

# Health reform: Protecting insurance gains is priority No. 1

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Twenty million, four hundred thousand. That's a big number. According to the most recent data from the Department of Health and Human Services' (HHS) National Center for Health Statistics, that is how many more Americans have health insurance coverage than in 2010, when the Affordable Care Act (ACA) was enacted.

For America's physicians, 20.4 million is not just an abstract figure. It represents their patients—living with illness or working to prevent it—who now have health insurance coverage to support their care. And as the nation's elected representatives consider changes to the health system, it is a number no one wants to see go in the wrong direction.

A recent analysis of U.S. Census Bureau data by the nonpartisan Commonwealth Fund confirms the benefits of expanded insurance rolls that physicians see daily in their clinics and hospitals. The uninsured rate has fallen in 49 states. Thirty-nine states saw a drop in the number of adults who skipped care because of costs in the prior year. The nationwide uninsured rate among children has fallen to 5 percent while the uninsured rate among adults has fallen to an all-time low of 12.3 percent, says HHS' National Center for Health Statistics.

## Improving coverage and access

The AMA has long advocated health insurance coverage for all Americans, along with pluralism, freedom of choice, freedom of practice and universal access for patients. That is why assuring that people now insured do not lose coverage is a key objective that will guide the AMA in its discussions regarding ongoing efforts to improve the nation's health system.

To accomplish these objectives, the AMA supports providing tax credits or other subsidies to individuals and families to help make health insurance affordable. For credits to work fairly and efficiently, they should be refundable, meaning taxpayers could get subsidies from the U.S. government even if they have zero tax liability. They also should be inversely related to income—the

lower your income, the larger the subsidy and vice versa.

Health insurance subsidies also should be big enough to actually help people afford health insurance. The AMA also supports making subsidies advanceable for people with low incomes, so that they do not have to wait until tax season to take advantage of them in purchasing coverage. The AMA believes that these subsidies should only be available to people who purchase health insurance, and that each member of a family receiving the subsidy should be covered.

Passage of the ACA was a big improvement on the status quo at the time. However, there are problems that need to be addressed. Health reform is a journey not a destination. It should represent constant striving for better coverage, affordability, choice and access to high-quality care. That is why the AMA supports fixes to stabilize the individual insurance market and improve choices and options for patients.

Many families are not eligible to get premium and cost-sharing subsidies to purchase coverage on the ACA exchanges because of a so-called “family glitch” where a father or mother is only offered employer coverage as individual and not for the family but the family is not then eligible for coverage through an ACA exchange. This “family glitch” has affected an estimated 10.5 million adults and children, according to HHS’ Agency for Healthcare Research and Quality.

The AMA also supports demonstration projects to improve the affordability of bronze-level plans on the ACA exchanges. Now, individuals and families eligible for cost-sharing support under the ACA only get it if they purchase a silver-level plan. They forego that by getting a bronze-level plan, but these plans often come with higher deductibles, out-of-pocket maximums and co-payments that could wrongfully discourage patients from seeking the medical care they need. The AMA believes there is a role for pre-funded health savings accounts to help patients who skip cost-sharing subsidies by enrolling in a bronze plan.

There are other priorities that will guide the AMA as it works, on a nonpartisan basis, with Congress and the president to improve the nation’s health system. Those objectives are to:

- Maintain key insurance market reforms, such as coverage for pre-existing conditions, guaranteed issue and parental coverage for young adults.
- Stabilize and strengthen the individual insurance market.
- Ensure that low- and moderate-income patients are able to secure affordable and adequate coverage.
- Ensure that Medicaid, the Children’s Health Insurance Program and other safety net programs are adequately funded.
- Reduce regulatory burdens that detract from patient care and increase costs.
- Provide greater cost transparency throughout the health care system.

- Incorporate commonsense medical liability reforms.
- Continue the advancement of delivery reforms and new physician-led payment models to achieve better outcomes, higher quality and lower spending trends.

These objectives are based on a comprehensive vision for health-system reform refined over more than two decades by the AMA's House of Delegates, which is composed of representatives of more than 190 state and national specialty medical associations.

In the coming weeks, *AMA Wire* will be exploring these objectives in a series of articles aimed at helping physicians and residents of all specialties, medical students, policymakers and patients understand the policies that form the basis of the AMA's advocacy. The aim is to contribute to a constructive debate in this critical area of national policy.