More Americans without insurance

Get sick - wait to see a doctor

Get expensive emergency care

Can’t pay medical bills

Hospital eats debt, raises prices

Get sicker

Insurance rates go up

Go to emergency room
Exhibit 1. International Comparison of Spending on Health, 1980–2009

Average spending on health per capita (US PPP)

Total expenditures on health as percent of GDP
POOR QUALITY

• Americans are receiving coverage that is...
  • Poorly coordinated
  • Overpriced
  • Largely ignores prevention and health promotion
  • Not tailored to individual needs

• Pharmaceuticals and invasive surgery as “go to” solution for most problems
The Cost of a Long Life

Average Life Expectancy

Per Capita Spending

Life Expectancy  Per Capita Spending (International Dollars)
WHERE WE’VE BEEN

Too many people lack health coverage & care

System focuses on treatment instead of prevention

U.S. healthcare spending is unsustainable

Low-ranking U.S. health outcomes
10,000+ pages
✓ Putting Information for Consumers Online
✓ Appealing Insurance Company Decisions
✓ Establishing Consumer Assistance Programs
✓ Providing Small Business Health Insurance Tax Credits
✓ Offering Relief for Seniors in the Drug “Donut Hole”
✓ Providing Free Preventive Care
✓ Expanding Medicaid Eligibility
✓ Cracking Down on Health Care Fraud
✓ Expanding Coverage for Early Retirees
✓ Rebuilding the Primary Care Workforce
✓ Holding Plans Accountable for Arbitrary Rate Hikes
✓ Increasing Payments for Rural Health Care Providers
✓ Strengthening Community Health Centers
✓ Offering Prescription Drug Discounts

✓ Providing Free Preventive Care for Seniors
✓ Increasing Access to Home & Community Services
✓ Bringing Down Health Care Premiums
✓ Addressing Overpayments to Insurance Companies
✓ Strengthening Medicare Advantage
✓ Reducing Paperwork and Administrative Costs
✓ Understanding and Fighting Health Disparities
✓ Providing Options for Long-Term Care Insurance
✓ Expanding Authority to Bundle Payments
✓ Increasing Medicaid Payments for Primary Care
✓ Eliminating Annual Limits on Insurance Coverage
✓ Ensuring Coverage for Individuals in Clinical Trials
✓ Establishing the Health Insurance Marketplace
✓ Increasing the Small Business Tax Credit
TODAY’S AGENDA

✓ A quick review of the ACA and where we’ve been
✓ Attempts at repeal and replace
✓ A look at the current strategy (sabotage by executive order)
✓ Implications for social work practice and advocacy
KEY PROVISIONS OF THE ACA

• Pre-existing conditions
• Lifetime limits on coverage
• Coverage withdrawals

Getting People Insured

Protecting Patients

Increasing Quality

Improving Health Care
KEY PROVISIONS OF THE ACA

- Medicaid expansion
- Insurance marketplaces
- Subsidies & tax credits
- Dependent coverage mandate
KEY PROVISIONS OF THE ACA

- ACOs
- Medical homes
- Value-based purchasing
ACA SUCCESSES

- Lowered the number of uninsured by 20 million
- Provided health insurance subsidies to 10 million
- Eliminated out-of-pocket costs for preventative services for 137 million
- Phased out prescription coverage gaps for 11 million seniors
- Reduced hospital-acquired infections, saving 125,000 lives
- Decreased preventable hospital readmissions by 87,000
- Decreased uncompensated care by hospitals by 25%
- Created 240,000 healthcare jobs
- Curbed employee costs for health insurance dropped by 5%
- Slowed the rate of growth in health care prices 50% over pre-ACA period
- Beat projections for national health expenditures by $2.6 trillion
- On track to reduce federal deficit by $300 billion this decade
Early Medicaid Expansion Associated With Reduced Payday Borrowing In California

Heidi Allen¹, Ashley Swanson², Jialan Wang³, and Tal Gross⁴

ABSTRACT

We examined the impact of California’s early Medicaid expansion under the Affordable Care Act on the use of payday loans, a form of high-interest borrowing used by low- and middle-income Americans. Using a data set for the period 2009–13 (roughly twenty-four months before and twenty-four months after the 2011–12 Medicaid expansion) that covered the universe of payday loans from five large payday lenders with locations around the United States, we used a difference-in-differences research design to assess the effect of the expansion on payday borrowing, comparing trends in early-expansion counties in California to those in counties nationwide that did not expand early. The early Medicaid expansion was associated with an 11 percent reduction in the number of loans taken out each month. It also reduced the number of unique borrowers each month and the amount of payday loan debt. We were unable to determine precisely how and for whom the expansion reduced payday borrowing, since to our knowledge, no data exist that directly link payday lending to insurance status. Nonetheless, our results suggest that Medicaid reduced the demand for high-interest loans and improved the financial health of American families.

Obamacare Is a Powerful New Crime-Fighting Tool

An astonishing two-thirds of the 730,000 prisoners released each year have substance abuse or mental health problems. But no one has been willing to pay for their treatment—until now.
The president yesterday finally admitted what everyone in America already knew: ObamaCare is a total and unmitigated DISASTER
PROBLEMS WITH THE ACA

Most significant issues related to the exchanges:

- “Skinny” networks for some qualified health plans in the exchanges
- Lack of competition among QHPs in some exchanges
- Enrollees have been sicker than projected, making profits smaller than expected
- Rising premiums in some states, esp. for individuals not eligible for subsidies
- Some enrollees wish they could buy cheaper, less comprehensive coverage
Number of health insurers on the ACA exchange in South Carolina

<table>
<thead>
<tr>
<th>Year</th>
<th>Insurers</th>
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<tbody>
<tr>
<td>2014</td>
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<tr>
<td>2015</td>
<td>4</td>
</tr>
<tr>
<td>2016</td>
<td>3</td>
</tr>
<tr>
<td>2017</td>
<td>1</td>
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</tbody>
</table>

Source: Henry J. Kaiser Family Foundation
## ATTEMPTS AT REPEAL

<table>
<thead>
<tr>
<th>Attempt</th>
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<tbody>
<tr>
<td>#1</td>
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<td>Mar. 2017</td>
<td>Failed</td>
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AMERICAN HEALTH CARE ACT

• Remove health insurance mandate

• Block grant Medicaid

• Remove consumer protections re: pre-existing conditions, ban on lifetime coverage limits

• Would have increased the number of people who are uninsured by 25 million in 2026 relative to the ACA
• All of the great provisions in the American Health Care Act, plus:
  • Reduced federal contributions to state Medicaid programs
  • Forced 6-month waiting period during coverage lapses

• But, sought to ban discrimination based on pre-existing conditions and retain Essential Health Benefits

• Would have increased the number of people who are uninsured by 22 million in 2026 relative to the number under current law
OBAMACARE REPEAL RECONCILIATION ACT

- AKA “Straight Repeal,” proposed by Rand Paul
- Never expected to pass, the legislation failed at procedural vote; nine Republican senators voted “no,” including Lindsay Graham
- Had it passed, 32 million would have been uninsured by 2026, driven by repeal of insurance expansions and premium increases driving people out of the market
- Premiums were projected to double by 2026
HEALTH CARE FREEDOM ACT

- Also referred to as “Skinny Repeal,” this was Senate Republican’s last ditch attempt to find a point of agreement on repeal.

- Repeal of individual mandate requiring everyone to buy health insurance.

- The bill included no changes to Medicaid or any other major aspect of the Affordable Care Act.

- One vote shy of passage (Republican Senators Collins, Murkowski, and McCain cast the fatal “no” votes).
GRAHAM-CASSIDY AMENDMENT

• Proposed as senate amendment to the House’s passed American Health Care Act

• Sought to block grant Medicaid and remove federal eligibility and coverage requirements for state programs

• Would have redistributed federal funds from the Affordable Care Act, delivering more states to funds that have elected not to expand Medicaid

• Proposed to devolve decision making regarding key consumer protections to the states
## ATTEMPTS AT REPEAL

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**Trump’s PLAN B**

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**Bill**
- American Health Care Act, Round I
- American Health Care Act, Round II
- Better Care Reconciliation Act
- Obamacare Repeal Reconciliation Act
- Health Care Freedom Act
- Graham-Cassidy Amendment

**Chamber**
- House
- Senate

**Introduced**
- Mar. 2017
- May 2017
- July 2017
- Sept. 2017

**Outcome**
- Failed
- Passed
EXECUTIVE ORDER

- Entitled “Executive Order to Promote Healthcare Choice and Competition”
- Stopped Cost-Sharing Reduction (CSR) payments to insurers
- CSR payments are the mechanism through which the federal government has subsidized deductibles and co-pays for individuals earning less than 250% of the Federal Poverty Level
- Concerns that revoking CSR payments could result in:
  - Higher premiums (25% increases or more)
  - An increase in the uninsured as a result of people dropping out of the exchanges
  - More insurers pulling out of the exchange market

*But the move has not been successful in encouraging collapse of the exchanges...*
EXECUTIVE ORDER

- To compensate for lost funding, insurers increased prices—esp. for silver plans subsidized by the feds
- Those receiving subsidies will be able to afford a plan that requires much less out-of-pocket spending for their health care
- Those who don’t qualify for subsidies will be hit with significantly higher premiums
When Silver Costs More Than Gold: How Trump’s Actions Have Scrambled Insurance Prices

Where a Gold Plan Is a Smart Buy

The counties highlighted are places where a gold plan is cheaper or less than $25 more than a silver one.

Prices are for 40-year-old nonsmokers buying a plan just for themselves.

By The New York Times
SO WHAT'S NEXT?

Wouldn't it be great to Repeal the very unfair and unpopular Individual Mandate in ObamaCare and use those savings for further Tax Cuts.....

10:59 AM - 1 Nov 2017

17,630 Retweets 82,912 Likes
The Trump Administration Is Pulling Out Of Obamacare Enrollment Events

The Department of Health and Human Services has told states that for the first time, it will not be sending its regional directors to help states with planning for the upcoming open enrollment period.

Trump Administration Sharply Cuts Spending on Health Law Enrollment

By ABBY GOODNOUGH and ROBERT PEAR   AUG. 31, 2017

The department removed useful guidance for consumers about the Affordable Care Act from its website.
EFFORTS TO SABOTAGE

- The open enrollment period has been cut in half, from ninety to forty-five days.
- Advertising for open enrollment has been reduced by 90%, from $100 million to $10 million nationwide.
- Healthcare.gov call center and website will be closed the evening of November 1, every Sunday from midnight to noon during the enrollment period except December 10, and it will close during the Thanksgiving holiday.
- Consumers who have auto re-enrolled in coverage for two years will not be permitted to auto re-enroll this year.
- Grants for in-person enrollment assistance have been cut nationwide.
  - SC’s statewide navigator grantee Palmetto Project is receiving 54% less funding
  - The Beaufort County Black Chamber of Commerce navigator program reduced 90%
  - Palmetto Project has decreased the number of navigators from 60 to 30, and will only have dedicated navigators in 17 counties this year. All 46 counties were covered in years past.
- The Trump Administration has ended payment for the cost-sharing reductions (CSRs) to insurance companies. This funding subsidizes lower out-of-pocket costs for low-income Americans in the Marketplace.
Anticipating Trump’s order, South Carolina's sole Obamacare insurer already planned ‘tremendous’ hike

By Lauren Sausser lsausser@postandcourier.com  Oct 14, 2017  📣 (7)
South Carolina will start out with a bad deal and it will just go from bad to worse. It’s going to cost a lot of people health care and, for some people, their lives.

- Sue Berkowitz, SC Appleseed Director
Pace of Sign-Ups Under Affordable Care Act Blows Past Prior Years

By ROBERT PEAR  NOV. 9, 2017

An insurance agent meeting with a woman shopping for insurance in Miami on Nov. 1, the first day of the open enrollment period for the Affordable Care Act.

Supporters of Medicaid expansion celebrate their victory on Tuesday. The vote makes Maine the 32nd state to agree to expand Medicaid to thousands of low-income adults who qualify for coverage. | Robert F. Bukaty/AP Photo

Maine voters approve expanding Medicaid under Obamacare
Lowered the number of uninsured by 20 million
Provided health insurance subsidies to 10 million
Eliminated out-of-pocket costs for preventative services for 137 million
Phased out prescription coverage gaps for 11 million seniors
Reduced hospital-acquired infections, saving 125,000 lives
Decreased preventable hospital readmissions by 87,000
Decreased uncompensated care by hospitals by 25%
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Curbed employee costs for health insurance dropped by 5%
Slowed the rate of growth in health care prices 50% over pre-ACA period
Beat projections for national health expenditures by $2.6 trillion
On track to reduce federal deficit by $300 billion this decade
OPPORTUNITIES FOR SOCIAL WORKERS

Advocate!
OPPORTUNITIES FOR SOCIAL WORKERS

- Engaging patients
- Prevention and wellness
- Not transactions but a journey
- Transparency of performance
- Patient centered care
- Cost and quality
IDA CANNON, THE CHIEF OF SOCIAL WORK AT MGH, WROTE IN 1923:

“Basically, social work, wherever and whenever practiced at its best, is a constantly changing activity, gradually building up guiding principles from accumulated knowledge yet changing in techniques. Attitudes change, too, in response to shifting social philosophies”
Where Poor and Uninsured Americans Live

The 26 Republican-dominated states that are not participating in a vast expansion of Medicaid are home to a disproportionate share of the nation’s poorest uninsured citizens. Eight million Americans will be stranded without insurance, stuck between people with slightly higher incomes who will qualify for federal subsidies on the new health exchanges that went live this week, and those who are poor enough to qualify for Medicaid in its current form.

MAP STYLE

MAP

SHARE OF ELIGIBLE ADULTS WHO ARE POOR AND UNINSURED

Adults ages 19 to 64, excluding residents of institutions and ineligible immigrants

Distribution of Adults in the Coverage Gap, by State and Region

Distribution By State:

Other States that Have Not Expanded Medicaid 38%

TX 27%

NC 9%

GA 10%

FL 16%

Distribution By Geographic Region:

South 89%

Midwest 7%

Northeast <1%

Total = 2.4 Million in the Coverage Gap

Note: Totals may not sum to 100% due to rounding.
HOW SOCIAL WORK ETHICS INFORMS HEALTHCARE REFORM

“The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.”
(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.
OPPORTUNITIES FOR SOCIAL WORKERS

Assume leadership roles in systems expansions of behavioral health services

Demonstrate capacity to contribute to integrated care models by assisting patients with co-occurring behavioral health conditions

Advocate for Medicaid expansion and push for extensions of ACA to encompass excluded populations
GETTING TO THE TABLE

What can social workers do to get to the table?

- Find cross-institutional ways to collaborate
- Learn to communicate and market social work
- Frame social work from other perspectives
  - Speak the language of other professions
- Vary the message to fit the mission of the team
- Find ways to partner with other disciplines
Projected percent growth in jobs, 2014-2024

- Healthcare social workers
- Mental health and substance abuse social workers
- Child, family, and school social workers
- Social workers, all other
TRAINING THE NEXT GENERATION

• U.S. Health Resources and Services Administration’s Behavioral Health Workforce Education and Training for Professionals Program

• NASW/CSWE Social Work Health Care Education and Leadership (HEALS) Scholars Program

• SAMHSA SBIRT Training Program
Social Work & the Affordable Care Act: Maximizing the Profession's Role in Health Reform

12 Challenges
- Ensure healthy development for all youth
- Close the health gap
- Stop family violence
- Advance long and productive lives
- Eradicate social isolation
- End homelessness
- Create social responsive to a changing environment
- Harness technology for social good
- Promote small decarceration
- Reduce extreme economic inequality
- Build financial capability for all
- Achieve equal opportunity and justice

Latest News
Kick off Event Success!
Social Work Grand Challenges. Science for Action Series, University of Denver, Graduate

Close the health gap
More than 60 million Americans experience devastating one-two punches to their health—they have inadequate access to basic health care while also enduring the effects of discrimination, poverty, and dangerous environments that accelerate higher rates of illness. Innovative and evidence-based social strategies can improve health care and lead to broad gains in the health of our entire society.

Join the Grand Challenges

Strengthening Health Care Systems:
Better Health Across America

Title Page

American Academy of Social Work & Social Welfare
grandchallengesforsocialwork.org
QUESTIONS/COMMENTS?

For future comments or questions, please contact

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Teri Browne browne@sc.edu @TeriBrowne