

Repealing the Affordable Care Act and Implications for Cancer Care

Karan R. Chhabra, MD^{a,b,*}, Chad S. Ellimoottil, MD, MS^{c,d},
Justin B. Dimick, MD, MPH^{e,f}

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KEY POINTS

- Though many attempts have been made to repeal the Affordable Care Act (ACA) since its passage in 2009, the most credible recent efforts have focused on 3 policies: (1) Medicaid expansion, (2) the individual mandate, and (3) cost-sharing reduction subsidies.
- According to Congressional Budget Office estimates, any of these policy changes is likely to increase the number of uninsured Americans and/or increase health insurance premiums.
- Following the ACA's passage, cancer screening and the diagnosis of early-stage cancers improved.
- If ACA repeal decreases health insurance coverage, some of these improvements may be reversed, and surgeons may be dealing with more advanced cancers again.

The Affordable Care Act (ACA) has had a tremendous impact throughout the American health care system. Passed in 2009, it sought to improve insurance coverage and enhance the value and quality of health care by expanding access to Medicaid, offering and subsidizing private insurance through online exchanges, and experimenting with new payment and delivery models designed to reward efficiency rather than the volume of services delivered.

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^a Department of Surgery, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA; ^b Institute for Healthcare Policy and Innovation, University of Michigan, Ann Arbor, MI, USA; ^c Department of Urology, University of Michigan, Ann Arbor, MI, USA; ^d Dow Division of Health Services Research, Institute for Healthcare Policy and Innovation, University of Michigan, Ann Arbor, MI, USA; ^e Department of Surgery, University of Michigan, Ann Arbor, MI, USA; ^f Center for Healthcare Outcomes and Policy, Ann Arbor, MI, USA

* Corresponding author.

E-mail address: KCHHABRA@PARTNERS.ORG

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Calls for ACA repeal have become a constant in American politics since 2011, when the Republican Party first took control of the House of Representatives. They have become more frequent and more aggressive since President Trump took office in 2017, partly on the promise of repealing the ACA. Critics of the ACA contend that the law curtails state and individual freedom by mandating the purchase of health insurance and that it has increased insurance premiums in part by stipulating an essential list of health benefits that each plan must cover. It also came at a substantial cost to the federal government, with \$919 billion projected to be spent on insurance subsidies from 2017 to 2027 and \$998 billion on Medicaid expansion in the same timeframe.¹

The first major repeal effort of the Trump presidency was the American Health Care Act, introduced in March 2017 and voted down in July 2017.² The second major repeal effort was the Graham-Cassidy Act, which was introduced in September 2017 but failed to reach a vote.³ In October 2017, President Trump announced an executive order to end subsidies to insurance companies for providing low-cost insurance plans on the online health insurance exchanges.⁴ In November 2017, the Senate tax bill proposed repealing the individual mandate to reduce the federal budget deficit.⁵ This was passed by the Senate in December 2017 and is currently undergoing reconciliation between the House and Senate before being sent to the President for final approval.

As these repeal efforts are sure to continue, any catalog of each of them will soon become outdated. This article, therefore, discusses the most frequently targeted ACA policies for repeal, and the consequences of repeal for the nation as a whole, as well as for cancer care in particular.

POLICY TARGETS

Lawmakers are unlikely to be able to repeal the ACA as a whole because it has many provisions favored by members of both parties. Instead, each repeal attempt has aimed at certain ACA elements, which will likely remain in the crosshairs whatever the latest bill may be.

Medicaid Expansion

The first target is the ACA expansion of Medicaid eligibility to people earning greater than 133% of the federal poverty line. Medicaid is a state-run program; however, the federal government subsidizes state programs and specifically underwrote the costs of expanding Medicaid to a broader segment of the population. Medicaid expansion only occurred in a select number of states owing to a 2012 Supreme Court decision.⁶ However, several repeal attempts have threatened to eliminate funding for this expansion entirely. The result is a gap in coverage between those poor enough to receive Medicaid and those who can independently afford insurance from their employers or on the health insurance exchanges. The gap is currently estimated at 2.5 million people; however, it will increase if expansion is repealed.⁷

Since the ACA, 12 million newly eligible Americans have enrolled in Medicaid and, depending on the specific proposal, some or all of them could lose coverage if the ACA is repealed (**Table 1**). The Graham-Cassidy Bill of September 2017 proposed replacing the current Medicaid system with block grants. This is a prime example of a repeal attempt targeting the federal Medicaid expansion.³ In the current Medicaid system, in exchange for federal subsidies, state Medicaid plans are required to cover certain populations and services. Block grants would replace this arrangement with a lump sum that states could allocate to health insurance as they see fit. Proponents state that these would allow states more flexibility and room for innovation, while keeping them accountable for their spending. However, to do so, the block grants

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