



Article from

The ACA@5

August 2015

Issue 1

Epilogue

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After five years under the new health care regime, what has changed? Maybe the easier question is what hasn't. Of course the Patient Protection and Affordable Care Act (ACA) is not perfect and important issues still need to be addressed. The ACA adds a new layer of complexity on top of an already complex system. However, on the whole the bill has done remarkably well at achieving its objectives.

Perhaps most importantly, the ACA is meeting its goal of expanding coverage. At the end of 2013, immediately prior to the opening of the health insurance exchanges, Gallup measured the uninsured rate at 17.1 percent. As of the first quarter of 2015, that rate had fallen to 11.9 percent, and is expected to fall further in the second quarter due to a special enrollment period established for those who realize while filing their taxes that they must purchase health coverage. According to Department of Health and Hu-

man Services (DHHS) statistics, that rate decline is a result of over 16 million people gaining insurance coverage. That number would be even higher if not for resistance to expanding Medicaid in some states.

The ACA has also done well from a cost perspective. The Congressional Budget Office (CBO) has revised down the expected cost of the bill by about 20 percent. Furthermore, the "rate shock" and "death spirals" that some had warned of have not only not happened, but 2015 rates were 16 percent lower than the DHHS expected. While preliminary rate filings for 2016 indicate large rate increases for some states and plans, it is too early to predict where rates will ultimately land. Similarly, there is no evidence that ACA requirements are hurting job growth, as job growth has continued for 56 consecutive months, the longest streak on record, and involuntary part-time employment has declined.

Unfortunately, the public and the political discourse have not fully absorbed these coverage and cost achievements. One reason for this is that the ACA has a minimal effect on those who already had employer-based insurance. However, the conversation surrounding the ACA is also very politically charged, and too often prioritizes an ideological position above facts. This is a major challenge going forward, and actuaries have the ability and responsibility to contribute robust, data-driven analysis of the true effects of the ACA. Put in language we all understand: We need to continue substituting facts for impressions.

As implementation of the ACA continues, the health care delivery and financing system will need to address new challenges posed by the law. For example, what can be done to address insufficient Medicaid reimbursement rates in an era of rapidly expanding Medicaid enrollment? What are the ideal role and structure of accountable care organizations, and what role should health actuaries play ensuring prudent risk management and ongoing fiscal strength? How do we adjust to the elimination of the ACA's temporary reinsurance and risk corridor schemes? Actuaries must be involved in designing the solutions to these problems. They must also be aware of broader issues in the pipeline, such as an impending shortage of primary care doctors on one end and gerontologists on the other. What effects will this shortage have on access, cost, and quality of care? More gen-

erally, how do we allocate care in a world of limited resources?

There is no magic bullet for curing the problems of the U.S. health care system. However, after years of uncontrolled cost growth and unacceptable barriers to access, the ACA has set the United States on a path toward more accessible and effective health care. Actuaries are in an excellent position to determine how these improvements can be preserved and expanded. As experts in the consequences of health risk, health actuaries must be leaders in creating a health care delivery and financing system that appropriately manages this risk, ensuring that actuarial principles and evidence-based approaches play a critical role in health policy-making. ■

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