

# **Navigating Health Care Reform**



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When President Obama signed the Patient Protection and Affordable Care Act into law in March of 2010 (the "Act"), he and the Congress almost achieved a goal that has eluded most Presidents since Franklin Delano Roosevelt – universal health insurance coverage for all Americans. While the Act did not achieve complete universal coverage (it excluded illegal aliens), it came close enough to be considered a significant achievement. No individual who is employed, or unemployed, poor or near poor, disabled or suffering from a pre-existing condition will be unable to obtain health insurance through the private insurance system or several public programs including Medicare, Medicaid, and TRICARE, the insurance system for the families of our servicemen and military retirees.

One of the key goals of the Act was to expand insurance coverage to several key populations: (1) individuals who were employed, but whose employers did not offer insurance coverage; (2) unemployed individuals who did not qualify for Medicaid or Medicare and could not obtain or afford individual policies; (3) individuals who did not qualify for coverage due to a pre-existing condition; and (4) small businesses that could not afford health insurance for their employees. These provisions were targeted primarily at the expensive insurance policies associated with the individual and small group markets. The fundamental assumption about these groups is that none of these segments had any market power to negotiate affordable premiums; therefore, small businesses and individuals did not purchase the insurance. If there were a competitive marketplace where small businesses and individuals could buy their insurance just like large employers do, the pricing should be affordable and all but the poor, the elderly, the disabled, and the military should be covered by private health insurance. Enter the health insurance exchange.



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