

Health Policy

NEWSLETTER

GUEST EDITORIAL

Health Reform: Will It Improve Our Nation's Health?

It has been over a year since the Patient Protection and Affordable Care Act (PPACA) passed Congress and was signed by the President.¹ Throughout the year, we've heard a wide range of views as to its economic and political benefits and costs to our health system. As a result of the changeover to Republican control of the House of Representatives after the mid-term elections, there have been multiple efforts to repeal, change, or de-fund many provisions of the new law. Although the law itself will not likely be repealed within the near future, the appropriations for many components of the new law will be hotly contested. The impact of those debates on the actual implementation and enforcement of the new law is unclear.

From my view, the continuing debate over the new law seldom addresses the significant changes in policy that support prevention and health promotion programs and services. It is understandable that people are concerned about the governmental costs of implementing the new law and the impact on costs for private sector health care products and services. The cost of repealing the law is estimated to result in a net increase of federal budget deficits of \$230 billion, whereas the PPACA has been estimated to reduce the federal deficit by \$132 billion.² More importantly, repealing the new law will not address the underlying reasons for the high cost of US health care. Although the recession held down health care costs in 2009, estimated costs are expected to increase from \$2.5 trillion (17.3% of GDP) in 2009 to \$4.5 trillion (19.3% of GDP) by 2019.³ This year the first of the *baby boomers* (those born between 1946-1964) will reach age 65 and become eligible for Medicare. The growth of our aging population (65 years and older) has been significant – from 35 million in 2000, to an estimated 40 million in 2010, and a projected 55 million in 2020 – a 36% increase this coming decade.⁴ How will the nation be able to provide health for its citizens? To quote Helen Darling, President of the National Business Group on Health, during the debate on health care reform, “*We are at a point where it is impossible to do nothing.*”

It is important to examine the five major themes of the PPACA, which include the following:⁵ *Expanding health care insurance coverage*, including rebuilding the primary care workforce and resources for community health centers

- *Adding new consumer protections and options*, including a ban on denials for pre-existing conditions and banning insurance lifetime dollar limits
- *Making health care more affordable*, including an emphasis on preventive care and the elimination of cost sharing (co-pays and deductibles), closing the “donut hole” for the Medicare Part D prescription drug plan, and creating insurance exchanges that include tax credits for small businesses
- *Providing quality improvement measures* including demonstration projects, enhancing continuity and integration of care through medical homes and accountable care organizations (ACOs), and expanding value-based purchasing
- *Investing in prevention and expanding public health programs, policies and incentives*, giving all Americans the opportunity to lead healthier lives

Will the implementation of the PPACA improve our nation's health?

According to The Commonwealth Fund, by 2019, 32 million Americans or 95% of legal residents who are not currently insured, will have insurance.⁶

From a public health and prevention perspective, the 2010 PPACA's intent is to improve the health of our nation. In their summary article in the *New England Journal of Medicine* last fall, Health and Human Services Secretary Kathleen Sebelius and Assistant Secretary for Health Howard Koh summarized the numerous prevention components of the PPACA.⁷ “Many of the major

titles in the law . . . advance a prevention theme . . . As a result, we believe the act will reinvigorate public health on behalf of individuals, worksites, community, and the nation at large . . .”⁷ Some examples include:

- Creation of a national prevention and public health fund
- Promotion of evidence-based clinical and community preventive services and removal of economic barriers to obtain those services
- Improvement of health care in medically underserved areas through the use of community health workers
- Development of community projects to reduce childhood obesity;
- Establishment of a national Diabetes Prevention and Care program targeting those at high risk
- Provision of incentives to increase the number of students choosing health care and public health as career choices, including loan repayments and scholarships
- Training of mid-career public health and allied health professionals and fellowship training in such areas as epidemiology, informatics, lab sciences, etc.

Will these preventive measures safeguard the public's health? Some argue that while improving state and local capacity, the changes may not be transformative enough to respond to public needs.⁸ Will these and other future cost-saving prevention provisions of the PPACA improve health and reduce costs? The jury is still out on that question. Although many view these preventive measures as contributing to the improvement of our nation's health,

whether they will reduce health care costs given the uncertainties of the cost-saving efficacy of prevention and the inertia associated with individual decisions concerning prevention is uncertain.⁹

A fundamental question that has been raised throughout history since the inception of the Social Security Act in the 1930s is, “should access to health care and opportunities for good health be a *right or a privilege*?” The vast majority of

the world’s nations have defined health as a right of its citizenry. The 2010 PPACA has attempted, to some degree, to address that fundamental question. The answer may be determined over the next decade.

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