

LEGAL EASE



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March 5, 2017

Continued need to advocate to protect healthcare and Medicaid

Repealing the ACA (Obamacare) and altering the current Medicaid program to block grants and per capita grants are still on the active agenda for Congress. Both of these changes will cause significant harm to Pennsylvanians, particularly older Americans.

More than six million older Americans rely on Medicaid each year for necessary health care services per the "Justice in Aging Fact Sheet" (www.justiceinaging.org). Additionally, Medicaid helps 8.5 million older adults and people with disabilities pay for Medicare cost sharing costs. These are just the statistics for older Americans; many other Americans, such as those who are SSI recipients or who are in poverty, depend upon Medicaid for their medical insurance coverage. Any type of funding cap would result in deep cuts to the Medicaid program.

Block grants would give each state a fixed amount for the entire Medicaid program. Coverage for Medicaid would not be guaranteed any longer. Vital health care services would likely be lost, and older and disabled Americans could be required to sell their homes, cars, jewelry, and burial funds to pay for care. The financial protection for spouses when one enters a nursing home will likely be lost. This will result in the spouse who stays home being impoverished in order to have ill spouse receive the care that he or she needs. Fewer services will be available to older adults who wish to remain at home. The State would be forced to cut programs simply because the funding would not be in the budget. These are just a few likely scenarios if block grants and per capita grants are the future of Medicaid funding.

Repealing the ACA will also have devastating effects across all age groups. Previous articles have dealt with many of those issues but a recent issue of Washington Monthly (<http://washingtonmonthly.com/2016/12/13/how-repealing-obamacare-will-affect-medicare/>) focused on how repeal will affect Medicare. An immediate result would be the closure of the donut hole in Part D prescription drug coverage. Under the original plan, the 25 percent limit that Medicare beneficiaries paid for prescription drugs disappeared annually once total spending reached \$2,800. There was a gap in coverage, the infamous donut hole, which lasted until spending reached \$4,550. While in the coverage gap, beneficiaries were responsible for 100 percent of the drug costs. Obamacare capped the cost to beneficiaries at 50 percent in the coverage gap, which is slowly closing until the total closure in 2020. The Commonwealth Fund reported recently that since 2010 over \$11.5 billion was saved on drugs by Medicare beneficiaries due to the closing of the donut hole.

Medicare recipients will notice another change since the ACA requires that all insurers offer free preventative care (including flu shots and screenings for cancer, diabetes and other diseases). Another less visible but very significant issue is with the decrease in program spending, both in actuality and projected, the Medicare trust fund is expected to remain solvent 11 years longer than before the ACA was enacted.

For the disabled population, the ACA affords many protections, including being able to obtain health insurance even with chronic conditions or a disability. There are not arbitrary financial limits on how much healthcare you can receive each year or in a lifetime. Young persons who are not disabled are able to continue on their parent's health insurance plan until they can find a job that provides benefits.

Congress can repeal the ACA in large part by using the Budget Reconciliation Act. The time for action is now. Protect Medicare and Medicaid by letting your representatives in Congress know what is being denied to people if they repeal these important health protections without a replacement plan.