

Our View

Health reform can help if we work at it

There were a lot of ways that the Affordable Care Act could have failed to become the law of the land. It could have died in Congress. It could have been overturned by the U.S. Supreme Court. Republican presidential candidate Mitt Romney, who pledged to repeal the law "[on Day One](#)," could have been elected.

None of these things happened. The sweeping health care reform known as Obamacare is the law of the land, and the nation is gearing up for full implementation of the law, which takes effect next year.

The health care and health insurance system was sprawling and complicated and frustrating long before Obamacare passed. And so, too, is the implementation process.

"The bill is complicated, and that's simply because the system it's meant to change is also extremely complicated," said former U.S. Rep. Dave Obey at a policy forum in Wausau last week.

[The forum, hosted by the Wisconsin Institute for Public Policy and Service](#), was a real public service, aimed especially at businesses seeking to prepare for the law's changes.

Some key points:

Insurance rates will go up for some. The American Academy of Actuaries has projected that Wisconsin rates will increase, according to Virginia-based health care analyst Robert Laszewski, because the state does not now have a highly regulated health insurance system.

"If the stretch to get to Obamacare is a big one," Laszewski said, referring to the need to bring regulations up to the new national standard, "you're going to be hit by bigger rates."

The corollary to this, Laszewski said, is that the benefits under the new regulations will be more robust. Some will pay more but also get more.

It's also worth noting that studies have shown that [most rate increases affect younger, healthier people](#) — who today are essentially "free riders," likely to go without insurance until they really need it. Older Americans are likely to see their rates go down, [according to projections](#).

The exchanges can help small business. The subsidized private marketplaces for insurance will help individuals find insurance. But they also are designed for small businesses seeking policies for their employees, said Mary Ellen Schill, an employee benefits law specialist at Ruder Ware. If the exchanges work as designed — a big if — this might actually turn out to expand the options available for these businesses.

We'll pay for Medicaid expansion — for others. The state Legislature is set to pass a budget that turns down the federal Medicaid expansion for the poorest Americans. This means, simply that, "even though your tax dollars are going to pay for that expansion, your state won't benefit because your governor and your Legislature turned that down," Laszewski said.

For years, we had a robust public debate about the state of health care in America and the desirability of Obamacare's reforms. Now, we're moving into a new phase — and it's incumbent on all of us to inform ourselves about how the law affects us, to sort out the misinformation from the reality, and to try to make the program work the best we can.

“We have a great opportunity to actually make the law work for us in our communities,” said Dr. Tim Bartholow, chief medical officer for the Wisconsin Medical Society, at the forum. “It isn’t going to be somebody from someplace else who makes this work for us. It’s going to have to be us.”