

Riding the Wave

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When I ponder all the uncertainty in medicine these days, I often compare myself to a surfer riding a large wave. I do not exactly know where it is going; the experience is fraught with anxiety, and I hope I do not drown under the weight of it all.

Today, dermatologists face many questions: How many more patients will enter the health care system within the next few months? How will we be able to effectively care for these individuals when wait times for dermatologists are so long? Will the new patients entering the system be mostly private patients or part of an expanded Medicaid? How will it all be paid for, and how will it affect our reimbursements now and in the long-term? Will we be able to ensure that our patients are able to receive the therapies and procedures we recommend?

Starting on January 1, 2014, health insurance exchanges will go live with coverage, with enrollment commencing 3 months prior on October 1, 2013. These health care exchanges are one of the key coverage elements of the Patient Protection and Affordable Care Act (PPACA); they are “new competitive marketplaces” in each state in which individuals and small businesses can choose among an array of health insurance plans.¹ The PPACA authorizes states to establish their own exchanges. If a state elects not to or is unable to do so, the US Department of Health and Human Services (HHS) will establish a federally facilitated exchange in that state. States also can choose to pursue a partnership exchange in which the state plays a role in the development and operations of the federally facilitated exchange.¹

The PPACA intended for most states to institute and run their own insurance exchanges. As of mid-January 2013, 25 states have opted for their exchanges to be run by the federal government, 18 states and the District of Columbia have decided to operate state-based exchanges, and 1 state (Utah) is still undecided.² The remaining 6 states, all of

which are among the 10 most populated states in the country, have opted to allow the federal government to set up exchanges for them. The administration says one-third of the prime target group nationwide (ie, healthy individuals aged 18 to 34 years who do not have health insurance) live in California, Florida, and Texas.³ Of those 3 states, only California is setting up a state exchange. Although the PPACA mandates that most of the uninsured get insurance, it also states that “the annual penalty for failing to do so is low enough (\$95 in 2014, rising to \$695 in 2016) that some people simply will choose to pay it.”³

The other major part of the PPACA that aims to cover the uninsured is the expansion of Medicaid to include more low-income Americans. This effort is opposed by at least 20 state governors.³ The supreme court ruling last year upheld the PPACA’s individual mandate; however, states were given the option of choosing not to participate in the Medicaid expansion. In the states that do not participate, uninsured individuals who cannot afford to buy coverage in the exchanges, even with a federal subsidy, will have no recourse to buy insurance.³

On July 2, 2013, *The New York Times* reported that “[i]n a significant setback for President Obama’s signature domestic initiative, the administration . . . abruptly announced a one-year delay, until 2015, in his health care law’s mandate that larger employers provide coverage for their workers or pay penalties.”⁴ The article noted that employer groups welcomed the news of the concession, which followed complaints from businesses. Although the postponement technically does not affect other central provisions of the PPACA, “it threatens to throw into disarray the administration’s effort to put those provisions into effect by January 1.”⁴

Are you confused yet?

One of the other interesting things I came across was how HHS attempted to partner with professional sports to promote the PPACA. The HHS is tasked with promoting the administration’s new health insurance plans and encouraging Americans to enroll. As part of that initiative, HHS secretary Kathleen Sebelius reported that her department had been engaged in discussions with the National Football League (NFL) and the National Basketball

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Association. The NFL responded a few days later stating that they have not been in contact with the administration about PPACA's implementation.⁵

Continue to look to *Cutis*[®] for coverage of important topics to help physicians navigate through health care reform. This month in our health care reform department, Bruce A. Brod, MD, discusses the PPACA's Physician Compare Web site.⁶ The health care wave is surely a challenging one to navigate. Hopefully we can avoid collisions, rip currents, and other dangers, making it back to shore unscathed.

REFERENCES

1. Center on Budget and Policy Priorities. Status of State Health Insurance Exchange Implementation. <http://www.cbpp.org/files/CBPP-Analysis-on-the-Status-of-State-Exchange-Implementation.pdf>. Accessed July 3, 2013.
2. Brod BA. State health insurance exchanges: 2014 is around the corner. *Cutis*. 2013;91:65-66.
3. Page S. Obamacare: 3 years in, it faces steep challenges. *USA Today*. May 16, 2013. <http://www.usatoday.com/story/news/politics/2013/05/16/obamacare-challenges/2166189/>. Accessed July 3, 2013.
4. Calmes J, Pear R. Crucial rule is delayed a year for Obama's health law. *The New York Times*. July 2, 2013:A1. http://www.nytimes.com/2013/07/03/us/politics/obama-administration-to-delay-health-law-requirement-until-2015.html?_r=0. Accessed July 3, 2013.
5. NFL makes wise decision to pass on 'Obamacare.' *Yahoo Sports*. July 2, 2013. <http://sports.yahoo.com/news/nfl--nfl-makes-prudent-decision-to-pass-on-obamacare-133842977.html>. Accessed July 3, 2013.
6. Brod BA. The Physician Compare Web site. *Cutis*. 2013;92:63-64.

QUICK POLL QUESTION



What concerns you most with regard to health care reform?

- a. declining reimbursement
- b. inability to address patient demand
- c. inability to provide desired treatments/therapies
- d. loss of autonomy

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