

A Call for Change: The Patient Protection and Affordable Care Act

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The Patient Protection and Affordable Care Act (PPACA) was set in motion in 2010 with the overall goal to increase access to healthcare insurance in affordability and availability (Vincent & Reed, 2014). The PPACA may have had an overall goal to achieve a positive outcome for Americans in having more people insured, but it did not come without issues. This healthcare reform affected insurance and hospitals, providers and healthcare workers, to patients and the overall population. Some states still have not enforced the full law and that has had an economic effect as well as an effect on the insured and uninsured populations of those states (Oberlander, 2016). With the positives of providing insurance to more people, there are still negative aspects to the passing of the PPACA.

Increasing access to healthcare through the PPACA has come with its challenges and politics has played a role in that as well. The Graham-Cassidy proposal (GCP), sponsored by South Carolina Senator Lindsey Graham and Louisiana Senator Bill Cassidy, is a proposed replacement for the PPACA that advocates for fewer funds, fewer rules and fewer people covered. While it does largely keep the funding structure of the PPACA, it is the most dramatic proposal yet concerning the repeal of the Affordable Care Act (ACA). The GCP eliminates Medicaid expansion, tax credits, employer mandates, and cost-sharing subsidies (Jenkins, 2017). This paper will explore the potential effects of this bill regarding the demand for healthcare, the supply of healthcare, and its impact at the local, state and federal levels.

### **Changing Demand for Healthcare**

According to Huang and Finegold (2013), the demand for primary care services has increased because of the ACA's expansion of insurance coverage. This opened the need for more primary care providers and community health centers to practice medicine (Huang &

Finegold, 2013). This has been a concern for decades, but with the passing of the PPACA and the increase in the amount of insured, the demand for providers and facilities is at hand (Cliff, 2012). The ACA requires insurers to cover pre-existing medical conditions without charging higher premiums. The GCP would give states the power to waive that requirement. This could result in unaffordable insurance for many individuals that are currently covered by the ACA.

The GCP also cuts Medicaid funding over time, a program that right now provides healthcare for 20 percent of Americans (Jenkins, 2017). These implementations of the GCP could result in a shift away from established primary care and health management to higher demand for emergency care services and providers due to limited or no insurance coverage (Meyer, 2017).

### **Changing Supply of Healthcare**

The increased demand of services leads to accompanying increased demand in the supply of providers. America's major physician organizations such as the American Medical Association (AMA) are recommending strongly, and in unison, that the GCP should be defeated, as it would do much harm to the country. Physicians are speaking out, stating that the GCP harms the most vulnerable patient populations, devastates the Medicaid program, increases out-of-pocket costs, preys on underserved communities and disrupts access to health care for millions of Americans. The AMA believes that the GCP would destabilize insurance markets and decrease access to affordable coverage and care (Meyer, 2017). The demand in supply of healthcare providers will likely drastically shift to a higher demand for emergency medicine physicians, as many will be forced to rely on the emergency department for their primary source of healthcare. Decreasing the funding provided by Medicaid will also decrease already low reimbursement rates for physicians who treat these patients. Physicians may be more reluctant to see Medicaid patients

or even forced to move toward private practice should this bill be passed (Armour & Peterson, 2017).

### **Affect at Local, State, and Federal Levels**

Economically, the PPACA has impacted the United States in different ways. Healthcare costs are rising at unaffordable rates with no proper solution to the monetary problems it brings (Wilensky, 2012). Insurance companies became at risk for financial losses with the new healthcare reform because of the adverse risk selection (Vincent & Reed, 2014). The PPACA mandates that all people are to have health insurance, and this requirement creates controversy. The PPACA may expand coverage, but it still overlooks the structural problems and reimbursement of care (Wilensky, 2012).

The GCP aims to redistribute funds to the states in the form of block grants rather than to Medicaid and subsidies directly, essentially giving states control of the health-care markets. It also allows states to opt out of many of the ACA regulations. The founders of the GCP states that this shift in funding should strongly incentivize states to be more efficient with their program. The GCP strongly shifts health care coverage from federal the federal level to the state and even local levels by allowing states control (Meyer, 2017).

### **Conclusion**

Reducing healthcare costs and increasing the amount of insured people has shown to be a challenge in the past years, and the goals of the Patient Protection and Affordable Care Act were to do just that. Despite great changes being promised, there are still changes being made as the PPACA is further implemented. The increase of those insured has led to increase in demands of providers, but the number of suppliers is not readily available. The GCP is just one of many repeals and provisions to the ACA that itself, is not without controversy. Rationing in healthcare

has become a topic of discussion to decrease healthcare costs and ensure that necessary services are provided. As healthcare continues to grow under the PPACA and its provisions, the environment of universal healthcare will become more visible. Universal healthcare may be a reform that could help more people gain access to healthcare, but it does not come without cost and controversy.

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