A Message From Lilly: The Opportunity to Create Policy Insights via the Implementation of the Patient Protection and Affordable Care Act (ACA)

Karen L. Friss BS, MBA
Eli Lilly and Co.

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By now the public may know the
Supreme Court ruling on key aspects
of the ACA: the individual mandate,
severability of the mandate from
some or the entire 2700-page law,
and Medicaid expansion.

The individual mandate requires
that all citizens (not currently
enrolled in a public health program)
purchase health insurance. Various
models have been created to forecast
the impact of a court decision
invalidating the individual mandate
while maintaining the other
components of the ACA. These
forecasts range from an exponential
increase to a significant reduction in
persons seeking insurance.

If the entire law is struck down,
Congress may act quickly to reinstate
some of the provisions that generate
revenue or are valued by the public, or
gridlock may continue. This debate
will play out alongside presidential and
congressional elections in November.
Everything could look completely
different politically in 2013.

So, although the future of health
care for the current uninsured is
uncertain, it is a fact that ACA
implementation is under way. This is
evident on many levels:

• Over 2.5 million young adults
  have enrolled in their parents’
  insurance plans.

• 129 million Americans have gained
  coverage as a result of the elimination
  of preexisting condition restrictions.

• Demonstration projects have been
  initiated to improve care and reduce
  costs in Medicare and Medicaid.

• The federal government has
  received revenue from the private
  sector in various ways.

Significantly, many states have
already begun to evaluate and
propose plans that relate actuarially
to that average standard of care.

Watching these state implementations
raises interesting policy questions
that today’s scholars might want to
consider. Here are a few and I suspect
you can think of more:

• Can the states tailor care
  standards to their specific
  populations and achieve better
  outcomes because of variability
  between state plans?
• What state model of basic services provides the best outcomes for the overall population as well as specific patient populations?

• Do exchanges work without federal subsidies (if the Court strikes down the ACA) or can state-level oversight drive improvements in quality and reductions in cost more rapidly and effectively than the federal government (if the Court upholds the ACA)?

Karen L. Friss, BS, MBA is Senior Director, Global Public Policy at Eli Lilly and Company.

References