



*A not-for-profit
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Health Care Reform: What To Do Now?

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Georgia Public Policy Foundation



/GalenInstitute
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HANDS OFF MY HEALTH CARE!
PROTECTING AMERICAN PATIENTS FROM THE RISK OF MEDICAL MALPRACTICE
AMERICAN MEDICAL ASSOCIATION

OBAMA CARE IS RACISM

HANDS OFF MY HEALTH CARE!



READ My
Lips... No
to ObamaCare

Who will
pay for Peleosis
Botox?

A DOCTOR'S
OFFICE IS
NOT FOUND
IN NATURE
It's Not a
National Resource

You Want government
out of your uterus?
DON'T make
Fund your birth control
ABORTION

REPEAL
ObamaCare
I DON'T BELIEVE
THE LIBERAL MEDIA!

OBAMA CARE
RELATIONS
BREAST
CANCER
TECTION


DON'T TREAD ON ME



We
ObamaCare

MY HEALTHCARE IS A RIGHT
DON'T DENY CARE
protectthelaw

DENY CARE

MY HEALTHCARE IS A RIGHT

DENY CARE

MY HEALTHCARE IS A RIGHT



Keep your
POLITICS
Out of my
HEALTH CARE

In medicine
THE DOCTOR-PATIENT
RELATIONSHIP IS
Paramount -
GOVERNMENT
COMING BETWEEN
THEM IS A
Violation of
THEIR INDIVIDUAL
RIGHTS

DON'T ASK FOR
LIBERAL MEDICINE

OBAMA CARE IS
LIFE GAMES

OBAMA CARE IS
LIFE GAMES

 **TEA PARTY
PATRIOTS**
www.teaparty Patriots.org
FISCAL RESPONSIBILITY
CONSTITUTIONALLY LIMITED GOVERNMENT
FREE MARKETS



**OBAMACARE
RATIONS
BREAST
CANCER
DETECTION**

HEAD ON ME





DON'T WANT TO DIE A WAITING LIST

PPACA = DOOM
Destruction Of Our Medicine

WE WILL NOT COMPLY
OBAMACARE IS IMMORAL

 **TEA PARTY PATRIOTS**
www.teapartypatriots.org
FISCAL RESPONSIBILITY
CONSTITUTIONAL LIMITED GOVERNMENT
FREE MARKETS

DON'T



**Single Payer
Now**

**Strike Down
Obama
Mandate**

singlepayeraction.org



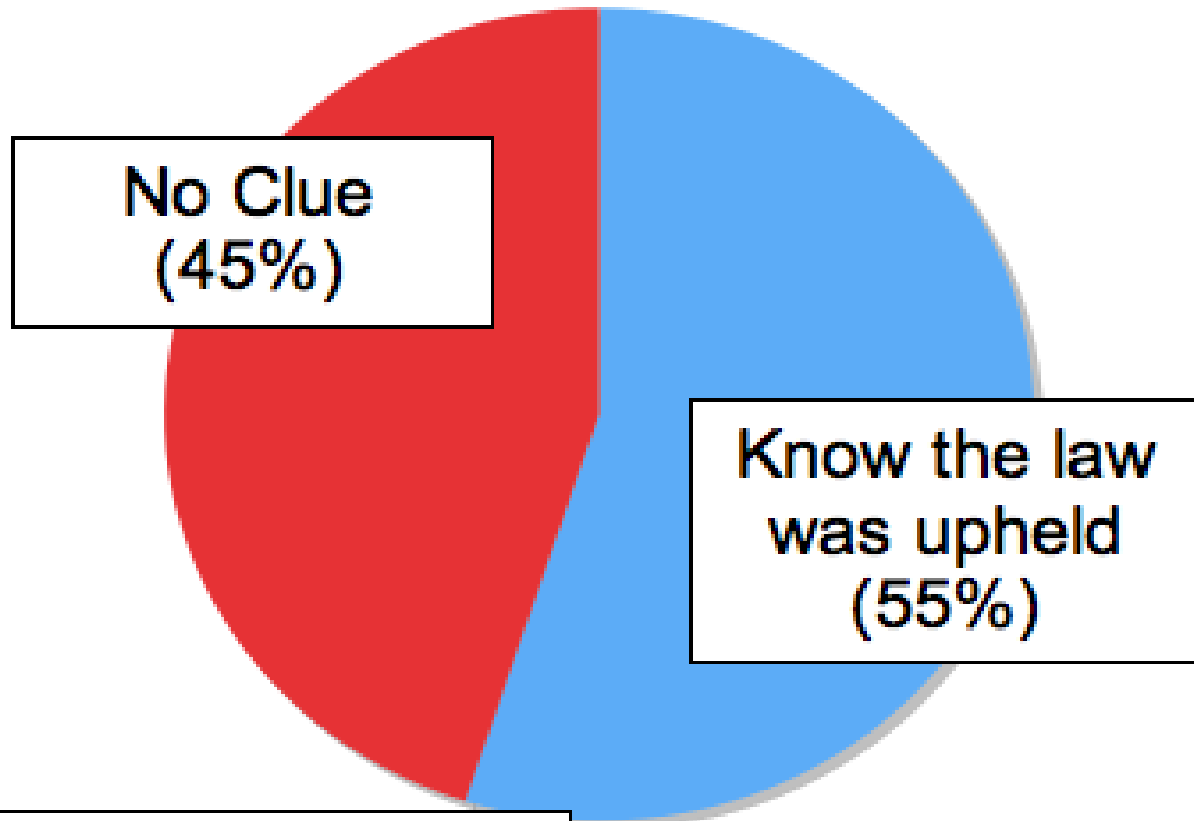








Americans' Knowledge of Health Care Ruling



Pew Research Center, 7/2/12

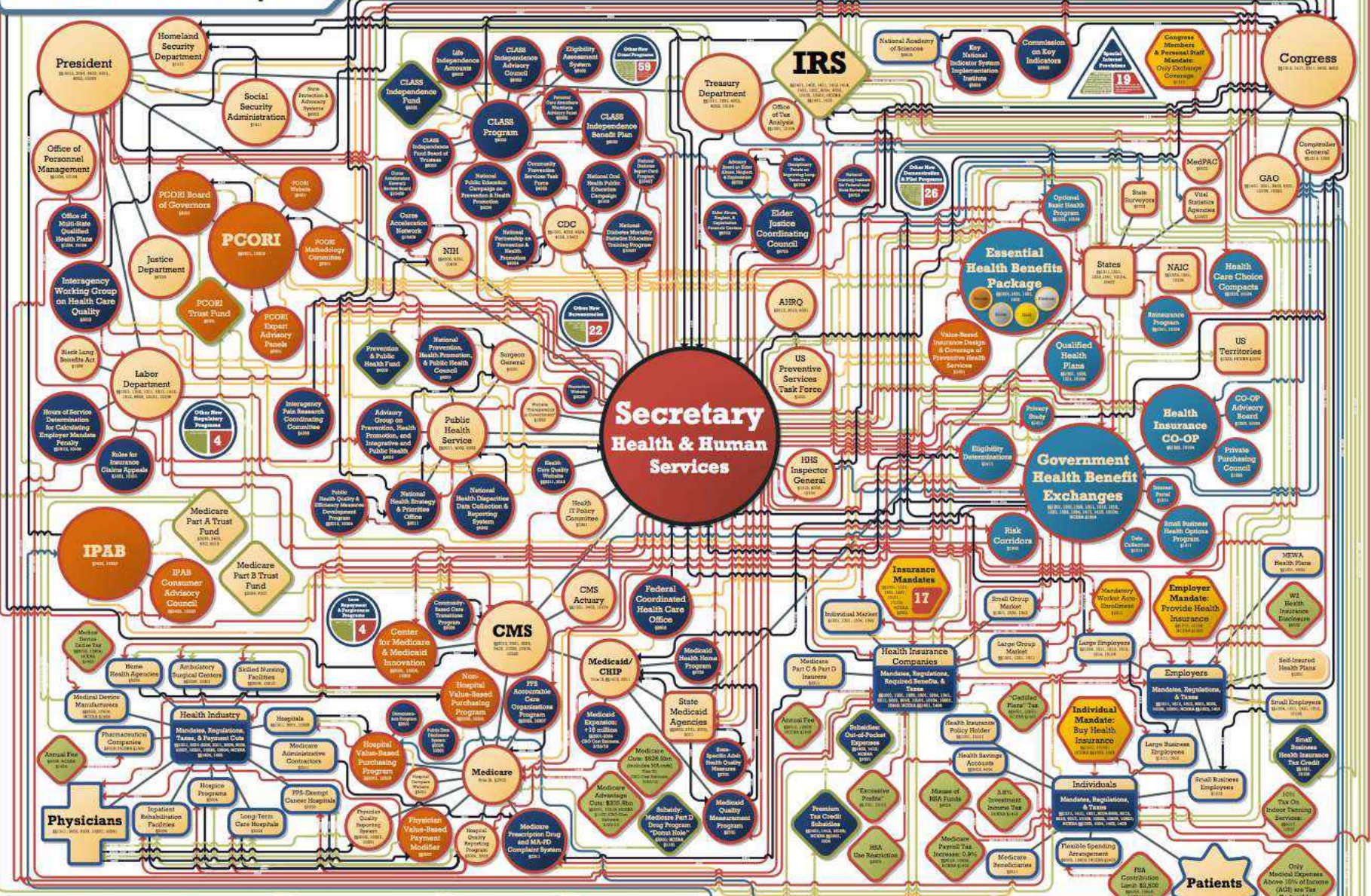
Americans agreed on goals for health reform...

- **The U.S. needs health reform to:**
 - make coverage more **affordable**
 - assure **quality**, and
 - expand **access** to insurance
- **Most people rate their own coverage as good or excellent**
- **They want stability.** Change is *for others.*

Americans' views of health law after Supreme Court decision

- Americans say it will make things worse rather than better for taxpayers, businesses, doctors, and those who currently have health insurance.
- Health care will be an extremely or very important issue for 82% of Americans in deciding their vote for the president in November.
- Opposition to the law is higher now than before the Supreme Court decision.

Your New Health Care System



New Government	Expanded Government	Private	New Relationships
<ul style="list-style-type: none"> Rationing Potential Involvement in Health Insurance Market Other Expansions Represents Bundles of Additional Entities 	<ul style="list-style-type: none"> Mandates Taxes & Monetary Fees/Penalties/Cuts Trust Fund (Rationing Potential) Other New Trust Funds/Monetary Benefits 	<ul style="list-style-type: none"> Government with Expanded Authority/Responsibility Government Financial Entity with New Inflows/Outflows State/Territory with Expanded Authority/Responsibility 	<ul style="list-style-type: none"> Private Entity with New Mandates/Regulations/Responsibilities Unchanged Private Entity Special Interest Provisions

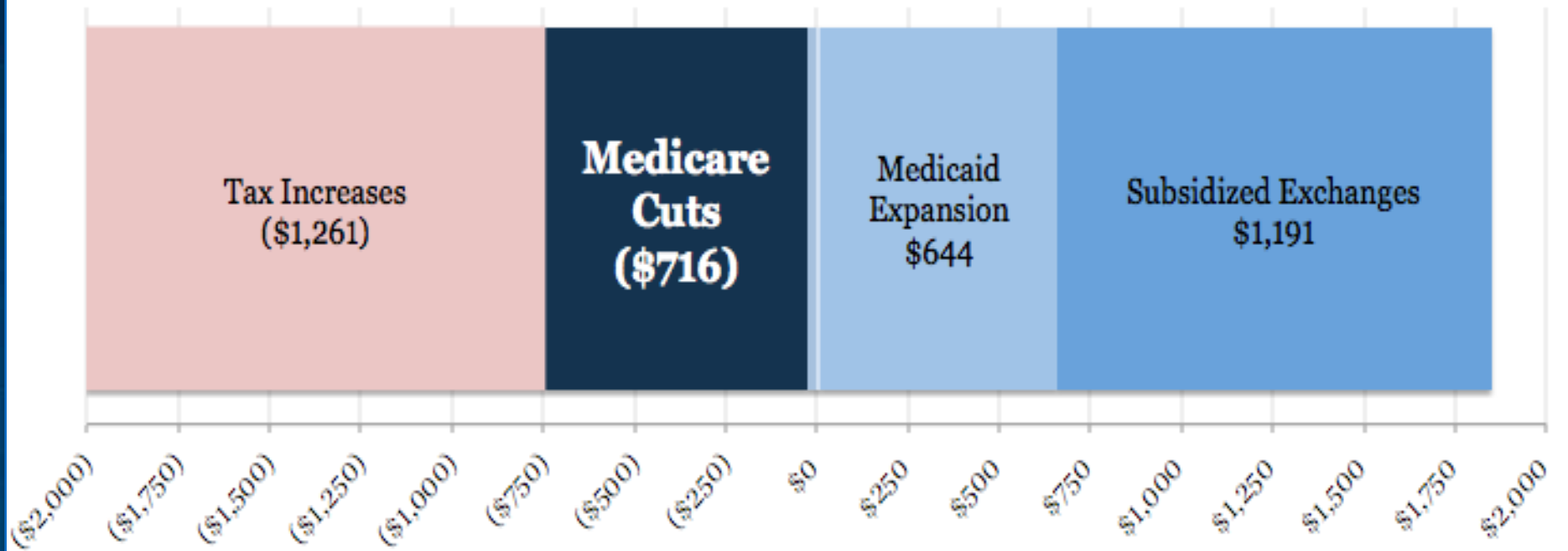
Regulations/Requirements/Mandates	Reporting Requirements	Oversight	Money Flows	Consultation/Advisory/Info Sharing	Structural Connections (Includes Existing)
<ul style="list-style-type: none"> ACA: Affordable Care Act ABRQ: Agency for Healthcare Research and Quality CDC: Centers for Disease Control & Prevention CHIP: Children's Health Insurance Program CLASS: Community Living Assistance Services & Supports CMS: Centers for Medicare & Medicaid Services CO-OP: Consumer Operated & Oriented Program FFS: Fee-For-Service PSA: Possible Spending Arrangement GAO: Government Accountability Office HHS: Health Care & Education Reconciliation Act IHS: Health & Human Services Department 	<ul style="list-style-type: none"> IRA: Health Savings Account IPAB: Independent Payment Advisory Board IRS: Internal Revenue Service MA-PD: Medicare Advantage Prescription Drug MedPAC: Medicare Payment Advisory Commission MEVD: Medical Error Risk Detectors RAI/OIG: Executive Auxiliary Tasked Office Regional Systems MLRW: Multiple Employer Welfare Arrangement NAIC: National Association of Insurance Commissioners NIAIC: National Association of Insurance Companies NIH: National Institutes of Health PCORI: Patient-Centered Outcomes Research Institute PIP: Prospective Payment System 	<p>Patient Protection & Affordable Care Act, P.L. 111-148; Health Care & Education Reconciliation Act, P.L. 111-192 Prepared by: <i>Joint Economic Committee, Republican Staff Congressman Kevin Brady, Senior House Republican Senator Sam Brownback, Ranking Member</i></p>			

What supporters highlight:

- **“Free” preventive care**
- **Allowing “children” up to age 26 on parent’s policies**
- **Pools for pre-existing condition policies**
- **\$250 for seniors with high drug costs**

The health law in one graph

Deficit Impact of Major Fiscal Components of the Affordable Care Act, 2013-2022



Lisa © 2009 9-23 DMC by Walsh Photo Writers Group

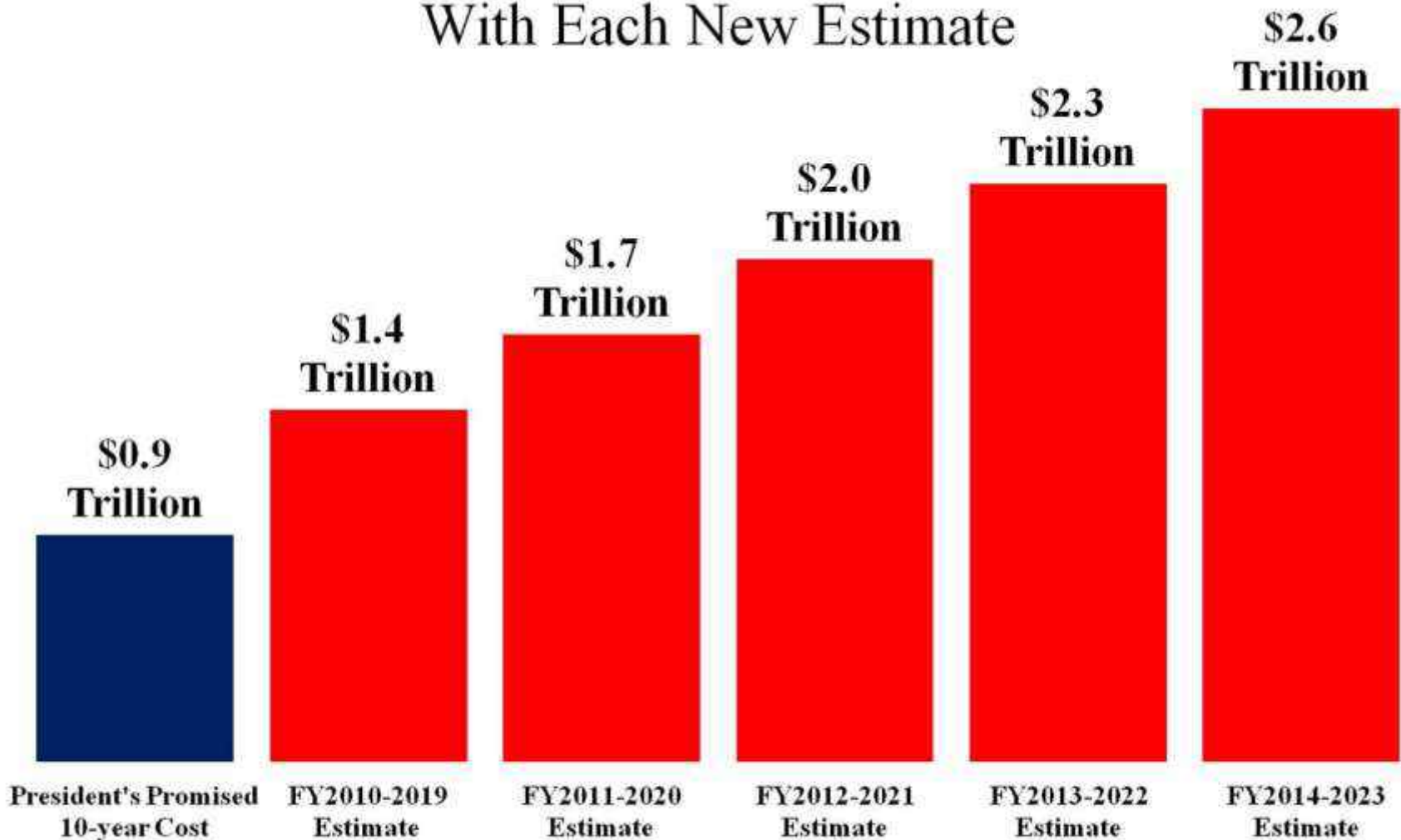
HEALTH CARE REFORM



WHERE DOES IT SAY I PAY LESS FOR HEALTH CARE?



Cost Of President's Health Law Rises With Each New Estimate



Estimates of the gross outlays under the President's health care law in nominal dollars using CBO estimates of major coverage provisions, as well as Senate Budget Committee Republican projections based on CBO estimates of the remaining costs.

Sources: CBO. Produced by SBC Republican staff, Ranking Member Jeff Sessions || <http://budget.senate.gov/repulican>

Generous Subsidies in

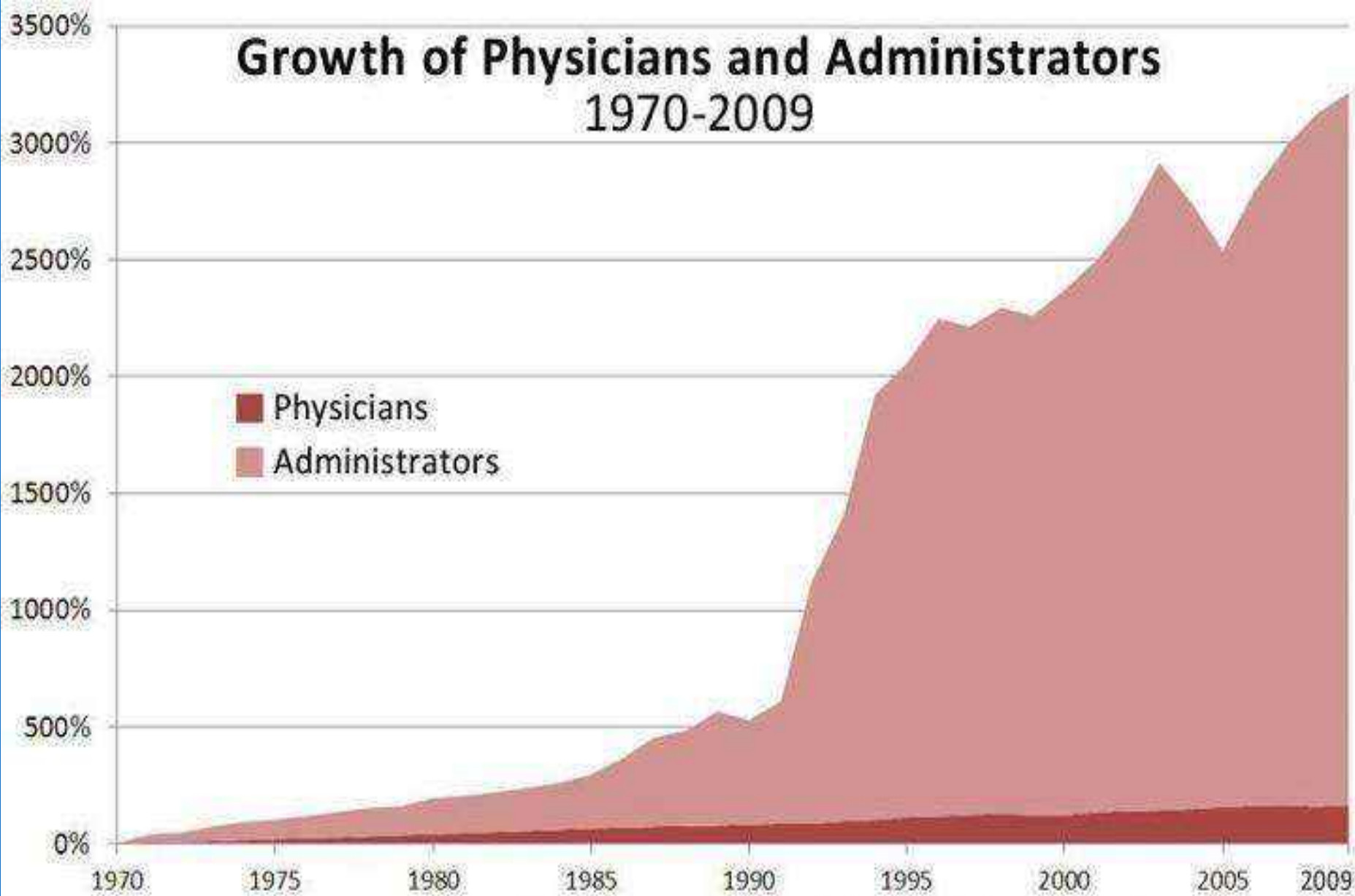
Exchanges

Examples:

- A person earning \$42,000 a year with a family of 4 qualifies for \$14,759 in new health insurance subsidies
- A single person earning \$20,600 qualifies for \$5,156 in new health insurance subsidies

But only if employer doesn't offer coverage or if it's not "affordable" (costs >9.5% of income)

Growth of Physicians and Administrators 1970-2009



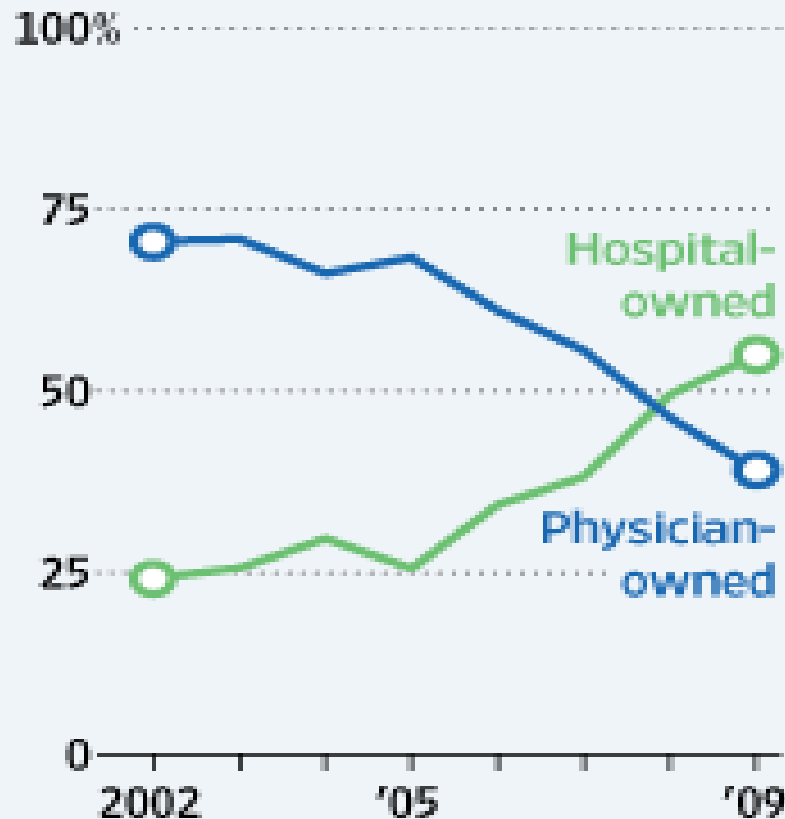
Source: Bureau of Labor Statistics; NCHS; and Himmelstein/Woolhandler analysis of CPS

Medical Practice Ownership

40% of doctors say they will quit practice in 2014 if the law takes effect

Changing Hands

Medical practice ownership



Source: MGMA Physician Compensation and Production Survey Report

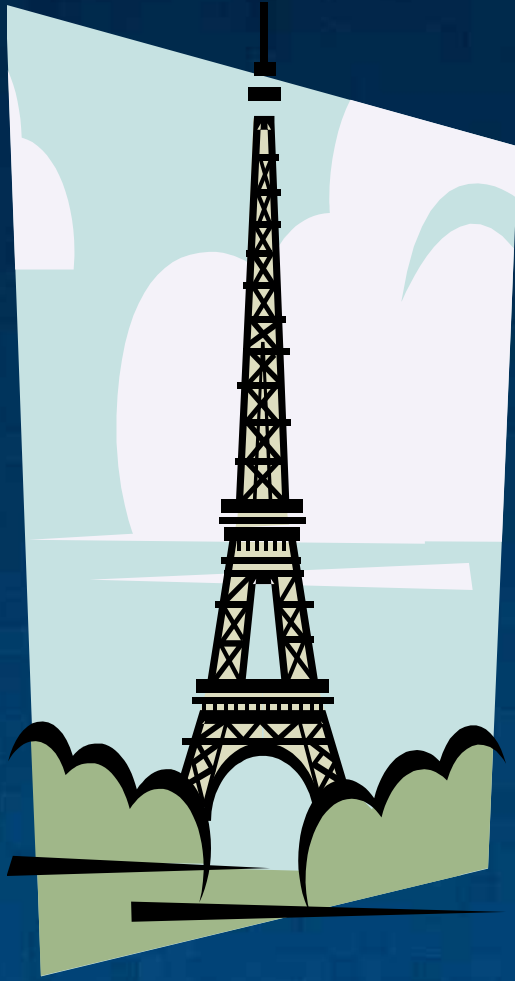
“When the Doctor Has a Boss. More Physicians Are Going to Work for Hospitals Rather Than Hanging a Shingle” By ANNA WILDE MATHEWS. *The Wall Street Journal* Nov. 8, 2010

Health care in 2012

- **Legislation**
Depends upon the outcome of the election
- **Regulation**
13,000+ pages so far
- **Legal**
Other court challenges continue
- **Political**
The voters will ultimately decide on Nov. 6

Some realities

Other nations move toward change



- **Consumerism**
- **Value of private enterprise and competition**
- **Doctor/patient relationship**
- **Decentralized decision-making**

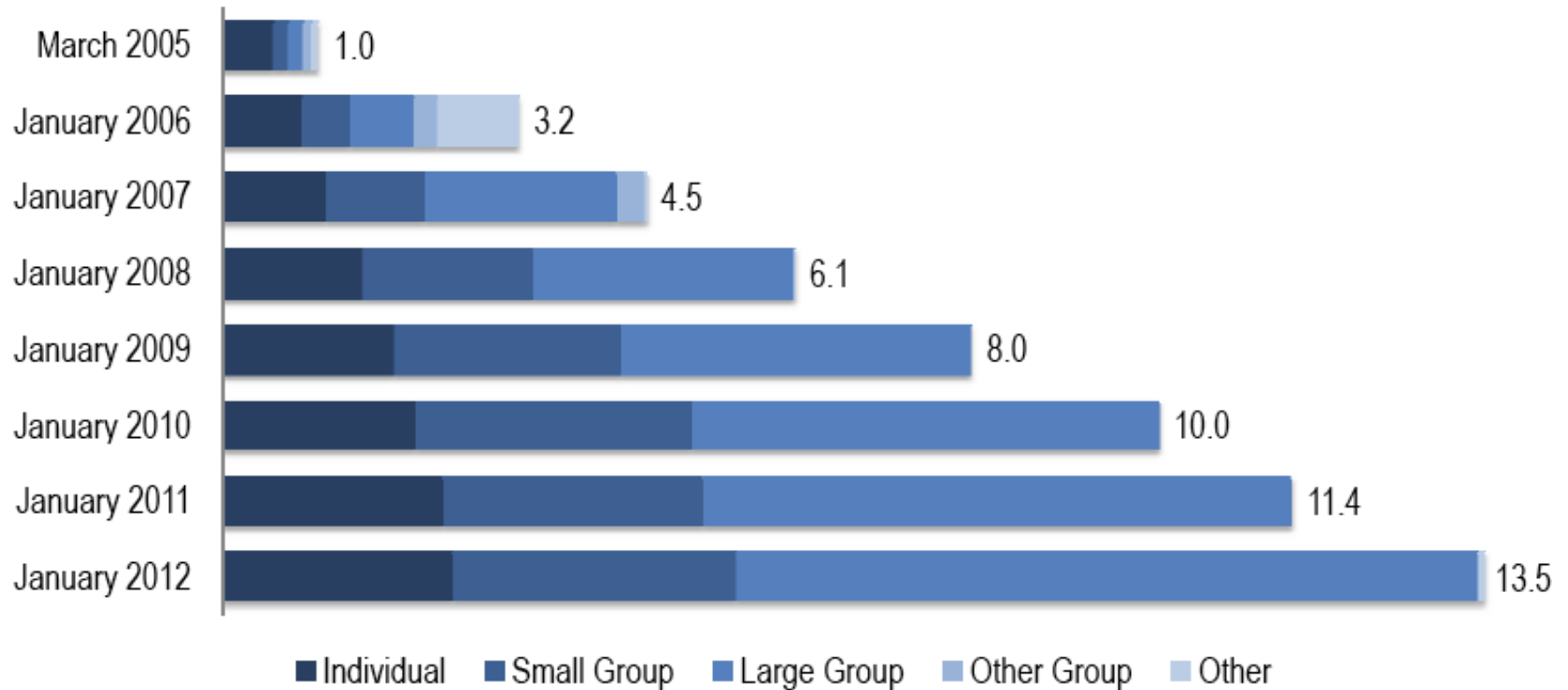
What we know for sure

- **CHOICE:** Americans value innovation, diversity and choice to accommodate 300 million people
- **FOCUS ON THE PATIENT:** They want doctors and patients, not government, to make health care decisions
- **VALUE IN HEALTH SPENDING:** To realize the promise of personalized medicine and achieve overall cost saving, we must break down payment silos

Starting a fresh conversation

- ❖ **Engaging patients as partners in managing health costs and getting the best value for health care dollars**

Growth of HSA-Qualified High-Deductible Health Plan March 2005 to January 2012



Note: Companies reported enrollment in the large- and small-group markets according to their internal reporting standards, or by state-specific requirements for each state. The “Other Group” category contains enrollment for companies that could not break down their group membership into large- and small-group categories within the deadline for reporting. The “Other” category was necessary to accommodate companies that were able to provide information on the total number of people covered by HSA/HDHP policies, but were not able to provide a breakdown by market category within the deadline for reporting.

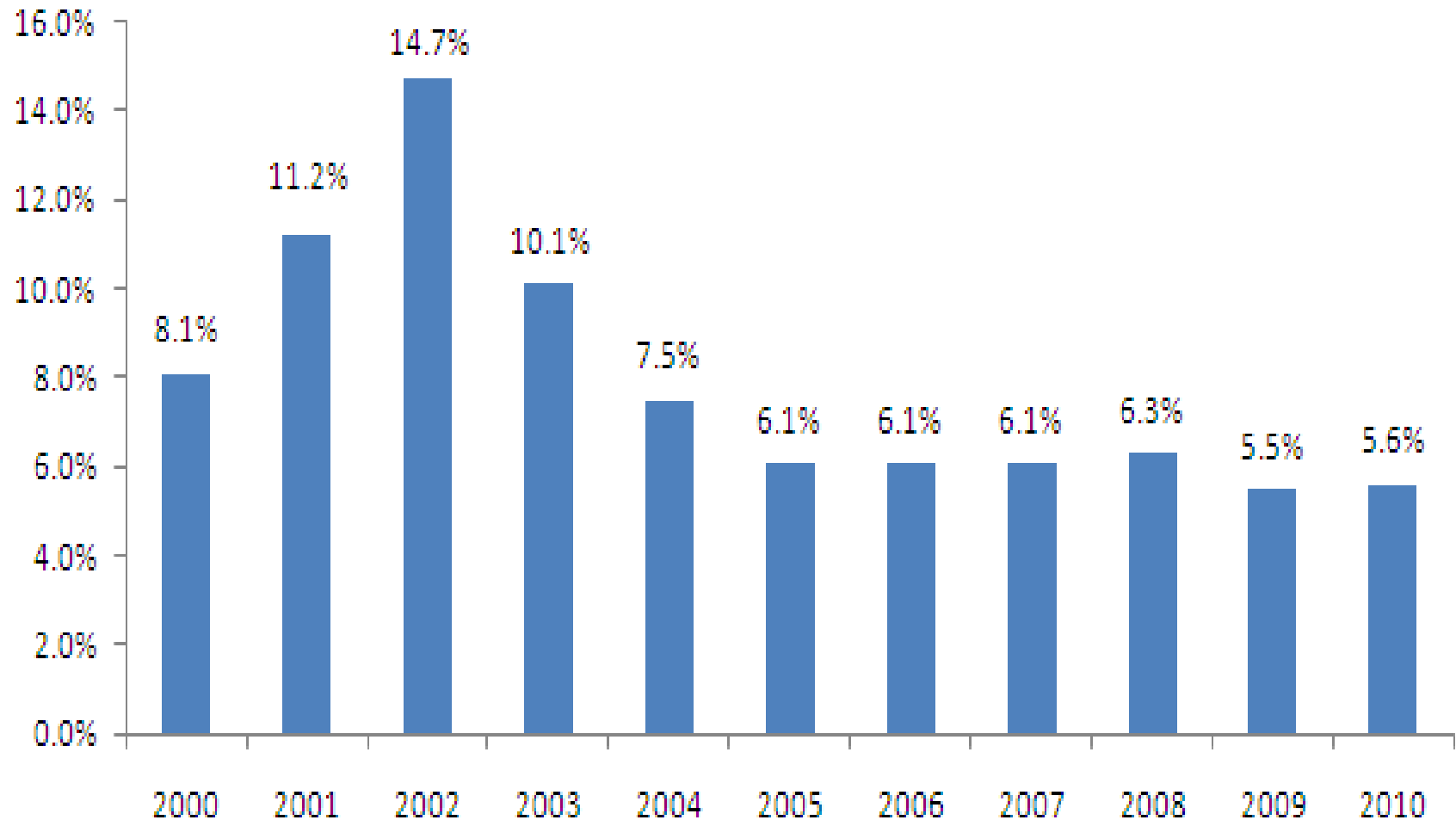
CDHC is many things...

- **A constellation of offerings that give consumers more power and control over health care decisions**
- **New tools include:**
 - HSAs, HRAs
 - New chronic care management programs
 - Consumer-focused centers such as MinuteClinics and RediClinics
 - Information support tools

CDHC plans are moderating costs

- ❖ Consumer-directed health plans show that realigning incentives can help states, employers, and consumers save money while boosting prevention and wellness

Total health benefit cost increases per employee



Source: Mercer's National Survey of Employer-Sponsored Health Plans; Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April) 1990-2009; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey (April to April) 1990-2009.

Options for states...

- **Smart Medicaid reform**
 - **Healthy Indiana Plan**
 - **Florida's Medicaid Reform Pilot**
 - **Rhode Island Global Waiver**
- **Vulnerable populations in danger**
 - **Those already on Medicaid face more competition for fewer physicians**
 - **More on Medicaid shifts costs to private payers, forcing more to drop coverage**

Americans agreed on goals for health reform...

- **The U.S. needs health reform to:**
 - make coverage more **affordable**
 - assure **quality**, and
 - expand **access** to insurance
- **Targeted subsidies for the uninsured**
- **Portable insurance, equal tax treatment**
- **More functional high-risk pools**
- **Cutting Medicaid's red tape**

The future?

- **The global move toward consumerism is real, driven by greater patient demand for more control over decisions.**
- **Health overhaul is law and will fundamentally change the U.S. health sector. But I believe it will be amended significantly before 2014.**





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Why ObamaCare Is Wrong for America

How does the health care law drive up costs?

Is your doctor really in charge of your health care decisions?

Are your Constitutional rights threatened?

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