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Pros, cons still spinning year-old health care law

By Jane M. Von Bergen
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Joanne Corte Grossi's schedule is jammed solid.

As regional secretary of the U.S. Department of Health and Human Services, she is crisscrossing her territory to sell a confused nation on the merits of the health-care overhaul law that turns one year old Wednesday.

Since President Obama signed the Patient Protection and Affordable Care Act into law a year ago, federal lawsuits against it have abounded and, in January, the U.S. House voted, in a largely symbolic act, to repeal the measure.

"I think it will survive," Grossi said, in between Tuesday's two major engagements in Virginia. She is based in Philadelphia.

"The only time I'll be in Philadelphia for the next 10 days is Thursday afternoon," she wrote in an e-mail. "Otherwise I'm traveling throughout the six states I oversee until March 31."

Around the nation, the rhetoric machine is in overdrive to mark the occasion. And no wonder.

Many Americans - 53 percent - say they are confused by the law, and half say they don't have enough information to know if it affects them, according to a poll taken earlier this month by the Henry J. Kaiser Family Foundation, an organization that has been monitoring the law and its effects.

That's why opponents and proponents are working hard to convey their messages.

On Tuesday, politicians and the media flocked to a ribbon-cutting at an apartment tower in Camden, where a new clinic staffed by a nurse-practitioner will serve its low-income and elderly residents.

"The Affordable Care Act is meant to connect patients with better care," said the Rev. Edward Livingston, the executive director of Camden Churches Organized for People, which set up Tuesday's event attended by 200.

And in the Capitol Building in Harrisburg Wednesday, there will be dueling events.

"We affectionately call it Obamacare," said U.S. Rep. Joseph Pitts, a Republican who represents parts of Chester County. As head of the health subcommittee of the House Energy and Commerce Committee, Pitts organized "One Year of Broken Promises," a Wednesday hearing in opposition to the bill.

"We wanted to have a hearing with state officials to hear how the office is impacting them," he said.

Delivering the welcome address will be Gov. Corbett, a Republican who, as Pennsylvania's attorney general, joined one of the suits against the law last year.

Meanwhile, several advocacy groups are planning what they describe as a "counter-hearing" in defense of the bill.

Among those speaking will be Barbara Stakes, 63, from the Oakford section of Bensalem in Bucks County. She had been laid off in 2002 and then landed part-time work before retiring. When her husband turned 65 in 2007, she was without insurance.

Because she has a condition that can, but rarely does, lead to cancer, and because she has seizure disorder (but hasn't had a seizure in a decade), she couldn't find a company willing to sell her insurance at an affordable price. One offered a \$10,000 deductible.

So, instead, she went through \$28,000 in two years to pay for medications and became an eager advocate for the new law. On Oct. 1, Pennsylvania, as part of the Affordable Care Act, set up a program for uninsured high-risk individuals. Stakes signed up.

"Now I pay \$238.20 a month," she said. "I'm going to have my first checkup in more than three years."

Meanwhile, outside the public arena, massive attention is being paid to the fine points. There are lots of fine points.

For example, the law mandates an improved insurance grievance and appeals procedure, which eventually boils down to computer coding.

"You take a broad issue - an appeals and grievances process - that seemed pretty simple when you looked at it, but then, when the regulations get written, you see the details of what you have to do is complex," said Scott Post.

As vice president of corporate and association affairs at Independence Blue Cross, Post is in charge of making sure the region's largest insurer complies with the year-old law.

Complicating matters, said Samuel Marshall, president of the Insurance Federation of Pennsylvania, is the uncertainty created by the multiple legal challenges to the law.

"Right now, as insurers, we and our policy holders and everybody is still in a state of limbo," he said, "because we don't know how the legal challenges are going to go and we don't know how the U.S. Supreme Court is going to rule."

Post says that, limbo or not, Independence Blue Cross is moving ahead with its planning for 2014, when the law's major provisions, including the requirement that everyone be insured, take effect.

"Everybody is very active in rule making and writing regulations," he said. "We're going to continue in that vein until someone tells us you don't have to do it anymore."

The fact that so many initiatives have already kicked in on schedule bodes well for the overall success of the law, Grossi said. She pointed to the expanded coverage for adult children and grants

given for research initiatives to improve health care delivery.

"We really think it will improve health outcomes for patients," she said. "We really believe it will save money."

Michael Cannon, director of health policy studies at the Cato Institute, a libertarian think tank that opposes the law, agrees that the Obama administration has been pushing hard. Why? To get the law's provisions entrenched as a defense against potentially negative court rulings, he said.

"They are implementing it as fast as they can."

Affordable Care Act Timeline

Most major provisions of the healthcare reform law begin in 2014, but some already are in place.

Effective in 2010

Bans lifetime limits for insurance and denial of coverage for pre-existing conditions for children.

Extends coverage for adult children to age 26.

Gives senior citizens \$250 each to offset Medicare prescription drug coverage gap.

Provides a tax credit of 35 percent to offset worker health-benefit costs for small employers.

Requires review of premium hikes imposed by insurers.

Provides temporary insurance for uninsured adults with pre-existing conditions.

Bans co-pays for preventive care.

Took effect this year

Requires insurers to spend 80 to 85 cents of every premium dollar on healthcare costs, not overhead.

Gives a 50 percent discount on some prescriptions filled in the Medicare coverage gap.

Increases Medicare funding for primary care providers.

Bans Medicare co-pays for preventive services.

Awards states grants to develop health insurance exchanges.

On tap for 2014

Requires all Americans to buy health insurance - but offers subsidies, depending on income.

Creates exchanges for people to shop for insurance.

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Eliminates annual limits on coverage and guarantees coverage.

Requires employers to provide coverage or pay a fine.

Cuts government payments to Medicare Advantage plans to offset the law's cost.

Expands eligibility for Medicaid coverage.

SOURCE: Henry J. Kaiser Family Foundation

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