

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

United States. Congress



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The Health Care Crisis Public Agenda Foundation,1992 *The Health Care Crisis* Keith Melville,Thomas Leonard Piazza,1992 **Issues in American Political Life** Robert Thobaben,Charles Funderburk,Donna Schlagheck,2015-07-02 A core text for undergraduate courses in American Public Policy or supplemental reading in such courses as Introduction to American Government or Politics American Public Policy Analysis Introduction to Political Science A substantive alternative to typical issues texts which cover too many issues too superficially this intriguing and comprehensive text offers a more in depth and coherent approach to contemporary policy problems and solutions It provides a conceptual framework in which students can become comfortable actually doing policy analysis and in learning skills beyond reading about certain political issues Thematically organized it looks at nine specific issues grouped into three broad categories that hold an enduring importance in American political life money and politics violence and politics and biology and politics All nine chapters and their respective topics campaigns corruption welfare crime terrorism arms control the environment biomedical issues and biotechnology have a strong conceptual base with current political dimensions and policy concerns woven throughout Students not only learn the context status and prospects of issues confronting the U S government but also see how these issues now cross our domestic borders into a global realm State Health Care Reform United States. Congress. Senate. Committee on Finance. Subcommittee on Health for Families and the Uninsured,1993 **National Library of Medicine Current Catalog** National Library of Medicine (U.S.),1993 *Comprehensive Health Insurance Legislation, Including H.R. 3205, the "Health Insurance Coverage and Cost Containment Act of 1991"* United States. Congress. House. Committee on Ways and Means,1992 **Current Catalog** National Library of Medicine (U.S.),1993 First multi year cumulation covers six years 1965 70 The Health Care Crisis of the Uninsured United States. Congress. Senate. Committee on Health, Education, Labor, and Pensions. Subcommittee on Public Health,2002 Power Resources Theory and the Welfare State Walter Korpi,1998-01-01 Rather than simply asserting that all social policies in all capitalist societies exist to maintain capitalism and serve the long term interests of the capitalist class PRT examines the nature and impact of social policies and the level and types of social inequality in a variety of advanced capitalist nations *Moral Conflict* W. Barnett Pearce,Stephen W. Littlejohn,1997-03-20 *Moral Conflict* the subject of this book is passionate and difficult to resolve Responses that are normally effective such as explaining persuading and compromising can make matters worse and drive people further apart in such conflicts Moral conflicts occur when incommensurate social realities come to clash Disputes about abortion religion in politics and education legal rights for homosexuals and environmental politics are issues in which well intentioned parties have created polarized and diverse patterns of communication The most virtuous actions of each side not only fail but widen the schism Such conflicts require us to find forms of communication that go beyond our normal ways of dealing with disagreement In an original synthesis of communication theory and their own research W Barnett Pearce and

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examine the response by American states to the growing demand for health care reform. It seeks to answer the basic question of which states are leading the way in responding to this need and why. In the context of this research, the word reform covers a broad range of ideas, proposals, and policy instruments.

The Health Care Crisis Containing Costs Expanding Coverage Book Review: Unveiling the Power of Words

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