By 2008, over 44 million Americans were uninsured. The health care crisis that had been building for years had reached a pivotal moment, coinciding with the hopeful election of Barack Obama. Despite having to deal with digging the U.S. out of the Great Recession, President Obama also decided to make health care reform a top policy goal. It was a difficult struggle. Almost no Republicans were willing to support the health care reform effort and a number of Democrats proved resistant as well. What we ended up with in March of 2010 was the Patient Protection and Affordable Care Act (also known as the Affordable Care Act, the ACA, or Obamacare), which was the most significant health care reform since Medicare and Medicaid were adopted in 1965. It was not true universal health care, but it promised to move us in that direction.

Over the past 10 years, the ACA has proven itself effective at making health insurance and care more accessible—the number of uninsured dropped to well below 30 million.

Here are some key facts and features of the ACA:

- The ability of young people to stay on their parents’ health insurance until age 26.
- The end of “pre-existing conditions” preventing people from getting insured. People cannot be charged more because they have such conditions.
- The elimination of caps on health benefits.
- Originally, everyone was required to have health insurance or pay a penalty (in most cases). In 2017, Congress and the Trump administration eliminated the penalties so people are free not to have insurance (except in some states that initiated their own penalties).
- Health Insurance Exchanges or “marketplaces” are set up to provide a place for people to shop for insurance and select the plan that is right for them. Over 85% of those who have purchased insurance on the exchanges have qualified for a subsidy (which is available to those whose income is below 400% of the official poverty level).

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• Free preventive care, including annual wellness visits, mammograms, and colonoscopies.

• An expansion of Medicaid, a program that is a federal-state partnership to provide health care coverage to poor people. The expansion allowed everyone under 138% of the official poverty level to gain coverage. A number of states resisted doing so and sued. The Supreme Court ruled that states can opt out. About half of them did initially; but then some have since come on board, as did Louisiana in 2016, the only Gulf South State to do so. Today, 36 states plus Washington, D.C. have expanded Medicaid. (The feds pay 90% of the cost.) The ACA can certainly be seen as a major reform, but it is hardly earth-shaking. The fundamentals of the system remain intact. What it primarily did was place more regulations on the insurance industry and expand access to Medicaid. It moved 20+ million more people into either private health insurance (mostly subsidized) or public health insurance (Medicaid).

Meanwhile, most Republican governors and members of Congress, and more recently, the Republican President, all have attacked the ACA. Congress voted dozens of times to repeal all or parts of the law. Trump has rolled back some of the regulations. Opponents have used the courts to challenge the law.

As noted above, one court challenge allowed states to opt out of expanding Medicaid, which prevented millions of Americans from obtaining coverage and care.4 Now, the Supreme Court is set to hear yet another case challenging the ACA’s constitutionality.5

If the Court does decide effectively to end the ACA, it would mean the loss of health coverage for millions of Americans. In the coming months and years, whether we face 25-30 million people without health insurance or 50 million, the question is What to do next? What do we do about the millions of uninsured and underinsured? What do we do about constantly escalating health care costs, which now amount to more than $11,000 per capita4 (the most of any country on earth)?

Health care costs are still the leading cause of bankruptcies in the U.S., and one-third of donations to GoFundMe campaigns are directed to health care expenses.7 Studies have shown that thousands of Americans still die every year because they lack health care coverage.8

By almost any measure, we have a health care crisis which needs to be addressed. Our system is riddled with inefficiencies, inequalities, and abundant personal horror stories. Leaving aside the desire by some to do nothing, or even to repeal what reforms we have already instituted, there does appear to be widespread interest in addressing these problems. Health care is reported to be a major concern of voters.9

Here are some options moving forward:

• We can build upon the ACA. For example, we can continue to pressure state governments to expand Medicaid, and we can include a public option in the health insurance exchanges.

• We can lower the age of Medicare eligibility or even provide Medicare coverage to people of any age who wish to join this program.

• We can move to Medicare for All, similar to what people of Canada and some other countries enjoy (all other developed nations have some form of universal coverage). This would be true universal, single-payer health insurance. As with our current Medicare system, the government would act as the “insurance company,” collecting premiums in the form of taxes and paying providers for the care they give to patients.

The movement for Medicare for All has been around for a while, but has recently picked up steam. It is being promoted by some elected officials and supported by dozens of national organizations such as Physicians for a National Health Program, the American Nurses Association, and the American Public Health Association.10

Usually efforts to promote Medicare for All include a broadening of the benefits traditionally afforded Medicare participants, such as including vision and dental coverage, and lowering or even eliminating out-of-pocket costs for services.

Catholic social teaching affirms that health care is a human right.11 As such, it needs to be available to all, regardless of financial or any other status. The health and financial benefits of universal coverage to society as a whole and to millions of Americans would be monumental. It also is the moral thing to do. As Pope Francis reminds us, Health is not a consumer good but a universal right, so access to health services cannot be a privilege.12

ENDNOTES


2 Ibid.

3 For details on these and other features of the ACA: Obamacarefacts.com and healthinsurance.org/Obamacare.


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