

Obamacare: End of the World or A New Beginning?

The histrionics surrounding the implementation of the Patient Protection and Affordable Care Act, often shortened to the Affordable Care Act, or originally derisively called, but now even embraced by its advocates, Obamacare, is fundamentally based on lack of information of what it *actually* is, as opposed to what its opponents *say* it is.

There is the apocryphal saying that you are entitled to your own *opinion*, but you are not entitled to your own *facts*. But our polarized society seems to derive its pathological energy by liberals getting their “facts” from MSNBC and conservatives getting their “facts” from Fox News. The concept of “rationalized reasoning” derives from conclusions drawn from selective sources of information, ignoring the known totality out of convenience of serving one’s own bias.

Regardless of one’s politics, there are certain realities that have plagued America, the richest and most caring country (as exemplified by everyday Americans’ response to disasters foreign and domestic), for many decades when it comes to healthcare of its own citizens. One reality is that there are thirty plus million Americans who have no insurance, plus millions more who are underinsured. Contributing to that number is the other reality that our for-profit insurance companies have been allowed to deny insurance coverage for what they euphemistically have called pre-existing conditions. We all know people who have lost their jobs and subsequently lost insurance coverage for themselves and their families. We all know people who, because of having risk factors, a history of heart disease, cancer, diabetes, or other chronic illness, have been deemed uninsurable or with an unaffordable premium that functionally prices that policy out of the reach of average Americans. Fixing those two most egregious social travesties is the primary goal of the Patient Protection and Affordable Care Act.

The legislative tools created to accomplish those goals have been to create a marketplace where private commercial insurance companies can competitively show their stuff and let the American consumer look them over, their plan’s offerings, their results in people who have previously chosen their plan, and their prices in a tiered system that allows Americans to choose which plan offers what benefits for a given price that meets their and their family’s needs. This marketplace is the Health Insurance Exchange, and in our state, is called “Covered California” since we have 7.5 million uninsured citizens to call our own. Those who cannot even afford the premiums in the exchanges are subsidized based on income to make sure the policies are affordable for those most in need.

To help make the premiums as low as possible, the exchanges need to sign up as many people as possible to spread the cost around so that those most in need of expensive care don’t have to foot the bill alone, much like car insurance being affordable by making sure that all drivers carry insurance. This requirement, or to use the inflammatory term “mandate”, is simply to amortize the cost over all

citizens, not just those in need. Of course, this could be construed as a violation of one's freedom to choose whether or not one should have insurance, just like you could choose not to have car insurance. So if you have car insurance and get hit by someone who chose not to have insurance, your company would absorb the cost and make up their loss by a hefty "adjustment" the next time your policy is up. That cost would be lower if the other driver had coverage and his company had to kick in their part of repair bill.

It would probably be best if Americans could get the same health plan that Congress gets, since we've never heard of a congressman or his family being denied coverage for a pre-existing condition, or not being able to get affordable coverage. They get their health insurance through the Federal Employee Health Benefit Plan. This is a plan where private insurance companies offer their wares for them to choose a plan that meets the congressman and his family's needs, with no pre-existing exclusions. Oh, wait, that's a health insurance exchange...

The Patient Protection and Affordable Care Act is far from perfect. I had the privilege of direct access to the chair of the Senate Finance Committee that laid out many of the elements of the Affordable Care Act. I, and many others far more knowledgeable and qualified, lobbied hard for the inclusion of an element that would have gone a long way to control the cost of these policies, but the for-profit insurance companies spent one million dollars a day (!) lobbying the other side to eliminate the most effective cost control mechanism that was proposed. They obviously won the day, so the premium cost will not be as low as it would have been if that element had been included. A battle for another day.

The opponents of the Patient Protection and Affordable Care Act have waged an incessant battle to prevent its implementation in January 2014, now threatening a shut-down of the government. They say it's an Un-American plan and that our healthcare system didn't need this kind of fixing and we should go back and start all over. Perhaps We The People should say to them, "OK, then just give us what YOU have, and make THAT the law of the land".

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