



House of Cards: The In and Out of the Patient Protection and Affordable Care Act

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September 14th, 2018

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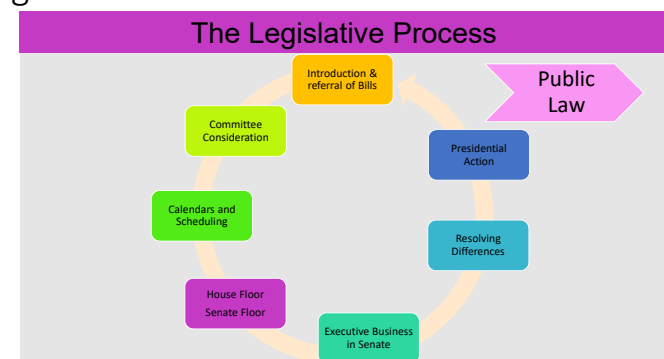
Disclosure

- I nor contributor have any conflicts of interest to disclose
- Intent – no political party support or endorsement

Learning Objectives – Pharmacists and Technicians

1. Outline key provisions of the Patient Protection and Affordable Care Act (PPACA)
2. Explain support and criticism for the Patient Protection and Affordable Care Act
3. Explain efforts to date of the Congress to repeal, replace, and reform the PPACA and describe current efforts to revise the law

Background



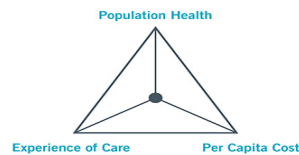
Adapted from The Legislative Process: An Overview. (2018, January 29) Retrieved from: <https://www.congress.gov/legislative-process>

Triple Aim

Institute for Healthcare Improvement (IHI)

1. Improving the patient experience of care (including quality and satisfaction)
2. Improving the health of populations
3. Reducing the per capita cost of health care

The IHI Triple Aim



Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: care, health, and cost. *Health affairs*, 27(3), 759-769.

Legislative Background

- Patient Protection and Affordable Care Act (ACA)
- H.R. 3590
 - Patient Protection and Affordable Care Act
 - 111th Congress (2009-2010)
- H.R. 4872
 - Health Care and Education Reconciliation Act of 2010
 - 111th Congress (2009-2010)

Congress, U. S. (2009). HR 3590: Patient Protection and Affordable Care Act. In 111th Congress (Vol. 2010).

Congress, U. S. (2009). HR 4872: Healthcare and education reconciliation act. In 111th Congress (Vol. 2010).

Key Provisions of the ACA



Key Provisions of ACA

- Individual Mandate
- Employer requirements
- Public program expansion
- Health insurance exchange
- Insurance expansion
- Financing health reform

Congress, U. S. (2009). HR 3590: Patient Protection and Affordable Care Act. In 111th Congress (Vol. 2010).

Individual Mandate

- Starting in January 1st, 2014, all individuals were required to have health insurance (some exceptions)
- Penalty: \$695 per person (up to a maximum of \$2,085 per family), or 2.5% of household income
- Premium tax credits and subsidies

Congress, U. S. (2009). HR 3590: Patient Protection and Affordable Care Act. In 111th Congress (Vol. 2010).

Public Program Expansion

- Medicaid expansion
 - State coverage to include all individuals with income up to 133% of the poverty line, including adults without dependent children, beginning January 1st, 2014
 - Federal Poverty Line (FPL)

Congress, U. S. (2009). HR 3590: Patient Protection and Affordable Care Act. In 111th Congress (Vol. 2010).

Public Program Expansion

- Medicaid expansion
 - Supreme Court and Constitutionality

Congress, U. S. (2009). HR 3590: Patient Protection and Affordable Care Act. In 111th Congress (Vol. 2010).

Public Program Expansion

- Children's Health Insurance Program
 - States to maintain current income eligibility levels for children until 2020

Congress, U. S. (2009). HR 3590: Patient Protection and Affordable Care Act. In 111th Congress (Vol. 2010).

Health Insurance Exchange

- State options for insurance exchange
 - State set up exchange
 - State and federal government partnership
 - Federal government run exchange
- Benefit tiers- must provide at least 4 levels of coverage
 1. Bronze plan
 2. Silver plan
 3. Gold plan
 4. Platinum plan

Congress, U. S. (2009). HR 3590: Patient Protection and Affordable Care Act. In 111th Congress (Vol. 2010).



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Health Insurance Exchange

Ten Essential Health Benefits

- 1) Ambulatory patient services
- 2) Emergency services
- 3) Hospitalization
- 4) Maternity and newborn care (before and after birth) services
- 5) Mental health and substance use disorder services, including behavioral health treatment
- 6) Prescription drugs
- 7) Rehabilitative and ablative services and devices
- 8) Laboratory services
- 9) Preventative and wellness services and chronic disease management
- 10) Pediatric services, including oral and vision care

Congress, U. S. (2009). HR 3590: Patient Protection and Affordable Care Act. In 111th Congress (Vol. 2010).



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Insurance Expansion

- Adult child may stay on parent's insurance until 26 years of age
- Insurance companies cannot deny for pre-existing condition
- No lifetime limits on coverage

Congress, U. S. (2009). HR 3590: Patient Protection and Affordable Care Act. In 111th Congress (Vol. 2010).



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Financing Health Reform

• Tax changes

- Individual mandate, premium tax credits, subsidies
- Cap on flexible spending
- Cadillac tax

Congress, U. S. (2009). HR 3590: Patient Protection and Affordable Care Act. In 111th Congress (Vol. 2010).



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Financing Health Reform

- Centers for Medicare/Medicaid Services:
 - Center for Medicare and Medicaid Innovation (CMMI) established

Congress, U. S. (2009). HR 3590: Patient Protection and Affordable Care Act. In 111th Congress (Vol. 2010).



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Financing Health Reform

- Annual fees
 - Pharmaceutical manufacturing: \$2.8-4.1 billion/year
 - Health insurance sector: \$8-14.3 billion/year

Congress, U. S. (2009). HR 3590: Patient Protection and Affordable Care Act. In 111th Congress (Vol. 2010).



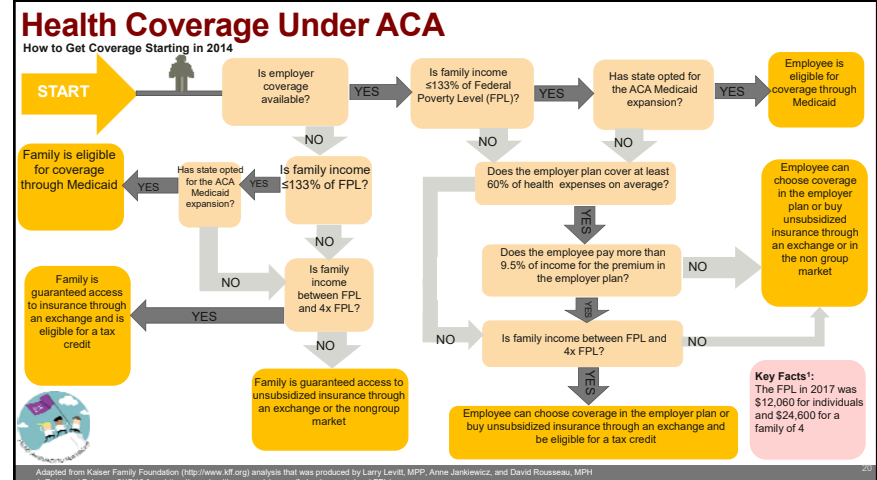
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Which of the following services is NOT one of the ten essential health benefits?

- Ambulatory patient services
- Emergency services
- Maternity and newborn care (before and after birth) services
- Preventative and wellness services and chronic disease management
- Cosmetic surgeries



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ACA Support and Criticism



Key Issues Regarding ACA

- Is healthcare is a right or a privilege?
- Society funded healthcare
- Morality of government involvement
- Free market influence of healthcare reforms

Sade, R. M. (2012). The Health Care Reform Law (PPACA): Controversies in Ethics and Policy.

Democratic Support for ACA

- Nancy Pelosi
 - Minority Leader of House of Representatives
 - Former Speaker of the House



Democratic Support for ACA

"We have to pass the bill so that you can find out what is in it — away from the fog of the controversy. You've heard about the controversies within the bill, the process about the bill, one or the other. But I don't know if you have heard that it is legislation for the future, not just about health care for America, but about a healthier America, where preventive care is not something that you have to pay a deductible for or out of pocket. Prevention, prevention, prevention—it's about diet, not diabetes. It's going to be very, very exciting."

-Nancy Pelosi, National Association of Counties' 2010 legislative conference

Democratic Claims of ACA

- Expanded coverage
- New consumer protections
- Savings and benefits for seniors
- Savings for other consumers
- Savings for taxpayers
- Improved quality

Health Care. 2018, February 19 Retrieved from <https://pelosi.house.gov/issues/health-care>

United States Health Care Reform Progress to Date and Next Steps

Clinical Review & Education

JAMA | Special Communication
United States Health Care Reform
Progress to Date and Next Steps

Barack Obama, MD

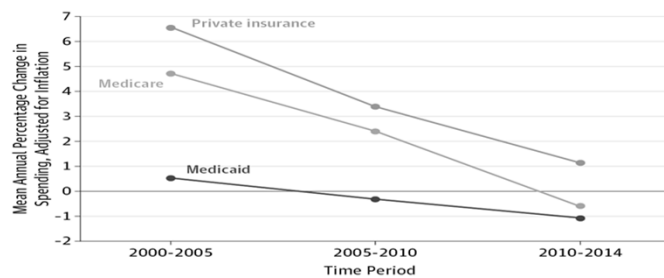
IMPORTANCE: The Affordable Care Act is the most important health care legislation enacted in the United States since the creation of Medicare and Medicaid in 1965. The law implemented comprehensive reforms designed to improve the accessibility, affordability, and quality of health care.

OBJECTIVES: To review the factors influencing the decision to pursue health reform, summarize evidence on the effects of the law to date, recommend actions that could improve the health care system, and identify general lessons for public policy from the Affordable Care Act.

Editorials pages 492, 493, 495, and 497
CME Quiz at jamanetwork.com and **CME Questions** page 537

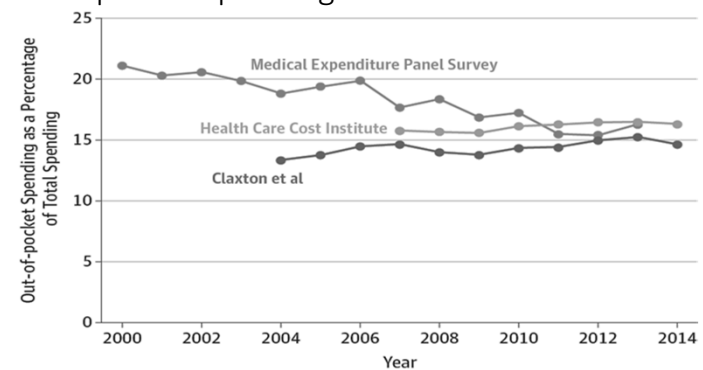
Obama B. United States Health Care Reform Progress to Date and Next Steps. JAMA. 2016;316(5):525-532. doi:10.1001/jama.2016.9797

Rate of Change in Real per-Enrollee Spending by Payer



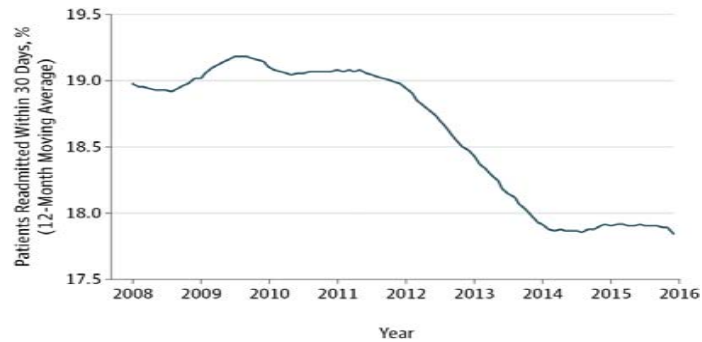
Obama B. United States Health Care Reform Progress to Date and Next Steps. JAMA. 2016;316(5):525-532. doi:10.1001/jama.2016.9797

Out-of-pocket Spending



Obama B. United States Health Care Reform Progress to Date and Next Steps. JAMA. 2016;316(5):525-532. doi:10.1001/jama.2016.9797

Readmission Rates



Obama B. United States Health Care Reform Progress to Date and Next Steps. JAMA. 2016;316(5):525-532. doi:10.1001/jama.2016.9797

Republican Criticism of ACA

- Paul Ryan

- Speaker of House of Representatives

- Vice President nominee with Mitt Romney in 2012



Republican Criticism of ACA

“Congress is moving fast to rush through a health care overhaul that lacks a key ingredient: the full participation of you, the American people. I applaud these efforts - and have proposed legislation to achieve these shared goals. The question is not whether health care in America needs to be reformed; the question centers on how we achieve our shared reform goals. More critically: Who should be at the center of health care in America? Right now, the nucleus of power lies with third parties - insurers, employers and bureaucratic administrators. As we move forward with reform, should we shift the decision-making power to the federal government, or should we look to empower the patient and the doctor?”

-Paul Ryan, *Milwaukee Journal Sentinel*, July 2009

A Better Way



Health Care
June 22, 2016
better.gop

Ryan, P. (2016). A better way: Our vision for a confident America. *Health Care*, 22.

A Better Way

- Five Principles
- 1. Repeal Obamacare
- 2. Provide all Americans with more choices, lower costs, and greater flexibility
- 3. Protect our nation's most vulnerable
- 4. Spur innovation in health care
- 5. Protect and preserve Medicare

Ryan, P. (2016). A better way: Our vision for a confident America. *Health Care*, 22.



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Republican Claims of ACA

- Patient choice of providers
- Society funded healthcare
- Individual Mandate
- Health Insurance Exchange enrollment
- Federalism fostering
- National Healthcare Expenditure & Gross Domestic Product (GDP)



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The Past and Future of the Affordable Care Act

The Past and Future of the Affordable Care Act

Jonathan Skinner, PhD, Amitabh Chandra, PhD

In this issue of *JAMA*, President Barack Obama has provided a comprehensive assessment of the Affordable Care Act (ACA),¹ which as he indicates is the most comprehensive health care reform since Medicare. In 1965, Medicare passed in the House with a 313-115 vote and in the Senate with a 68-21 vote. By contrast, the ACA barely reached the filibuster-proof threshold of 60 votes in the Senate and passed the House with a 219-212 vote. As President Obama has chronicled, that the ACA passed at all, let alone survived multiple Supreme

by \$1000 per person annually, and emergency department use increased by 40%.^{2,3}

These findings from Oregon, in contrast to claims that were made to justify the ACA,⁴ suggest both optimism and caution for the ACA's primary goal of expanding insurance coverage and the related consequences. Even Medicaid—an insurance program that offers lower payment rates and narrower networks than commercial insurers and Medicare—is valuable but possibly less valuable than had been hoped. In other words, providing health insurance may not automatically result in an improvement in health when health care systems are fragmented and inefficient.

Skinner, J., & Chandra, A. (2016). The past and future of the Affordable Care Act. *JAMA*, 316(5), 497-499.



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The Past and Future of the Affordable Care Act

- Between 2010-2014, slowing of healthcare spending cannot be attributed to ACA
- Prior to ACA passage and 2008 recession, healthcare spending slowed
- Medicare enrollees insulated from higher payments and deductibles due to “exnovation” of costly treatments beginning in 2006



Skinner, J., & Chandra, A. (2016). The past and future of the Affordable Care Act. *JAMA*, 316(5), 497-499.

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The Future of the Affordable Care Act Reassessment and Revision

The Future of the Affordable Care Act Reassessment and Revision

Stuart M. Butler, PhD, MA

In this issue of *JAMA*, President Barack Obama describes many of the features and highlights the results of the Affordable Care Act (ACA).¹ Aligning federal payments more with demonstrated value and encouraging a move away from a fee-for-service model to managed care has helped reinforce or change the type of reimbursement patterns in the private sector. Allowing young adults to remain on their parents' insurance plan and curbing preexisting condition exclusions addressed significant problems. Creating exchanges was a key step toward allowing US residents to keep the health coverage they want as they move from job to job. Moreover, significantly reducing the number of uninsured households has brought improved care and a measure of financial security to millions of Americans.

her projections. Last year, Department of Health and Human Services Secretary Sylvia Burwell announced a sharply reduced goal for growth in exchange coverage in 2016: just 1.3 million compared with much higher earlier projections.² Moreover, the CBO now estimates that over the next 10 years, as the population increases, the number of people with coverage will expand only modestly, and the proportion of individuals uninsured will cease to decline.³ A cause of the disappointing trend in exchange enrollment and the strong Medicaid growth is that the premiums and out-of-pocket exposure make exchange plans unattractive to many US residents. With subsidies focused on people with incomes near the poverty line, many middle class and modest-income households find they face substantial and uncertain costs if they enroll in exchange plans. Those choosing bronze plans to keep premiums low essentially have only catastrophic coverage. While that is an improvement over being

Butler, S. M. (2016). The future of the Affordable Care Act: Reassessment and revision. *JAMA*, 316(5), 495-497.

The Future of the Affordable Care Act Reassessment and Revision

• Exchange Plans

- Subsidies focused on incomes near poverty line
- Middle class is vulnerable in insurance exchange
- Coverage in name only

• Subsidies

- “Family glitch” – legislative ambiguity excludes working families from exchange tax credits

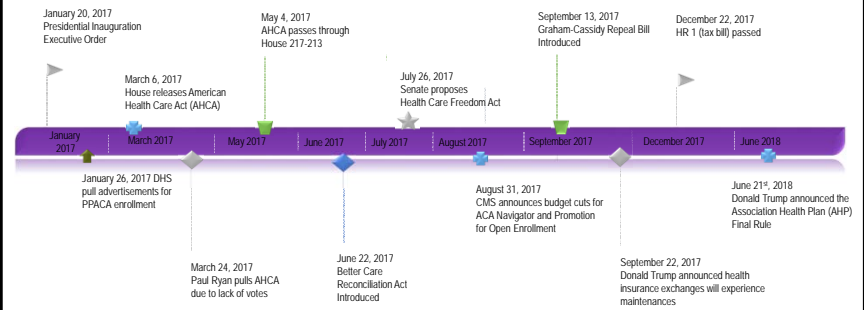
Butler, S. M. (2016). The future of the Affordable Care Act: Reassessment and revision. *JAMA*, 316(5), 495-497.

What are some key issues regarding the ACA?

- Is healthcare a right or a privilege?
- Society funded healthcare
- Morality of government involvement
- Free market influence of healthcare reforms
- All of the above



ACA 2017 Timeline



Rouds, R. (2017, September 26). TIMELINE: The GOP's failed effort to repeal ObamaCare. Retrieved February 02, 2018, from <http://thehill.com/policy/healthcare/352567-timeline-the-gop-effort-to-repeal-and-replace-obamacare>

Efforts to Repeal, Replace, Reform the ACA



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Efforts to Repeal, Replace, Reform the ACA

- **American Health Care Act**
 - H.R. 1628
- **Obamacare Repeal Reconciliation Act of 2017 (ORRA)**
 - An amendment in the nature of a substitute to H.R. 1628

Kaiser Family Foundation. 2018, January 28. Retrieved from <http://files.kff.org/attachment/Proposals-to-Replace-the-Affordable-Care-Act-Summary-of-the-American-Health-Care-Act>
Congress, U. S. (2017). H.R. 1628. Better Care Reconciliation Act. In 115th Congress (Vol. 2017).

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Efforts to Repeal, Replace, Reform the ACA

- **Better Care Reconciliation Act of 2017**
 - Congressional Budget Office (CBO) and Joint Committee on Taxation (JCT) cost estimate of AHCA
- **Health Care Freedom Act**
 - Proposed in the Senate as an amendment in the nature of a substitute to H.R. 1628

Kaiser Family Foundation. 2018, January 28. Retrieved from <http://files.kff.org/attachment/Summary-of-the-Health-Care-Freedom-Act>

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Efforts to Repeal, Replace, Reform the ACA

- **Graham-Cassidy-Keller-Johnson Amendment**
 - An amendment in the nature of a substitute to H.R. 1628
- **H.R. 1 (tax bill)**
 - December 22, 2017
 - Individual mandate repealed

Kaiser Family Foundation. 2018, January 28. Retrieved from <http://files.kff.org/attachment/Summary-of-the-Graham-Cassidy-Keller-Johnson-Amendment>
U.S. Congress (2017) H.R. 1 - An Act to provide for reconciliation pursuant to titles II and V of the concurrent resolution on the budget for fiscal year 2018. In 115th Congress (Vol. 2017).

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Trump Administration influence to disassemble ACA



Executive Order 13765

Executive Order Minimizing the Economic Burden of the Patient Protection and Affordable Care Act Pending Repeal

- Intent to promote healthcare choice and competition across the United States
- Extend short-term coverage policies
- Expand coverage beyond state lines
- Call to coordinate efforts to disassemble the ACA through legal action
 - Department of Health and Human Services (DHS)
 - Internal Revenue Service
 - Congress

Office of the Press Secretary (January 20, 2017). "Executive Order Minimizing the Economic Burden of the Patient Protection and Affordable Care Act Pending Repeal". whitehouse.gov. United States.

DHS Advertisements

- Trump administration pulled open enrollment advertisements for ACA enrollment prior to January 31, 2017 open enrollment deadline

Rouben, R. (2017, September 26). TIMELINE: The GOP's failed effort to repeal ObamaCare. Retrieved February 02, 2018, from <http://thehill.com/policy/healthcare/352587-dmeline-the-gop-effort-to-repeal-and-replace-obamacare>

Health Insurance Exchange

- Trump administration announced the Healthcare.gov enrollment would close on November 1, 2017 (first day of open enrollment)
- Scheduled maintenances
 - Health insurance exchanges shut down midnight to noon every Sunday during open enrollment except December 10, 2017

Mohrney, M. (2017). America First: A Budget Blueprint to Make America Great Again. The White House. Centers for Medicare and Medicaid Services. 2017, August 16. CMS Announcement on ACA Navigator Program and Promotion for Upcoming Open Enrollment (Press Release). Retrieved from <https://www.cms.gov/ResearchandStatisticsandData/Press-releases/2017-08-16-3.html>

Association Health Plan Final Rule

- Association Health Plans (AHP)
 - Group health plans that employer groups and associations offer to provide health coverage for their members' employees
 - New and existing pathways
- Department of Labor Employee Benefits Security Administration
 - Definition of "Employer"

Department of Labor. Employee Benefits Security Administration 29 CFR Part 2510



What part of ACA did the H.R.1 (tax bill) repeal since its passage on December 22, 2017?

- A. Ten essential health benefits
- B. Individual mandate
- C. Medicare/Medicaid expansion
- D. Cadillac tax
- E. Large employer mandate



Objectives

1. Outline key provisions of the Patient Protection and Affordable Care Act
2. Explain support and criticism for the Patient Protection and Affordable Care Act
3. Explain efforts to date of the Congress to repeal, replace, and reform the PPACA and describe current efforts to revise the law

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Joelle Farano, PharmD
The University of Chicago Medicine
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