

Access to Health Care

Access to health care has come to mean access to affordable health care insurance. Some discussion of its history is necessary to grasp this topic.

In 2008, the Center for Disease Control conducted its National Health Survey. One of the findings was that the percentage of adults aged 18-64 years who lacked coverage at the time of interview increased from 19.7% in 2008 to 21.1% in 2009. The survey also revealed that 58.5 million Americans had no health insurance for at least part of 2009.

Further, those without employer-based health insurance were often purchasing high deductible plans with exclusions for pre-existing health conditions. Post-high school age young adults were among the most likely to be uninsured given that they were no longer carried under their parent's policy.

By March 2010, the Affordable Care Act, also known as Obamacare, passed Congress and was signed into law by President Obama despite loud objections by the Republican Party.

Among its many provisions the ACA stipulated:

- health insurance companies could no longer practice discriminatory pricing, nor refuse coverage for pre-existing conditions; thus assuring available and renewable coverage
- Young adults would be covered under family health insurance plans to the age of 26
- There would be no annual or lifetime limits to coverage
- Individuals were mandated to have insurance coverage with a minimal standard of insurance benefits
- Employers were mandated to provide employee health insurance in businesses with 50 or more employees
- An online Healthcare Marketplace was created
- A provision for an enhanced federal funding for optional state Medicaid expansion

The ACA has become an accepted and popular method of securing health insurance coverage. At the end of open enrollment period in January 2024, 266,327 Wisconsinites and 21.3 million people across the United States were enrolled in health insurance via healthcare.gov (Obamacare).

It is also notable that in 2011, the Walker administration and the Republican lead Wisconsin State Legislature rejected federal support for Medicaid for those at or below 138% of federal poverty level (FPL). Instead, "Badgercare" was instituted for individuals and families below these levels at Wisconsin state taxpayer expense. (In 2024, the poverty level for a family of four is \$31,200.)

Wisconsin remains one of 10 states that have refused the expansion of Medicaid insurance under the Affordable Care Act. Most recent data in 2022 showed 5.2%, or roughly 300,000 Wisconsinites, are without health insurance.

Ever since the 2019 election of Governor Tony Evers, there have been budgetary proposals to accept Medicaid expansion in the biennial state budget. However, the Wisconsin State

Legislature's Joint Finance Committee (with a majority of Republican members) has voted to remove it from the budget: most recently, in May, 2023.

The acceptance of the proposed expansion would allow use of federal funds to pay for the health insurance costs of all citizens currently on Badgercare, plus an additional 30,000 people that are currently uninsured. The savings to the state would be \$850 million in the first year alone! (Such savings might be used to help finance the multiple school districts in Wisconsin who must seek operational monies via referendum.)

The ACA addressed the reality that most new jobs are low paying and lack employer-based health insurance. It further recognized that having health insurance coverage that includes preventative services would keep the uninsured from seeking expensive care with advanced levels of illness at an emergency room.

Rural hospitals provide essential services to economically challenged areas of our state. Hospitals do not refuse emergency care to patients who do not have insurance. The notable costs of this care are typically written off as charity care, but the costs are ultimately passed on to other insurance paying patrons. This is sometimes referred to as a hidden tax on health care. Consequently, with these challenges, there continue to be stories of rural hospitals closing in Wisconsin.

Access to healthcare will remain a concern for our economy and a topic in our politics. It is not an easy subject to understand. But we must be informed, and we must hold our representatives accountable to do well for all and for the most unfortunate among us.

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