Florida State experts: Health care law success will take years to evaluate

Four years after its passage, Americans are still deeply divided about the Affordable Care Act, otherwise known as Obamacare.

And the implementation process has not won it any new supporters.

The federal government has been dogged by computer glitches, personnel issues and other problems as it’s tried to sign people up for health care.

This coming Monday was the original deadline for people to sign up for health care on the national exchange, but the White House granted an extension, saying people had to have simply begin the process by that time.

We posed identical questions to two of Florida State’s internationally recognized experts on the health care law and what the Monday deadline means.

Marshall Kapp is the director of the Florida State University Center for Innovative Collaboration in Medicine & Law and the editor of the American College of Legal Medicine’s Journal of Legal Medicine.

Jill Quadagno is a professor of sociology who has written extensively about health care in the United States, including the Affordable Care Act. She is the author of the 2006 book, “One Nation, Uninsured: Why the U.S. Has No National Health Insurance.”

Here’s what they had to say about the implementation.

http://about.research.fsu.edu/extraordinary-thoughts/2014-03-27-Obamacare
Q: What is the significance of this Monday deadline?

Kapp: Well, one way to answer it is it means nothing because the president is extending it. It’s a make believe deadline.

At best, you won’t be able to evaluate the success of the act for a long period of time because the premise of the act is you can improve the health of the population by improving access to health services and that you improve access to health services by providing insurance. Ultimately the test will be does expanding insurance expand access to health care and does that extend to the health of the population. And that will take years to evaluate.

We may well find that expanding the number of people who have insurance cards may amount to providing people with pieces of paper if we don’t have a qualified workforce and access.

Quadagno: This is such an enormous transformation of the American health care system that it’s not surprising that the roll out has not gone smoothly and has had some problems. In some ways, it is comparable to the Medicare roll out in 1965. When Medicare was enacted, all Social Security recipients were automatically eligible for Part A, for hospital care. But Part B, which covers physician services, was optional. The Social Security Administration embarked on an enormous public relations campaign to get older people to sign up.

With the health care exchange, the task is even more complex, because there are more options, more hoops to go through to get your coverage.

The Affordable Care Act is probably one of the most complex pieces of policy that we’ve ever enacted because it affects the entire health care system.

In 2010, we had 47 million people uninsured and now it appears that at least 10 million more people have insurance. And the goal of the Affordable Care Act is to get that number of insured to go up.

So, we have to look at the big picture — that it will help more people get insurance who previously couldn’t.

Q: After Monday, what would be viewed as a success in terms of the number of people who signed up for health care via the exchanges? Thus far, the monthly reports have been far short of what the administration projected.

Kapp: Just looking at the number of people who sign up on the health exchanges is a very tiny piece of the puzzle. The way the federal government is keeping statistics makes it impossible to know how many previously uninsured people are holding health insurance as opposed to the number of people buying on the exchange who had it before and either lost it or chose to give
it up and go on the health exchange because they thought they could get a better deal with the government subsidies.

So, if you are just moving people from one form of insurance to another are you really providing new people with health care? We don’t really know.

That’s what you ought to care about. How many of those people didn’t have health insurance before?

**Quadagno:** I don’t think it’s a total disaster, although it’s portrayed that way. But, it’s also not going as smoothly as people who were behind it hoped.

But, every day more people get enrolled. Every day, people find they have help paying for the cost of their health insurance. Every day, people who have been ineligible because of some minor health problem they had 10 years ago are finding they can get health insurance for themselves and their families. So, there will be many more millions insured in the next two years.

I don’t think we’ll get to 100 percent coverage — there will be gaps — but I think we will get pretty close, probably as close as we can because we have a pretty complicated health insurance system.

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**Q: Do you think people are not signing up because they are simply against the law? Or is it just a lot of confusion?**

**Kapp:** People begin to understand it when it affects them personally. Until it begins to impact them personally, you won’t see a big change.

I don’t think our public policy makers understand it very well. It tries to completely redo one-seventh of the American economy.

Some of it is ignorance, some of it’s being oblivious and some of it is an intelligent, rational economic choice. For some people, it’s a bad deal. If you’re young and healthy and you don’t use a lot of health care and don’t anticipate using a lot of health care, it may be the rational economic choice to wait until you’re sick and then purchase insurance since private insurance companies are prohibited under the ACA from turning you down.

For many healthier, younger people, it makes sense to wait until you’re being wheeled into the emergency room to buy insurance. It’s cheaper for some people to pay the penalty.

**Quadagno:** I think there’s a lot of confusion, because the legislation has not been clearly explained to the public. The negative messages have been far more powerful than messages
from supporters. I think parents understand now that their adult children can stay on their policies until they’re 26, and I think more and more people are recognizing the advantage of banning lifetime spending caps and preexisting condition exclusions. If you go into an exchange, they can’t turn you down. And I think some people do understand that these provisions are helpful to them.

But the success stories aren’t getting as much coverage as the negative stories about people whose insurance went up in cost. And that’s possibly because some people had a really poor policy before. They just didn’t get sick, so they didn’t know what the policy would actually cover.

But I think there’s still a good deal of confusion about what the individual mandate means.