

Individual Write-up #2 – Lizette Romano

1. Question: How effective has the ACA been in reducing inequities in health insurance coverage across racial/ethnic groups and across income categories?

The ACA was able to reduce inequities in health insurance coverage of black and Hispanic/Latino ethnicities by about 7% and reduced inequities for the middle and lower-income population in the U.S. in states that implemented the ACA regulations.

Coverage increased across all racial/ethnic groups but a larger gap in un-insurance was closed for the groups mentioned. Previously, middle-income Americans who were not eligible for an employer-sponsored plan or Medicaid had to resort to private insurance which is often more costly. Through the ACA, middle-income Americans received additional options for federally subsidized health insurance programs and received tax credits when purchasing insurances. In addition, the ACA allowed adults without children who were under 138% of the federal poverty level to be eligible for Medicaid: this increased the number of insured adults who did not have to pay for their health insurance, and further helped low-income individuals.

2. Question: Briefly discuss the ethics of designing a public insurance program such as the ACA that does not guarantee universal coverage. In your opinion, is it ethical to design a program that leaves almost 10% of the population uninsured, even if it significantly improves coverage for million who were previously uninsured? Why or why not?

Given the lengthy process for policies to be passed in the U.S., I do not think it is ethical for the ACA to not guarantee universal coverage. It is harder to change policies once they are passed and have gained public acceptance for the way they are being implemented at present. Leaving out 10% of the population including undocumented immigrants further stigmatizes the population and leaves it to individual states to provide funding for programs that can help the uninsured. Leaving out groups also gives people the idea that health insurance is not a basic human right and instead a political idea. A higher percentage of low-income and minority groups would benefit from the ACA but given that implementation was left to states, states can choose not to expand coverage to these groups, further increasing discrimination within states.

3. Question: Thinking about international comparisons of health systems, what lessons can the U.S. learn from other countries to develop a policy to either improve the ACA, or to develop a better system for health care financing, to achieve universal coverage?

When looking at international comparisons versus the U.S.'s ACA, some lessons that can be learned to develop better health care financing include streamlining administrative services among healthcare providers and insurance companies, negotiating with pharmaceutical companies, implementing best-practice lower-cost interventions, and increasing funding for non-medical care and health education.

Other countries have taken a more holistic approach to health when compared to the U.S. The U.S. spends more in medical care instead of investing in health education and non-medical interventions that could potentially reduce the need for medical care. One example is the high number of bypass surgeries that the U.S. performs when compared to other nations: this speaks to the U.S. focus toward treatment rather than prevention of health problems through behavioral and environmental improvements.

Since U.S. politicians have a history of being influenced by lobbying interests, Congress has not negotiated with pharmaceutical industries as other countries with lower treatment costs have. Leaders in the U.S. are focused on keeping systems in place as they currently are to continue making a profit. An example is the high pay to medical doctors when compared to other countries: this is often justified by those in the U.S. by pointing out the costs of obtaining medical degrees, which is another profit system in the U.S. Instead, the U.S. could improve its educational system. Also, the U.S. could look to how other countries have implemented lower cost best practices for treatments to reduce medical care costs. Lastly, the U.S. could streamline administrative services by directly negotiating with insurance companies and regulating their services as other countries have done to reduce costs and help achieve universal coverage.