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Examining the Affordable Care Act and where it goes from here

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All agree the Affordable Care Act rollout has been a disaster. How bad is it? Can it be fixed? Why is it important?

Several insightful articles provide context for what has happened. Ross Douthat of *The New York Times* makes an interesting point about why it is so difficult to make health care happen. He points to the power of the status quo. Medicare, Social Security and other safety net items are so well entrenched they cannot be ended or even significantly altered. Yet this very success makes consumers leery of any new programs that might have an impact on what they already have. Conversely, if the new health care law does become entrenched, it will be next to impossible to end it, which is why Republicans are working so diligently to prevent it from being implemented.

John Dickerson in a couple of articles for Slate magazine sums up the issues pretty well. The problem for President Barack Obama and the Affordable Care Act is that once credibility has been lost, it is extremely difficult to regain. There is no question that the first thing that needs to be done is to fix the website. There are a number of other issues that need to be dealt with as well. It is necessary for a sufficient number of young people to sign up in order to generate a workable pool of insured. It is also necessary to address in a satisfactory manner the thousands who have lost their insurance because of the health care law. Yet it remains true that if the website is working well and people are happy with the results a year from now, credibility can be regained.

The circumstances which led to the current difficulties are also important. The first problem Dickerson cites is obstructionism by Republicans and other narrow political interests. He describes a toxic political scene where every effort has been made to undermine and defund the law. The refusal of many states to

set up health care exchanges is just one example.

Yet Dickerson also asserts that a "hyper political sensitivity" in the Obama administration played a significant role in the failure of the rollout. Too many decisions were based on politics rather than best practices. The administration chose to shield the law from being defunded by placing parts of the operation of the law in sections of the budget that could not be defunded. This was done even though these were not always the best decisions for the success of the health care law. These realities illustrate just how dysfunctional government has become.

It is difficult to assess what the political fallout may be since elections are still one year away. We know some Democrats in Republican districts are seeking to distance themselves from the law. Yet there have actually been some positive stories on the website in recent days. States that have set up their own exchanges are seeing significant progress. The final chapter on the health care law has not yet been written.

Why is the future of the health care law important to all of us? As Douthat points out, a major change of this nature is going to prove to be disruptive. There may initially be some higher premiums. There may be some dislocations. There may even be some disadvantages for some groups, such as young people who may need to pay more for insurance. Some of these problems may be fixable, and some may not. The question is whether as a nation we are able to accept some bumps in the road in order to achieve something better.

Of course, the first question has to be whether we are going to get something better. That remains a difficult question to answer because of the incessant badgering of every element of the health care law by those who want it to fail. It is not easy to get a truly objective analysis of the act and its potential.

You might want to ask, however, "What is so good about the present system?" Premiums were skyrocketing well before the health care law was passed. More than 40 million people have no health care. The rest of us are paying for their care at emergency rooms and through emergency hospital admissions. The cost for this care is higher because the uninsured cannot seek care until there is an actual medical emergency.

Many Americans have adequate health care, usually from their employers, but does that make it OK for millions of other Americans to be denied insurance? Has our country become so selfish that the only consideration is, How am I doing and how is my family doing?

The scandal of so many governors refusing to expand Medicaid coverage is hard to comprehend. Millions of Americans could receive the health care they need immediately through the Medicaid expansion at no cost to the states. Can it really be that governors are willing to deny their poorest citizens health care coverage rather than allow any kind of victory for the president?

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Finally, I don't want to get into another discussion over the bishops' opposition to the health care law, yet their support at this time could prove instrumental to the success of the program. If they were to choose to step up as a powerful advocate for health care for the poor despite their disagreements with the administration, they could provide a decisive voice in bringing about a successful implementation of the health care law. In this way, the bishops could be responsible for bringing about an improvement in the health care delivery system for all Americans.

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