



The Affordable Care Act, Florida, & Philanthropy

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Latinos and Health Care: Assets and Opportunities in the South

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Objectives

- Briefly describe the rationale and history of the Patient Protection and Affordable Care Act (ACA)
- Outline key elements of the ACA and how they attempt to address issues with the U.S. health care system
- Discuss the potential impact of the ACA on Florida's Latino population
- Understand the political and policy conversations of Florida within the context of the ACA
- Discuss the potential roles of the Florida Philanthropic Network in the ACA



**RATIONALE AND HISTORY
OF THE PATIENT PROTECTION AND AFFORDABLE
CARE ACT (ACA)**

The Key Issues Do Not Change

- Cost
- Access
- Quality



The Problem(s)

- We pay the most
- We do not even come close to getting the best possible outcomes for the high prices we pay
- We have highly variable access
 - Virtually instant access to everything to effectively zero access to anything
- Because the prices are so high, we depend on insurance for our payment system

Legislative History of the ACA

November 2009

- Affordable Health Care for America (with public option) passed in House of Representatives

December 2009

- The Patient Protection and Affordable Care Act with no public option passed in the Senate

February 2010

- President Obama proposed his own health-care bill modeled after both House and Senate bills

March 2010

- House passed the Senate bill, the Patient Protection and Affordable Care Act and sent the bill to the President for signature
- House also passed the reconciliation bill, the Health Care and Education Reconciliation Act of 2010, that amended the Senate bill to reflect the House and Senate compromises and included national student loan reform
- Senate passed final version of the Health Care Education and Reconciliation Act of 2010 with education-related changes, and the House passed the bill as amended by the Senate
- On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act bill into law (P.L. 111-148)
- On March 30, 2010, President Obama signed the reconciliation bill into law: the Health Care Education and Reconciliation Act of 2010 (P.L. 111-152)

June 2012

- U.S. Supreme Court upheld the constitutionality of the law including the individual mandate and made the Medicaid expansion a state option



KEY ELEMENTS OF THE ACA

Key Elements of the ACA

- The individual mandate
 - Most Americans required to health insurance with “minimum essential coverage” or face penalty
- The role and obligations of employers
 - Companies with more than 50 employees will be assessed \$2,000 per employee (excluding the first 30 employees) if health insurance not provided or one employee obtains premium credits through the Exchange

Key Elements of the ACA

- Medicaid expansion
 - States have option to expand Medicaid programs to include individuals up to 138% FPL
 - The federal government funds 100% of the expansion costs from 2014 – 2016. The federal share declines incrementally to 90% in 2020 and subsequent years

Key Elements of the ACA

- The Exchanges
 - States and federal government establish marketplaces where individuals and small businesses can purchase insurance
- New rules for insurance companies
 - New regulations will limit the ability of insurance companies to deny coverage for any reason, including health status, or for charging more based on health status or gender

Key Elements of the ACA

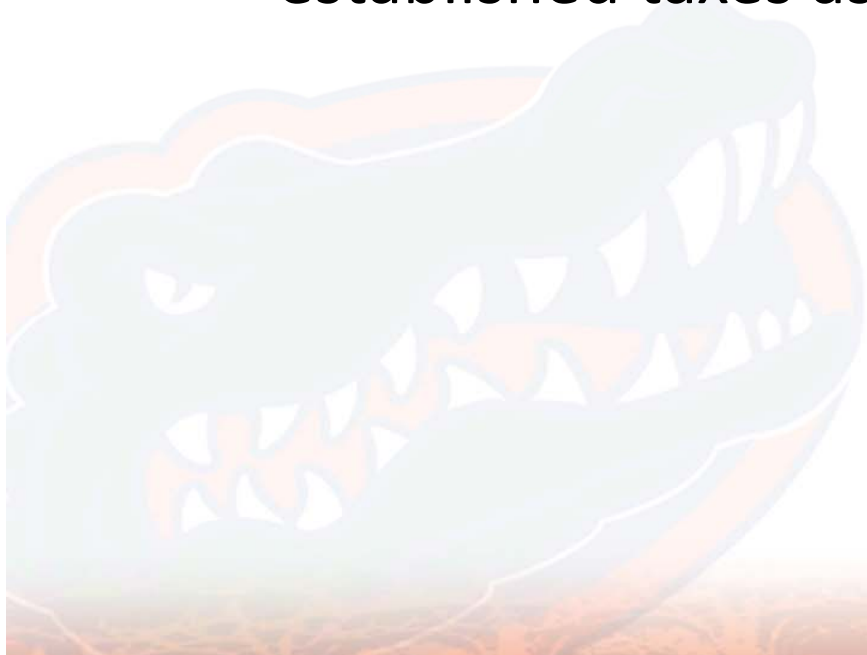
- New approaches to health-care delivery
 - Recognizes importance of cost and quality to health-care delivery and emphasizes new approaches
 - Public health initiatives
 - Information technology advancements
 - Delivery systems reform (Accountable Care Organizations are groups of doctors, hospitals, and other providers who provide coordinated care to Medicare patients)

Key Elements of the ACA

- Capacity and systems issues
 - Addresses need for more providers
 - Increasing the number of primary care physician programs
 - Increasing the number of loan repayment programs for primary care providers
 - Increasing and incentivizing the use of non-traditional primary care providers like physician assistants and nurse practitioners

Key Elements of the ACA

- Costs and sources of funding
 - Will cost about \$1.3 trillion over ten years and will be funded through slight increases in already established taxes as well as new taxes and fees





POTENTIAL IMPACT OF THE ACA ON FLORIDA'S LATINO POPULATION

U.S. Latino Population

- More than 50% of growth in total population in U.S. between 2000 – 2010 was due to increase in Hispanic population
- By 2050, more than 50% of the U.S. population will be comprised of racial and ethnic minorities
- By 2050 the Hispanic population will comprise 30% of the U.S. population (1 in 3 U.S. residents would be Hispanic)

Florida's Latino Population

- 57% of uninsured Hispanics in the U.S. who are below the Medicaid expansion live in 3 states
 - California 26%
 - Texas 22%
 - Florida 9%
- 3.86 million nonelderly Hispanics in Florida
 - 1.4 million or 36% uninsured
 - 57% <138% FPL
 - 38% 139-400% FPL
 - 5% 400% FPL

The Henry J. Kaiser Family Foundation. (2013). *Impact of the Medicaid expansion for low-income Hispanics across states*. (Report No. 8436_H). Retrieved from http://kaiserfamilyfoundation.files.wordpress.com/2013/04/8435_h.pdf

Health Care Disparities and Latinos

- Hispanics received worse care than non-Hispanic Whites for 39% of quality measures, 63% of access measures
- In 2009, Hispanics under age 65 were less likely than non-Hispanic Whites to have health insurance (67% compared with 87%)
- In 2009, the percentage of people with a specific source of ongoing care was lower for Hispanics than for non-Hispanic Whites (77% vs. 88%)
- In 2008, Hispanic adults were significantly more likely than non-Hispanic adults to have a usual source of care with language assistance

Agency for Healthcare Research and Quality. (2012). *National healthcare quality report 2011*. (Report No. 12-0005). Retrieved from <http://www.ahrq.gov/research/findings/nhqdr/nhqdr11/qdr11.html>

Latinos and the ACA

- Expanded insurance coverage
 - Estimated 5.4 million newly covered by 2016
- Improvements in health care access and delivery
 - Preventive services
 - Improving chronic disease management
 - Increasing access to Community Health Centers
 - Diversifying health care workforce and improving cultural competency
 - Reducing health care disparities

Latinos and the ACA

- Even with expansion, many non-citizen Latinos (lawfully-present and undocumented immigrants) will still not be eligible for Medicaid



ACA, Philanthropy, & Latinos

- Targeted outreach and enrollment assistance
- Culturally and linguistically competent one-on-one assistance by individuals in the community
- Focus on reducing language and literacy barriers
- Facilitate work of community-based safety net providers



**POLITICAL AND POLICY CONVERSATIONS OF
FLORIDA WITHIN THE CONTEXT OF THE ACA**

Florida's Medicaid Dilemma

- Exchanges
 - State established
 - Federal exchange
- Medicaid Expansion



Political Context

- Florida Governor Rick Scott (R) opposed the ACA
- First lawsuit to overturn the ACA was led and filed by Florida
- In February of 2013, Governor Scott unexpectedly expressed his support for Medicaid expansion in Florida
- Florida's 2013 Legislature presented three different options for Medicaid expansion
 - Healthy Florida (Senate Bill 1816)
 - Florida Health Choices Plus+ (House Bill 7169)
 - Health Choice Plus (Senate Bill 1844)
- Florida's 2013 Legislative session closed with no bills passing: no Medicaid expansion

Implications

- 1.3 million Floridians were expected to gain coverage through Medicaid expansion (some may still have access through the Health Exchange)
- Loss of more than \$51B in federal funds over the next 10 years
- Not unique to Florida (Arizona and Michigan Republican Governors want state to expand Medicaid program)
- Missed opportunities to improve access to care and reducing health disparities for Latinos
- Greater burden of providing care to the underinsured, uninsured and Medicaid populations for Florida's safety net

Next Steps

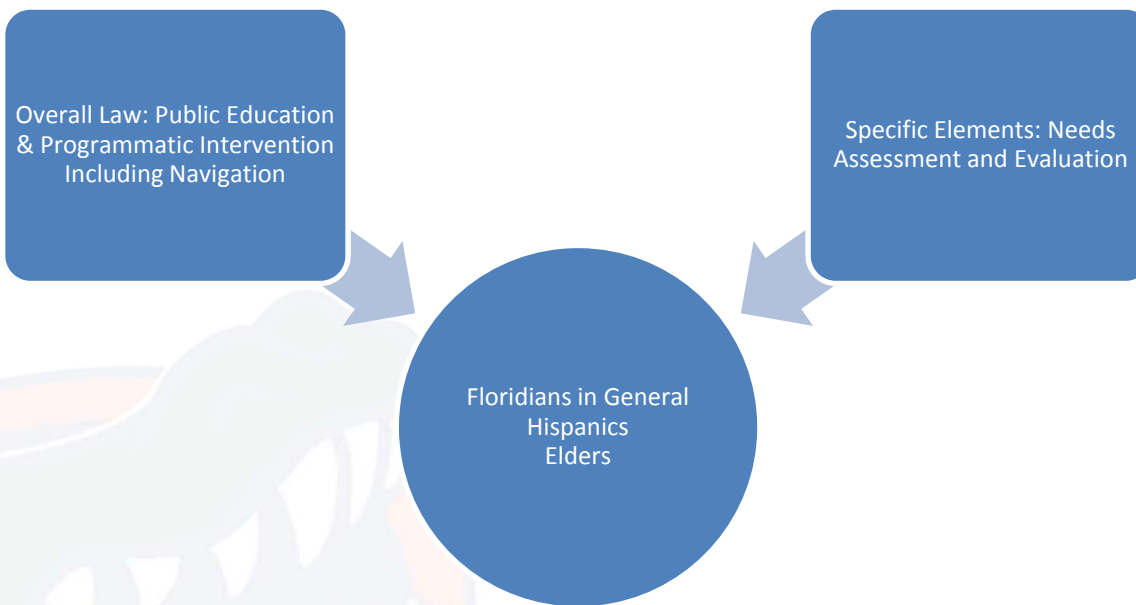
- Florida may still pass a Medicaid expansion through a special session





**POTENTIAL ROLES OF THE FLORIDA
PHILANTHROPIC NETWORK IN THE ACA**

Framework for Philanthropic Response



Key Elements of Law and Potential Philanthropic Response

Uninsured

- Policy and position papers on how Florida can improve coverage
- Fund and support the safety net delivery system

Public awareness of the ACA

- Participate in public relations and community engagement activities

Workforce and capacity issues

- Conduct a needs assessment to facilitate increased PCP need
- Provide support for training new PCPs and PCP extenders
- Funding for FQHCs and other community health centers to expand services

Patient Centered Outcomes Research Institute

- Support for patient and stakeholder engagement

Key Elements of Law and Potential Philanthropic Response

- Exchanges
- Position and policy papers on how insurers can participate in Exchanges especially in rural areas

- Community Transformation Grants
- Companion projects that replicate or sustain Broward Health Planning Council/School Board of Miami Dade efforts

- Wellness and Prevention
- Outreach and education projects to encourage participation in wellness and prevention programs

- Primary Care Medical Homes and Mental Health Care Services
- Track development and provide position or policy relevant papers

Key Elements of Law and Potential Philanthropic Response

Accountable Care Organizations

- Support development of applications to CMS to form an ACO

Medicare Part D

- Assistance to Medicare enrollees in their Part D plan selection
- Develop and disseminate materials specific to Latinos

Elderly who Live in the North During the Summer and Florida during the Winter

- Conduct needs assessment of health needs of snowbirds

Issues facing rural elders

- Provide support for rural workforce recruitment programs

Key Elements of Law and Potential Philanthropic Response

Long-term Care Issues

- Support for outreach to potential enrollees
- Policy and position papers describing alternatives to HCBS Waiver program

Aging and Disability Resource Centers

- Collaborate with centers to provide outreach for elderly in provision of social services and health care navigation

Health-Care Access Survey

- Support new round of Florida Health Insurance Survey

Further Information

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