JRM®
The Journal of Reproductive Medicine®

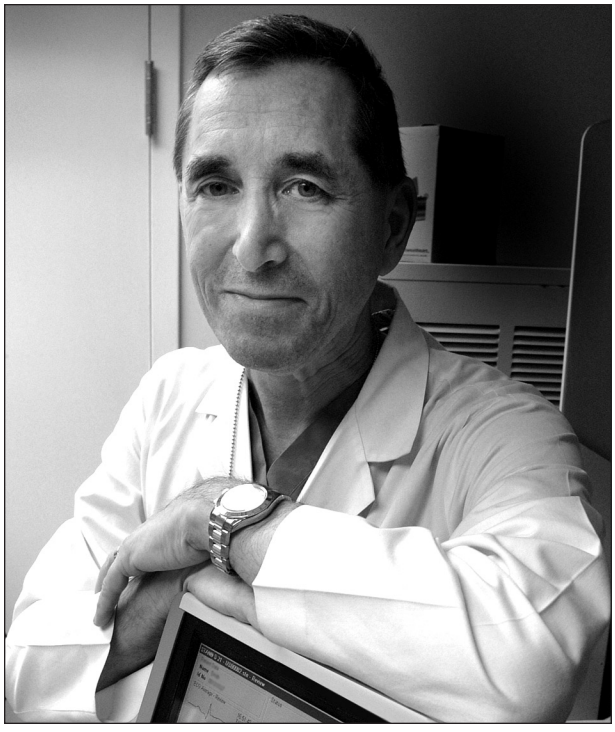
Volume 62, No. 3-4/March-April 2017

EDITORIAL

A Note from the Editor-in-Chief

Lawrence D. Devoe, M.D.

Welcome to the March-April 2017 Editor-in-Chief's page. This editorial column focuses on the current United States Congressional reconsideration of the Affordable Care Act of 2010.



Lawrence D. Devoe, M.D., Editor-in-Chief

It was only a couple of issues ago (November-December 2016), after the United States Presidential election had concluded, that I weighed in on the problems associated with the implementation of the Patient Protection and Affordable Care Act (PPACA), otherwise known as the Affordable Care Act or ACA.

The lengthy discussions now being held in Congressional committee meetings revolve around the question of whether it is better to repeal and replace the ACA than it is to reform it. Replacing any law as complex as the ACA is never an easy process, as the Republican legislators are quickly discovering. By dint of this party's majority in both Houses and its present occupation of the White House, Republicans could create (and they have) a new bill through the process of "budget reconciliation," a short-cut measure that deals with changes in or outright eliminations of federal funding. The draft bill that was released is the American Health Care Act or AHCA and maintains some of the important ACA benefits, such as enabling coverage of patients with preexisting medical conditions and allowing children to stay on their parent's health plans until age 26. The AHCA will also maintain patients added to the rolls of expanded Medicaid coverage until 2020 but will curtail further enrollment of patients in this plan. The ACA's premium subsidies would continue for some low and middle-income patients but would be prorated for age and income levels; the

0024-7758/17/6203-04–0095/$18.00/0

annual ceiling for health savings accounts would be raised. New items in the AHCA include a penalty for those who let their coverage lapse, rescinding of the individual mandate, and rebalancing federal contributions to state Medicaid programs.

Numerous projections like those performed by the RAND Corporation that have examined the future cost of healthcare have estimated that federal government dollars necessary to maintain the full implementation of the ACA's existing healthcare programs over a 5-year period from 2014–2019 would total nearly 1 trillion dollars. This results from the significantly increased enrollment, including larger numbers of sicker patients that were previously ineligible for coverage due to their preexisting conditions. The RAND projections also suggest that healthcare spending will continue to increase, although perhaps not at current rates. However, it remains unclear that, at current rates, there will be enough revenues from taxes, surtaxes, and fines to meet this hefty price tag. The Republican Party could simply have waited for the ACA to collapse under its own weight, but this would have generated chaos in the healthcare marketplace and created hardships for many patients, physicians, and hospitals. Realistically, the Republicans had 2 options to consider: repeal and replace or reform the ACA.

The Republican Party made "repeal and replace" a major 2016 campaign promise. What has been revealed so far is that the AHCA is neither a total repeal nor does it replace the existing law with major innovative economic measures that would consistently make care more affordable and still maintain coverage for millions of Americans. Numerous American medical societies, including the American Medical Association and American Congress of Obstetricians and Gynecologists, have already spoken out against specific measures within the AHCA. In more general terms, there is great concern voiced by these groups that millions of Americans could lose their healthcare coverage altogether and those potentially affected are among our poorest citizens. This could become the new reality if the AHCA's proposed changes in the flow of federal dollars to state Medicaid programs are voted in.

The issue of sheer cost of the current law cannot be ignored. The U.S. spends more on health care in terms of its gross domestic product and on a per capita basis than any other nation, and this figure has continued to rise, the ACA notwithstanding. Health insurance for everyone will not be affordable at the current rates of tax revenues without effective reduction in the expense side of medical care and the simultaneous assurance of its quality. There has been much discussion of both items. Perhaps the Medicare Access and CHIP Reauthorization Act (MACRA) of 2016 may start American medicine on the path to solving these thorny issues, but we are still far from seeing that happen.

As I suggested in the November-December issue, it behooves Congress to take a measured look at what would be needed in any new legislation that will overcome the current sticking points of the ACA without creating more serious problems for the future. If the cost of implementing the AHCA does not match the projected revenues to support it, then we are back at square one. Hopefully, there will be enough clear-headed and dispassionate discussion that was lacking when the Democrats rammed through the ACA in 2010. To quote the philosopher George Santayana, "those who do not remember the past are condemned to repeat it." With respect to American healthcare, I can only hope that this will not be the case for American healthcare legislation the second time around.