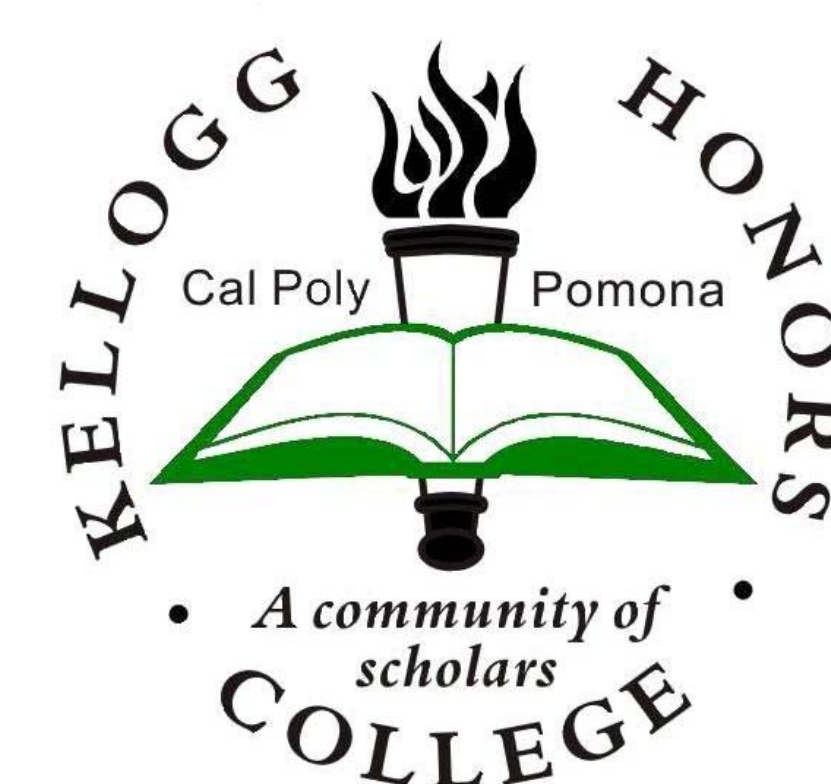
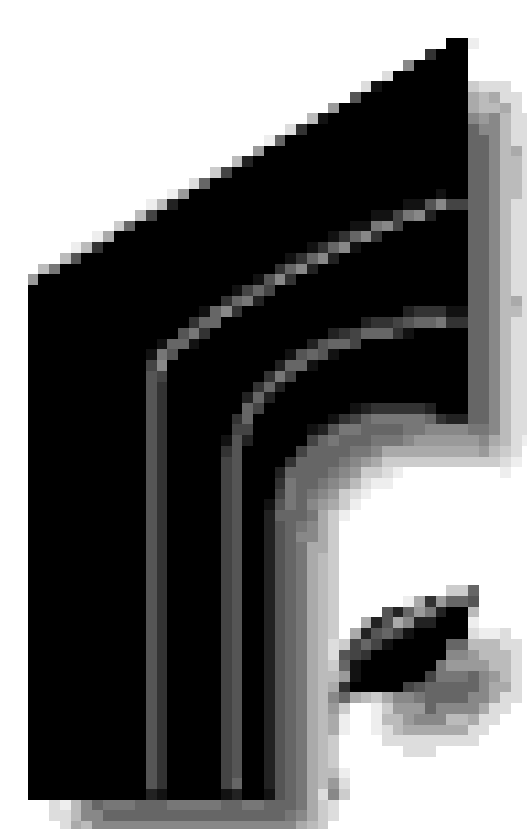


PPACA AND AMERICA'S HEALTH CARE: WHAT LIES AHEAD?



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Abstract

Debates among scholars continue to manifest in regards to the appropriate role of the public versus private sector in advancing the health care system. As debate continues, the social gradient in health worldwide continues to grow. This essay serves as an extension to my thesis, "Government-Mandated Health Care: Combating the Social Gradient in Health," which argued that an increase in government-mandated health care will improve quality of life. Quality of life indicators included: life expectancy rates, infant mortality rates, and obesity rates. As such, the study quantified the relationship between 10 randomly selected countries' health care systems and national health standards. In result, the study found that the socialized health care systems of Denmark, France, Hungary, and Norway, deemed the most favorable results in measuring the quality of life. This project will solely focus upon an assessment of the future of America's health care system with President Obama's Patient Protection and Affordable Care Act (PPACA). Can we predict a positive future in America under PPACA? This essay will draw upon various literatures, which foresee both the favorable and unfavorable fronts of PPACA. To assess the future of America under PPACA, this project will seek to compare PPACA characteristics with the health care systems in Denmark, France, Hungary, and Norway. What lies ahead? For now, any observation made in this paper is speculative and predicative on the future implementation President Obama's Affordable Care Act.

History of America's Health Care

- Where in other countries governments assured health coverage for all citizens, the U.S. failed to ensure health coverage for the majority of children and working-aged men and women. The quest to ensure universal coverage in the U.S. has been of political debate since the 1910s during Teddy Roosevelt's presidential campaign. Almost a century later, President Clinton urged Congress for "health care that's always there, health care that can never be taken away."
- Any reforms by advocates of universal health to America's health system that have been of discussion have been highly political and controversial. Starting in the 1930s, the Depression swayed the priority of benefits, thereby placing a greater emphasis on the elderly. As such, the Social Security Act was passed. A decade later, World War II prompted the employer-based system in place today.
- President Truman's national health program plan in 1945 was not only denounced by the American Medical Association, but he was also depicted as a "communist" by a House subcommittee. During the 1950s, private insurance flourished and attention turned from health reform to Korea. Major reform did not come into play until President Johnson signed Medicare and Medicaid into law in 1965.
- In the 1970s, President Nixon was also denounced and rejected for his national health insurance plan. By the end of the century, there were 44 million Americans, 16% of the nation, with no health insurance.
- President Obama signing into law the Patient Protection and Affordable Care Act on March 23, 2010 mirrored a century-long effort by advocates of universal insurance to bring reform to America's health care system.

The Patient Protection & Affordable Care Act

"It's hard to design any change of this scale where everybody is a winner and no one is worse off." - Gerald Kominski

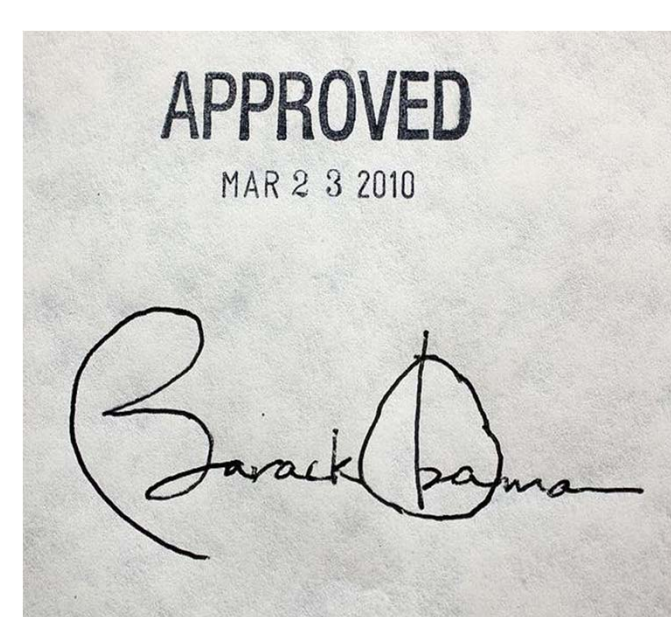
Health Reform Goal: Affordable health care for all Americans, regardless of their ability to pay or background medical history.

Pros-

- Strong focus on preventive services with large improvements to women's health services.
- Heightened quality of care and protection for senior citizens.
- Young adults may remain as dependents on their parent's policy until the age of 26.
- Expansion of Medicaid assistance to low income Americans.
- Low-income Americans will gain guaranteed access to health insurance.

Cons- (debatable)

- Controversial requirement that all Americans must obtain some form of health insurance.
- Failure to obtain insurance will result in a tax penalty.
- Various studies predict that the PPACA will bring about a shortage of 50,000 primary care physicians.
- More regulations placed on doctors, jeopardizing patient care and lessening time spent with the patient.
- Projected cost of approximately \$1.1 trillion over the next decade.



Quality of Life Indicator I. Life Expectancy

Research Question

Due to the fact that PPACA requires all Americans to have health insurance, will life expectancy rates gradually rise in the United States?

Argument

Mandating universal coverage will not be the only facet of PPACA that will improve life expectancy rates in the United States, but it is the strongest argument that can be assessed thus far relative to this project.

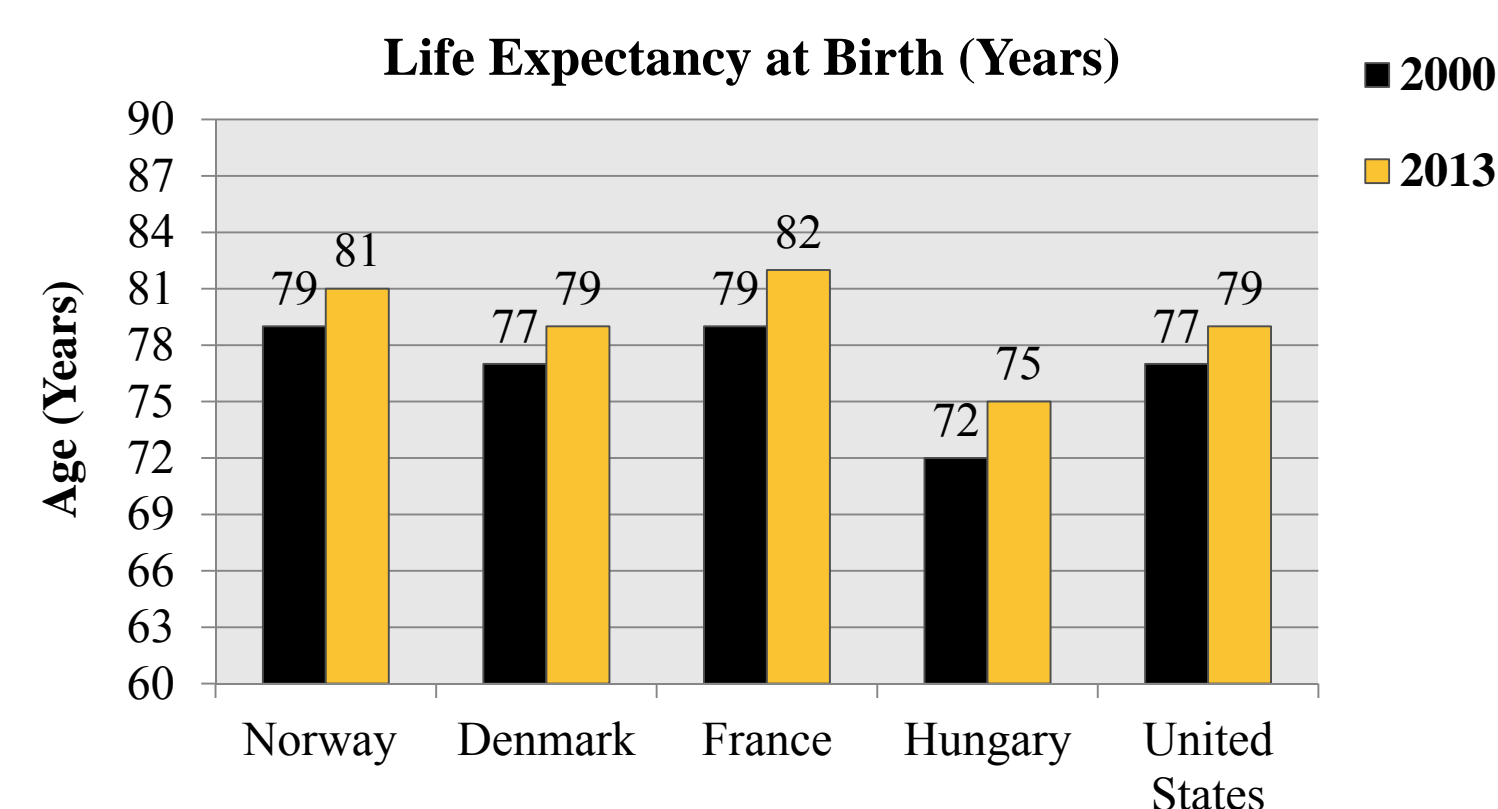
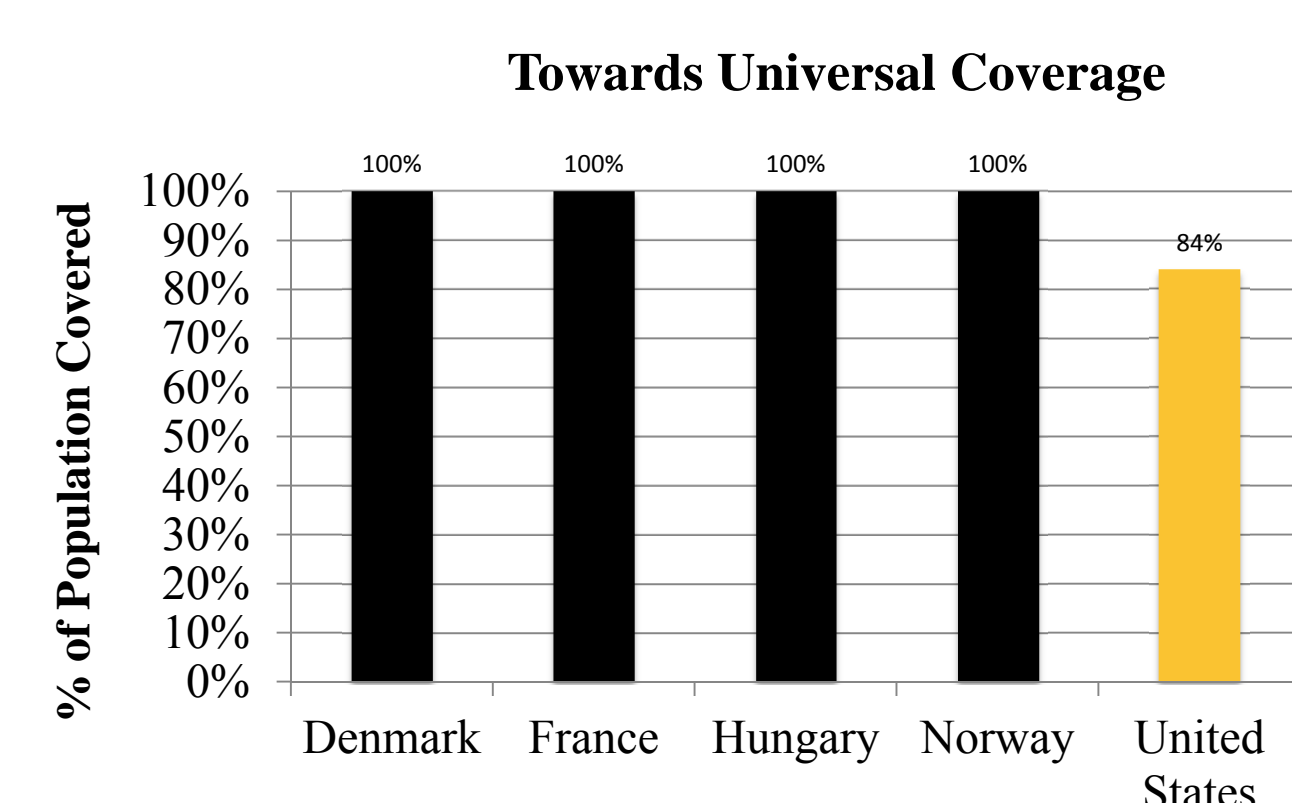
Thesis Extension- The United States:

- Initially found in the result section of my thesis, I will again argue that an increase in government-mandated health care will increase life expectancy rates within a country.
- PPACA serves as an increase in government-mandated health care, with provisions similar to those found in Denmark, France, Hungary, and Norway.

[In Europe, where governments take a bigger role in healthcare, many people have been baffled by the political furor over the healthcare law championed by President Obama. "Why do U.S. citizens resist healthcare reform?" France 24 reported that "discomfort with the healthcare reform may stem from deeply entrenched, typically American attitudes, some analysts say."]

Emily Alpert
Los Angeles Times | World

Figures



Quality of Life Indicator II. Infant Mortality

Research Question

Due to the increase in provisions supporting maternity care under PPACA, can we foresee infant mortality rates to decline under PPACA?

Argument

Although it is likely that infant mortality rates will decrease under PPACA, America will still fall behind countries with governments who supply longer durations of maternity leaves with greater percentages of wages paid.

Research

"We know maternity leave is associated with lower infant mortality rates. As well as receiving more one-on-one care, infants are more likely to be breast-fed, which lowers illness and hospitalization rates for infants and benefits women's health. Beyond the marked health advantages, paid maternity leave yields economic gains in terms of reduced health care costs, reduced recruitment and retraining and improved long-term earnings for women."

Jody Heymann

Dean of the Fielding School of Public Health at the University of California, Los Angeles

Various benefits for Women under PPACA, specifically pregnant women and new moms, include:

- Individual or small-group markets will be required to guarantee maternity coverage and newborn care; almost 9 million women will benefit from that guarantee.
- Women's preventative health care will be covered, with no cost sharing for new health plans.
- Women with pre-existing conditions, such as breast cancer, can no longer be denied health insurance coverage.
- 45 million women have already received preventive services, ranging from mammograms to well-baby care, with no co-pays or deductibles.

Jessica Arons

Director of the Women's Health and Rights Program at the Center for American Progress

Figures

A Quantitative Analysis

Country	A: Duration of Maternity Leave	B: Percentage of wages paid	Average of A & B	Infant Mortality Rate (deaths/1,000 live births)
Denmark	5	5	5	4.14
Norway	5	5	5	3.47
France	3	5	4	3.34
Hungary	4	4	4	5.16
United States	2	1	1.5	6
California	1	4	2.5	5

A: Duration of Leave	B: Wages Paid	Average of A & B
Less than 12 Weeks	Less than 10%	Poor
12-13 Weeks	10-25%	1/2
14-17 Weeks	25-50%	Mediocre
18-26 Weeks	50-75%	Good
More than 26 Weeks	More than 75%	Excellent

★ **The United States** enacted the Family and Medical Leave Act of 1993, which guarantees eligible employees at companies with more than 50 employees 12 weeks of unpaid, job-guaranteed leave for the birth of a child or care of a newborn, adoption of a child, to care for an immediate family member with a serious health condition, or to take medical leave for a serious health condition.

★ **California** was the first state to enact a Paid Family Leave Act in 2002. Employees can take 6 weeks leave and receive up to 55% of their weekly wages. Every employee who contributes to the State Disability Insurance is covered under this law.

Quality of Life Indicator III. Obesity

Thesis Overview

As a result of my thesis, an implementation of a "fat tax" to decrease obesity rates has yet to prove a statistically significant relationship. "Fat tax" was one way of observing an increase in government mandates towards health care. Since a statistically significant relationship was not found in the previous study, the United States was not applied for further research. This research specifically highlights upon the direct and indirect effects of PPACA on reducing obesity rates in America. Various literatures contend that the PPACA serves as a step in the right direction towards combating obesity in the United States.

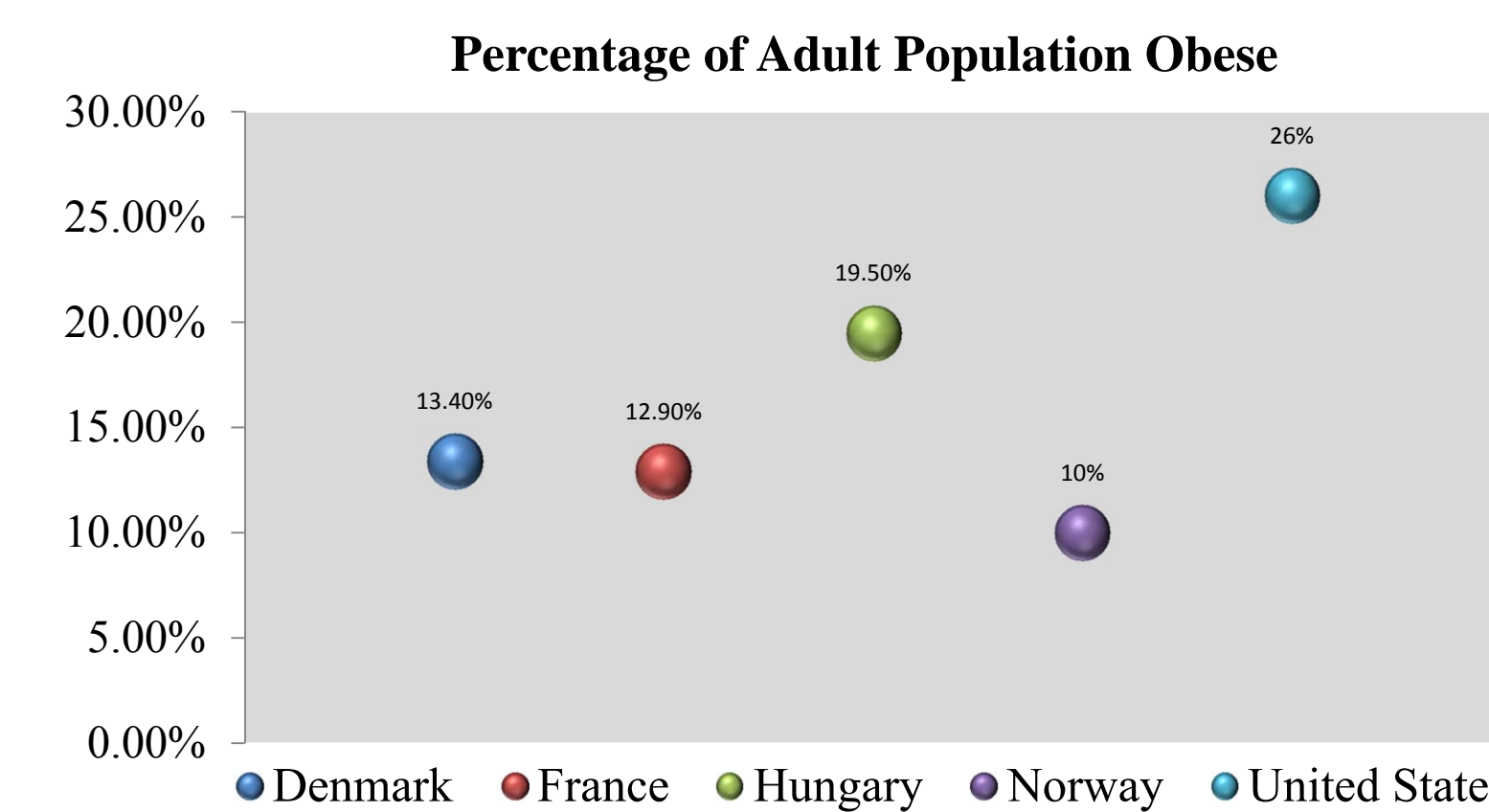
Literature Review

"The majority of the PPACA concerns the health insurance industry and mandates on the coverage of preventive health services. These mandates intend to promote preventive health care and improve public health by helping people live healthier lives, which will restrain the growth of health care costs over time."

In relation to obesity, the PPACA:

"Requires the Secretary of the US Department of Health and Human Services to issue guidance to states and health care providers about Medicaid's coverage of obesity-related services and preventive services and requires each state to design a public awareness campaign on such services;"

"Allows employers to offer premium discounts and other awards for up to 30% of the total premium to individuals who satisfy a health standard (such as quitting smoking, maintaining a body mass index below the level of obesity, and/or having a regular medical home where blood pressure, cholesterol, and diabetes can be managed)."



Obesity (BMI ≥ 30 kg/m²): Body Mass Index (BMI) greater than or equal to 30.

Jeffrey Engel MD
North Carolina Medical Journal