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On his first day in office, President Trump signed an executive order seeking the prompt repeal of the Affordable Care Act. He's promised to provide a program that is better and cheaper and covers more people. Recently, Republicans released a policy brief outlining their plan to replace Obamacare. What are the arguments and implications surrounding such a move?

Join us as we look at the political, economical, and, yes, philosophical questions surrounding the issue. How has the ACA changed the way we think about health care in America?

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From Brown University's Watson Institute for International and Public Affairs, this is *Trending Globally*. I'm Sara Baldwin. Our guests today are Nicole Alexander-Scott, an infectious disease specialist and director of the Rhode Island Department of Health, and Eric Patashnik, director of Brown's public policy program and an expert on the politics of policy making. Welcome to the show both of you.

Thank you.

Thanks for being here.

It's a pleasure to be here.

Eric, let's start with you just to sort of lay the groundwork. Last week, House Speaker Paul Ryan released a policy brief outlining a plan to, as promised, repeal and replace Obamacare. Can you very basically walk us through what would change and what wouldn't? And tell us why this is so politically difficult.

Sure. So this was a major statement by the Republican Party. But it should be said at the outset that it's unclear whether Republicans in both the House and the Senate will coalesce around this plan. So this is simply one framework. And we have a lot of negotiation that will happen in coming months before we see what the final Republican bill will look like.

Nonetheless, I think it is an important milestone because the Republican leadership in the House has now signaled their intention, in fact, to follow through on their promise to fundamentally change Obamacare, the Affordable Care Act. The Affordable Care Act is a massive law thousands of pages long.

But it's important to keep in mind that, at its core, its fundamental goal is to expand health insurance coverage to Americans, Americans who did not have coverage or who had conditions that made it difficult for them to purchase affordable coverage. And it does so really in only two ways.

And the two ways that the Affordable Care Act was trying to expand coverage was, first of all, to give people subsidies to purchase health insurance on the so-called exchanges. And the subsidies are progressive. So if you're a poor American, less affluent, you received more financial assistance from the government to buy health care. So that was one of the paths.

And the second path was to expand federal funding for Medicaid, which is a program that is implemented in the States, to provide more ability for states to cover more Americans. And 31 states have, in fact, implemented that provision. The Republican plan that came forth last week from Speaker Ryan would directly change those two fundamental cores of the Affordable Care Act.

First of all, for the subsidies on the exchanges, it would shift away from progressive subsidies and move to fixed tax credits that would increase with somebody's age. So an older American would get more generous tax credits. But it wouldn't be progressive in the same way. So if you're an older American and you are quite affluent, you might receive the same tax credit as somebody who was less affluent. That would be a very significant change.

The second one would be to fundamentally shift the nature of Medicaid and to transform that program, which was created initially in 1965-- it's part of Lyndon Johnson's Great Society-- and to put Medicaid, which is currently essentially an open-ended entitlement. It makes sure that more money flows to states during recessions and other bad times if people are more needy. It would put Medicaid on the budget by moving to a block grant system or per capita limits on the amount of money that would be provided.

So both of those changes would be very fundamental in renegotiating the core of the Affordable Care Act. I should say we don't know what the full impact would be. The Republican plan did not indicate how many people would keep coverage or lose coverage. And that's going to be very important to determine in the coming weeks and months. But we know for sure that this proposal would renegotiate and revise the ACA at its core.

Medicaid expansion has meant that, nationally, 11 million more people are covered than before. Eric, do we have data on how this has affected people and their health and welfare? And then Dr. Alexander-Scott, I'd love to have you tell us how it's affected Rhode Islanders in particular.

We do have some evidence. Of course, it's still early in implementation. And so there could be long-term effects that will only show up over time. But probably the best research that's been done on Medicaid has been done by a Harvard public health professor named [? Katherine ?] Baker and her team.

There was a study published in the New England Journal of Medicine. And they actually looked not at the implementation of the Affordable Care Act, but in an earlier expansion of Medicaid that occurred in the state of Oregon some years ago. And the reason they did that was there was essentially a quasi-experiment where some people were able to get increased Medicaid coverage. And other people were not able to. And they were sort of randomly determined. And that mechanism allow the researchers to figure out exactly what the Medicaid expansion would accomplish.

But what they found was several things. There was no direct observed effect on certain health outcomes. So if we were hoping that expanding Medicaid would dramatically improve people's health, at least in this study, didn't see it. So for example, there was not a clear effect on the prevalence or diagnosis of hypertension or high cholesterol. But on the other hand, there were some findings from this study that suggested that Medicaid was making a very, very big difference in people's lives.

For example, we were seeing much more increased use of preventative services. It also led to a decrease in reported depression. So dealing with a lack of health insurance is an extremely big stressor for people's families. In fact, the studies show that we were seeing in the state those that had received Medicaid were less likely to show up as having a clinical diagnosis of depression.

And also, perhaps most importantly, at the core, these programs like Medicaid are meant to stabilize people's finances. They're meant at a time when many families' wages have been stagnate. We've had rising income inequality. That one of the main things that health insurance is supposed to do is make it less likely that people go bankrupt when they have medical bills. And in fact, the study showed that it nearly eliminated the catastrophic out-of-pocket medical expenditures that were causing a lot of bankruptcies.

People who are less vulnerable to these financial shocks that come from health events.

In terms of making American families more economically stable, less likely to be vulnerable to depression, more able to use preventative services, more able to obtain health care, there's no doubt about it that Medicaid has been an important program.

In Rhode Island in particular, I know we're dealing with the opioid epidemic. And you're faced with terrible statistics. Has Medicaid expanded access to addiction services and treatment for Rhode Islanders?

Medicaid has done many things that has been helpful for Rhode Island. And as Eric so eloquently summarized about the policy document that was released last week, what's most unfortunate about it is them mentioning that the ACA has failed. Because in Rhode Island, we see the complete opposite. The Affordable Care Act is working. And it's working well primarily because we have been able to expand Medicaid. And there are many elements that

have benefited across our state from doing that.

So how many more people in Rhode Island are covered than were before?

More than 95% of Rhode Islanders now have coverage. And we are one of the best in terms of that type of coverage rate in the nation. And in terms of the services that have benefited, including those unfortunately dealing with substance use disorder, as Eric just discussed, from that study, there are many direct and indirect positive impacts that can result from Medicaid expansion, even from the behavioral health standpoint of financial stability that can exist as well as the offering of services that can occur.

So for example, with the governor's budget last year, a significant amount of money went into being able to offer medication-assisted treatment through our corrections facility. That's connected to the expansion and the savings that we've had that allow for being able to offer that type of support. So there has been significant benefit across the state. And there's more that's needed.

So this is really not the time to talk about cutting back or only going based on age and not really taking into account the progressive approach that's needed in assessing people where they are and making sure that they have the services that they need.

So a couple of follow-up points. I agree with everything that was just said. It is interesting to see some of the Republican governors that are in states that have expanded Medicaid are very concerned about the reduction in funds, and John Kasich from Ohio for example. And he has pointed out that the Medicaid population includes many people that are dealing with mental illness, that are dealing with substance abuse problems, that are dealing with chronic medical conditions.

And so these are people that clearly need help that society should be able to offer assistance to. This is not a situation of a population that is simply taking services without underlying medical needs. On the whole, the Medicaid population does have significant Medicaid needs.

The other thing that you've asked about was the moving to the age-based as opposed to a more progressive subsidy structure, which is one of the big changes in the Republican proposal. Republicans will say that an age base is a simpler approach, that you don't have to determine people's incomes, that that's difficult for the government. People's incomes fluctuate. Age is more administratively simple. There could be something to that.

But I think it's important to keep in mind that part of the opposition to the ACA is simply politics. And by that, I mean, the Democrats are for it. And then therefore, the Republicans were against it just because the Democrats were for it. Part of the ACA was based on the Massachusetts model, which had been adopted under a--

That's what confuses me. Isn't it basically Romneycare?

So there are two things that I think people need to keep in mind about the ACA. It's both incremental and radical in some ways. So the incremental approach is the basic design of the ACA. It's a market-based system. We did not move to what many progressives wanted, which was a single-payer system.

We didn't have a public option. We built on our existing employer-based system. It was built originally the individual mandate and using subsidies to provide people coverage to the market. That was a Massachusetts model under Governor Romney. And so there is this irony that Republicans are in some ways opposing a structure of a law that was fundamentally in some ways a conservative incremental law.

However, I think there is something also to keep in mind. And that is that the Affordable Care Act-- and this is something that the two parties simply have a philosophical disagreement about. The Affordable Care Act is a very redistributive law. It's one of the most redistributive laws of the last 50 years. And so the law is paid for by taxes on wealthy Americans. And the subsidies are progressive so that more subsidies go to people that are poor.

Progressives and Democrats believe that that's appropriate public policy. They believe that that's an appropriate social contract, especially at a time of rising inequality. Many conservatives do not believe that. They do not believe that the government should be redistributing resources from the wealthy to other Americans. They may see failures of the health care system. But they don't like the idea that health care is used as a way of renegotiating market outcomes.

And so on the one hand, the ACA was an incremental law. On the other hand, it does actually include significant redistribution. And that has been part of the reason why Republicans have been very opposed to it.

Thank you, Eric. I want to go back to Rhode Island a bit and the impact on if Medicaid spending is reduced. I think I saw that a report by Rhode Island's Economic Policy Institute says that repealing the ACA would be devastating. I mean, there's really catastrophic language on both sides of this argument. And that report said it would be devastating for Rhode Islanders including because it would cause a drop in employment. What's the connection?

Well, if you look at health as a whole, we're constantly trying to broaden the understanding of health. People often think just about health care and what goes on within a health care setting. And within public health, we feel it's important to emphasize that the determinants of someone's health outcome is based on a variety of things. And what happens in the health care setting is really about 10% of that in the examination room.

The other elements, the other 80% or 90% of what determines someone's health outcome, depends on where someone lives, what their environment looks like, what their employment status is, the type of insurance that they have access to, the food and the quality of the food and water that they have access to, the safety of their

environment.

So as Eric had mentioned earlier, the financial instability that can result can have a devastating impact on all of those expanded understandings of health, including employment, education, transportation. And having this infrastructure in place for Rhode Island has been working well. We do not want to disrupt that.

The other element of the Affordable Care Act that would be devastating if repealed is the fact that prevention in public health funding is incorporated within the Affordable Care Act. And oftentimes, people don't recognize that. We have \$8 million of prevention in public health funding that comes to Rhode Island in one year alone, 40 million over the course of five years.

And that funding covers immunizations, lead poisoning prevention, our infectious disease outbreak response. So when we look at Ebola and Zika virus and our ability to respond to that. It also helps with the partners that we have, our federally qualified health centers, as well as family home visiting programs and so many other examples of critical public health work that we do every day and that people take for granted. It would be significantly impacted by the ACA being repealed.

And that's just one element. Then we add on the Medicaid component and the insurance coverage component with the mental health and financial stability element that comes into play. So it's a critical issue for our society as a whole. Rhode Island has benefited significantly. We haven't seen the increased premium rates that have occurred. We've actually had savings with people having better coverage for less cost.

Just to back up for a second, one legacy of Obamacare that I find really interesting is that it's changed the debate. And I just wanted to sort of shine a light on that. I can remember a time when Americans and elected officials in no way considered health coverage a universal right, feasible, or even desirable. That just wasn't a given.

But President Trump and Republicans, when they're calling for repeal of the ACA, they're not saying, you don't have to have health coverage. They're saying, we'll find a better way for all Americans to have health coverage. And that used to not happen. So it seems like the basic expectations have changed in this sort of stealthy way. Am I wrong?

No, I think you're putting your finger on why the Republicans are in such a difficult situation. They're in a difficult situation because it's true that the Affordable Care Act remains controversial. It's true that public opinion support for it is not as high as, for example, for Social Security and Medicare. It's true that the base of the Republican Party would like to see it repealed. So there's all of these factors that are pushing the Republican Party to actually undo the law.

On the other hand, as you quite correctly said, there has been a major transformation in American society. 20 million Americans now have health care coverage. There are younger people that are staying on their parents' [? rolls. ?] There are people with preexisting conditions that are now able to obtain affordable health care.

And it's quite revealing, I think, as you suggested. Republicans are not simply stating, we think this is a bad idea to cover Americans. They are saying, we can cover more Americans cheaper, more efficiently, without mandates of the government. But it remains unclear whether that's possible. So the Republican plan that came forth last week would eliminate the individual mandate, the requirement to buy coverage.

Well, that's one of the cornerstones of the law. And if you take that away, it's not clear how you're going to get enough healthy people, younger people into the pool in order to provide the resources to cover the people who need assistance. A key thing to keep in mind with health care is 80% of the health care expenditures are coming from 20% of the people, the people that are the sickest and they tend to be older and so on. Well, some way, you need to actually find the resources to cover those expensive medical bills.

If you eliminate the mandate, if you scale back the taxes and the revenues that are in the law, it's not clear how you're going to make it add up actually. And so this is why it's crucial for a neutral policy expert, at the Congressional Budget Office and other entities, to actually project and score what would the Republican plan do if actually implemented. Because at the end of the day, the rubber will meet the road. And we will see how many people will actually be covered under the Republican plan and how expensive it would be for people that have high medical bills.

Well, I'm glad you brought up that 80% 20% Eric because it is important to back up and say, why does having health coverage matter? Why is health insurance important? If I'm healthy, why do I need it? And I think helping people understand that healthy people in the pool keep costs down for everyone is really important. And it seems so basic. But we don't talk about that that much.

I think, on the left, we have people-- and progressives and Democrats just are convinced that health insurance is a necessity. But we need to articulate why. And Dr. Alexander-Scott, you deal with population health. You're a clinician, so you have deep experience with individual patients, adults and children. But you're also responsible for the health of the population of Rhode Island. And so having healthy people nevertheless covered I think is an important message to give Rhode Islanders and why that's important.

Absolutely.

Republicans can't repeal the Affordable Care Act in its entirety without a 60-vote majority in the Senate. But they can eliminate certain provisions through the budgetary process. In your opinion, Eric, which is worse for

Americans, partial or total repeal?

There are so many outcomes that would be, I think, damaging for the country. And I should say, as I'm sitting here today, I think it's unclear what will happen first of all. I think that there is a 50-50 chance that the Republicans will make sweeping change to the law. But there is a chance that they will be unable to move forward. So why is that?

I think the battle over the repeal of the ACA in the first instance is partisan. It's Republicans versus Democrats. Well, that's obvious. But what we also need to keep in mind is that there are dueling factions within the Republican Party right now that are struggling over the position of the Republican Party on health care reform.

I serve as the editor of the *Journal of Health Politics, Policy and Law*, which is based here at the Watson Institute at Brown. And we have made available publicly a number of articles that we've published about the Affordable Care Act that's on the website so that people can read them even if they're not subscribers to the journal.

And one of the ones in recent months that have been published and I think most interesting is by Alexander Hertel-Fernandez, Theda Skocpol, and Daniel Lynch. And that's precisely about this war within the Republican Party. And what we've seen is that many ideological groups within the Republican Party would like to see ACA repeal, even if it leads to outcomes that many Americans would find not comfortable.

They believe that the ACA is too redistributive. It's too much activist government. It's bad for the country. It's undermining, in their view, freedom. But there are also business associations that are very concerned about the impact on the economy, on the workforce, on hospital revenues, on state budgets. And they have been pushing, actually, to maintain, if not the ACA, then the core of the protections. They believe that repeal would be very damaging economically.

And so what we've seen and this article points out is that, in Republican states where the business groups were stronger than the national ideological groups, those are the Republican states that actually embrace Medicaid expansion. Those were the Ohio's. Those were the Michigan's and so on.

The other states like Virginia, for example, where the ideological groups were stronger, they were able to block the Medicaid expansion. So that pre-ACA debate within the Republican Party had showed up in which Republican states embraced Medicaid expansion. And now, it's showing up in the battle over how to move forward after the ACA is changed.

The Democrats' position on health care reform has been, as you pointed out, even more solidified. There's no going back on the principle of health reform for Democrats. But Republicans are at a key moment in the trajectory of their party. Are they going to accept that health coverage is something like a right for all Americans or is not a right? And this is a key moment.

President Trump, of course, I think is the most important actor in this debate. And he has been mercurial in what his position is. He said, on the one hand, that he believes everyone should have coverage. On the other hand, he's also said that the ACA has to then repeal. Normally, in moments like this, it requires presidential leadership to bring together faction within the party.

That will be the key thing to watch. Where will President Trump be? Will he, in fact, make health care reform one of his major issues and force Republicans within the House and the Senate to come together and coalesce? Or is he going to let Paul Ryan and others work out whatever deals and then he'll just sign whatever they do? That's a key thing to watch.

It's impossible to predict I think. Coming back to Rhode Island, you have said, Dr. Alexander-Scott, that one of your main goals as director of the Department of Health has been to reduce health inequalities in Rhode Island. How are we doing?

We are making progress in bringing attention to it and in helping to understand the underpinnings of those inequalities. Much of which includes what I talked about earlier. When we talk about health outcomes and the disparities that can exist with it, most of the time, people think about differences in diabetes medication that were given or other components that occurred within a health care setting.

And what we absolutely need to do is broaden that understanding so that it's clear to people that those health outcomes that we're looking to bring equity to are dependent on an understanding outside of the health care setting, the social and environmental determinants of health that we're talking about.

When we can make improvements in our health system and in our society that allow for improvements in our educational system, in employment opportunities, transportation, housing, food access, incarceration inequalities that exist-- when we can really expand our focus and target improvements in those systems, that's when we'll start to see the beneficial outcomes in health across the population and improvements in the inequities that we see exist.

So helping those within the health care field understand that dynamic, often times, it's hard from a provider perspective to understand how to have an influence. If a patient is coming into their office and they know that the lead level that a child is exposed to is related to the conditions within the child's household, oftentimes, a provider or someone in the health care setting may feel helpless in being able to do something about it.

But when we say, transform our health system, we have to be able to incorporate components that are going to help us address the sources in our social and environmental structures that we know will make the difference and

decreasing someone's risk for being exposed to lead.

So we're doing things like introducing community health workers into our health system infrastructure.

What are community health workers?

Community health workers are professionals. And we in Rhode Island have become one of the first states to create a certification credential for community health workers. Professionals who understand the system, have experience because they've lived it or have been exposed to where social services exist, who can walk alongside a patient, support health care practice or support a community in helping a patient navigate the social services element of that system.

So for example, we have a home asthma response program that brings in community health workers into a health system. A patient will go home with an asthma action plan. And we'll have a certified asthma educator come to their home and walk through with them the asthma action plan that their provider wrote for them.

These are the meds that you're taking. This is why you take it. This is how you refrigerate it. This is how often you take it. Those basics and how to make sure that the patient and family know why that medication is important. Then a community health worker will come to the home for a number of visits and really sit with the person and say, tell me.

Do you have a pharmacist and a pharmacy that you can go to nearby? Have you applied for the Medicaid or other health insurance that's needed to be able to access that medication? Do you have transportation to get to that pharmacist? We notice that there is mold in your house. Have you had help? Let's get you connected with the services. You actually smoke as well. That's contributing to the asthma. Let me connect you to a tobacco cessation program that exists.

So really, walking someone through-- there's no food in your refrigerator. That might be why you're not taking your asthma medication because you're hungry. The electricity went out last week. Is that why you had to throw the medication out, because you didn't have those services that exist? Or your child's not going to school because they can't breathe.

And so many of those elements are critical. And bringing in professionals that understand the importance of expanding out into the community where the social and environmental determinants occur is monumental. And we've made progress in doing that, which is why that was my initial answer. There's also a lot more room for improvement that's needed.

In Rhode Island, because of its size-- we often talk about access and interconnectedness among agencies in

Rhode Island. And sort of it's a nimble place for policy and people trying to make a difference. Do you think Rhode Island is either a laboratory or a model for other states?

Absolutely. And that starts up ahead. It starts with our governor and the administration that she's created, the example that she creates, and fostering collaboration, coordination of services also within our executive office of Health and Human Services, we're constantly engaging with each other at the director level so that we can facilitate our staff and teams really integrating and getting the work done that needs to get done. So when it starts at the top and can filter down from there, you can really start to see the improvements that are so necessary.

I'm just going back up and ask a really naive question. Why do I care if my neighbor is healthy? Why can't I-- I mean, I'm going to make that decision for myself. Why do I care if my neighbor has asthma or if someone's not getting addiction treatment?

So in the first instance, let's say you might not care. You might only be concerned about yourself or your immediate family or your loved ones. One reason we need health care is you might not need health care today. But you might need health care tomorrow. And so we have to design a system that not only works for you if you're healthy, but a system that, if, God forbid, you get diagnosed with cancer in six months or a serious other condition, that you're able to obtain appropriate care.

And so that's difficult because we have to, in some way, say to you, you need to participate in the system even though you don't see a benefit today. And most people, ordinary Americans, myself included, we're very focused on the present. We all have many needs. And so it's very difficult to be thinking about outcomes that might occur with some probability less than certain in the future, especially bad outcomes, things we don't want to think about.

The other reason, though, I think is that, what's the nature of a fair and equitable and just society? And this has been one of the challenges that America, I think, has struggled with health care. In other systems, health care is seen as part of social solidarity, that we have strong sense of community. Historically, Americans have had a difficult time with that, that we believe in community as the local-- your church, your community, your neighborhood.

But the nature of social solidarity has not extended across the entire country that we all feel that we're all sort of our brother's and sister's keepers. And that underlying cultural difference and our aversion to big government and fear of power and government has been one of the things that's made it difficult to move to a national health care system.

Now, part of the other reasons why we've been different is actually not just our culture. It's the accident of history. We built this employer-based health care system a long time ago. And there's reasons why that happened. But it

wasn't really planned. It happened organically as a result of a variety of decisions. And now, we're sort of stuck with it.

So even if you put aside the cultural reasons why Americans might have somewhat different attitudes toward health care than people in Europe or Scandinavian countries for example, the real issue has been, how do we move from the system that we have, which is based on employers providing coverage that's very expensive, that's very inefficient, that leaves a lot of people out? How do we transform from that state to this other new health care system?

And that's why health reform has been so difficult. That's why FDR didn't put health reform in the original Social Security Act. And Truman wasn't able to do it. And Bill Clinton was not able as well. And then even Barack Obama, which was, in some ways, miraculous that he was able to pass the ACA. And what did President Obama have to promise people? Well, if you like your coverage, you can keep it.

The key barrier to health care reform in the United States has not been historically the fact that some people didn't have health care coverage. The real problem was that 85% of Americans did have health care coverage. And so how do you leave them undisturbed in their coverage while bringing other people into the system? And that is what has made this so administratively difficult, is not uprooting the entire system but just bringing the uncovered into it. And as we've seen, that's been very challenging.

And to add to Eric's response, particularly in terms of someone feeling passionate or drawn to the solidarity that's important and making sure that we are in an equitable society, that is number one and critical. But if someone chose to have a different approach philosophically, my answer to why should it matter is because we see how this important need for offering health care and access to all, especially when we look at the expanded understanding of health-- if that is removed, that has direct impact on each person's individual pockets.

And that's a critical point too. If you don't want to really look at the equitable society and let's do this because it's the right thing to do, it's important for people to know to do it because it can directly impact your pockets. So otherwise--

How's that?

If not-- and there are a variety of ways that that is possible. With Medicaid expansion, we've seen improvements in health care utilization in the inpatient setting. The number of emergency room visits have dropped by over 6%. The number of inpatient hospital visits have dropped by 6%. The number of inpatient hospital days have dropped by 12%. That then means that there is more money available within the system to be able to provide services that you and your neighbor need to access. That's one example.

Another example is, if we remove the ACA and funding for the prevention and public health dollars that I mentioned earlier are taken away, that means that immunizations and access to that decreases. So when your child then goes to school and is exposed to other children who weren't able to afford getting their varicella vaccine for chicken pox or their tetanus vaccine or pertussis vaccine, there's then exposure for you and for your child who's otherwise healthy.

But it means work days and having to stay home to take care of your child or providing child care or bringing the child to the hospital. We are in a society that is intersectional whether it's media or just electronically online through the internet or through just a global exposure. And we can all see how so many people were impacted by the viral illness that has hit everyone during this winter season.

So without having that access to health care that's needed and a strong health system across the board to support it, it ends up having direct implications on the individual pockets of families across the board, whether or not you understand it now or want to. So that is reason within itself to help make sure that health care is accessible for everyone and available and doing it the way Rhode Island has done it.

We've expanded enrollment while bending the curve in Medicaid costs and making it so that it has not been more taxing on our society, but has actually brought benefits and has paid for better outcomes, better coordination, and care.

I think that, let's call it the enlightened self-interest, rationale for having a solid health care system, people would do well to articulate that. I think that's a message that could sort of-- the debate is so stale at this point. But I think that's a really important point that's not being made very clearly.

Dr. Alexander-Scott, can you tell us a few more, in detail, some of the benefits that Rhode Islanders have seen since the ACA was enacted?

Definitely. In addition to coverage expansion that I mentioned earlier where 95% of our population has the coverage needed and in addition to some of the emergency room and hospital savings that have resulted, Rhode Islanders have seen a number of benefits since the ACA has been acted.

We've had an end to annual lifetime limits on insurance policies. We know that young adults covered until age 26 have benefited through their parents' health insurance. And that's been across the board. People have benefited from the ongoing free preventative care that exists as I've mentioned with vaccinations including flu shots, cancer screenings, contraceptions, and mammograms. There's also been less uncompensated care.

I was going to ask you about that in the hospitals.

Yes. And no discrimination based on pre-existing conditions that has been critical. There have been taxed credits that have continued to exist to help pay for coverage. And women have paid the same as men, which wasn't always the case historically. There's been greater transparency and choice with lower costs for prescription drugs through Medicare.

And in our focus, the health department, in addition to expanding the understanding of health so that people know that it includes the educational system and employment and housing and transportation, is also making sure that, within the health care system, there's better care coordination. And we're moving towards that. And that's critical for patients and families to be able to experience the benefits of the ACA that's been so important for them.

Did you want to say something?

Just to underscore what Dr. Alexander-Scott has mentioned, so much of the actual performance of the health care system depends on what happens at the state and local level. That's critical. So we don't yet know how the debate over the repeal of the Affordable Care Act will go.

One idea that has not yet gotten traction that I think is intriguing at least is some Republicans in the Senate have suggested that the answer to the Republican Party's dilemma about how to repeal while also recognizing all of these millions of Americans that are relying on the commitments under the law would be to give more discretion back to the states, would be to say to the states, if you like the Affordable Care Act, you can keep it essentially.

If you want to design your own health care system, here are the resources to do that. You can have more flexibility. It's an intriguing idea. The problem, of course, is that neither conservatives nor progressives are wild about it. For the conservatives, it would be a problem because that proposal would require keeping, essentially, the revenue in the ACA. It would mean you couldn't eliminate those taxes. Or else, how would you pay for maintaining coverage in the states?

For progressives, it would be, I think, upsetting because it would allow states that didn't want to cover as many individuals, that wanted to impose, for example, work requirements under Medicaid or other policies that many progressives are uncomfortable with to do that.

So there's an ongoing debate in Washington about how can we simultaneously respect the commitments that have made under the law while allowing Republicans to transform the law and not breaking faith with the promises that hospitals and states and individual family members have made in the reliance interest that they've developed over the last several years. This is a very, very thorny political dilemma. And it will be important and fascinating to see how it is resolved.

Indeed. I know that we have not heard the last of this yet. It's been so interesting talking to both of you. Thank you, Eric Patashnik and Dr. Alexander-Scott for coming in today.

Thank you for having us.

It was a pleasure to be here. Thank you.

Definitely.

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