

## IHH Open School Panel Discussion

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### Main points

Begin with the ACA and Oregon health reforms and discuss how they may be altered:

#### Repeal and Replace.

Like the proverbial dog who finally catches a car, after untold futile attempts, Republicans have finally come within reach of [repealing the Affordable Care Act](#). Now comes the essential question: Will they actually do it?

Much of this very complex legislative initiative is baked into the system now, making it very difficult to simply undo. Not likely to replace any time soon, which could render large scale repeal somewhat moot, since to do so would lead to at least 15-20 million losing their insurance, putting the total uninsured back to 45-50 million, where we were prior to the ACA, simultaneously increasing the federal deficit by many billions.

With regard to the major features of ACA:

Health Insurance Exchanges: at risk

Medicaid Expansion: at risk

Health Insurance Access provisions: preexisting conditions, staying on parents insurance until 26, caps on annual/lifetime dollar limits, less likely to be repealed

However, this could still mean the death or chronic pain of a 1000 cuts with numerous different actions that would undermine the ACA and the services, subsidies, supports, and ongoing planning that it requires to be sustainable. Budget reconciliation efforts could undo any or all of the following: premium and business tax credits, individual mandate, employer mandate, Medicaid expansion, the taxes used to fund the ACA. Lawsuits against the ACA could go undefended, leading to loss of some/all of birth control and other reproductive health coverage, exclusions for various religious or other exemption, cuts to organizations like Planned Parenthood, etc. Stop implementing or enforcing certain regulatory requirements. Slow down in enrollment of new folks to HIEs or Medicaid. Further exodus of health insurance plans from the HIEs leading to ever-increasing premium costs. Changes in leadership at HHS and its divisions with people who are antithetical to the goals of the ACA or health reform in general

could lead to suppression of progressive initiatives directly or through the attrition of the best & brightest from those agencies. States that have been hostile to Obamacare could obtain approval of much looser waivers to qualify for Medicaid expansion plans, but which could reduce benefits and/or # of persons covered.

## **Other health system and payment issues**

### **What are the post-election implications on funding and policy around improving population health?**

- Implications on immigration? Someone else
- Implications on NIH, AHRQ and other health-related federal funding?  
**Unlikely to see increases in research funding, something rarely initiated during R administrations. AHRQ related functions have tended also to be even less popular w/ the Rs. Especially PCORI, CERs, and other initiatives that have often been misinterpreted as having government directing physicians re how to treat their pts.**
- How can Oregon fund its already underfunded Medicaid program without additional federal funding? Current waiver request to continue the implementation of the CCO and PCPCH system in process of being approved, but uncertain if it will be funded before new admin takes over. State legislature will consider bills to obtain funding to compensate the state for the Medicaid expansion members who are actually fully employed (~400K) by taxing their employers for some of the state's share of those costs
- Potential impact to CMS innovation initiatives. Unclear, although the landmark MACRA legislation of 2015, which sets the path to move from FFS to outcome and QI focused payment system, was a bipartisan bill, so may be less vulnerable. CHIP, on the other hand, could be eliminated or watered down. A number of recent initiatives involve delivery system redesign, esp the creation and implementation of PCPCHs and other forms of collaborative and integrated care. These initiatives' funding could be at risk, thus retarding any progress in this area.
- Regulatory relaxation could mean even greater costs for drugs and devices, and relaxation of the fairly weak limit on profits in ACA (Medical loss ratio

must be at least 85%), could all easily fuel dramatic increase in health care inflation.

More importantly, most health policy folks have become progressively aware of and concerned about the upstream factors that influence health and health care, recognizing that the clinical delivery system has a minimal impact on overall prevention of health problems, the so-called social determinants and structural competency issues, ranging from diet and food security, exercise, access to good education, good jobs, safe neighborhoods, public transportation, child care, access to health care, but also the more pervasive and insidious problems of discrimination/exclusion and ACEs, and the ultimate social determinant, climate change. Now, just think of what is potentially happening in the parts of government associated with health and extrapolate the same kinds of changes to the other sectors of governmental funding and oversight, e.g., agriculture and food policy, transportation, education, environmental issues, and you may realize that the effort to address social determinants is at greater risk, leaving us less capable of improving health and back to simply reacting to more acute and chronic health problems further along in the course of these illnesses.

The following websites were used as sources for the information distilled into the above comments:

<https://www.washingtonpost.com/news/to-your-health/wp/2016/11/17/the-ultimate-ga-about-health-care-under-president-trump/>

[https://www.washingtonpost.com/national/health-science/trump-health-care-agenda-evolves-toward-core-republican-thinking/2016/11/11/a31858c4-a828-11e6-8fc0-7be8f848c492\\_story.html?tid=a\\_inl](https://www.washingtonpost.com/national/health-science/trump-health-care-agenda-evolves-toward-core-republican-thinking/2016/11/11/a31858c4-a828-11e6-8fc0-7be8f848c492_story.html?tid=a_inl)

<http://www.vox.com/2016/11/10/13578550/trump-obamacare-birth-control-iuds>

**Table 1. Impact of proposed policies relative to the Affordable Care Act, 2018**

	Number of insured (millions)	Federal deficit (billions \$)
<b>Trump plan</b>		
Repeal ACA	-19.7	+33.1
Repeal ACA + tax deduction for premiums	-15.6	+41.0
Repeal ACA + Medicaid becomes block grant	-25.1	+0.5
Repeal ACA + allow insurers to sell across state line	-17.5	+33.7
Repeal ACA + other policies combined	-20.3	+5.8

<http://khn.org/news/block-grants-medicaid-faq/>

<https://morningconsult.com/2016/11/17/house-gop-settles-path-forward-government-funding-obamacare-repeal/>

<http://khn.org/news/podcast-the-gops-path-to-repeal-and-replace-may-not-be-so-easy/>

<http://www.commonwealthfund.org/publications/issue-briefs/2016/may/aca-tracking-survey-access-to-care-and-satisfaction>

<http://khn.org/news/some-panic-but-others-are-indifferent-about-losing-obamacare/>

<http://khn.org/news/millions-could-lose-medicaid-coverage-under-trump-plan/>