

Health Care Reform and Why It's Needed

The health care reform debate in the United States has been a political issue for many years, focusing upon increasing coverage, decreasing the cost and social burden of healthcare, insurance reform, and the philosophy of its provision, funding, and government involvement. Following the election of Barack Obama, whose election included a promise to accomplish reform, legislation passed both houses of the U.S. Congress in late 2009. The House passed the Senate bill and a package of fixes in a Reconciliation bill in March 2010.

Health care reform typically attempts to:

- Broaden the population that receives health care coverage through either public sector insurance programs or private sector insurance companies
- Expand the array of health care providers consumers may choose among
- Improve the access to health care specialists
- Improve the quality of health care
- Decrease the cost of health care

Not all Americans have equal access to health care – or similar health care outcomes. Low-income Americans, racial and ethnic minorities, and other underserved populations often have higher rates of disease, fewer treatment options, and reduced access to care. They are also less likely to have health insurance than the population as a whole. By improving access to quality health care for all Americans, the Affordable Care Act will help reduce these health disparities. The new law will bring down health care costs, invest in prevention and wellness, and give individuals and families more control over their own care.

The Affordable Care Act will help reduce disparities by making improvements in:

- **Preventive care.** Medicare and some private insurance plans will cover recommended preventative services like regular check-ups, cancer screenings, and immunizations at no additional cost to eligible people.
- **Coordinated care.** The law calls for new investments in community health teams to manage chronic disease. This is important, because minority communities experience higher rates of illness and death for chronic diseases such as diabetes, kidney disease, heart disease, and cancer. Because infant mortality and post-birth complications are also higher in minority and low-income groups, the law includes new funds for home visits for expectant mothers and newborns.
- **Diversity and cultural competency.** The Affordable Care Act expands initiatives to increase racial and ethnic diversity in the health care professions. It also strengthens cultural competency training for all health care providers. Health plans will be required to use language services and community outreach in underserved communities. Improving communications between providers and patients will help address health disparities particularly in Hispanic communities, which currently have high numbers of uninsured people.
- **Health care providers for underserved communities.** The Affordable Care Act expands the health care workforce and increases funding for community health centers, which provide comprehensive health care for everyone no matter how much they are able to pay. Health centers serve an estimated one in three low-income people and one in four low-income minority residents. The new resources will enable health centers to double the number of patients they serve. Combined with investments made by the American Recovery and Reinvestment Act, the new law will support 16,000 new primary care providers.

- **Ending insurance discrimination.** Insurance discrimination will be banned, so people who have been sick can't be excluded from coverage or charged higher premiums. Women will no longer have to pay higher premiums because of their gender. New funding will be available to collect information on how women and racial and ethnic minorities experience the health care system, leading to improvements that will benefit these groups.
- **Affordable insurance coverage.** A new health insurance marketplace will be created in 2014. These new health insurance Exchanges will offer one-stop shopping so individuals can compare prices, benefits, and health plan performance on easy-to-use websites. The Exchanges will guarantee that all people have a choice for quality, affordable health insurance even if a job loss, job switch, move, or illness occurs. The new law also provides tax credits to help more Americans pay for insurance.

Rural Americans and the Affordable Care Act.

If you are one of the nearly 50 million people living in rural America, accessing health care can be a challenge. You might live in a small town with limited access to health services and must travel longer distances to get health care. In addition, a health care workforce shortage is making it harder to find doctors, nurses, pharmacists and other health care professionals.

The Affordable Care Act will bring important relief to you and your family by making health care more accessible and affordable. Here's how:

- The new law ensures that regardless of where you live, you will have greater access to primary care providers – including doctors, nurses, nurse practitioners and physician assistants. It will help support the training, development, and placement of more than 16,000 new primary care providers over the next five years.
- Rural families currently pay for nearly half of their health insurance costs out of their own pockets, but the new law helps put an end to this by capping out-of-pocket expenses.
- If you are a small business owner, you might qualify for tax credits to make it easier for you to cover your employees. Tax credits of up to 35 percent of employer premium contributions will be available this year to firms that choose to offer coverage, and small non-profit organizations can receive a credit of up to 25 percent.
- Community Health Centers, a main provider of primary care for many rural communities, will get more funding, enabling them to nearly double the number of patients they see.

The National Health Service Corps – a program that repays loans and gives scholarships to primary care providers who work in areas of the country with too few health professionals – will be expanded, and more resources will be given to medical schools to train physicians to work in rural areas.

In the Coulee Region we are fortunate to have several community-based health care centers.

- **Great River Community Medical Clinic** is a family practice health clinic operated by Doctors Mark and Ann Grunwald. At this time, this clinic serves uninsured individuals and families in Crawford County and surrounding areas on a cash-for-service basis. Their fees for service are significantly less than regular clinics. The clinic is located at 100 North Marquette Road, suite 106, Prairie du Chien. For more information call 608-326-1072.
- **InHealth Community Wellness Free Clinic** is a free, full service health clinic serving individuals and families with no insurance or on medical assistance in Crawford and Grant counties. Patients that are served through this clinic are screened by a Social Worker or trained screener who helps them find available resources depending on their individual needs. The clinic is located in the lower level of the Associated Balance and Hearing Clinic, 109 East Bluff Street, Boscobel. For more information call 608-375-4324.
- **Options Clinic** provides caring and confidential reproductive health services, such as annual health exams, breast and cervical cancer screenings, pregnancy testing and counseling, FDA approved birth control methods, and sexually transmitted infection testing and treatment for men and women. Options Clinic serves all people regardless of age, sex, income, marital status, race, religion, national origin, sexual orientation, and gender identity. The cost of services and contraceptive supplies is based on income and family size. No one is refused services because of inability to pay. They can bill public and private insurance. Options Clinic has four locations: La Crosse, Sparta, Richland Center, and Prairie du Chien. For more information, please visit their website at www.optionsclinic.org.

- **Scenic Bluffs Community Health Centers** is a community-based primary care service provider based out of Cashton and Norwalk. In addition to serving the needs of rural communities, Scenic Bluffs also targets the needs of the isolated elderly, Old Order Amish, Medicaid dental patients and Latino groups in western Wisconsin. They provide medical care with primary care practitioners, including physicians, physician assistants and nurse practitioners as well as a health educator and a pharmacist. Dental services are offered in Cashton by dentists and hygienists. The Cashton site also offers chiropractic services and behavioral health. For additional information regarding Scenic Bluffs, visit their website at www.scenicbluffs.org, or by phone at 608-654-5100 for Cashton or 608-823-7853 for Norwalk.

Is everyone required to buy health insurance? What does it cost? All individuals will be required to have health insurance, with some exceptions, beginning in 2014. Those who do not have coverage will be required to pay a yearly financial penalty of \$695 per person (up to a maximum of \$2,085 per family), or 2.5% of household income, which will be phased-in from 2014-2016. Exceptions will be given for financial hardship and religious objections; and to American Indians; people who have been uninsured for less than three months; those for whom the lowest cost health care plan exceeds 8% of income; and if the individual has income below the tax filing threshold (\$9,350 for an individual and \$18,700 for a married couple in 2009).

How does it affect Medicaid? Medicaid will be expanded to all individuals under age 65 with incomes up to 133% of the federal poverty level (\$14,404 for an individual and \$29,327 for a family of four in 2009) based on modified adjusted gross income. This expansion will create a uniform minimum Medicaid eligibility threshold across states and will eliminate a limitation of the program that prohibits most adults without dependent children from enrolling in the program today (though as under current law, undocumented immigrants will not be eligible for Medicaid). Eligibility for Medicaid and the Children's Health Insurance Program (CHIP) for children will continue at their current eligibility levels until 2019. People with incomes above 133% of the poverty level who do not have access to employer-sponsored insurance will obtain coverage through the newly created state health insurance Exchanges.

What is an Exchange? States will create American Health Benefit Exchanges where individuals can purchase insurance and separate exchanges for small employers to purchase insurance. These new marketplaces will provide consumers with information to enable them to choose among plans. Premium and cost-sharing subsidies will be available to make coverage more affordable.

If the law is repealed, what would happen?

- Young adults up to age 26 would lose their insurance coverage through their parents' health plans, sometimes just after they finish school and as they are looking for a job.
- Millions of people with private insurance coverage would again have lifetime limits placed on how much insurance companies will spend on their health care.
- Insurance companies would once again be allowed to cut off someone's coverage unexpectedly when they are in an accident or become sick.
- Insurers would no longer be required to spend at least 80 to 85 percent of premium dollars on health care rather than CEO salaries, bonuses and other administrative costs.
- New insurance plans would no longer be required to cover recommended preventive services, such as mammograms and flu shots, without cost sharing, nor would they have to guarantee enrollees the right to choose any available primary care provider in the network.

Coulecap, Inc. Needs Assessment.

In 2010, Coulecap conducted a needs assessment to gather information regarding the needs of low-income individuals and households in a four-county service area (Crawford, La Crosse, Monroe, and Vernon counties). A total of 1,700 surveys were distributed to low-income households; 1,070 (63%) were returned. The responses from low-income households represent at least 4,300 people (adults and children). Of the 1,070 households:

- 753 (70%) had annual incomes less than \$20,000; an additional 146 (14%) had incomes between \$20,000 and \$29,999
- 425 (41%) had children

- 460 (43%) were renters; 514 (48%) owned their own home
- 90 (8%) could be considered homeless
- 566 (53%) had income from wages and/or self-employment
- 439 (41%) had at least one person limited by a physical, mental or emotional problem
- 239 (27%) have had at least one adult have difficulty finding employment because of physical, mental or emotional problems

The cost and availability of health services (dental, eye, insurance, prescription drugs) was a need for almost two-thirds of the survey respondents' households. Getting treatment for mental illness, depression, a disability, and health condition was a high/very high need for at least one-fourth of the survey respondents' households. Dealing with increased stress and having adequate healthcare was a moderate to high need for more than 50% of the survey respondents' households.

Individuals know the importance of health insurance; without it, healthcare can be unaffordable. Whether one has health insurance or not can make the difference between getting medical care or going without. Since health insurance is critical in ensuring that people get timely access to medical care, it is critical to the health and well-being of the population. Whether urban or rural, the uninsured are predominately low-income, working Americans and their families, and most have no insurance because they do not obtain coverage from their workplace, either because it is not offered or it is not affordable.

Ways to help:

- To support the Affordable Care Act, contact Congressman Ron Kind and let him know you support health care reform. You can leave feedback on his website at www.kind.house.gov, or by phone at 608-782-2558 in La Crosse, 715-831-9124 in Eau Claire, or 202-225-5506 in Washington, DC.
- Support and vote for local elected officials who care about health care reform.
- Become an advocate for health care reform and spread the word via Facebook, twitter, other social networking sites, and email.

For more information:

- There are numerous media sources with articles pertaining to the Affordable Care Act. Topics include the cost and efficiency, reform of doctor's incentives, insurance reforms, tax reforms, elements of the reform signed in March 2010, etc. Visit your local library or websites on the Internet for more information.
- CBS News has a health care reform bill summary posted on their website at www.cbsnews.com/8301-503544_162-20000846-503544.html as well as other reports related to health care reform.

Couleecap, Inc. is a private non-profit 501(c)3 charitable organization created in 1966. Our mission is to fight poverty and promote self-sufficiency for people in Crawford, La Crosse, Monroe, and Vernon counties in Wisconsin. We currently implement more than 50 contracts in the areas of housing, emergency assistance, child and family development, business development, employment, transportation, and health. Each year, Couleecap helps more than 16,000 families work towards self-sufficiency. For more information about our People Helping People Initiative or to make a donation, contact Couleecap's Development Coordinator, Kadie Brueggen, at 608-634-7363 or Kadie.Brueggen@couleecap.org.

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