

The Affordable Care Act, Covered California, & Insurance Companies

by Ann Gerhardt, MD December 2013

I was thrilled when the Affordable Care and Patient Protection Act (aka Obamacare) passed. The Act dramatically increases access to health insurance. It also supports community and work-place prevention programs, primary care doctor training, Medicare fraud prevention efforts, and incentives to develop new therapies (see the DrG's MediSense [December 2012 ACA update](#)).

We all expected that implementation would require some tinkering to get it right. Apparently it was naïve to not also anticipate the lies, misinformation and misleading websites promulgated by obstructionist legislators and media outlets. This subversion has spawned huge misunderstanding and distrust of the program, discouraging people – people who need insurance – from signing up.

In 1986 President Reagan signed EMTALA into law, ensuring public access to emergency health services, without regard to insured status or ability to pay. The public has been subsidizing such uncompensated care ever since. Most uninsured people go without care until they are extremely ill. Then the public gets to pay a much more expensive bill.

What part of this system justifies opposing affordable health insurance for all?

Insurance companies make it hard for the system to function also. Companies have limited their exchange plans' doctor panels to the bare minimum required by law, making the plans less desirable.

They don't follow up after a person signs up with Covered CA, which promises contact within two weeks. A month later a stark letter demands a premium payment by December 21. No information about the plan and no warm fuzzy welcome to the insured world. Calls for clarification are met with hang-ups.

Insurance companies originally planted hate-the-ACA seeds as they jacked up premiums over the last 2 years. They boosted profits (and CEO pay) up front, in anticipation of the ACA's requirement that at least 80% of premium dollars be spent on health benefits. What a concept. On October 1, my husband, whose premiums had risen by 50%, received a letter informing him that his policy's premium was now cut by \$350 per month – to conform with the ACA. Those premium increases gave the ACA a bad name but were the insurance companies' doing.

As a doctor who cares for people who are un- and under-insured, I've waited impatiently for their gaining the access to useful health insurance. I, too, have had trouble getting health insurance over the years because of a pre-existing condition. It evolved to a minor nuisance as I aged, but most insurance companies refused to insure me. I was left with paying a lot of money to a health insurance company that I didn't much like.

Now that the ACA is law, we can all sign up with any individual plan and not be punished for pre-existing conditions. I don't have to use the insurance exchanges, because I can afford the regular premium. I'm thrilled that the exchange is there for people who can't afford insurance without a premium subsidy.

In California, sign up at www.coveredca.com. Some other states have their own exchanges, but

most use the Federal exchange at
www.healthcare.gov .

If you are not sure about how to sign up in your state, you can find the appropriate site at
www.healthcare.gov or
www.barackobama.com/health-care.

If you need help to sign up in person in CA, check
<https://www.coveredca.com/enrollment-assistance/index.html>.