

Affordable Care Act here to stay

Written by Elizabeth Barrett

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Many without health care will get coverage

More than three years ago, President Barack Obama signed into law the Patient Protection and Affordable Care Act (ACA).

“And it will continue being law,” said Jerusha Hancock, an attorney for the Health Care Access Program at Nebraska Appleseed.

Hancock offered two seminars about the major principles of the ACA at the Sun Theatre Monday.

What most people need to know about the law is that a lot of people without health-care coverage will be able to receive it or pay a fee for not buying insurance.

“Hopefully the trend will continue and make the system better for everyone,” Hancock said.

The attorney noted that under the new health-care reform, the employer-based system of health insurance remains as the basis of the health care and insurance system in the United States.

“A lot of people won’t see much difference,” Hancock said.

She also described the ACA as sharing responsibility among individuals, employers and the government.

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The ACA focuses on four main areas:

how to find and access insurance coverage through exchanges and a new Medicaid program

how to afford coverage

how to ensure the insurance system is fair and that people get value for their premium dollar

how to change the health-care delivery system to control costs and focus on prevention.

A big part of the law focuses on preventive, instead of reactive, health, Hancock said.

That means many people will be eligible for free services such as blood pressure and cholesterol tests, mammograms, colonoscopies, vaccines, preventive services for women and more.

Hancock said preventive health care is less expensive to treat and can save lives.

Another important part of the law is consumer protection.

For example, the law ends denial of coverage for pre-existing conditions for children, prohibits lifetime benefit limits in all plans, extends dependent coverage to age 26 and ensures that insurance companies can't drop someone when that person becomes sick.

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Additionally, Hancock said insurers are required to spend 80-85% of premium dollars on medical care or rebate the difference.

Another important piece of the legislation is that insurers, when setting premiums, can no longer set different rates based on health status or gender.

“They can only look at age, geographic area, family composition and tobacco use,” Hancock said.

Under the old system, she said that women the same age and smoking status of men paid 30% to 100% more in insurance premiums.

Hancock said health insurance exchanges, which are new under the ACA, are intended to be competitive marketplaces where individuals and businesses can shop for private health insurance plans or enroll in public benefit programs.

Exchanges are open to individuals and small businesses up to 50 employees.

Nebraska has a federally facilitated exchange operated by the federal government instead of the state.

“The goal is to make the exchange a one-stop shop for people for private or Medicaid coverage and accessing tax credits,” Hancock said.

Tax credits are designed to help people afford health coverage bought through the marketplace exchange. If they qualify, she said tax credits can be used to lower monthly premium costs.

Helpful information can be accessed at the following websites: www.familiesusa.org,

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www.healthcare.gov, www.kff.org, www.aarp.org/getthefacts or at www.cbo.gov.

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