

Obamacare makes a difference to individuals and to all of us as well



At a recent panel discussion in New York City about Obamacare, a woman in the audience, a professor of public health, asked an important question: Why was there so much emphasis from the law's supporters on the individual? In other words, what can the law do for me?

Why was there so little discussion of how some of the law's provisions would benefit the larger community of policyholders who shopped on the state exchanges? In other words, was Obamacare for me or for us?

A couple of the panelists, including the communications director for the Centers for Medicare and Medicaid Services, a federal agency that helps the administration promote the law, continued to talk about the "me," ticking off a bunch of examples: You can keep your 24-year-old on the family policy; if your income is low enough you can get a subsidy.

But she didn't address a major source of unhappiness with the law—the people who had policies they liked and could afford but whose policies were being canceled. They didn't like that, and some went on TV to tell their stories, although the media often left out crucial facts.

These unhappy Americans had policies that did not conform to the minimum benefit standards the Affordable Care Act required for things like hospital outpatient procedures, prescription drugs, substance abuse and maternity care. Those were coverages architects of the law believed were essential for adequate insurance protection.

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Thinking About Health

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