

**HEALTH CARE REFORM IN THE US:
CONSERVATIVE CRITICISM AND ITS EFFECT ON PUBLIC OPINION**

by

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CAPSTONE ABSTRACT
HEALTH CARE REFORM IN THE US:
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This paper examines health care reform in the United States with a focus on the passage of the Patient Protection and Affordable Care Act (ACA) in 2010. Examining past and current trends in health care in the United States, this paper analyzes why health care reform was possible in 2010 when attempts to reform the health care system have failed in the past. Four years after the passage of the ACA, key provisions of the law are beginning to take effect, and the rate of uninsured Americans has dropped. However, public opinion about health reform continues to waver. Relying on support from contemporary accounts from the media, private sector surveys, government releases and commentary from health care scholars, this paper argues that opponents of health care reform used strategic arguments to capitalize on the existing disapproval for health care reform to further dissuade public support and create anxiety about the new law.

Introduction

Although health insurance has always been a contentious topic in the United States, the proposal and subsequent passage of the Patient Protection and Affordable Care Act (ACA) thrust health insurance into the national conversation yet again in 2009, resulting in a myriad of opinions about health insurance, the administration of it and who should be entitled to receive it. The high rate of uninsured people coupled with the tremendous cost of health care in the private sector model of delivering insurance has created an unsustainable system for delivering health care and necessitated reform. However, the complicated insurance market and lack of education about health insurance and health care reform has created a culture of ignorance and indifference about health insurance and makes it difficult to generate high public approval ratings for reform.

This paper will examine health insurance and health care reform in the United States, specifically the passage of the ACA, and how conservative criticism and the media's portrayal of the legislation affected public opinion and understanding of the law. Using past and present trends in the provision of health care in the United States as support, this paper will discuss why health care reform has been so difficult to achieve over the past century, analyze the political and social trends that allowed reform to succeed in 2010 and examine the varied reactions to the passage of the legislation and the provisions that have since been enacted. I will argue that critics of health care reform used strategic tactics to capitalize on the existing disapproval for health care reform to further dissuade public support and create anxiety about the new law.

Health Care in the United States

Health care reform is not a new or innovative idea in the United States. Attempts to reform the current health care system date back over a century to the proposal of sickness insurance by the Progressive Party, which nominated Theodore Roosevelt for president in 1912 presidential campaign. However, Roosevelt never took up the issue once elected.¹ The first step toward real reform occurred in 1935 with the passage of the Social Security Act under President Franklin Delano Roosevelt. The new law provided old-age insurance, old-age assistance for the poor and welfare assistance to poor children of single mothers, and it expanded public health programs for mothers and children. However, it did not provide medical insurance. Instead, it supplied federal grants to states in order to provide health services to poor mothers and children, as well as disabled children.² Although the Social Security Act provided assistance to cover some medical costs, it did little to curb increasing costs of health care. It also established a paradigm of minimal government involvement in the provision of health care, which was greatly opposed by the American Medical Association (AMA) and other parties who held a financial interest in the delivery of health services. This paradigm would prove critical to future attempts to create a national health care system.

Roosevelt's successor, Harry Truman, proposed a comprehensive plan for health reform, which included hospital construction, public health expansion, federal funding for medical training and research and national insurance.³ Although popular among the American public initially, the law soon garnered opposition, especially from physicians

¹ Starr, Paul. *Remedy and Reaction: The Peculiar American Struggle over Health Care Reform*. New Haven: Yale UP, 2011. Print. p. 30.

² Hoffman, Beatrix Rebecca. *Health Care for Some: Rights and Rationing in United States since 1930*. Chicago: University of Chicago, 2013. Print. p. 26.

³ Hoffman, *Health Care for Some*, p. 59.

and hospitals who feared government involvement and a loss of autonomy, and socialist critics who associated it with Cold War fears of communism, and was never passed.⁴

After Truman's failed attempt to create a comprehensive health system, health care moved even further into the private sector. The establishment of major medical plans with deductibles and co-pays allowed cost-sharing between insurers and beneficiaries, which appealed to both parties. These plans, although a positive step toward comprehensive health coverage, included gaps in coverage and high out-of-pocket costs for the insured; however, beneficiaries welcomed these plans, and by 1961, 34 million Americans were participating.⁵ The acceptance of these plans by the American public trapped them in a complex system of private sector health insurance that would continue to get more complicated and expensive. Similarly, Paul Starr writes that "the United States ensnared itself in a policy trap—a costly, extraordinarily complicated system which nonetheless protected enough of the public to make the system resistant to change."⁶

A victory for government-funded health care occurred in 1965 with the passage of the Medicare under Title XVIII of the Social Security Act. Under the new amendment, which established Medicare Part A, Medicare Part B and Medicaid, Americans ages 65 years of age and older, as well as recipients of public assistance, would receive medical care funded by the government. Although this appeared to be a positive step toward collaboration between private sector insurers and the government, the lack of opposition from the private sector arena was fueled by selfish reasons. Although private insurers

⁴ Hoffman, *Health Care for Some*, p. 60.

⁵ Hoffman, *Health Care for Some*, p. 106.

⁶ Starr, Paul. *Remedy and Reaction*, p. 41.

believed that government involvement in the regulation of health insurance would increase competition and drive down the cost of medical care, in the case of the Medicare and Medicaid, government involvement was a welcomed relief. The new law covered high-risk populations including the poor and elderly that private insurers did not want to cover, because they often require more care than a younger person, which places a burden on the provider. And with Americans living longer, that burden was only going to increase.

The Medicare law also included policies to pacify opponents, including the AMA, who were strongly opposed and employed the same propaganda scare tactics to combat the passage of Medicare as it had done with Truman's proposed plan.⁷ While the law was being deliberated in Congress, the chairman of the Ways and Means Committee, fearing deadlock, combined the three competing proposals—the AMA's Eldercare, Bettercare, which was written by Aetna lobbyists and proposed a federal subsidy for the purchase of private health insurance, and The American Federation of Labor and Congress of Industrial Organizations hospital insurance plan—to create the three tiers of Medicare.⁸ This plan still left gaps in coverage, which would benefit private insurers who were able to release the burden of funding elderly populations but retain beneficiaries who fell into the gaps.⁹ The law also dictated that the government would make payments through private insurers, and they agreed to pay hospitals based on their costs and included depreciation for capital investments in buildings and equipment.¹⁰ The initiatives were

⁷ Quadagno, Jill S. *One Nation, Uninsured: Why the U.S. Has No National Health Insurance*. New York: Oxford UP, 2006. Print. p. 65.

⁸ Quadagno, *One Nation, Uninsured*, p. 73.

⁹ Quadagno, *One Nation, Uninsured*, p. 74.

¹⁰ Emanuel, Ezekiel J. *Reinventing American Health Care: How the Affordable Care Act Will Improve Our Terribly Complex, Blatantly Unjust, Outrageously Expensive, Grossly Inefficient, Error Prone System*. New York: PublicAffairs, 2014. Print. p. 141.

expensive, but they were “necessary to buy off hospitals, physicians and insurance companies and ensure their cooperation.”¹¹

After the establishment of Medicare, the health care industry saw very little reform for the rest of the century. In 1971, President Richard Nixon, a Republican, proposed a strategy for reforming the health care system. This proposal included an employer mandate to provide health insurance to employees, a Family Health Insurance Plan to replace Medicaid, a state requirement to establish insurance pools for those who were not qualified for insurance by other methods and an encouragement to offer health maintenance organizations.¹² Although Nixon saw progress in Congress with his goals for reform, the progress was derailed by the Watergate scandal, as well as, a sex scandal involving Representative Mills, a cosponsor of a health reform proposal. The two scandals, coupled with the pending elections in November 1974, dissuaded supporters, and the proposals were stalled. Although Nixon’s goals were never achieved, aspects of his plan for reform, such as insurance pools created by the state, are similar to ideas proposed by President Barack Obama in 2009.

Under President Bill Clinton, the United States came close to achieving health care reform. In 1993, in response to rising rates of uninsured, Clinton proposed a universal health system that would also control costs and preserve the private insurance market.¹³ Clinton included prominent leaders in the health care industry, such as hospitals and insurance and pharmaceutical companies, in the drafting of the proposal; however, despite the fact that they would gain the most from the new law, these key industry leaders fiercely opposed it. Critics of Clinton’s proposal argued that the new system

¹¹ Emanuel, *Reinventing American Health Care*, p. 141.

¹² Emanuel, *Reinventing American Health Care*, p. 143.

¹³ Hoffman, *Health Care for Some*, p. 183.

would create rationing and result in bureaucratic interference of what medical service would be available.¹⁴ The insurance industry launched a \$15 million advertising campaign to deter supporters. The campaign was centered on Harry and Louise, a fictional couple featured in the television commercials who discussed the implications of the pending law, such as how it would interfere with their ability to choose their own doctor.¹⁵ Most importantly, Harry and Louise discussed how the new law would create rationing, which was associated with European and Canadian policies and strongly opposed by the American public.

The discussion of rationing capitalized on the lack of understanding of how insurance is delivered in US, which rations based on the price of one's insurance policy. Hoffman writes, "The American way of rationing is a complex, fragmented, and often contradictory blend of policies and practices, unique to the United States."¹⁶ Many people do not understand the inherent form of rationing utilized in private insurance policies, which rations benefits based on the plans available and how much one is willing to pay for that plan. Opponents of reform rely on this lack of understanding of the complex system of rationing inherent in the US system to confuse would-be supporters and suggest that rationing of benefits would result in long waits at the doctor's office, delays in receiving treatment and limited choices and availability of services and medical professionals.

The attack campaign was effective, and support for the legislation quickly declined. The proposed law also would have been difficult and disruptive to implement,

¹⁴ Hoffman, *Health Care for Some*, p. 185.

¹⁵ Hoffman, *Health Care for Some*, p. 186.

¹⁶ Hoffman, *Health Care for Some*, p. x.

and the Congressional Budget Office estimated that the proposed plan would result in very little cost savings.¹⁷ By the beginning of 1994, many business leaders who had initially supported the proposal reversed their opinion and remained in favor of private sector insurance, and the US Chamber of Commerce also withdrew its support for the individual mandate and universal coverage.¹⁸ Clinton was able to implement one piece of health care legislation—the Children’s Health Insurance Plan—but no progress was made to curb the rapidly increasing costs of health care or expand access to the growing population of Americans who were uninsured.

The Affordable Care Act

In 2008, the United States was facing a dire financial crisis, and many Americans were losing their jobs, and consequently, their health insurance. Health care costs were rising at an unsustainable rate; health care spending totaled approximately \$2.1 trillion in the US, which was double the amount spent on healthcare in 1996 and half as much as was predicted for 2017.¹⁹ Perceiving a sense of urgency for health care reform, politicians began to incorporate it into their platforms, and each of the Democratic candidates in the 2008 presidential election discussed health care reform as a policy goal. Once inaugurated in 2009, President Barack Obama initially focused on passing a stimulus bill to mend the failing economy, but health care reform was his second goal. In early 2009, Democratic leaders introduced detailed health reform proposals to Congress.

When Barack Obama was elected president in 2008, the House of Representatives and the Senate both held Democratic majorities, and the party was in “[T]he strongest

¹⁷ Emanuel, *Reinventing American Health Care*, p. 151.

¹⁸ Emanuel, *Reinventing American Health Care*, p. 152.

¹⁹ Daschle, Tom. “Prospects for Health Care Reform in 2009.” *Yale Law & Policy Review* 27.1 (2008): 173-185. Web. p. 174.

position it had been in Congress in more than 30 years, giving Democrats a margin of 256 to 178 in the House and bringing them in striking distance of 60 votes in the Senate.”²⁰ Although Obama had the majority support he needed within Congress to pass the bill, he also strategically appealed to key industry leaders in order to gain their endorsement and increase public support for reform. Obama proposed comprehensive reform that was minimally invasive and would build upon existing frameworks, including Medicare and Medicaid, instead of creating new ones. Obama sought reform that would expand access to health care and control costs without largely disrupting the current system. Obama pledged, “If you like your health care plan, you can keep it,” which implied that the new legislation would not discontinue existing private health care plans.²¹

Obama and his staff met with leaders from the AMA, the US Chamber of Commerce, insurance leaders and pharmaceutical companies to “neutralize their opposition; secure, if possible, their support for reform; and gain pledges on how much they could be taxed to help fund reform.”²² The pharmaceutical companies supported the ACA and were willing to be taxed \$85 billion to fund the reform because the increased number of Americans who would gain access to insurance would generate an estimated \$120 billion in revenue for the pharmaceutical industry.²³ Following the lead of the pharmaceutical industry, other key leaders, including the AMA, nurse’s organizations and the insurance industry, agreed to support the legislation. Initially, the insurance companies were hesitant to offer support due to the provision that beneficiaries could not

²⁰ Starr, *Remedy and Reaction*, p. 212.

²¹ Emanuel, *Reinventing American Health Care*, p. 167.

²² Emanuel, *Reinventing American Health Care*, p. 170.

²³ Emanuel, *Reinventing American Health Care*, p. 170.

be denied based on pre-existing conditions. Insurers feared that people would wait until they got sick before purchasing insurance policies, which would ultimately drive up the cost of health care. In order to ensure that this would not occur, the insurance companies required that the law include an individual mandate, which is something that Obama initially opposed.²⁴ Although he never publically announced his change in policy regarding the individual mandate, it was added to legislation to ensure that insurance companies remained supportive. With support from key industry leaders publically endorsing the legislation and a Democratic majority in both houses of Congress, Obama signed the Affordable Care Act into law on March 23, 2010.

The ACA is divided into 10 parts: improving access to and expanding coverage, cost and quality, public health matters, workforce issues, pursuing fraud and abuse, improving access to innovative medical technologies, new long-term care insurance program (although that has since been repealed), financing and raising revenue and reauthorization of the Indian Health Care Improvement Act.²⁵ The law was designed to initiate reform slowly, and most of the major provisions, such as the individual mandate and the insurance exchanges, were implemented in January 2014—almost four years after the passage of the law. The final provision to be enacted will be the Cadillac tax, which will be a 40% excise tax on the value of health insurance benefits that exceed a certain value, and it will go into effect in 2018.²⁶ Although much of the law deals with providers, hospital payments and pharmaceutical companies, certain provisions directly affect individual consumers, including the individual mandate, allowance of dependents to remain on their guardians insurance policy until age 26, prohibiting denial of coverage for

²⁴ Starr, *Remedy and Reaction*, p. 187.

²⁵ Emanuel, *Reinventing American Health Care*, p. 201.

²⁶ Emanuel, *Reinventing American Health Care*, p. 332.

beneficiaries with preexisting conditions, free preventative care visits and procedures, expansion of Medicaid and the creation of health insurance exchanges where individuals can shop for private insurance policies. Each of these provisions is designed to improve the quality of the care Americans are receiving and increase access to health insurance “[F]or the 15% of uninsured Americans through existing programs.”²⁷

Response to the ACA

Similar to past attempts to create health care reform, the legislation met fierce opposition. However, with major industry leaders such as the AMA, private insurance leaders, pharmaceutical companies and hospitals endorsing the ACA, the opposition was most strongly driven by conservation members of the Right who argued against government interference in private sector health care. According to Starr, the Tea Party movement was one of the loudest opponents of reform, because it was made up of mostly middle-aged older white people, who are typically unaffected by health insurance issues.²⁸

Without the influence of the private insurance market to shape public opinion, conservatives adopted their own strategies to combat the law and sway public opinion. Immediately after the law was passed, challengers filed lawsuits claiming that the ACA was unconstitutional. Most the lawsuits focused on the individual mandate, which is ironic since that provision was adopted from a platform created by the Heritage Foundation, a conservative think tank, around the time of the Clinton reform attempt.²⁹ The case was eventually heard by the Supreme Court, which ultimately decided that the mandate was constitutional, because it is a tax and within the government’s taxing power.

²⁷ Emanuel, *Reinventing American Health Care*, p. 205.

²⁸ Starr, *Remedy and Reaction*, p. 237.

²⁹ Emanuel, *Reinventing American Health Care*, p. 189.

Although the individual mandate was upheld, the negative exposure created by the controversy added to the unfavorable attention that the ACA was receiving and created confusion and doubt among the American public. Republican opponents capitalized on this confusion to dissuade supporters. Starr writes, “[W]hile the advocates of reform tried to adopt as mild a remedy as possible, mild is not how anyone would describe the reaction.”³⁰

Opponents of the ACA used strategic language to incite panic and anger among the public. One strategy, which is seen in previous attack campaigns against reform, was to imply that the ACA would lead to socialized medicine and a complete government takeover of health care. Frank Luntz, a political consultant known for public opinion expertise, created a memo titled “The Language of Healthcare 2009” that outlined specific language that should be used when discussing health care reform. He advised opponents campaigning against the law to focus on how “politicians,” “bureaucrats,” and “Washington” would deny medical care. Luntz argued that “[D]eny’ and ‘denial’ center conservative lexicon immediately because it is at the core of what scares Americans most about a government takeover of healthcare.”³¹ Luntz exploited the tendency of the American public to associate health care reform with a socialized government takeover, and this deliberate language creates anxiety among Americans who value the freedom of choice and minimal government involvement in personal affairs. Luntz also concluded that Americans were most afraid of “[T]he specter of having to wait for tests and

³⁰ Starr, *Remedy and Reaction*, p. 194.

³¹ Starr, *Remedy and Reaction*, p. 213.

treatment thanks to a government takeover of healthcare by nameless, faceless bureaucrats.”³²

Similarly, Betsy McCaughey, PhD, a conservative media commentator frequently featured on Fox News and CNBC, writes in her book *Beating Obamacare* that “[T]he law’s consequences—unintended by many of its supporters—will lower your quality of care, put government in charge of your care, and bring down the curtain on the golden age of medicine.”³³ Her arguments were echoed by many conservative opponents of the reform law; however, these arguments tend to focus on the negative consequences of the law while ignoring the myriad benefits that also resulted from the passage of the ACA.

Long wait times

The media capitalized on the growing opposition to reform and highlighted the long wait times that would result from expansion of health insurance because an increased number of beneficiaries would result in a shortage of health care professionals. Conservative critics often cited long patient wait times as a consequence of the ACA rather than an already existing issue. For example, a 2012 article written by a physician contributor to Fox News says, “ObamaCare promises to increase your access to health care but it may actually decrease it because your doctor will no longer have as much time for you. The growing numbers of insured will have difficulty finding a doctor. The current doctor shortage will be compounded by all the doctors who restrict the insurances they accept, beginning with Medicaid and Medicare.”³⁴ However, many opponents of the

³² Starr, *Remedy and Reaction*, p. 213.

³³ Ross, Betsy McCaughey. *Beating Obamacare: Your Handbook for Surviving the New Health Care Law*. Washington, DC: Regnery, 2013. Print. p. 117.

³⁴ Siegel, Marc, MD. “This Is Your Life under ObamaCare.” *Fox News*. 3 July 2012. Web. <<http://www.foxnews.com/opinion/2012/07/03/this-is-your-life-under-obamacare/>>.

law did not address that long wait times already existed within the current health care system.

According to surveys conducted by the Commonwealth Fund, patients in other countries, such as the Netherlands, Germany, and New Zealand, experience consistently shorter wait times than those in the United States. Additionally, the Massachusetts Medical Society demonstrated that when Massachusetts instituted its health care reform, which is very similar to the ACA, 400,000 more people received health insurance coverage. Average waiting times for both primary care and specialist physicians fluctuated, but did not become significantly longer.³⁵

A 2011 article published in *The New York Times* describes the long wait times that patients experience while waiting for their doctors and reports that the average wait time is 23 minutes, although it is longer in urban areas and among more specialized physicians. The article also proposes solutions for these wait times, such as looking for a new doctor, calling ahead to ask about the current wait time or speaking over the phone with the physician's office about minor problems in order to avoid a visit.³⁶ Although these solutions will not combat the long wait time in the long-run, the article is honest about the current problem and seeks to help consumers make informed decisions about their health care.

While arguments that wait times for doctor visits resulting from the ACA are not unfounded, a shortage of physicians was already anticipated prior to the creation of the legislation, and provisions of the ACA aim to reduce that shortage. Short-term fixes

³⁵ Emanuel, *Reinventing American Health*, p. 244.

³⁶ Alderman, Lesley. "The Doctor Will See You...Eventually." *The New York Times*. 1 Aug. 2011. Web. <<http://www.nytimes.com/2011/08/02/health/policy/02consumer.html?module=Search&mabReward=relbias%3Ar>>.

include increasing levels of payment to primary care providers to Medicare rates for 2013 and 2014 and a 10% bonus payment to primary care physicians serving Medicare patients from 2011 to 2015.³⁷ Although these provisions are temporary, new payment models, such as accountable care organizations and bundled payments, aim to improve the pay for primary care physicians over the long term. Additionally, provisions such as analyses of the supply of health professionals; enhancements to the public workforce; scholarships and loan forgiveness for primary care physicians, dental providers and mental health providers working in underserved areas of the United States; and programs aimed at increasing the supply of nurses and allied health professionals were created in anticipation of the demand that the ACA would put on health professionals and should increase the population of these professionals over the long term.³⁸ Although it is not yet apparent if these provisions will be effective, many Americans are unaware that they even exist, and opponents capitalized on this ignorance instead of choosing to inform the public.

Death Panels

During the initial rollout of the ACA, a major focus of opponents was the supposed death panels that would be created under the new law. The prospect of a significant increase in beneficiaries naturally incited a conversation of government rationing of benefits and services, especially among Medicare beneficiaries. Many believed that the provision of benefits would be decided by a government panel, or “death panel,” as they were popularly called among opponents and the media. According to a September 2010 Kaiser Family Foundation poll, 30% of Americans 65 or older

³⁷ Emanuel, *Reinventing American Health Care*, p. 244.

³⁸ Emanuel, *Reinventing American Health Care*, p. 244-247.

believed that the ACA allowed a government panel to make decisions about end-of-life care for people on Medicare.³⁹ In reality, this portion of the law was actually a provision that would pay physicians if Medicare beneficiaries voluntarily sought counseling about living wills, hospice care and other similar end-of-life services, and the provision was co-sponsored as a stand-alone bill by a bipartisan pair of representatives, Oregon Democrat Earl Blumenaur and Louisiana Republican Charles Boustany, who was also a physician.⁴⁰

Misinformation surrounding this portion of the law can be partially credited to media hysteria. Many prominent opponents of the law, such as Betsy McCaughey and Rush Limbaugh, claimed that the law included a mandatory requirement that Medicare beneficiaries receive end-of-life counseling. In 2009, McCaughey declared on a radio show that “Congress would make it mandatory—absolutely require—that every five years people in Medicare have a required counseling session that will tell them how to end their life sooner.”⁴¹ Her claim had an immediate reactionary effect, especially among conservatives, and Republicans such as Congressman Louie Gohmert of Texas spoke out saying that the new law would “absolutely kill senior citizens. They’ll put them on lists and force them to die early because they won’t get the treatment as early as they need.”⁴² Not long after McCaughey’s claim about the death panels, former Alaska governor Sarah Palin posted on facebook that the ACA could kill her parents or her child with Down Syndrome, because they “[W]ill have to stand in front of Obama’s ‘death panel’ so his bureaucrats can decide, based on a subjective judgment of their ‘level of productivity in

³⁹ Wear, Stephen. “Sense and Nonsense in the Conservative Critique of Obamacare.” *The American Journal of Bioethics*. 11.12 (2011): 17-20. Web. p. 17.

⁴⁰ Starr, *Remedy and Reaction*, p. 212.

⁴¹ Starr, *Remedy and Reaction*, p. 212.

⁴² Starr, *Remedy and Reaction*, p. 213.

society,' whether they are worthy of health care."⁴³ Whether Palin actually believed this inane claim is unsure, but her tactics were illustrative of those used by Republican conservatives to detract from the ACA and confuse the public. Describing the use of the phrase "death panel," Wear writes, "One can see why a critic of Obamacare might opt for such an inflammatory phrase; it is certainly much more user friendly than attempting to argue that Obamacare is grossly underfunded and must resort to rationing in the end."⁴⁴

Essential Health Benefits

The essential health benefits package is a provision of the ACA that establishes a baseline requirement for all health insurance policies in order to meet the criteria set by the ACA. The package is separated into 10 categories: ambulatory patient services; emergency service; hospitalization; maternity and newborn care; mental health and substance use disorder services; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventative and wellness services and chronic disease management; and pediatric services, including oral and vision care.⁴⁵ Although these standards were created to ensure that beneficiaries are paying for quality health care, some beneficiaries who were insured prior to the passage of the ACA were notified that their plans had been cancelled because they did not meet these standards. Although the data is difficult to collect, it is estimated that approximate 4.7 million Americans received cancellation notices.⁴⁶ Once these cancellation notices were issued, critics capitalized on another opportunity to condemn the ACA. Critics especially harped on Obama's pledge

⁴³ Wear, "Sense and Nonsense," p. 17.

⁴⁴ Wear, "Sense and Nonsense," p. 17.

⁴⁵ "Essential Health Benefits." *HealthCare.org*. U.S. Centers for Medicare & Medicaid Services. Web. <<http://www.healthcare.org/>>.

⁴⁶ Kessler, Glen. "The GOP claim that more Americans have lost insurance than gained it under Obamacare." *Washington Post*. 6 Jan. 2014. <<http://www.washingtonpost.com/blogs/fact-checker/wp/2014/01/06/the-gop-claim-that-more-americans-have-lost-insurance-than-gained-it-under-obamacare/>>.

that “If you like your health care plan, you can keep it.”⁴⁷ Critics argued that Obama had not been honest with the American people.

Obama’s statement about keeping one’s insurance policy related more to beneficiaries of Medicare, Medicaid or private, employer-based insurance, because those policies would be largely unaffected by the ACA. Beneficiaries who are being issued cancellation notices typically receive their insurance policies through non-group insurance markets or insurance brokers. According to Jonathon Cohn, the policy cancellations were the “intent of the ACA” in order to reform the non-group market, which is highly selective, charges high premiums and covers few services.⁴⁸ Cohn also writes that a Center on Health Research and Transformation survey reported that 45% of people with non-group coverage rated it “fair or poor” and 61% said they had a “negative experience.”⁴⁹ It is also estimated that less than one in five people buying non-group insurance will keep a policy for more than two years, and Cohn writes, “More often than not, the people switching to new policies under Obamacare should be getting greater protection from medical bills, the kind that could save them tens of thousands of dollars if they get sick.”⁵⁰ Similarly, critics argue that beneficiaries who are being dropped from current plans are now paying more money for policies through health insurance exchanges. However, Cohn argues that beneficiaries who are paying more are typically

⁴⁷ Emanuel, *Reinventing American Health Care*, p. 167.

⁴⁸ Cohn, Jonathan. “NBC’s Obamacare “Scoop” Is Actually Three Years Old.” *The New Republic*. 29 Oct. 2013. Web. <<http://www.newrepublic.com/article/115391/obamacare-policy-cancellations-why-non-group-market-needed-fixing>>.

⁴⁹ Cohn, “NBC’s Obamacare “Scoop” Is Actually Three Years Old.”

⁵⁰ Cohn, “NBC’s Obamacare “Scoop” Is Actually Three Years Old.”

more affluent than other beneficiaries, because they either qualified for a low subsidy or no subsidy at all.⁵¹

Reacting to pressure from critics, the White House issued a statement announcing the continuation of plans that did not meet ACA standards through October 2016.⁵² Although 4.7 million is a large number, relatively speaking, it is actually a small population, and those individuals will have the option of purchasing an insurance policy through a health exchange, that although might contain a higher up-front cost, will provide better health care and ultimately save them money.

Preventative Services

A provision in the ACA states that beneficiaries will be entitled to free preventative screening services with no co-pay or deductible if sought as a preventative measure. The procedures include mammograms, pap smears and colonoscopies among others, and the goal of this provision is to motivate people to undergo these procedures before they are necessary in order to save medical costs later. A criticism of this provision is that it is misleading, because the cost of the procedure will be covered by an increase in insurance premiums and, therefore, is not free. McCaughey writes, “Being forced to pay upfront for a colonoscopy feels almost as bad as having to get one.”⁵³ Her absurd claim is another scare tactic employed by critics of the ACA to dissuade supporters, and it plays into the strategy of convincing beneficiaries that the ACA will

⁵¹ Cohn, Jonathan. “Six Things the Media Doesn't Understand About Obamacare.” *The New Republic*. 18 Nov. 2013. Web. <<http://www.newrepublic.com/article/115625/obamacare-policy-cancellations-media-mythology-republican-spin>>.

⁵² Department of Health and Human Services. *Insurance Standards Bulletin Series – Extension of Transitional Policy through October 1, 2016*. *www.cms.gov*. 5 Mar. 2014. Web. <<http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/transition-to-compliant-policies-03-06-2015.pdf>>.

⁵³ Ross, *Beating Obamacare*, p. 60.

drive up insurance premiums. According to a 2012 article published in *The New York Times*, the out-of-pocket cost for a colonoscopy is, on average, \$3,000.⁵⁴ Compared with the average per person monthly premium for individuals, which was \$215 per month in 2010, the out-of-pocket costs for a colonoscopy is still more than an individual pays for insurance per year, which averages \$2,580.⁵⁵

Although the argument that preventative care services will increase premiums is a legitimate concern, claims such as McCaughey's ignore the underlying aim of this provision of the ACA—to encourage individuals to be proactive about their health in order to prevent major issues later and avoid high out-pocket costs for these procedures.

EHRs and Patient Privacy

The issue of patient privacy has been discussed in conversations surrounding health care reform. To reduce costs and improve the quality of health care that Americans receive, legislators included a provision under the Recovery Act, the Health Information and Technology for Economic and Clinical Health (HITECH), which offers health care service providers incentives to install and meaningfully use electronic health records (EHRs).⁵⁶ EHRs aim to reduce medical errors and waste caused by redundant testing, improve patient care, consolidate a patient's medical records and allow easier access to those records between medical providers. Many critics argue that federal involvement in health care will lead to breaches in privacy and exposure of a patient's private health information. Regarding EHRs, McCaughey argues, "[E]very doctor you see will have access to all of your medical records. Your oral surgeon doesn't need to know about your

⁵⁴ Rosenthal, Elisabeth. "The \$2.7 Trillion Medical Bill." *The New York Times*. 1 June 2013. Web.

⁵⁵ Kaiser Family Foundation. "Average Per Person Monthly Premiums in the Individual Market, 2010." 2010; <http://kff.org/other/state-indicator/individual-premiums/>.

⁵⁶ Emanuel, *Reinventing American Health Care*, p. 232.

bout with depression or your erectile dysfunction, but will see it.”⁵⁷ However, this argument is fundamentally flawed. If a patient’s doctor has access to his or her comprehensive medical records, the doctor will be able to assess the list of medications a patient is taking or has previously taken and prevent any harmful drug-drug interactions, determine any major risk factor the patient may have and get a better sense of the patient’s overall health. Patients are not always forthcoming about their medical history with their physicians, so if a doctor can access a patient’s past medical history, the risk for potential medical errors is mitigated and redundant tests can be avoided.

Additionally, the implementation of EHRs aims to improve quality of care. According to Emmanuel, “EHRs allow the electronic submission, aggregation, and analysis of performance data to identify physicians who are failing to provide quality care and, then, help them improve.”⁵⁸ In 2012, 44% of hospitals and 40% of physicians utilized EHRs, and 72% of hospitals had the capability to order medications electronically. Similarly, 73% of physicians send prescriptions electronically, 67% receive electronic warnings about drug interactions and 50% have electronic reminders to alert them when they have not complied with practice guidelines.⁵⁹ The second stage of the HITECH Act, which began in 2014, enforces standards to enhance interoperability and communication between providers, which aim to reduce duplicate testing and improve research studies.⁶⁰

⁵⁷ Ross, *Beating Obamacare*, p. 24.

⁵⁸ Emanuel, *Reinventing American Health Care*, p. 233.

⁵⁹ Emanuel, *Reinventing American Health Care*, p. 233.

⁶⁰ Emanuel, *Reinventing American Health Care*, p. 233.

Health insurance exchanges

In order to expand access to health insurance for individuals who did not qualify previously, the ACA established health insurance exchanges where individuals can compare policies and purchase insurance plans. The exchanges received harsh criticism, because they would be “government-run websites” with “DMV-like offices.”⁶¹ Arguments such as McCaughey’s exemplify the scare tactics that critics of the ACA employed. By comparing the exchanges to other loathed government-operated services like the Department of Motor Vehicles, consumers would be discouraged and less likely to participate in the exchanges.

Critics such as McCaughey argued that insurance exchange plans all offer the “same ‘essential benefits’. Only the co-pays and deductibles differ.”⁶² The plans offered through these exchanges are private insurance policies, similar to the plans offered through one’s employer, but they will be available to an independent beneficiary. The system of tiered policies offered through the exchanges is no different than insurance plans offered through private insurers. The price of an insurance plan is typically determined by how much a beneficiary is willing to pay in premiums, co-pays and deductibles; plans that offer lower upfront costs will include higher co-pays and/or deductibles, while plans with higher upfront costs will include lower co-pays and/or deductibles.

McCaughey also argues that Obama told consumers that they “[W]ouldn’t have to worry about differences in what is covered or what the fine print says. Like comparing apples to apples. It sounds good. But keep in mind, it also means only having one

⁶¹ Ross, *Beating Obamacare*, p. 21.

⁶² Ross, *Beating Obamacare*, p. 19.

choice—apples.”⁶³ Arguments such as McCaughey’s trivialize the nuanced system of health insurance. Although consumers will have fewer choices within the health care exchanges, McCaughey fails to mention that every plan offered in the exchanges will meet the ACA requirement for essential health benefits. Therefore, consumers can trust that they will receive a satisfactory plan.

The health care exchanges received especially harsh criticism when they were introduced in the fall of 2013. When the exchanges were introduced, states were given the option of running their own exchanges or deferring them to the federal government. The majority of states elected to use the federally-run exchange, with 25 states deferring the responsibility to the federal government. Only 16 states, including Washington, D.C., chose to operate the exchanges at the state level, and 10 states opted for a federal and state joint-run exchange program.⁶⁴ Although most states experienced success at first launch, the exchanges run at the federal level were plagued with technological issues and system crashes when they opened on October 1. Opponents of the ACA capitalized on these issues and chose to highlight the system’s flaws, and media outlets chose to emphasize negative user experiences. As a result of the disastrous roll out, the initial enrollment data was also bleak. A November 13, 2013 report from the Obama administration stated that 106,000 people had signed up for insurance through the exchanges during the first month of enrollment—which equated to two-tenths of one percent of the 48.6 uninsured Americans.⁶⁵ This weak progress set opponents into a frenzy and criticism increased further. Baumann writes that on November 4, 2013, a

⁶³ Ross, *Beating Obamacare*, p. 44.

⁶⁴ Burch, Martin, and Lakshmi Ketineni. “Find Your State’s Health-Care Exchange.” *The Wall Street Journal*. Web. <<http://online.wsj.com/articles/SB10001424052702304526204579099422440044100>>.

⁶⁵ Baumann, Nick. “Catastrophic Coverage: The Media Overreact to Obamacare Glitches.” *Commonwealth* 141.5 (2014): 11-12. Web. p. 11.

writer for the *National Journal* argued that health reform “may be Obama’s Katrina [or] Iraq,”⁶⁶ and the editor of the *New Republic* wrote a story “[P]redicting irreversible damage caused by the ‘impressions of government ineptitude’ linked to the ACA’s rollout.”⁶⁷

Critics hyperbolized the flawed launch of the health exchanges and predicted that they would result in epic failure; however, after the first open enrollment period ended, an Urban Institute Health Policy Center survey reported that over 7 million people were enrolled in the marketplace insurance plans by the end of March 2014.⁶⁸ The number of uninsured nonelderly adults, the target population of the ACA, fell by an estimated 5.4 million between September 2013 and March 2014, and the survey also reported that low- and middle-income populations saw the strongest rise in rates of insured during that time,⁶⁹ which was expected, because this population would be the most affected by the changes created by the ACA.

Kentucky was one state that elected to run its own health care exchange at the state level—Kynect. Unlike the federal exchanges, Kynect experienced minimal difficulties, and more than 32,000 people enrolled within the first month.⁷⁰ Since opening, approximately 300,000 people in Kentucky gained health insurance. According to Carrie Banahan, executive director of the Office of the Kentucky Health Benefit

⁶⁶ Baumann, “Catastrophic Coverage,” p. 11.

⁶⁷ Baumann, “Catastrophic Coverage,” p. 11.

⁶⁸ Urban Institute Health Policy Center. “Health Reform Monitoring Survey.” 2014. <http://hrms.urban.org/briefs/early-estimates-indicate-rapid-increase.html>.

⁶⁹ Urban Institute Health Policy Center. “Health Reform Monitoring Survey.”

⁷⁰ Actman, Jani. “Kentucky Politics Mired in Obamacare.” *U.S. News & World Report*. 3 Nov. 2014. Web. <<http://www.usnews.com/news/articles/2014/11/03/kentucky-politics-mired-in-obamacare>>.

Exchange, who was interviewed for an article published in *US News & World Report*, the simplicity of the site and heavy advertising have contributed to the success of Kynect.⁷¹

Kentucky's health exchange was a key issue in the 2014 Senate election, with the Republican nominee Mitch McConnell campaigning against the Affordable Care Act. However, in a debate against the Democratic opponent, McConnell vowed that he would keep Kynect even if the ACA was repealed,⁷² highlighting the power of association with regards to Obama. Since Kynect is a successful program and run at the state level, people are more supportive. According to an NBC and Marist survey released in May 2014, 56% of those polled said they disliked the ACA, but only 22% disliked Kynect.⁷³ This disconnect highlights the influence that verbiage has over public opinion. When associated with President Obama and the federal government, people will be less likely to show support for health reform. However, a successful exchange program that appears to be divorced from federal control has gained widespread support throughout Kentucky. In reality, the state exchange is funded by a federal tax credit, and the funds for Medicaid expansion are supplied through the government, so Kynect is not as independent from federal involvement as many people believe.

Media Attention

According to a 2014 Pew Research Center survey, in early March 2009, 41% of Americans were closely monitoring Obama's initial reform proposal. The survey also reports that interest was sustained throughout the second half of 2009 and into 2010, peaking at 51% around the time of the House passage of the bill.⁷⁴ Media interest

⁷¹ Actman, "Kentucky Politics Mired in Obamacare."

⁷² Actman, "Kentucky Politics Mired in Obamacare."

⁷³ Actman, "Kentucky Politics Mired in Obamacare."

⁷⁴ Pew Research Center. "ACA at Age 4: More Disapproval than Approval." 2014. <http://www.people>

declined after Obama signed the bill into law, but it rebounded in the summer of 2012 when the Supreme Court issued a ruling on the law; in June 2012, 45% tracked news about the Supreme Court's ruling on the health care law very closely.⁷⁵ A separate 2010 Pew Research Center conducted during the final stages of the passage of the ACA reported that "Substantial majorities of Americans say news organizations have done only a fair or poor job in explaining details of the health care proposals, the political debate over the issue and the effect health care proposals would have on people like themselves."⁷⁶ However, this dissatisfaction with the media coverage was reported from consumers who were closely following the law and its developments. Many other Americans are largely aware of what the ACA is or how it will personally affect them.

According to a survey published in the *Proceedings of the National Academy of Sciences* in March 2014, "just two-thirds of the overall respondents knew that they had to get health insurance [by April 2014] or face a penalty. Just over half knew about the exchanges to buy health insurance through Healthcare.gov, and less than half know there might be subsidies available to help them afford coverage."⁷⁷ Similarly, a 2013 Kaiser Family Foundation reports that half of uninsured people polled said that they didn't have enough information to understand the law's impacts, two-thirds reported knowing very little about the law and one quarter knew that the deadline to purchase insurance was March 31.⁷⁸

press.org/2014/03/20/aca-at-age-4-more-disapproval-than-approval/.

⁷⁵ Pew Research Center. "ACA at Age 4: More Disapproval than Approval."

⁷⁶ Pew Research Center. "Health Care Finale: Heavy Coverage, Huge Interest." March 23, 2010. <http://www.people-press.org/2010/03/23/health-care-finale-heavy-coverage-huge-interest/>.

⁷⁷ Khazan, Olga. "Uninsured People Don't Like or Understand Obamacare." *Atlantic* 24 Mar. 2014: Web. <<http://www.theatlantic.com/health/archive/2014/03/uninsured-people-dont-like-or-understand-obamacare/284607/>>.

⁷⁸ Khazan, "Uninsured People Don't Like or Understand Obamacare."

Considering this lack of awareness about the ACA, it is also worth examining how Americans get their news. A survey conducted by the American Press Institute reported that “[T]he majority of Americans across generations now combine a mix of sources and technologies to get their news each week.”⁷⁹ According to the survey, television was the most used device with 87% of respondents reporting that they receive news from the televisions. Similarly, respondents said that they trust the information they get from local TV news stations to a greater degree than any other source of news, with 52 percent who seek out local TV news saying that they trust the information very much or completely.⁸⁰ However, one must wonder how much time is being devoted to discussing the complicated and nuanced provisions of the ACA on a local news program that typically runs for 30 minutes. These brief segments, although typically informative and accurate, are generally not enough to help a consumer fully understand the full scope of the law and how it will impact them. According the same survey, when asked if there was a particular time that consumers will go beyond a news headline, only four out of 10 reported delving beyond headlines.⁸¹ Therefore, if a consumer is only reading headlines and not the article or part of the article, it can be misleading. For example, if a reader sees the headline “Is the Health Care Law Unconstitutional?,” which was the title of a March 28, 2010 article published in *The New York Times*, the reader may assume that the law is unconstitutional without doing any further reading. However, if the reader opens the

⁷⁹ The American Press Institute. “How Americans get their news.” March 17, 2014; <http://www.americanpressinstitute.org/publications/reports/survey-research/how-americans-get-news/>.

⁸⁰ The American Press Institute. “How Americans get their news.”

⁸¹ The American Press Institute. “How Americans get their news.”

article, he or she would see that the article is a debate-style forum on whether the ACA is constitutional and features the opinions of five experts in the subject.⁸²

Consumers can also demonstrate bias towards which media outlets from which they prefer receiving information. Baumann writes, “When new legislation is introduced, we don’t consult policy experts in order to make up our minds; rather, we tend to muster whatever evidence we can find to back up what we already believe. Politically, this means following the lead of your party.”⁸³ Consumers are more likely to search for news from a source that they like and trust, and this is usually a source that reports news that they want to hear and will reinforce opinions that they have already formed.

Similarly, the American Press Institute survey reported that 49% of adults said they delved deeper to learn more about the last breaking news story they paid attention to,⁸⁴ which implies that readers are more likely to pay closer attention to a news topic if they are already interested in it. Therefore, a consumer who is already interested in the health care or health care reform will more likely be up to date on the latest news regarding the ACA than a consumer who has no prior interest in the topic.

A 2014 survey conducted by ING on the impact of social media on news found that “half of journalists...consider consumer opinion to be more reliable than a statement by an organization.”⁸⁵ Journalists often write articles based on what is most popular in public discussion. However, that public discussion may not be accurate or based on facts, and the media may perpetuate this cycle of misinformation. The ING survey goes on to

⁸² The Editors. “Is the Health Care Law Unconstitutional?” *The New York Times*. 28 Mar. 2010. Web. <http://roomfordebate.blogs.nytimes.com/2010/03/28/is-the-health-care-law-unconstitutional/?module=Search&mabReward=relbias%3Ar&_r=0>.

⁸³ Baumann, Nick. “Catastrophic Coverage: The Media Overreact to Obamacare Glitches,” p. 12.

⁸⁴ The American Press Institute, “How Americans get their news.”

⁸⁵ ING. “2014 Study impact of Social Media on News: more crowd-checking, less fact-checking.” 2014; <http://www.ing.com/Newsroom/All-news/NW/2014-Study-impact-of-Social-Media-on-News-more-crowdchecking-less-factchecking.htm>.

say that journalists expect fact-checking to decline further, and “[T]he role of crowd-checking, whereby the public’s opinion is used and accepted as being true, will grow in importance.”⁸⁶

The use of social media to collect news should also be considered, due to its immense popularity, questionable reliability and tendency to report personal opinion. The American Press Institute Survey reports that “Social media...has become a significant part of the news consumption habits for many Americans across generations.”⁸⁷ The ING survey reported that one-third of journalists said social media posts are not a reliable source of information; however, half of journalists said social media were their main source of information and a majority of journalists feel less bound by journalistic rules on social media.⁸⁸ Social media is increasingly being used as a means of engaging in dialogue rather than reporting fully-developed stories. Readers need to consider that “news” being read on a twitter feed or facebook post may not be accurate, even when it is written by a credible source, such as the Sarah Palin facebook post condemning Obama’s death panels.

Journalists and politicians also use personal social media accounts to engage with users and share their personal opinions, but that may be just that, an opinion. The ING survey reports that journalists “feel less bound by journalistic rules on social media” and therefore are more likely to post something biased or not entirely accurate.⁸⁹ Social media posts also do not undergo the scrutiny that a news article does. Fact checkers, copy editors and editors all confirm the accuracy of a writer’s story before it is published, but

⁸⁶ ING, “2014 Study impact of Social Media on News: more crowd-checking, less fact-checking.”

⁸⁷ ING, “2014 Study impact of Social Media on News: more crowd-checking, less fact-checking.”

⁸⁸ ING, “2014 Study impact of Social Media on News: more crowd-checking, less fact-checking.”

⁸⁹ ING, “2014 Study impact of Social Media on News: more crowd-checking, less fact-checking.”

with the 24-hour news cycle, there is an urgency to continually post new stories and content, but that can interfere with the integrity of a piece. The ING survey reported that 45% of journalists admit to publishing their story as soon as it is written and correcting it later, if necessary.⁹⁰ This is interesting to consider when dealing with a topic as contentious and emotionally-driven as health care reform, because there are myriad blog posts, twitter feeds and news articles relaying information that may be misguided or incorrect.

Four Years Later

Over four years has passed since the passage of the ACA, and approximately 10 million people have gained health insurance under the new law, according to an article in *The New York Times*, which reported on information from two large data sets.⁹¹ In 2014, only 11.3% of Americans are uninsured compared with 16.4% in 2013, and the groups that benefitted most are people 18-34 years of age, blacks and Hispanics, those that live in states that expanded Medicaid, residents in rural areas and residents in counties are that solidly Republican.⁹² According to the article, “the changes tended to be strongest among the groups that were the least likely to be insured,”⁹³ which was the goal of the ACA.

However, despite widespread gains in insurance rates, public opinion of the law continues to waver. According to the Kaiser Health Tracking poll, which has been tracking public opinion of the law since its passage, in October 2014, 43% of total respondents expressed an unfavorable opinion of the health reform compared with 36%

⁹⁰ ING. “2014 Study impact of Social Media on News: more crowd-checking, less fact-checking.”

⁹¹ Quealy, Kevin, and Sanger-Katz, Margot. “Obama’s Health Law: Who Was Helped Most.” *The New York Times*. 29 Oct. 2014. Web. <http://www.nytimes.com/interactive/2014/10/29/upshot/obamacare-who-was-helped-most.html?_r=0>.

⁹² Quealy, Sanger-Katz, “Obama’s Health Law: Who Was Helped Most.”

⁹³ Quealy, Sanger-Katz, “Obama’s Health Law: Who Was Helped Most.”

who expressed a favorable opinion.⁹⁴ Although there have been some changes, unfavorable opinion on the ACA has remained dominant since the passage of the ACA.⁹⁵ When broken down by subgroup, not surprisingly, 77% of Republicans express unfavorable opinions compared with 59% of Democrats who express favorable opinions.⁹⁶ Minorities are also more likely to express favorable opinions, with 56% of blacks and 52% of Hispanics expressing favorable opinions, while 53% of whites expressed unfavorable opinions.⁹⁷ Interestingly, when broken down by insurance status, the majority of both insured and uninsured respondents under the age of 65 years expressed unfavorable opinions, 43% and 45%, respectively. And within the uninsured group, 28% responded that they didn't know or refused to answer.⁹⁸ This trend of unawareness still persists. In an October 24, 2014 article, *The New York Times* reported that a Kaiser Family Foundation survey found that only 11% of those surveyed knew that open enrollment for the health care exchanges begins in November, and two-thirds report knowing "only a little" or "nothing at all" about the health care exchanges. And according to the article, the results match the 2013 survey reports about awareness of the health exchanges.⁹⁹

Similarly, in June 2014, a roundtable discussion organized by the Henry J. Kaiser Family Foundation and the Robert Wood Johnson Foundation convened 80 people

⁹⁴ Kaiser Family Foundation. "Health Tracking Poll: Exploring the Public's Views on the Affordable Care Act (ACA)." <http://kff.org/interactive/health-tracking-poll-exploring-the-publics-views-on-the-affordable-care-act-aca/>.

⁹⁵ Kaiser Family Foundation, "Health Tracking Poll"

⁹⁶ Kaiser Family Foundation, "Health Tracking Poll"

⁹⁷ Kaiser Family Foundation, "Health Tracking Poll"

⁹⁸ Kaiser Family Foundation, "Health Tracking Poll"

⁹⁹ Sanger-Katz, Margot. "Only 11 Percent of Uninsured Know About Obamacare's Next Open Enrollment." *The New York Times*. 21 Oct. 2014. Web. <http://www.nytimes.com/2014/10/21/upshot/next-open-enrollment-for-aca-approaches-but-few-notice.html?abt=0002&abg=1>>.

involved in the development and running of the Marketplace Assister Programs to discuss their experiences with the new program during its first year. According to the report, “Participants described insurance literacy barriers as ‘huge,’ with implications not only for how well consumers can make plan choices and use coverage effectively, but for understanding why it is important to enroll in coverage in the first place.”¹⁰⁰ Participants also reported that many beneficiaries lacked basic knowledge of insurance plans, such as how a deductible works or why premiums must be paid every month.¹⁰¹ The report addresses other issues associated with the marketplaces, such as the need for more effective ways to communicate complicated ACA concepts with consumers, and outlines areas where support from private sector organizations and philanthropy would be beneficial, including supporting organizations in each state to coordinate Marketplace assisters, funding studies of the most effective ways of educating clients about insurance and tax rules and support for a national assistance information center.¹⁰²

Health economist Austin Frakt describes the difficulty that consumers face when choosing a health insurance plan in his NY Times column, writing “I have very little confidence that a market with this degree of opacity of prices and quality can serve consumers well” and goes on to say “[W]e do not yet offer consumers the tools they would need to become anything like rational market participants.”¹⁰³ While it will take time for meaningful progress to occur, support is needed to improve the exchanges and increase public education about health care reform.

¹⁰⁰ Kaiser Family Foundation. “Taking Stock and Taking Steps: A Report from the Field after the First Year of Marketplace Consumer Assistance under the ACA.” 1 Oct. 2014. <http://kff.org/health-costs/perspective/dissatisfaction-with-health-insurance-despite-positive-ratings/>.

¹⁰¹ Kaiser Family Foundation. “Taking Stock and Taking Steps”

¹⁰² Kaiser Family Foundation. “Taking Stock and Taking Steps”

¹⁰³ Frakt, Austin. “Choosing a Health Plan Is Hard, Even for a Health Economist.” *The New York Times*. 27 Oct. 2014. Web. <http://www.nytimes.com/2014/10/28/upshot/choosing-a-health-plan-is-hard-even-for-a-health-economist.html?_r=0&abt=0002&abg=1>.

Conclusion

Extensive research is still being conducted on the ACA and its effect on the health care system, so it is difficult to determine how many people are receiving insurance through provisions of the ACA. According to an article published in *The New York Times*, private sector surveys and government reports have all concluded that the number of insured Americans has decreased by approximately 25%, 8 to 11 million people, within the past year.¹⁰⁴ And the second open enrollment period for the health exchanges opened in November 2014, and the number of beneficiaries enrolling in insurance policies through the exchanges could increase.

Despite uncertainty about the extent of the ACA's effect on uninsurance rates and opinion on health reform, it is clear that opposition to health reform is no longer mostly fueled by individualist ideological roots, protection of economic freedoms or opposition to government involvement in private sector health care. Rather, opposition to health reform is emanating from the Republican Party, especially conservatives, and bitter bipartisan rivalries have stood in the way of meaningful progress with regard to public opinion on health care reform. In the 2014 midterm elections, the Republican Party won control of the Senate, marking a Republican majority in both houses of Congress. Republicans have already expressed intent to repeal parts, if not all, of the ACA, and with the 2016 presidential election in approaching, Republicans will be fighting for a return of a Republican president to the White House.

¹⁰⁴Griggs, Troy; Park, Haeyoun; Parlapiano, Alicia; Patel, Sona; Russell, Karl; and Smith, R "Is the Affordable Care Act Working?" *The New York Times*. 26 Oct. 2014. Web. <[http://www.nytimes.com/interactive/2014/10/27/us/is-the-affordable-care-act-working.html?action=click&pgtype=Homepage&version=Mothers-Visible&module=inside-nyt-region®ion=inside-nyt-region&WT.nav=inside-nyt-region#/>.](http://www.nytimes.com/interactive/2014/10/27/us/is-the-affordable-care-act-working.html?action=click&pgtype=Homepage&version=Mothers-Visible&module=inside-nyt-region®ion=inside-nyt-region&WT.nav=inside-nyt-region#/)

Traditional adversaries of reform, such as the AMA and private insurers, are supporting the ACA, because it has led to financial gains for them. An example is WellPoint, who announced that it has gained 715,000 subscribers through the health insurance exchanges and 699,000 through Medicaid.¹⁰⁵ The Congressional Budget Office estimates that 170 million people will be covered by Medicare, Medicaid and the insurance exchanges by 2023.¹⁰⁶ In turn, insurers have provided support to Obama in court cases and aided in the repair of HealthCare.gov when the site was launched.¹⁰⁷ Insurers are encouraging Americans to sign up for an insurance plan during the open enrollment period, and it is estimated that insurers will resist Republican attempts to dismantle the law.¹⁰⁸ Without support from the private sector, it will be interesting to see how Republican efforts unfold in 2015.

It is unclear whether the ACA will be the solution to America's health care problems, but it is a necessary step in the right direction. The health care system in the United States is the most expensive in the world; however, the US ranks low compared with other industrialized countries in terms of health care provision.¹⁰⁹ A 2013 article published in the *Atlantic* reports that according to a study published in the *American Journal of Public Health*, which studied health care spending between 1991 and 2007 for 27 industrialized countries, despite the high rates of health care spending, Americans are

¹⁰⁵ Pear, Robert. "Health Care Law Recasts Insurers as Obama Allies." *The New York Times*. 17 Nov. 2014. Web. < <http://www.nytimes.com/2014/11/18/us/politics/health-law-turns-obama-and-insurers-into-allies.html?module=Search&mabReward=relbias%3Ar%2C%7B%22%22%3A%22RI%3A10%22%7D>>.

¹⁰⁶ Pear, "Health Care Law Recasts Insurers as Obama Allies."

¹⁰⁷ Pear, "Health Care Law Recasts Insurers as Obama Allies."

¹⁰⁸ Pear, "Health Care Law Recasts Insurers as Obama Allies."

¹⁰⁹ Khazan, Olga. "U.S. Healthcare: Most Expensive and Worst Performing." *Atlantic*. 16 June 2014. Web. < <http://www.theatlantic.com/health/archive/2014/06/us-healthcare-most-expensive-and-worst-performing/372828/>>.

not living as long as residents in other countries.¹¹⁰ The authors reported that every additional \$100 the US spent on health care per person translated to a gain of less than half a month of life expectancy. However, in Germany, the best-performing nation, every additional \$100 spent resulted in an additional four months of life.¹¹¹ Khazan writes that “[T]he main reason the U.S. lags in longevity is that we spend far less on preventive measures than other countries do...Three-quarters of our healthcare spending goes toward treating chronic problems like diabetes and hypertension, and 45 percent of Americans have a chronic health condition.”

The current rate of spending on health care is unsustainable, and the ACA aims to improve the quality of health care and reduce spending by focusing on areas such as prevention. However, in order for health reform to achieve success, it is imperative that the American public receive better education about health insurance and how health care reform will personally affect them. It is also important that the public pay attention to pending political changes within the government to ensure that the progress that has already been achieved within the health care system does not get reversed.

¹¹⁰ Khazan, “Expensive Healthcare Doesn't Help Americans Live Longer.”

¹¹¹ Khazan, “Expensive Healthcare Doesn't Help Americans Live Longer.”

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