



UNIVERSITY OF  
**SOUTH CAROLINA**  
College of Social Work

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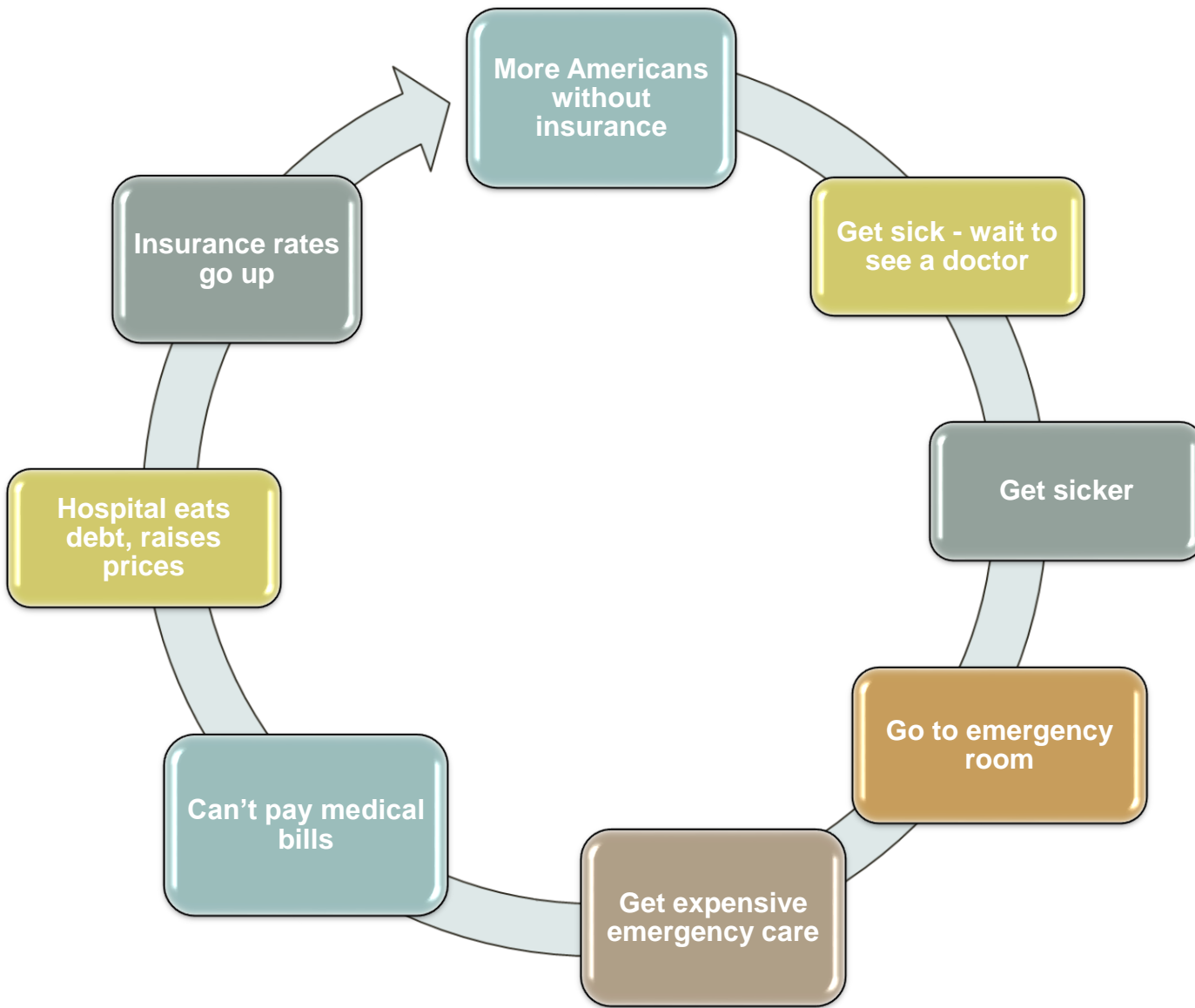
College of Social Work  
University of South Carolina

November 15, 2017

# REPEAL, REPLACE, RETRACT

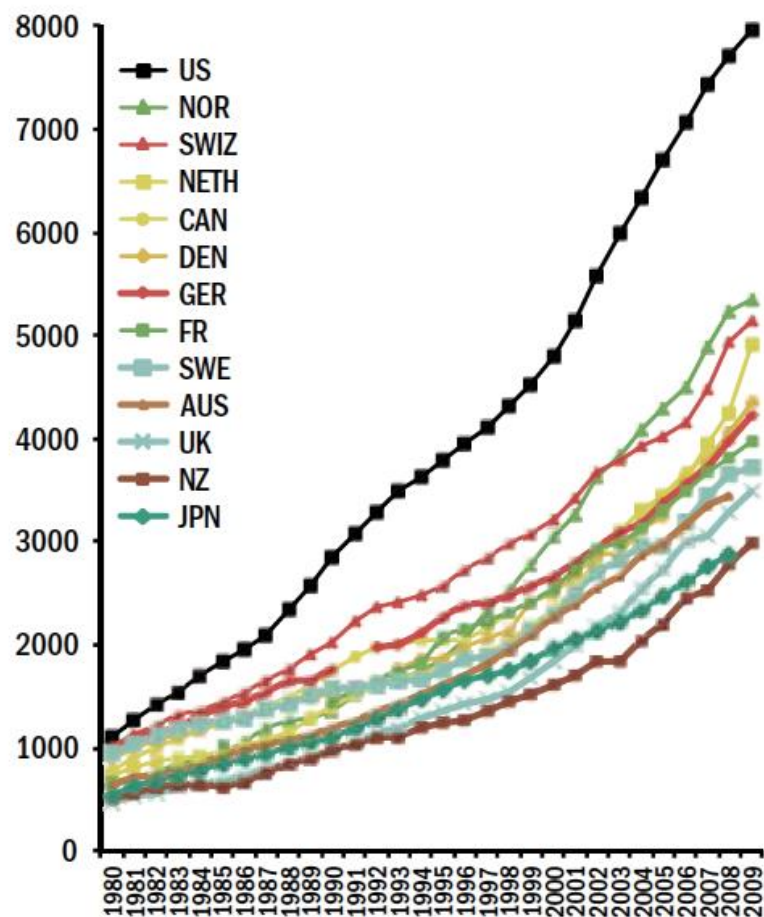
Implications of Obamacare  
Reforms for Social Work

**1.2 trillion**

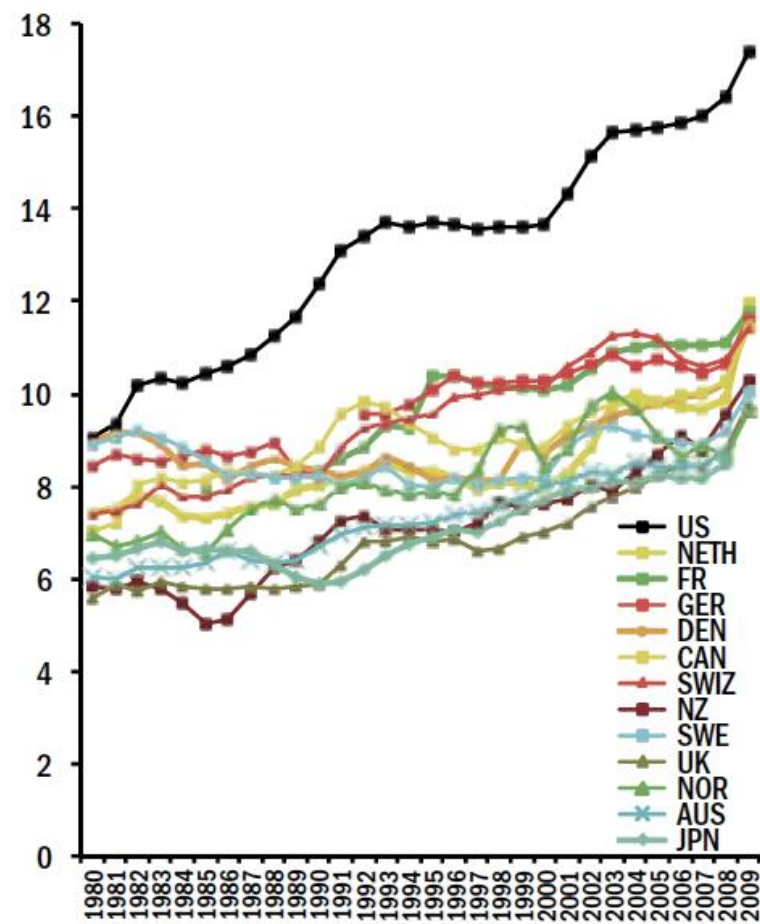


## Exhibit 1. International Comparison of Spending on Health, 1980-2009

Average spending on health  
per capita (\$US PPP)



Total expenditures on health  
as percent of GDP

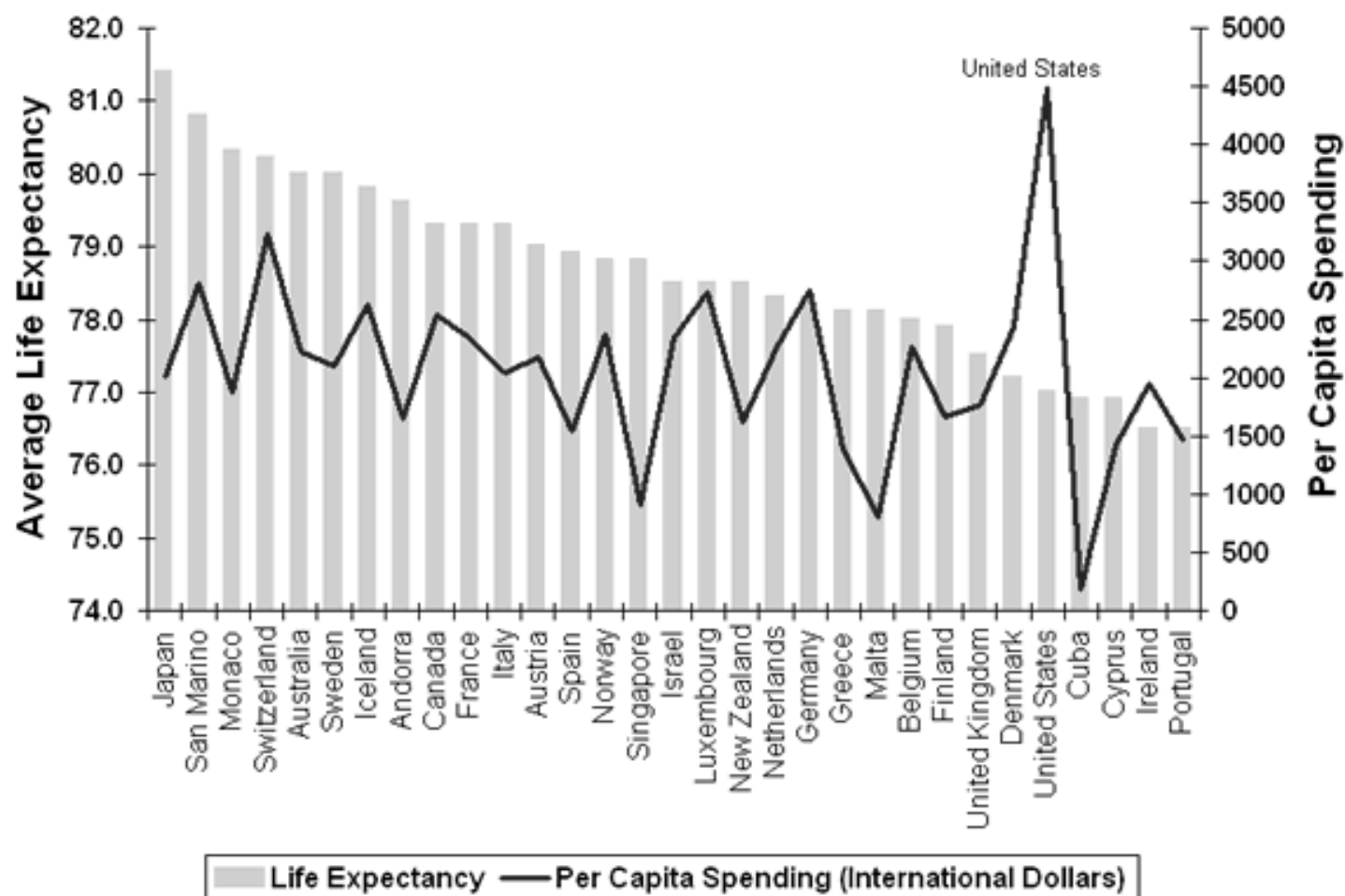


# POOR QUALITY

- Americans are receiving coverage that is...
  - Poorly coordinated
  - Overpriced
  - Largely ignores prevention and health promotion
  - Not tailored to individual needs
- Pharmaceuticals and invasive surgery as “go to” solution for most problems



## The Cost of a Long Life



# WHERE WE'VE BEEN

*Too many people lack health  
coverage & care*

*System focuses on treatment  
instead of prevention*

*U.S. healthcare spending is  
unsustainable*

*Low-ranking U.S. health  
outcomes*







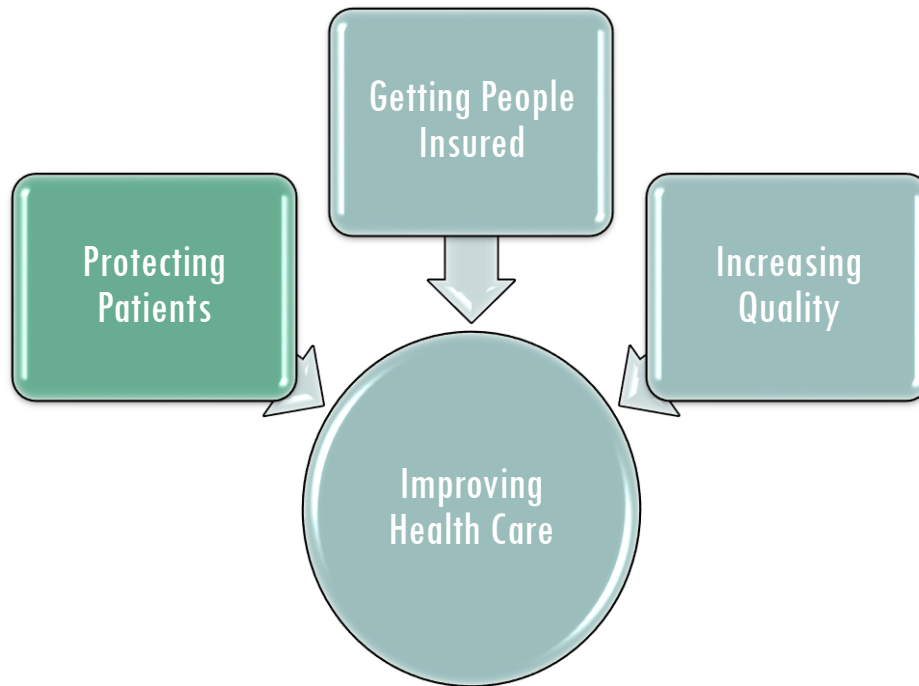
- ✓ Putting Information for Consumers Online
- ✓ Appealing Insurance Company Decisions
- ✓ Establishing Consumer Assistance Programs
- ✓ Providing Small Business Health Insurance Tax Credits
- ✓ Offering Relief for Seniors in the Drug “Donut Hole”
- ✓ Providing Free Preventive Care
- ✓ Expanding Medicaid Eligibility
- ✓ Cracking Down on Health Care Fraud
- ✓ Expanding Coverage for Early Retirees
- ✓ Rebuilding the Primary Care Workforce
- ✓ Holding Plans Accountable for Arbitrary Rate Hikes
- ✓ Increasing Payments for Rural Health Care Providers
- ✓ Strengthening Community Health Centers
- ✓ Offering Prescription Drug Discounts

- ✓ Providing Free Preventive Care for Seniors
- ✓ Increasing Access to Home & Community Services
- ✓ Bringing Down Health Care Premiums
- ✓ Addressing Overpayments to Insurance Companies
- ✓ Strengthening Medicare Advantage
- ✓ Reducing Paperwork and Administrative Costs
- ✓ Understanding and Fighting Health Disparities
- ✓ Providing Options for Long-Term Care Insurance
- ✓ Expanding Authority to Bundle Payments
- ✓ Increasing Medicaid Payments for Primary Care
- ✓ Eliminating Annual Limits on Insurance Coverage
- ✓ Ensuring Coverage for Individuals in Clinical Trials
- ✓ Establishing the Health Insurance Marketplace
- ✓ Increasing the Small Business Tax Credit

# TODAY'S AGENDA

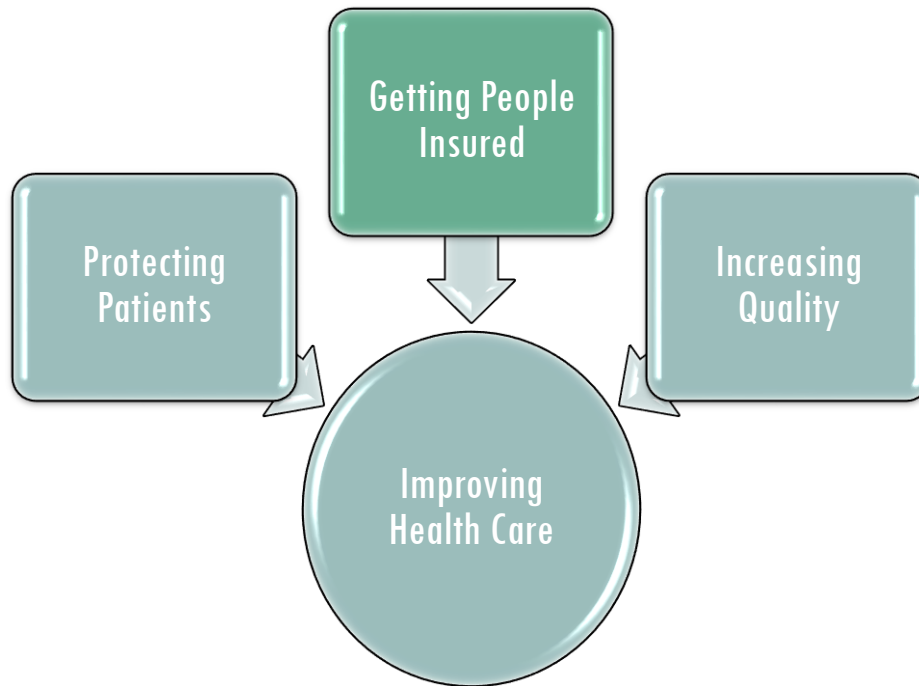
- ✓ A quick review of the ACA and where we've been
- ✓ Attempts at repeal and replace
- ✓ A look at the current strategy (sabotage by executive order)
- ✓ Implications for social work practice and advocacy

# KEY PROVISIONS OF THE ACA



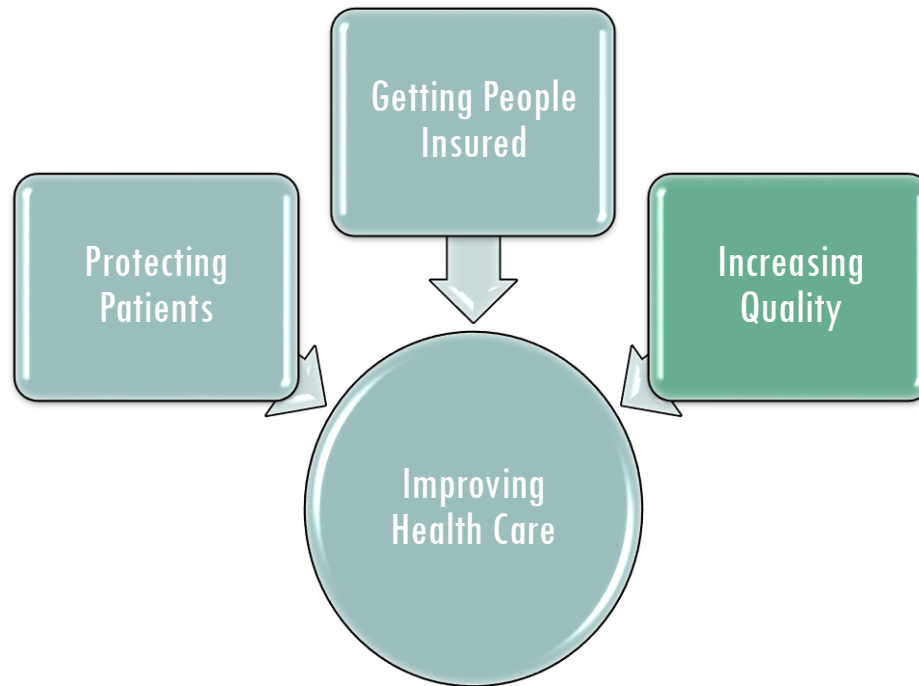
- Pre-existing conditions
- Lifetime limits on coverage
- Coverage withdrawals

# KEY PROVISIONS OF THE ACA



- Medicaid expansion
- Insurance marketplaces
- Subsidies & tax credits
- Dependent coverage mandate

# KEY PROVISIONS OF THE ACA



- ACOs
- Medical homes
- Value-based purchasing

# ACA SUCCESSES

- ✓ Lowered the number of uninsured by 20 million
- ✓ Provided health insurance subsidies to 10 million
- ✓ Eliminated out-of-pocket costs for preventative services for 137 million
- ✓ Phased out prescription coverage gaps for 11 million seniors
- ✓ Reduced hospital-acquired infections, saving 125,000 lives
- ✓ Decreased preventable hospital readmissions by 87,000
- ✓ Decreased uncompensated care by hospitals by 25%
- ✓ Created 240,000 healthcare jobs
- ✓ Curbed employee costs for health insurance dropped by 5%
- ✓ Slowed the rate of growth in health care prices 50% over pre-ACA period
- ✓ Beat projections for national health expenditures by \$2.6 trillion
- ✓ On track to reduce federal deficit by \$300 billion this decade

# Early Medicaid Expansion Associated With Reduced Payday Borrowing In California

Heidi Allen<sup>1</sup>, Ashley Swanson<sup>2</sup>, Jialan Wang<sup>3</sup>, and Tal Gross<sup>4</sup>

AFFILIATIONS 

PUBLISHED: OCTOBER 2017

<https://doi.org/10.1377/hlthaff.2017.0369>

 VIEW ARTICLE

 SHARE

 TOOLS

## ABSTRACT

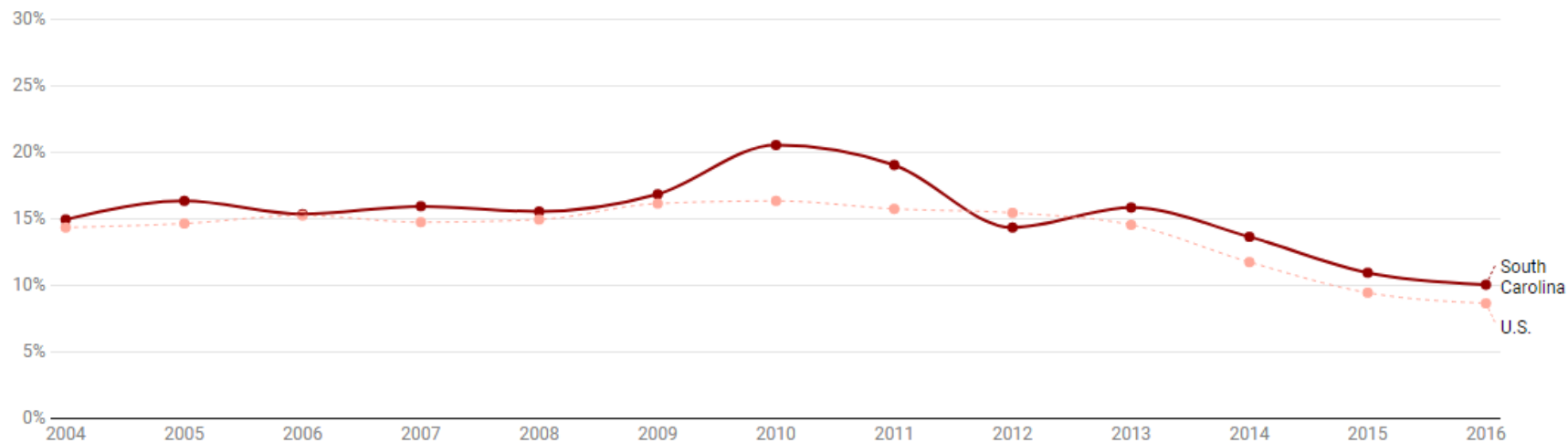
We examined the impact of California's early Medicaid expansion under the Affordable Care Act on the use of payday loans, a form of high-interest borrowing used by low- and middle-income Americans. Using a data set for the period 2009–13 (roughly twenty-four months before and twenty-four months after the 2011–12 Medicaid expansion) that covered the universe of payday loans from five large payday lenders with locations around the United States, we used a difference-in-differences research design to assess the effect of the expansion on payday borrowing, comparing trends in early-expansion counties in California to those in counties nationwide that did not expand early. The early Medicaid expansion was associated with an 11 percent reduction in the number of loans taken out each month. It also reduced the number of unique borrowers each month and the amount of payday loan debt. We were unable to determine precisely how and for whom the expansion reduced payday borrowing, since to our knowledge, no data exist that directly link payday lending to insurance status. Nonetheless, our results suggest that Medicaid reduced the demand for high-interest loans and improved the financial health of American families.

# Obamacare Is a Powerful New Crime-Fighting Tool

An astonishing two-thirds of the 730,000 prisoners released each year have substance abuse or mental health problems. But no one has been willing to pay for their treatment—until now.



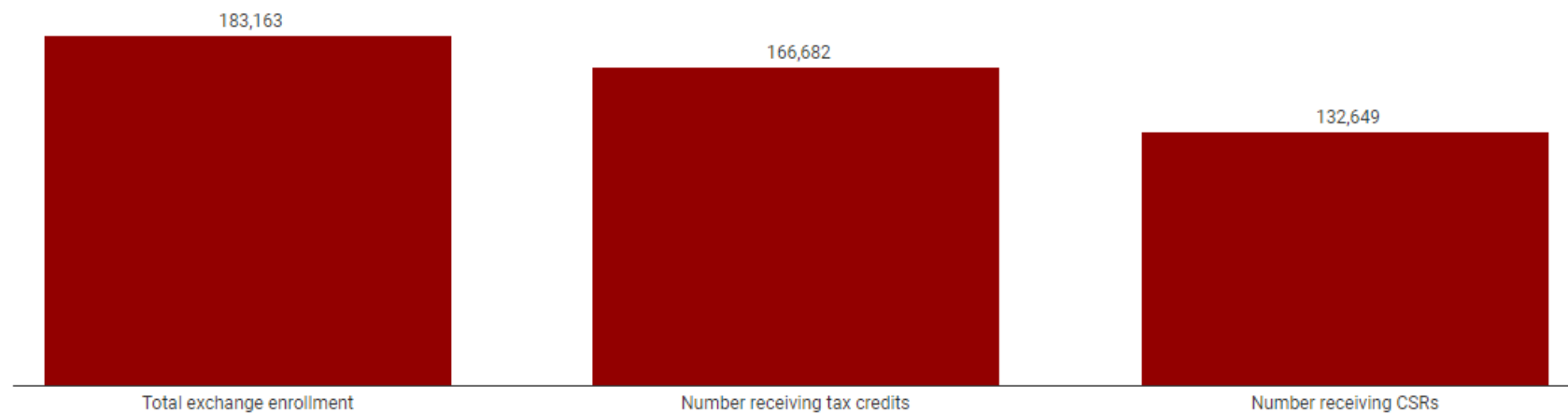
## Population without health insurance coverage, 2004-2016



Source: [United States Census Bureau](#)

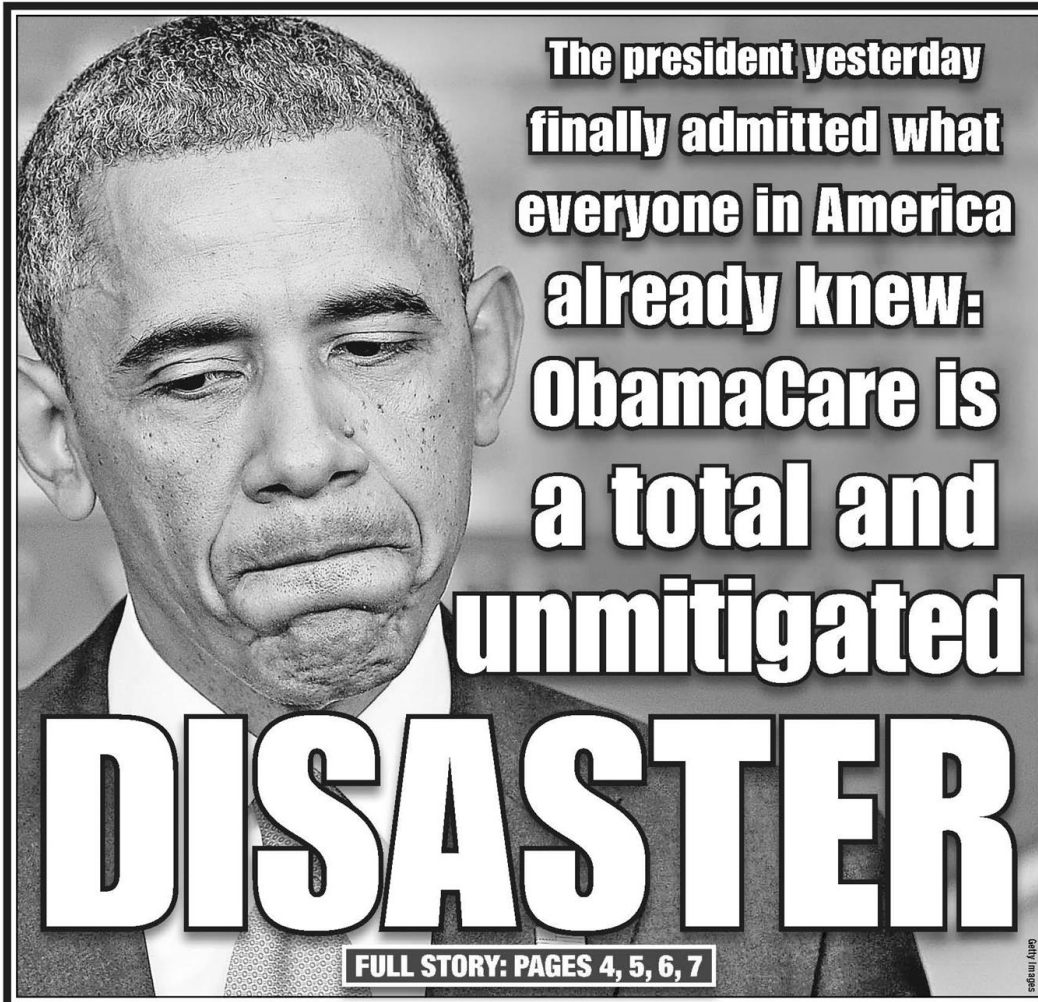
BALLOT **PEDIA**

## Exchange enrollment and financial assistance in South Carolina, 2017



Source: [Henry J. Kaiser Family Foundation](#)

BALLOT **PEDIA**



The president yesterday  
finally admitted what  
everyone in America  
already knew:  
ObamaCare is  
a total and  
unmitigated

# DISASTER

FULL STORY: PAGES 4, 5, 6, 7

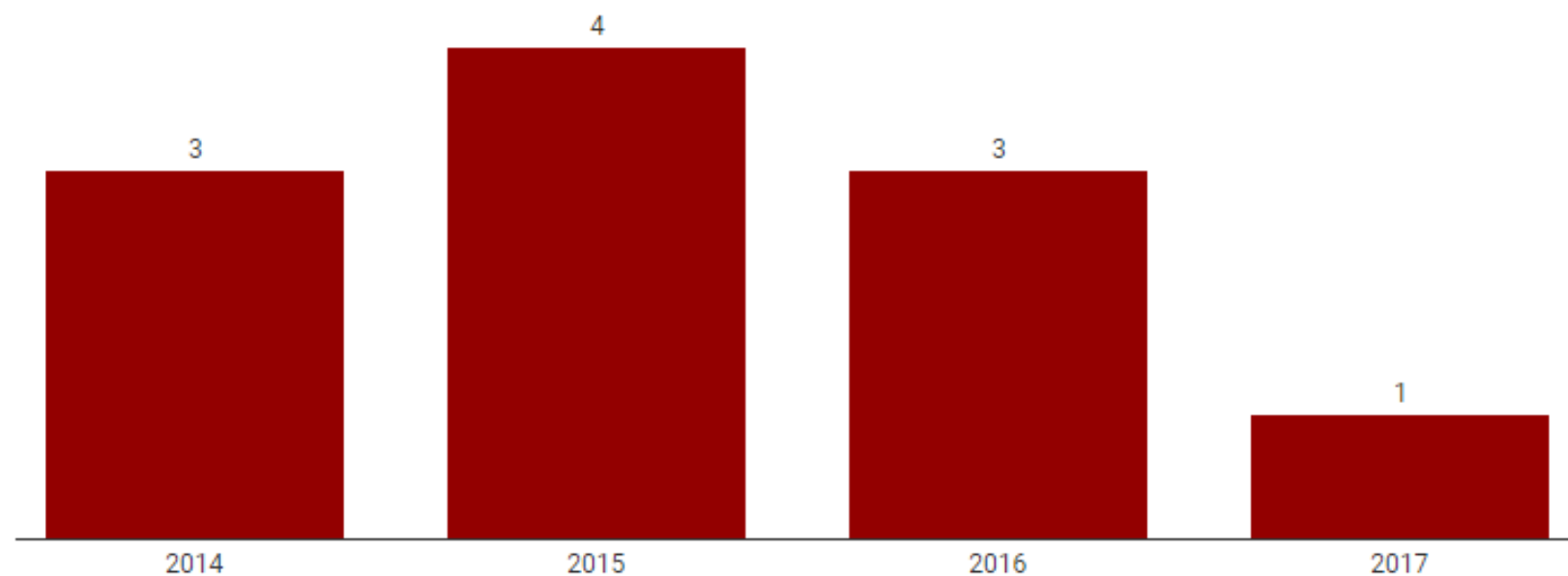
Getty Images

# PROBLEMS WITH THE ACA

Most significant issues related to the exchanges:

- “Skinny” networks for some qualified health plans in the exchanges
- Lack of competition among QHPs in some exchanges
- Enrollees have been sicker than projected, making profits smaller than expected
- Rising premiums in some states, esp. for individuals not eligible for subsidies
- Some enrollees wish they could buy cheaper, less comprehensive coverage

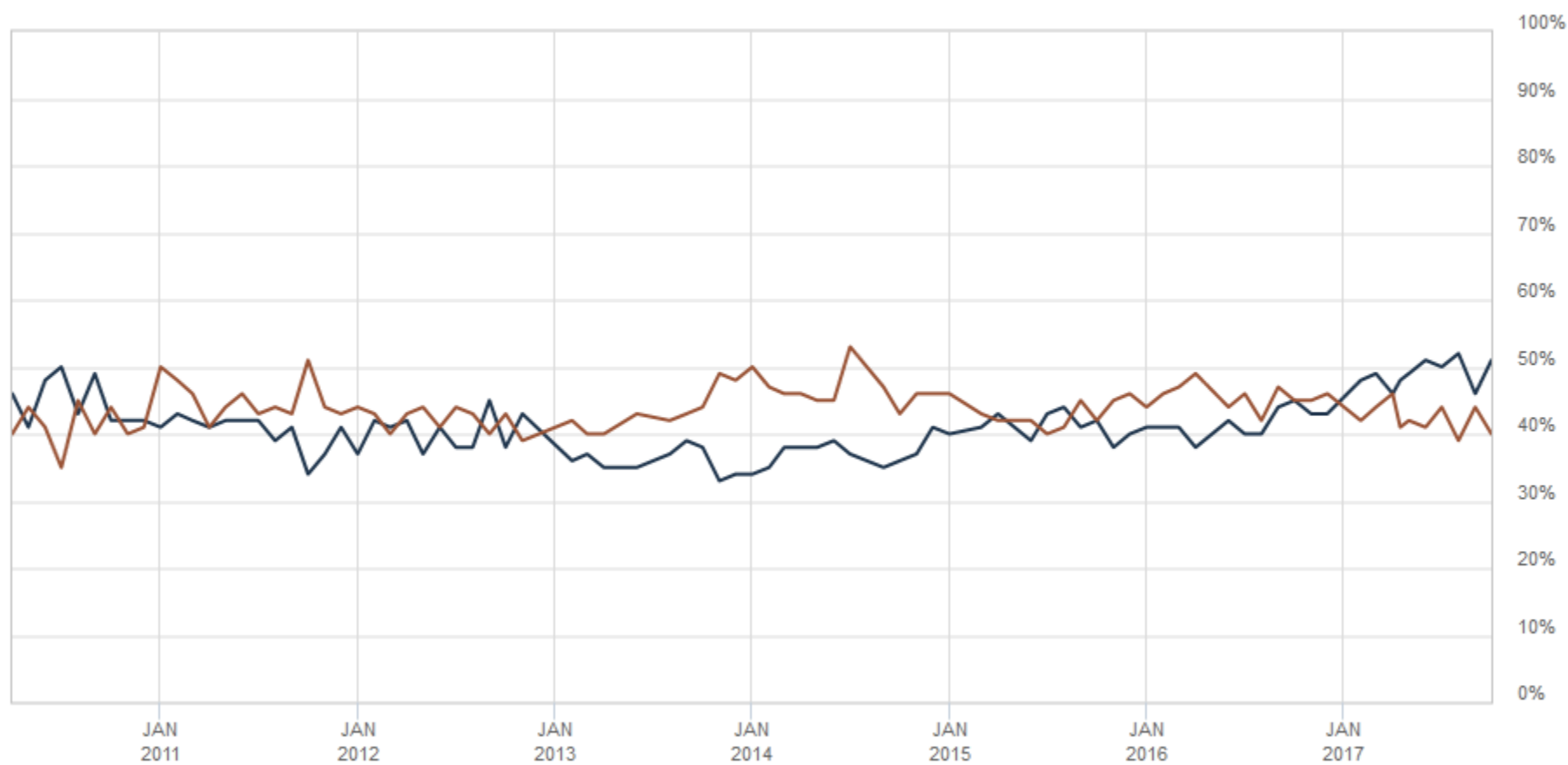
## Number of health insurers on the ACA exchange in South Carolina



Source: [Henry J. Kaiser Family Foundation](#)

**BALLOT**PEDIA

■ All Adults - Favorable ■ All Adults - Unfavorable





# ATTEMPTS AT REPEAL

Attempt	Bill	Chamber	Introduced	Outcome
#1	American Health Care Act, Round I	House	Mar. 2017	Failed
#2	American Health Care Act, Round II	House	May 2017	Passed
#3	Better Care Reconciliation Act	Senate	July 2017	Failed
#4	Obamacare Repeal Reconciliation Act	Senate	July 2017	Failed
#5	Health Care Freedom Act	Senate	July 2017	Failed
#6	Graham-Cassidy Amendment	Senate	Sept. 2017	Failed

# AMERICAN HEALTH CARE ACT

- Remove health insurance mandate
- Block grant Medicaid
- Remove consumer protections re: pre-existing conditions, ban on lifetime coverage limits
- Would have increased the number of people who are uninsured by 25 million in 2026 relative to the ACA





# BETTER CARE RECONCILIATION ACT

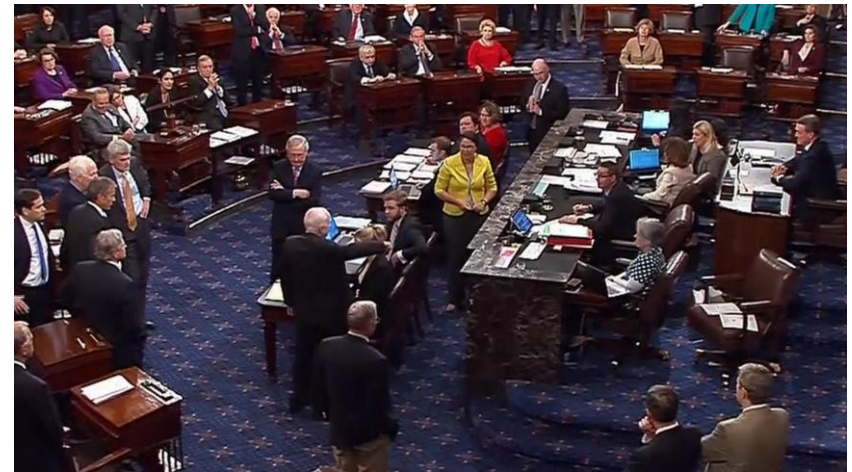
- All of the great provisions in the American Health Care Act, plus:
  - Reduced federal contributions to state Medicaid programs
  - Forced 6-month waiting period during coverage lapses
- But, sought to ban discrimination based on pre-existing conditions and retain Essential Health Benefits
- Would have increased the number of people who are uninsured by 22 million in 2026 relative to the number under current law

# OBAMACARE REPEAL RECONCILIATION ACT

- AKA “Straight Repeal,” proposed by Rand Paul
- Never expected to pass, the legislation failed at procedural vote; nine Republican senators voted “no,” including Lindsay Graham
- Had it passed, 32 million would have been uninsured by 2026, driven by repeal of insurance expansions and premium increases driving people out of the market
- Premiums were projected to double by 2026

# HEALTH CARE FREEDOM ACT

- Also referred to as “Skinny Repeal,” this was Senate Republican’s last ditch attempt to find a point of agreement on repeal
- Repeal of individual mandate requiring everyone to buy health insurance.
- The bill included no changes to Medicaid or any other major aspect of the Affordable Care Act.
- One vote shy of passage (Republican Senators Collins, Murkowski, and McCain cast the fatal “no” votes).



# GRAHAM-CASSIDY AMENDMENT

- Proposed as senate amendment to the House's passed American Health Care Act
- Sought to block grant Medicaid and remove federal eligibility and coverage requirements for state programs
- Would have redistributed federal funds from the Affordable Care Act, delivering more states to funds that have elected not to expand Medicaid
- Proposed to devolve decision making regarding key consumer protections to the states

# ATTEMPTS AT REPEAL

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Trump's PLAN B →

# EXECUTIVE ORDER

- Entitled “Executive Order to Promote Healthcare Choice and Competition”
- Stopped Cost-Sharing Reduction (CSR) payments to insurers
- CSR payments are the mechanism through which the federal government has subsidized deductibles and co-pays for individuals earning less than 250% of the Federal Poverty Level
- Concerns that revoking CSR payments could result in:
  - Higher premiums (25% increases or more)
  - An increase in the uninsured as a result of people dropping out of the exchanges
  - More insurers pulling out of the exchange market

*But the move has not been successful in encouraging collapse of the exchanges...*

# EXECUTIVE ORDER

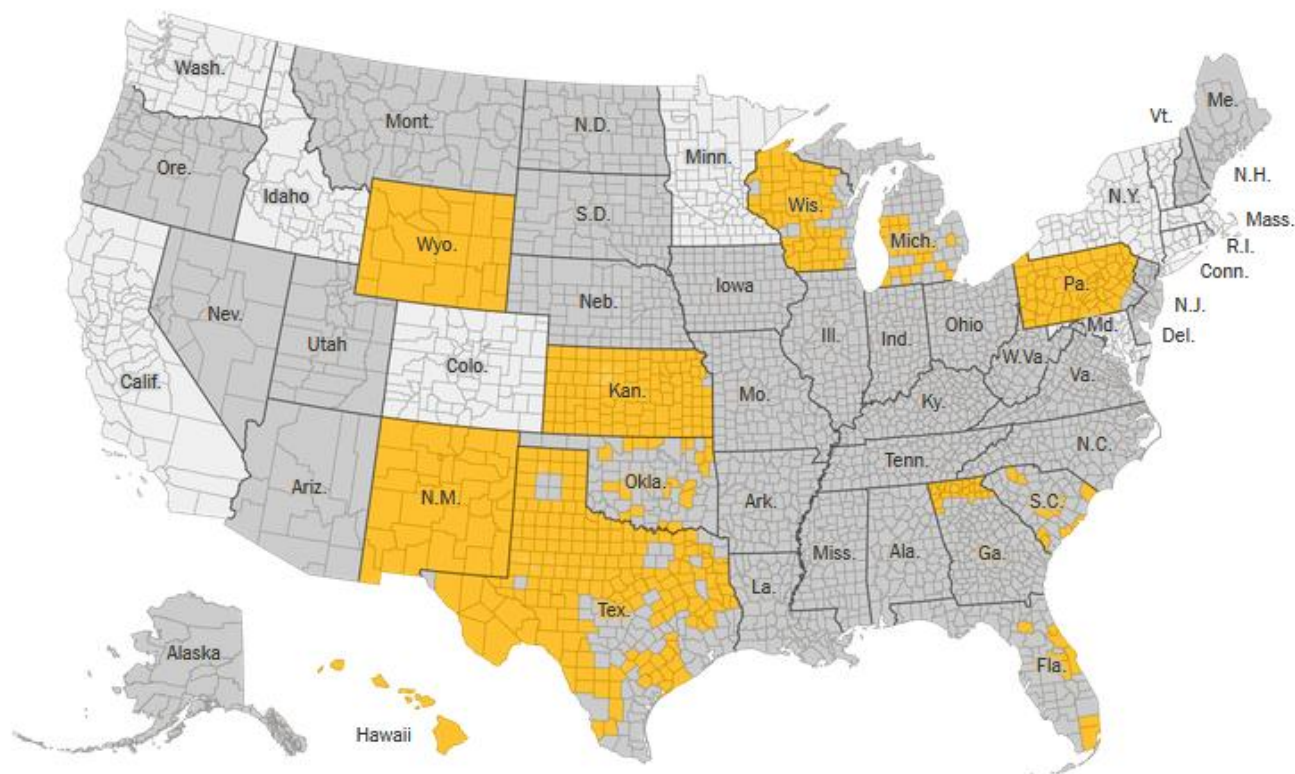
- To compensate for lost funding, insurers increased prices—esp. for silver plans subsidized by the feds
- Those receiving subsidies will be able to afford a plan that requires much less out-of-pocket spending for their health care
- Those who don't qualify subsidies will be hit with significantly higher premiums



# When Silver Costs More Than Gold: How Trump's Actions Have Scrambled Insurance Prices

## Where a Gold Plan Is a Smart Buy

The counties highlighted are places where a gold plan is cheaper or less than \$25 more than a silver one.



Prices are for 40-year-old nonsmokers buying a plan just for themselves.

By The New York Times



# SO WHAT'S NEXT?



**Donald J. Trump** ✓

@realDonaldTrump

Following



Wouldn't it be great to Repeal the very unfair and unpopular Individual Mandate in ObamaCare and use those savings for further Tax Cuts.....

10:59 AM - 1 Nov 2017

17,630 Retweets 82,912 Likes



24K



18K



83K



# The Trump Administration Is Pulling Out Of Obamacare Enrollment Events

The Department of Health and Human Services has told states that for the first time, it will not be sending its regional directors to help states with planning for the upcoming open enrollment period.

## *Trump Administration Sharply Cuts Spending on Health Law Enrollment*

By ABBY GOODNOUGH and ROBERT PEAR AUG. 31, 2017

Scenes from the 23 anti-Obamacare videos on the health department's YouTube page



Anti-Obamacare infographics tweeted by Mr. Price



The department removed useful guidance for consumers about the Affordable Care Act from its website.

# EFFORTS TO SABOTAGE

- The open enrollment period has been cut in half, from ninety to forty-five days.
- Advertising for open enrollment has been reduced by 90%, from \$100 million to \$10 million nationwide.
- Healthcare.gov call center and website will be closed the evening of November 1, every Sunday from midnight to noon during the enrollment period except December 10, and it will close during the Thanksgiving holiday.
- Consumers who have auto re-enrolled in coverage for two years will not be permitted to auto re-enroll this year.
- Grants for in-person enrollment assistance have been cut nationwide.
  - SC's statewide navigator grantee Palmetto Project is receiving 54% less funding
  - The Beaufort County Black Chamber of Commerce navigator program reduced 90%
  - Palmetto Project has decreased the number of navigators from 60 to 30, and will only have dedicated navigators in 17 counties this year. All 46 counties were covered in years past.
- The Trump Administration has ended payment for the cost-sharing reductions (CSRs) to insurance companies. This funding subsidizes lower out-of-pocket costs for low-income Americans in the Marketplace.



ALL SECTIONS



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TOP STORY

## Anticipating Trump's order, South Carolina's sole Obamacare insurer already planned 'tremendous' hike

By Lauren Sausser [lsausser@postandcourier.com](mailto:lsausser@postandcourier.com) Oct 14, 2017  (7)

“South Carolina will start out with a bad deal and it will just go from bad to worse. It’s going to cost a lot of people health care and, ***for some people, their lives.***”

- Sue Berkowitz, SC Appleseed Director

SOUTH CAROLINA  
**appleseed**  
LEGAL JUSTICE CENTER





Tweets **201** Following **11** Followers **9,247** Likes **7**

### Get America Covered

@GetUSCovered

Get America Covered helps people looking for health insurance get covered and stay covered.

Washington, DC

getamericacovered.org

Joined September 2017

[Tweet to Get America Covered](#)

24 Followers you know

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**Get America Covered** @GetUSCovered · Nov 1

Today's the day! You can go to [HealthCare.gov](#) and sign up for health coverage. Need a pep talk first? @BarackObama has you covered.

1.2K   28K   34K

**Little Lobbyists** @LittleLobbyists · Sep 29

Rest up friends - and then get right back at it. Our care is still at risk, but we're ready. [bit.ly/2hzMQMH](#)





More than

**601,000 AMERICANS**

**HAVE SIGNED UP FOR HEALTH COVERAGE  
SINCE NOVEMBER 1.**

JOIN THEM TODAY AND #GETCOVERED AT [HEALTHCARE.GOV](http://HEALTHCARE.GOV).

GET   
**AMERICA**  
COVERED

## *Pace of Sign-Ups Under Affordable Care Act Blows Past Prior Years*

By ROBERT PEAR NOV. 9, 2017



An insurance agent meeting with a woman shopping for insurance in Miami on Nov. 1, the first day of the open enrollment period for the Affordable Care Act.

Joe Raedle/Getty Images



Supporters of Medicaid expansion celebrate their victory on Tuesday. The vote makes Maine the 32nd state to agree to expand Medicaid to thousands of low-income adults who qualify for coverage. | Robert F. Bukaty/AP Photo

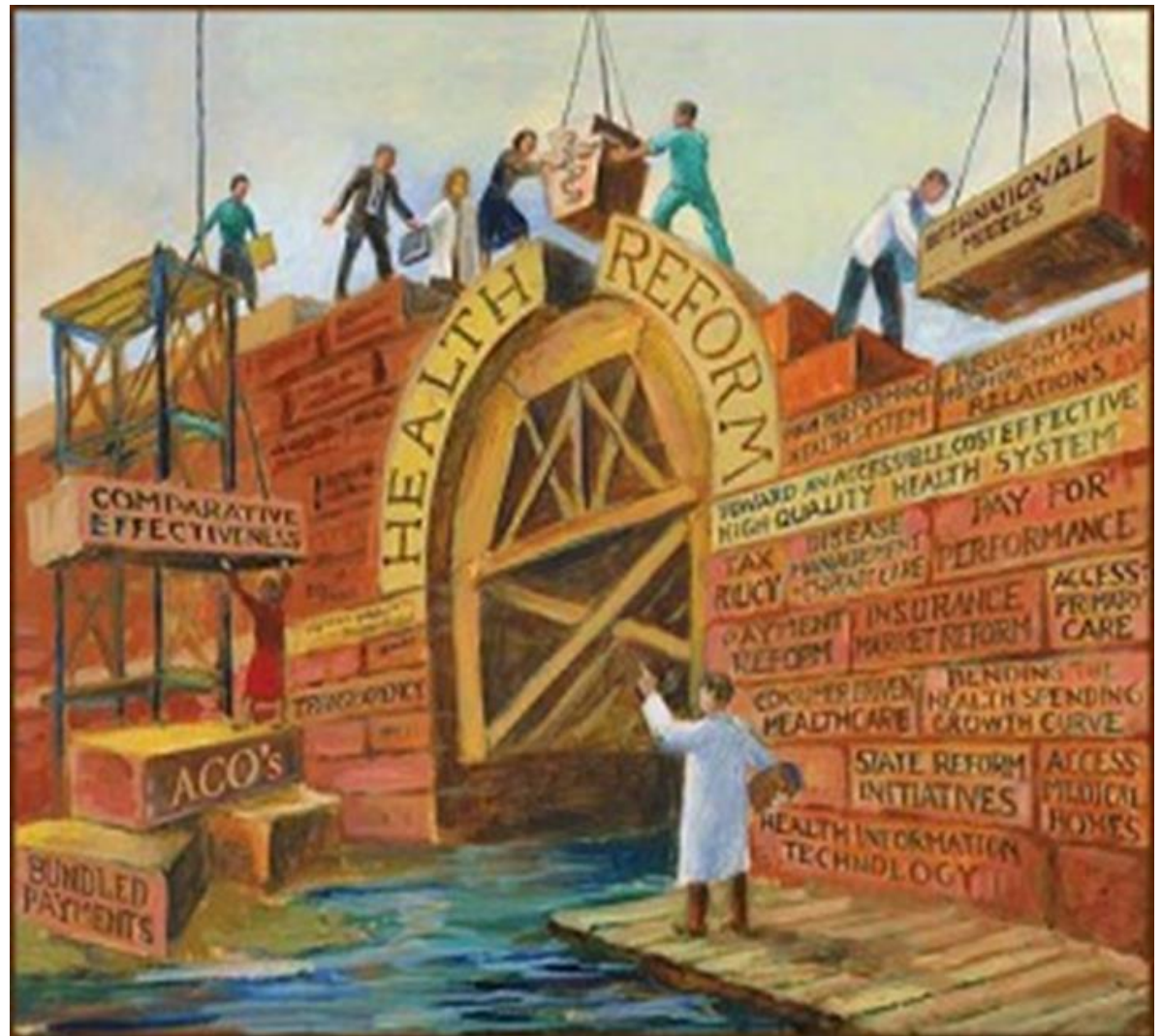
## **Maine voters approve expanding Medicaid under Obamacare**



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# Advocate!



# OPPORTUNITIES FOR SOCIAL WORKERS

- Engaging patients
- Prevention and wellness
- Not transactions but a journey
- Transparency of performance
- Patient centered care
- Cost and quality

# IDA CANNON, THE CHIEF OF SOCIAL WORK AT MGH, WROTE IN 1923:

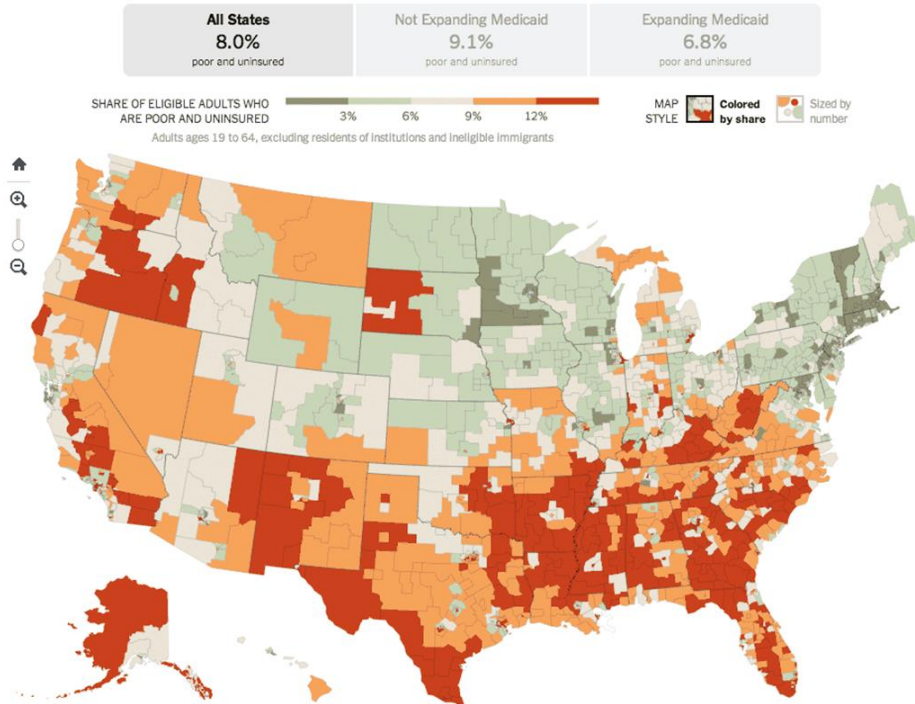


“Basically, social work, wherever and whenever practiced at its best, is a constantly changing activity, gradually building up guiding principles from accumulated knowledge yet changing in techniques. Attitudes change, too, in response to shifting social philosophies”



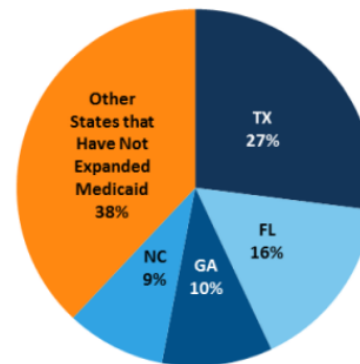
# Where Poor and Uninsured Americans Live

The 26 Republican-dominated states that are not participating in a vast expansion of Medicaid are home to a disproportionate share of the nation's poorest uninsured citizens. Eight million Americans will be stranded without insurance, stuck between people with slightly higher incomes who will qualify for federal subsidies on the new health exchanges that went live this week, and those who are poor enough to qualify for Medicaid in its current form.

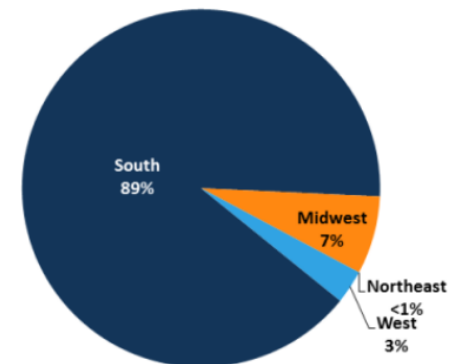


## Distribution of Adults in the Coverage Gap, by State and Region

Distribution By State:



Distribution By Geographic Region:



Total = 2.4 Million in the Coverage Gap

Note: Totals may not sum to 100% due to rounding.

Source: Kaiser Family Foundation analysis based on 2017 Medicaid eligibility levels and 2017 Current Population Survey.

# HOW SOCIAL WORK ETHICS INFORMS HEALTHCARE REFORM

“The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.”

## 6.04 SOCIAL AND POLITICAL ACTION

(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

# OPPORTUNITIES FOR SOCIAL WORKERS

Assume leadership roles in systems expansions of behavioral health services

Demonstrate capacity to contribute to integrated care models by assisting patients with co-occurring behavioral health conditions

Advocate for Medicaid expansion and push for extensions of ACA to encompass excluded populations

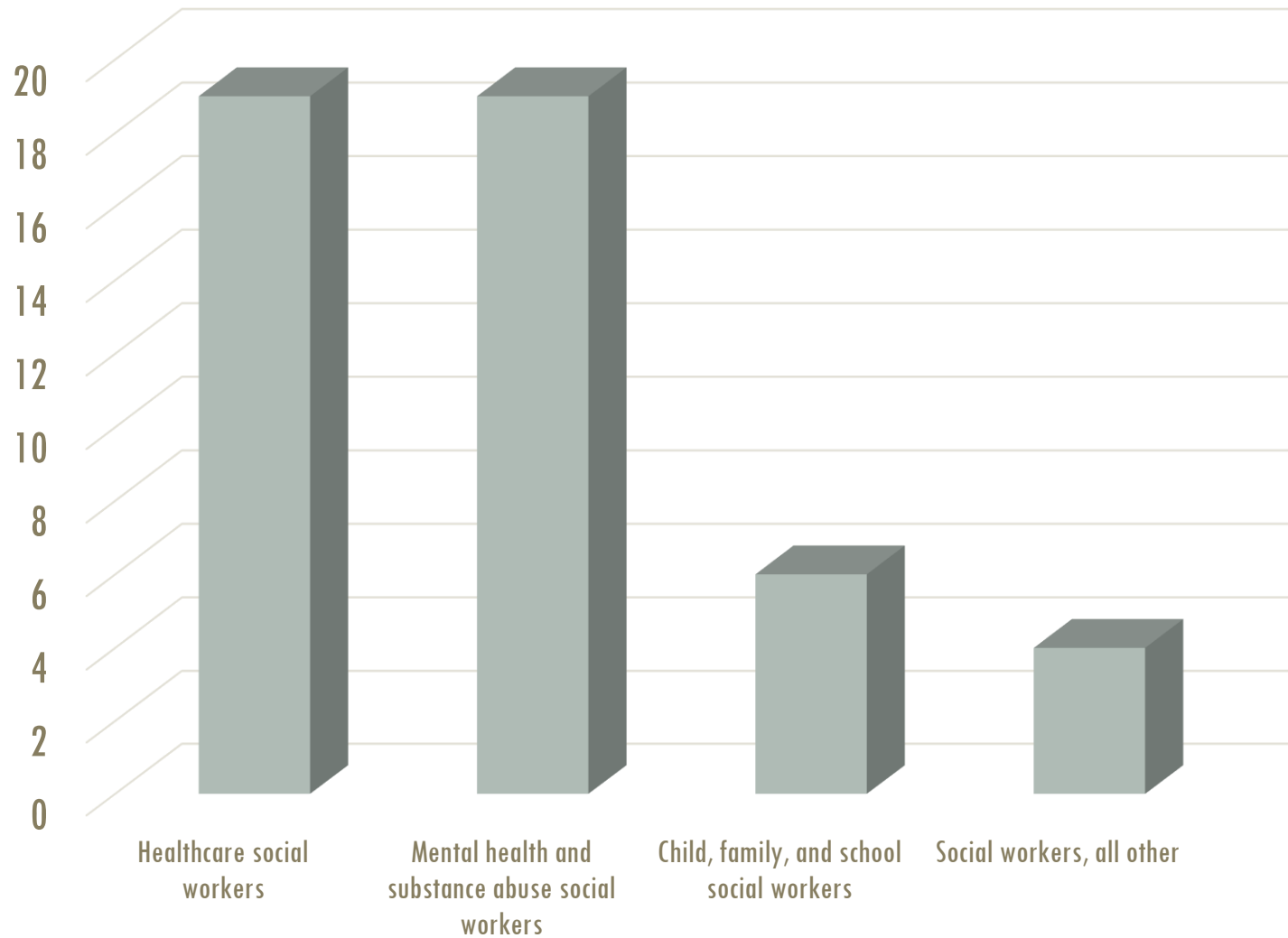


# GETTING TO THE TABLE

What can social workers do to get to the table?

- Find cross-institutional ways to collaborate
- Learn to communicate and market social work
- Frame social work from other perspectives
  - **Speak the language of other professions**
- Vary the message to fit the mission of the team
- Find ways to partner with other disciplines

## Projected percent growth in jobs, 2014-2024



# TRAINING THE NEXT GENERATION

- U.S. Health Resources and Services Administration's *Behavioral Health Workforce Education and Training for Professionals* Program
- NASW/ CSWE Social Work Health Care Education and Leadership (HEALS) Scholars Program
- SAMHSA SBIRT Training Program



# Social Work & the Affordable Care Act: Maximizing the Profession's Role in Health Reform



## SOCIAL & WORK HEALTH CONVENING

State of Our Knowledge, State of Our Training



ABOUT

12 CHALLENGES

JOIN

GIVE

CONTACT



13

### 12 Challenges

- Ensure healthy development for all youth
- Close the health gap
- Stop family violence
- Advance long and productive lives
- Eradicate social isolation
- End homelessness
- Create social responses to a changing environment
- Harness technology for social good
- Promote smart decarceration
- Reduce extreme economic inequality
- Build financial capability for all
- Achieve equal opportunity and justice

### Latest News

**NOV 6** Kick off Event Success! Social Work Grand Challenges, Science for Action Series, University of Denver, Graduate

## Close the health gap



More than 60 million Americans experience devastating one-two punches to their health—they have inadequate access to basic health care while also enduring the effects of discrimination, poverty, and dangerous environments that accelerate higher rates of illness. Innovative and evidence-based social strategies can improve health care and lead to broad gains in the health of our entire society.

[Join the Grand Challenges](#)

for Social Work



## Strengthening Health Care Systems: Better Health Across America

Teri Browne  
University of South Carolina

Sarah Gehlert  
University of South Carolina

Christina M. Andrews  
University of South Carolina

Bradley J. Zebrack  
University of Michigan

Virginia N. Walther  
Mount Sinai Hospital

Gail Stokette  
Boston University

Peter Maramba  
Simmons College and Harvard University

Barbara L. Jones  
University of Texas at Austin

Robyn L. Golden  
Rush University Medical Center

Bonnie Ewald  
Rush University Medical Center

Susan R. Bernstein  
Mount Sinai Hospital

Andrew L. Begun  
The Ohio State University

Heidi L. Allen  
Columbia University

Susan Guth  
Society for Social Work Leadership in Health Care

Abigail Ross  
Fordham University

Megan Moore  
University of Washington

Joseph R. Merighi  
University of Minnesota

GRAND CHALLENGES FOR SOCIAL WORK INITIATIVE  
Working Paper No. 22  
October 2017  
Grand Challenge: Close the Health Gap

*The National Academies of*  
SCIENCES • ENGINEERING • MEDICINE



COUNCIL ON SOCIAL WORK EDUCATION

# QUESTIONS/COMMENTS?

For future comments or questions, please contact

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Teri Browne [browne@sc.edu](mailto:browne@sc.edu) @TeriBrowne