the nonelderly

population, and the number of people without minimum essential coverage would fall by 16.1 million. Excluding the people eligible but not enrolled for Medicaid/Children's Health Insurance Program (CHIP) (i.e., treating this group more like insured people because of their eligibility status), 8.1 million citizens and other legally present residents, or 3.1 percent of nonelderly legal US residents, would be effectively uninsured under these collective reforms in 2020. These reforms would increase federal spending on acute health care for the nonelderly by \$119.2 billion in 2020, but total health care spending would increase by only \$39.8 billion, or 1.8 percent, that year, because there would be significant savings to state governments (\$7.2 billion), employers (\$25.3 billion), households (\$17.2 billion), and reduced demand for uncompensated care (\$29.7 billion).

With the enhanced financial assistance, many households enrolling in marketplace-based coverage would be eligible for significantly lower premiums, deductibles, and out-of-pocket maximums. A family of four (two 35-year-old parents and two children) with income of 350 percent of FPL (about \$68,500) could save almost \$1,900 on premiums for coverage with a deductible \$3,300 lower than that under current law. Thus, in addition to increased coverage, many families would find substantially more affordable coverage.

The Health Care Crisis Containing Costs Expanding Coverage

Walter Korpi



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