Affordable Care Act: Effect on our Health Care

Presented to Quest Club, January 22, 2016

Laurie Gray

What is the effect of the Affordable Care Act on our health care? I've come to think of the Affordable Care Act as "Frankenstein meets Dr. Jekyll and Mr. Hyde." The Affordable Care Act takes all of the fragments from a broken health care system and pieces them together into a monstrous creature with each stakeholder trying to drive its stake most deeply into the monster's heart, a president who is still trying to breathe life into the beast, and a Congress that will do anything to kill it. The benevolent Dr. Jekyll is all of our medical providers and the malevolent Mr. Hyde is all the for-profit insurance and pharmaceutical corporations.

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act. The law represents the most significant attempt at overhauling health care policy in the United States since the passage of Medicare and Medicaid in 1965. The Affordable Care Act utilizes a combination of health insurance reforms, insurance exchanges in all 50 states, Medicaid expansions, subsidies, tax credits, and individual and employer mandates. It aims to expand health care coverage to all Americans. The law is gradually taking effect over a 10-year period. New provisions to expand coverage, contain health care costs, and improve our health care delivery system have taken effect each year since 2010 and are scheduled to continue into 2020.

When I received the topic last spring, my first thoughts as a lawyer were 1) I need to read the actual law; and 2) I need to read the United States Supreme Court Cases that have allowed the law to stand, specifically: *National Federation of Independent Business v. Sebelius* decided in June of 2012 and *King v. Burwell*, decided in June of 2015. The bill that passed was 2,700 pages. Even as our Supreme Court was deciding the fate of the Affordable Care Act in the *Sebelius* case, Justice Breyer admitted that he had not read the entire document and did not intend to spend a year of his life doing so. Likewise, Justice Scalia suggested that being forced to

read the Affordable Care Act in its entirety would violate his 8th Amendment Constitutional right against cruel and unusual punishment. (York, 2012). For those of you who would like to read the law for yourselves, the official version is available online at Healthcare.gov for your reading pleasure or punishment.

Proponents say the law is no longer than a Stephen King novel. That may be true. But Stephen King novels are readable. I can get the gist of the story regardless of whether or not I recognize every allusion. Every page of the Affordable Care Act references other federal statutes and creates new acronyms. Without knowing or looking up every reference, it's impossible to understand exactly what the Affordable Care Act says. So in addition to reading the actual law, I signed up for a massive online open course taught by Dr. Ezekiel Emmanuel through Coursera called "American Health Policy: The Affordable Care Act and the Future of Health Care Reform." Dr. Emanuel has earned the title of doctor both by virtue of his PhD and his M.D. He was a key adviser to the Obama administration in creating the Affordable Care Act and is very optimistic in his predictions for it. Dr. Emanuel also happens to be the brother of Chicago Mayor Rahm Emanuel. Back in 2009 and 2010 Rahm Emanuel was President Obama's Chief of Staff and the man primarily responsible for negotiating the deals that got Congress to pass the Affordable Care Act. Enlisting the support of the Insurance Companies, the Pharmaceutical Companies, physicians and hospitals required compromise after compromise, all made in hopes of ending the stalemate and reforming our health care system.

The need for health care reform is indisputable. As a nation over the past century, we have unwittingly backed ourselves into an unsustainable medical care quagmire. Despite the trillions of dollars we spend each year -- twice as much per capita as other industrialized nations -- we are far from the healthiest. Americans have shorter lives, higher infant mortality rates, and

suffer from more chronic diseases than other high-income nations. Everyone agrees that we need to stabilize medical costs, ensure quality health services, improve the health of all Americans and create a sustainable health care system. What we can't seem to agree on is how best to do that. The Affordable Care Act is a tortured attempt to back ourselves out of the monstrous system we've backed ourselves into over the last century.

When President Obama originally campaigned on health reform, he talked about the need for universal health care. He made health care his number one priority during his first year of office. But getting all of the necessary stakeholders to the table and reaching an agreement proved nearly impossible. The bill that originally passed through the Senate by the narrowest possible margin needed serious revision. But any revision in the House would send the law back to the Senate for approval. Shortly after the original bill passed the Senate, long-time healthcare reform advocate Senator Ted Kennedy died and Republican Scott Brown was elected by the people of Massachusetts to replace him. A revised bill sent back to the Senate would not pass. Instead, House Democrats passed the original Senate bill with all of its complexity, ambiguity and inconsistencies. Essentially, in order to pass something, Democrats passed what should have been a rough draft.

And it was the Democrats who passed the Affordable Care Act. The partisan divide was absolute. Even though every Republican in Congress acknowledges the need for reform and many of the reforms in the Affordable Care Act were the same reforms Republicans were already considering, not one Republican crossed party lines to vote for reform. And there are some very positive aspects of the Affordable Care Act -- significant gains that would be lost if the law is simply repealed. Here are some examples of the most positive provisions of the law:
~More people do have health insurance;

~Everyone is now insurable regardless of pre-existing conditions;

~Retroactive rescissions are only legal in cases of actual fraud.

~There are no more life-time limits on the amount of coverage;

~Insurance coverage for children under their parents' plans has been extended through age 26; and

~More benefits and incentives are provided for disease prevention and coordinated care.

Even Governor Mike Pence's signature Healthy Indiana Plan (HIP 2.0) is primarily funded through the Affordable Care Act, and thousands of Hoosiers who have signed up for the plan would not be eligible if it weren't for the Affordable Care Act. Repealing the Affordable Care Act means repealing the funding, which would essentially repeal Indiana's HIP 2.0, and return tens of thousands of Hoosiers to the ranks of the uninsured.

The Affordable Care Act contains 10 Titles or sections, which I'll list for you just to give you an overview of the law's breadth:

Title I--Quality, Affordable Health Care for All Americans

Title II--Role of Public Programs

Title III--Improving the Quality and Efficiency of Health Care

Title IV--Prevention of Chronic Disease and Improving Public Health

Title V--Health Care Workforce

Title VI--Transparency and Program Integrity

Title VII--Improving Access to Innovative Medical Therapies

Title VIII--Class Act

Title IX--Revenue Provisions and

Title X--Strengthening Quality, Affordable Health Care for All Americans.

Title VIII, "Class Act," has already been repealed in its entirety: Title VIII tried to create voluntary, public, long-term care insurance for employees. In 2011, the Department of Health and Human Services determined that Title VIII was unsustainable, and it was repealed in 2013.

In the controversial case *National Federation of Independent Business v. Sebelius*, a divided United States Supreme Court narrowly upheld the Affordable Care Act as constitutional, except for the portion that required States to create an exchange or lose current Medicaid funding. Each State would be free to choose whether or not to create its own exchange. Additional Medicaid monies would flow to those who did, but no Medicaid monies could be taken from those who didn't. The Court also held that private citizens could be mandated to purchase private insurance and that the penalty for failing to do so was an enforceable tax.

The Affordable Care Act sets up a state-specific exchange, also called a marketplace, which is an online price comparison website for each state where people go to purchase their mandated private health insurance. Some states, like Kentucky, set up their own state-based marketplace. Four states, Hawaii, Nevada, New Mexico and Oregon, have exchanges run by the federal government. Most states, including Indiana and Ohio, have federally-facilitated exchanges. A few states, like Illinois and Michigan, have elected to partner with other states rather than partner with the federal government. Whether they do it themselves, allow the federal government to do it for them, partner with the federal government or partner with another state, each state must have and now does have its own online health insurance marketplace, and residents of each state must use their own state's exchange exclusively.

When the insurance companies came to the table, the conversation quickly changed from actual health care to health care coverage, and it is health insurance, not actual health care, that the Affordable Care Act addresses in the first two Titles. The health insurance companies agreed

to support the Affordable Care Act on two conditions: First, the law would have to mandate insurance coverage for everyone; and second, the private companies would not have to compete with the government in selling plans for the uninsured. As a result, the insurance companies have rigged the game in a kind of heads-I win-tails-you-lose fashion. Instead of universal coverage where everyone has health insurance, what the Affordable Care Act does is guarantee issuance of insurance policies. Guaranteed issue means that health insurance companies may not refuse to insure anyone, but they may set the premium rates so high that those who were previously excluded outright are now simply unable to afford insurance.

The government does offer subsidies to cap premium amounts for Americans with low annual incomes. In the marketplace, insurance plans are divided into four tiers: Bronze, Silver, Gold and Platinum. Bronze plans have the lowest premiums and the highest deductibles while Platinum plans have the highest premiums and no deductibles, but with copays of up to 10%. Only Silver plans can qualify for governmental assistance. Individuals and families who earn less than four times the federal poverty level (currently $11,770) do not have to pay more than 10% of their annual income for insurance premiums. But that is just for premiums. These plans can still have high copays and deductibles that force the insured to pay up to 30% of “covered” medical and pharmaceutical expenses, more if they use an out-of-network provider.

The Affordable Care Act requires all tax payers to have medical insurance. Those who don’t, have to pay a penalty. In 2014 the fine was $95 or 1% of their income, whichever is higher. In 2015 the penalty increased to $325 or 2% of their income. This year it’s $695, or 2.5%. Even so, the fine is still minimal compared to the cost of purchasing insurance. Take 59-year-old Richard Gonzalez who retired from his job at UPS, but wasn’t yet old enough to qualify for Medicare. When he looked for insurance in 2014, the most affordable plan he could purchase

had a premium of $400 per month and a $6000 deductible. Because his medical expenses have been less than $6000 per year, he decided to roll the dice. Instead of paying all of his medical bills and paying an insurance company $4800, he paid a $250 penalty for going without insurance and hoped for the best. “I think it’s wrong I have to pay the penalty,” said Mr. Gonzalez. “But it beats paying more than $10,000 per year.” Think about it. The tax penalty was $95 or 1% of his income. $95 is 1% of $9,500. If Mr. Gonzalez paid $250, his annual income was $25,000. How could he possibly afford to pay $10,000 a year for health care? How can he possibly avoid bankruptcy if he ends up with a serious accident or illness before he qualifies for Medicare?

The Affordable Care Act expands Medicaid and Medicare coverage for the poor, the disabled and the elderly. Private, for-profit corporations do not have to offer plans to anyone who is eligible for Medicaid or Medicare. The result is that those who are mandated to buy health insurance are actually paying three times for health care--once in taxes to cover governmental subsidies, Medicaid and Medicare; once in premiums to the insurance companies; and once for their own health care through high deductibles, high co-pays, expensive drugs and out-of-network providers. The health insurance industry has turned coverage into a shell game, and health care has become the elusive pea that hides beneath only one of the shells.

In an editorial in the Journal Gazette last July, local physician Andy O’Shaughnessy described the confusing complexity of our health care system five years into the Affordable Care Act. His wife had what he described as “a health scare” requiring several doctor visits, lab tests, scans and a biopsy. Fortunately, it was just a scare. Even so, the O’Shaughnessys were bombarded with forms to fill out, cards to show, confusing co-pays and deductibles, seven separate bills, and countless Explanation of Benefit forms. Dr. O’Shaughnessy wrote, “I consider

myself an intelligent, well-educated guy. I speak, read, and write English. I have a permanent address. I'm well connected. I have a good health care insurance policy. I have great family support. I am even part of the health care industry. I guess I am pretty fortunate. But, honestly, I felt lost in the health care system."

Health insurance used to mean a modest premium deducted from a paycheck, a manageable deductible, and perhaps a small office visit co-pay. After that, everything was covered. Our tax code is what has traditionally tied health insurance to employment. Following World War II, employers were encouraged to provide health insurance to employees through tax exemptions. Health care premiums, a very valuable benefit, were not considered taxable income. This worked reasonably well in a less-mobile society where workers tended to stay with the same employer for their entire career. But by tying health insurance to employment, those who needed insurance the most--the elderly and disabled--had none. In 1965, Medicaid and Medicare passed to provide health care for the elderly, disabled and poor. There was much discussion about expanding Medicare to cover everyone at the time, but the American Medical Association and insurance companies strongly opposed universal health care and dumped large sums of money into campaigns characterizing universal health care as socialism, maybe even communism.

Fast forward 50 years to our mobile society where workers frequently move not just from employer to employer, but from state to state. Health care prices have increased exponentially and insurance coverage is as complex as the tax code and ERISA regulations combined. Even for those lucky enough to have decent insurance through their employer, both employer and employee out-of-pocket expenses are much higher and determining actual coverage is enigmatic.

Even educated consumers who spend hours scrutinizing their coverage before seeking treatment can be stuck with expensive bills that the insurance company refuses to pay.

For Julie Cios who lives just outside Philadelphia with her husband and two daughters, battling with insurance companies is like a part-time job. She's a thyroid cancer survivor, her husband had a knee replacement, and their two daughters have needed care for various sports injuries. She wins most of her fights with doctors, billing agencies, and the company that provides insurance through her husband's employer, but the unrelenting stress of wrestling with the insurance company and worrying about unpaid bills takes its toll. (Sapatkin, 2015).

On the west coast, two friends, Erin Taylor and Layla Parast, worked for the same company, had the same insurance coverage, and were scheduled to deliver their babies just a few weeks apart back in 2014. Erin actually has her doctorate in health economics. They thought they had done all of the necessary research and knew what costs to expect when it came time to deliver their babies. Then Layla got an unanticipated $1,600 bill for anesthesia services. Layla happened to deliver on a day when an out-of-network anesthesiologist was on call, while Erin was seen by an in-network anesthesiologist. Purely by chance, one woman received an expensive physician bill that her insurance refused to cover and the other did not have to pay a dime for the same service. (Sapatkin, 2015).

This is the problem with a system that focuses on insurance coverage by multiple for-profit corporations instead of actual health care. Just because you buy the shell of insurance, doesn't guarantee that there will be any actual healthcare inside that shell. The Affordable Care Act may provide more shells, but too many of those shells turn out to be empty when you look underneath. In this shell game, guaranteed issuance does not guarantee coverage, and coverage does not guarantee actual health care.

Billions of our health care dollars go to marketing, lobbying, and paying corporate executives and stockholders. And the administrative costs for medical providers in trying to file claims and negotiate payments are a nightmare. As a nation we have the best medical resources and we are spending the most money. But between every provider and healthy, young patient stands a for-profit corporation whose sole purpose is to make money for its investors. Supreme Court Justice Stevens has described corporations as artificial legal entities that are dangerous to democratic elections. Corporations have perpetual life, the ability to amass large sums of money, limited liability, no morality, no loyalty, and no purpose outside profit-making. (*Citizens United v. Federal Election Commission*).

Despite Justice Stevens' warnings, our Supreme Court has started treating for–profit corporations as "people" with first amendment rights. More and more of the big corporations are owned by other corporations rather than flesh-and-blood people and the result is a machine designed to exploit human beings and the environment. When a corporation stops making money, it can dissolve and a new corporation can purchase its assets and find a new way to make money. More and more our politicians who seek to limit governmental power are not empowering actual people, they're ceding power to the corporate "persons" whose right to vote with their wallets far surpasses the voting power of any human person's ballot. I might go so far as to say that corporations have become the Robber Barons of the 21st century. But that sounds like a whole different Quest paper, maybe even Susan Burns' paper next month.

And it's not just the health insurance corporations. Pharmaceutical companies may also exploit the sick. You may recall back in September how the cost of Daraprim catapulted from $13.50 per tablet to $750 per tablet overnight when Turing Pharmaceuticals acquired it. The price of 30 Cycloserine pills, a drug used to treat tuberculosis, jumped from $500 to $10,800

when acquired by Rodelis Therapeutics. Why? Because pharmaceutical companies can base their drug prices on supply and demand. There's nothing in the Affordable Care Act to prevent drug companies from charging thousands of dollars for a pill that costs pennies to make. This type of gross overcharging for life-saving medication falls squarely within the Merriam-Webster definition of extortion. In fact, one way that drug companies are calculating the value of cancer drugs now is by estimating the extent to which the drug can extend a person's life and assuming one additional year of perfect health in the United States is worth anywhere from $50,000 to $200,000. A cancer treatment that restores you to just 50% of your health for a single year should run about $60,000-$65,000.

In addition to this price inflation, patients who have good insurance are seriously at risk for overtreatment. Patients have become consumers who want it all--all the best that their money can buy or that their insurance will cover whether they need it or not. Using economics to distribute healthcare takes the medical care from those who need it most and gives it to those who can afford it most. Our current system denies access to those in real need and sells far more than they need to those with the ability to pay for it.

In her TED talk entitled "Health Care Dystopia," Dr. Leana Wen, a Harvard-educated ER doc, uses China as an example of what happens to health care when patients become consumers and doctors become salesmen. When someone came to a doctor in China with a cough and runny nose, a doctor who diagnosed a common cold, talked to the patient, and sent him home to convalesce earned 70 cents. Listening, counseling with regard to prevention, and providing the body with an opportunity to heal itself did not pay. But if that doctor ordered laboratory tests, a chest x-ray, and antibiotics, the doctor spent far less time with the patient and received $50 for his services.

This is what happens when doctors are paid a fee for service rather than basing payment on the quality of care and actual benefit provided. The more patients they see, the more tests they order, and the more procedures they perform, the more money they receive, as long as the patient can afford to pay or has insurance. Instead of all patients receiving the treatment they need and only the treatment they need, those who can afford tests and treatment are apt to receive more than they need while those who truly need tests and treatment will receive only what they can afford. The uninsured are underserved and forced to wait until their condition worsens and merits a trip to the emergency room where the treatment may ultimately be more costly, but where they cannot be turned away.

Not only is urgent care inherently more expensive, but those without insurance face astronomical price discrimination. Uninsured patients are regularly billed two or three times what patients with insurance pay for the same medical services. In other businesses, price discrimination means to raise the price for those who are able to pay more and lower the price for those who might not be able to pay the higher amount. One example of this is all of the businesses that recognize that most senior citizens and students must live on a fixed income and offer senior and student discounts. The opposite is true in the health care industry. Those who are most able to pay are in the best position to negotiate deep discounts while those who are least able to pay are charged the highest rates.

In a TED talk entitled “How Do We Heal Medicine?” Dr. Atul Gawande talks about how our healthcare knowledge has exploded, but our healthcare system remains fragmented. Dr. Gawande is an American surgeon, author and public health researcher. He says even for those who can afford it, it doesn’t matter if you have the best specialists, the best drugs and the best technologies if they don’t come together in a system that functions. He likens it to what would

happen if you assembled a car from all of the best automobile components: a Ferrari engine, Porsche brakes, a Volvo body and a BMW chassis. The result would be a very expensive pile of junk that goes nowhere.

As a nation, we've backed ourselves into a medical care labyrinth with a monster down every hallway. The Affordable Care Act has had little impact on our actual healthcare because it essentially attempts to back us out of the labyrinth without slaying any of the dragons. To hold for-profit corporations accountable, or better yet remove everything "for-profit" that currently stands between patients and their medical providers, is immediately decried as socialism, the same way that Medicare was attacked when it was created 50 years ago. Yes, 2015 marked Medicare's 50th Anniversary. For 50 years Medicare has provided not just "coverage" but actual health care for Americans over the age of 65 and many disabled Americans, too. It is set up with a single nonprofit entity (the federal government) administering payment on behalf of the patients to the private health care providers of their choice. Other countries such as Taiwan have studied all of the different healthcare systems in the world and selected Medicare as the most equitable and efficient means of providing healthcare to the people of Taiwan. Not just the elderly and disabled, but to all of its citizens.

In fact, every other developed nation in the world offers all its citizens guaranteed basic health care. Not guaranteed issue into a shell-game of insurance coverage with hidden costs under almost every shell, but actual universal health care. No other wealthy nation abandons its citizens in their hour of need or forces them into bankruptcy over unpaid medical bills. Poorer countries don't either. When it comes right down to it, nothing is going to change business as usual in our broken health care system until "We the People" decide once and for all that there can be no Life, Liberty or Pursuit of Happiness without basic health care. In the words of the

immortal Dr. Seuss, “Unless someone like you cares a whole awful lot, nothing is going to get better. It's not.” (Geisel, 1971).

After World War II, the United States signed and ratified the Universal Declaration of Human Rights, a treaty that guarantees the safety and human dignity of every human being. As a nation, we agreed to Article 25 which states: “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

We promised ourselves and the rest of the world that every citizen in our wealthy and powerful nation would have medical care in case of sickness or disability. But balancing our capitalistic economic values with our democratic governmental ideals can be challenging. We believe in competition. Even as the number of winners decreases and the number of losers increases exponentially. Even when more and more of the winners are corporate persons and more and more of the losers are human beings. Every other developed nation in the free world has figured out a way to provide universal health care to its citizens. Every other nation. Not health insurance coverage, but actual health care. If “We the People” commit to that goal, that vision, that end, we will find a means.

What our health care system needs most is a paradigm shift. We currently have tunnel vision. We’re looking at private insurance through for-profit companies as the principle means of obtaining medical care and medical care as the exclusive key to health. Until we approach medicine from a healthy perspective and commit to universal health care, the shell game will continue. As a nation, our medical care will continue to get more expensive without improving

our health. Obamacare, which was modeled after Romneycare in Massachusetts, is not the solution, but it is at least a bridge to a better place for millions of Americans. It's not the best bridge, and it's not the only bridge, but until we truly commit to universal health care and figure out the best way to get there, we're really not in a position as a nation to be burning any of our current bridges.

Bibliography

Allhoff, Fritz & Hall, Mark (Eds.). (2014). *The Affordable Care Act Decision: Philosophical and Legal Implications.* New York, NY: Routledge.

Americans are Confident Health Care Consumers but Ignore Cost in Care Decisions. (2015). *Medical Benefits*, *32*(13), 4.

Armour, Steven. (2015, March 21-22). Uninsured Choose Penalty, Pass Up Enrollment Offer. *Wall Street Journal*, p. A4.

Blendon, R. J., Benson, J .M., Hero, J. O. (2014). Public Trust in Physicians — U.S. Medicine in International Perspective. *N Engl J Med*, 371:1570-1572. (Downloaded from nejm.org on November 25, 2015).

Burwell v. Hobby Lobby Stores, Inc., 134 S. Ct. 2751 (2014).

Bovbjerg, R., Ormond, B. and Waidmann, T. "What Directions for Public Health under the Affordable Care Act?" *Urban Institute Health Policy Center* (November 2011).

Citizens United v. Federal Election Commission, 130 S.Ct. 876 (2010).

Consumers Union: Policy & Action from Consumer Reports. (2007). *Basic Corporate Structures in Health Care*. Retrieved from https://consumersunion.org/research/non-profit-conversion-basic-corporate-structures-in-health-care/ on 7-9-2015.

Creswell, Julie. (2015, October 17). A Small Indiana Town Scarred by a Trusted Doctor. *The New York Times.* Retrieved from http://www.nytimes.com/2015/10/18/business/a-small-indiana-town-scarred-by-a-trusted-doctor.html?_r=0

Davis, K., Stremikis, K., Schoen, C., and Squires, D. (2014, June). *Mirror, Mirror on the Wall, 2014 Update: How the U.S. Health Care System Compares Internationally,* The Commonwealth Fund. Retrieved from http://www.commonwealthfund.org/publications/fund-reports/2014/jun/mirror-mirror

Emanuel, Ezekiel, M.D., PhD. (2008). *Healthcare Guaranteed: A Simple, Secure Solution for America*. New York: PublicAffairs.

Emanuel, Ezekiel, M.D., PhD. (2014). *Reinventing American Health Care: How the Affordable Care Act will Improve our Terribly Complex, Blatantly Unjust, Outrageously Expensive, Grossly Inefficient, Error Prone System*. New York: PublicAffairs.

Faguet, Guy B. MD. (2013). *The Affordable Care Act: A Missed Opportunity, A Better Way Forward*. New York: Algora Publishing.

"Few See U.S. Health Care as 'Best in the World.'" Pew Research Center. The Databank, July 24, 2009. Web 31 July 2015. http://www.pewresearch.org/2009/07/24/few-see-us-health-care-as-best-in-the-world/.

Gandelman, Joe. (2015, July 2). New Poll: 62 percent of public supports Supreme Court ruling on Obamacare. *The Moderate Voice*. Retrieved from http://themoderatevoice.com/206372/e-poll-62-percent-of-public-supports-supreme-court-ruling-on-obamacare/.

Geisel, Theodor. (1971). *The Lorax*. New York: Random House.

"H.R. 3590 — 111th Congress: Patient Protection and Affordable Care Act." www.GovTrack.us. 2009. June 2, 2015 <https://www.govtrack.us/congress/bills/111/hr3590/text>

Jiwani et al. BMC Health Services Research (2014) 14:556 DOI 10.1186/s12913-014-0556-7

Johnson, Carolyn. (2015, Aug. 27). Cancer drugs aren't just really expensive; they're a bad value. *Washington Post*. Retrieved from http://www.washingtonpost.com/news/wonkblog/wp/2015/08/27/cancer-drugs-arent-just-really-expensive-theyre-a-bad-value/

Kane, Jeff, MD. (2015). *Healing Healthcare: How Doctors and Patients Can Heal Our Sick System.* New York: Helios Press.

King v. Burwell, 576 U.S. ___ (2015)

King v. Burwell. (n.d.). *Oyez*. Retrieved November 12, 2015, from https://www.oyez.org/cases/2014/14-114

Klein, Philip. (2015). *Overcoming Obamacare: Three Approaches to Reversing the Government Takeover of Health Care.* Washington, D.C.: The Washington Examiner.

Mucenski-Keck, L., & Smoker, K. A. (2015). Patient Protection and Affordable Care Act. *CPA Journal*, *85*(4), 62-67.

Nance Lazerus, C. (2015, July 5). Healthy Indiana Program 2.0 enrollment proceeding well. *Post-Tribune (Gary, IN).*

National Federation of Independent. Business v. Sebelius, 132 S.Ct. 2566 (2012).

National Federation of Independent Businesses v. Sebelius. (n.d.). *Oyez*. Retrieved November 12, 2015, from https://www.oyez.org/cases/2011/11-393

Niose, David. (2014). *Fighting Back the Right: Reclaiming America from the Attack on Reason*. New York: Palgrave Macmillan Trade.

Place, R. J. (2015). The Strategic Genius of Jonathan Letterman: The Relevancy of the American Civil War to Current Health Care Policy Makers. *Military Medicine*, *180*(3), 259-262. Accessed July 12, 2015.

Pollack, Andrew (2015, Sept. 20). Drug Goes From $13.50 a Tablet to $750, Overnight. *New York Times*. Retrieved from http://mobile.nytimes.com/2015/09/21/business/a-huge-overnight-increase-in-a-drugs-price-raises-protests.html?referrer&_r=1

Potter, Wendell. (2010). *Deadly Spin: An insurance company insider speaks out on how corporate PR is killing health care and deceiving Americans.* New York: Bloomsbury Press.

Powers, Douglas Dormire, "The ACA in 2015: Is it Affordable? Should We Care? Time to Act?" Allen County Bar Association, Continuing Legal Education (CLE 1.0), October 9, 2014 (video replay August 18, 2015).

Murray CJL and Frank . "Ranking 37th - Measuring the performance of the U.S. Health Care System." *New England Journal of Medicine* 2010, 362: 98-99.

O'Shaughnessy, Andy, MD. (July 3, 2015). The path of LEAST RESISTANCE: Matthew 25 continues to have a mission - even after universal health care. *Journal Gazette* (Fort Wayne IN). Retrieved from: http://www.journalgazette.net/opinion/columns/The-path-of-LEAST-RESISTANCE-7419147

Saksena P, Hsu J, Evans D (2014) "Financial Risk Protection and Universal Health Coverage: Evidence and Measurement Challenges." PLoS Med 11(9): e1001701. doi:10.1371/journal.pmed.1001701

Sapatkin, Don (2015, November 15). What will it take to make sense of medical bills? *Philadelphia Inquirer*. Retrieved from http://articles.philly.com/2015-11-15/news/68298980_1_health-insurance-medical-bill-health-care-system

Schildkraut, J. L., Baker, C. A., Cho, K. N., & Reuss, K. L. (2015). The National Compensation Survey and the Affordable Care Act: preserving quality health care data. *Monthly Labor Review*, 1-11.

Sue Ganske, *Burwell v. Hobby Lobby Stores, Inc. - The U.S. Supreme Court Holds that the Religious Freedom Restoration Act Trumps the Affordable Care Act*, 31 J. Contemp. Health L. & Pol'y 1 (2015). Available at: http://scholarship.law.edu/jchlp/vol31/iss1/3

Sultz, Harry A. and Young, Kristina M. (1997). *Healthcare USA: Understanding its Organization and Delivery.* Gaithersburg, MD: Aspen Publishers.

Terhune, C. and Epstein, K. (August 6, 2009). The Health Insurers Have Already Won. *Business Week* cover story. Retrieved from: http://www.bloomberg.com/bw/magazine/content/09_33/b4143034820260.htm

Toland, Bill. (2014, April 27). How did America end up with this health care system? *Pittsburgh Post-Gazette*. Retrieved from http://www.post-gazette.com/healthypgh/2014/04/27/VITALS-How-did-U-S-employer-based-health-care-history-become-what-it-is-today/stories/201404150167

UN General Assembly, *Universal Declaration of Human Rights*, 10 December 1948, 217 A (III), available at: http://www.refworld.org/docid/3ae6b3712c.html [accessed 23 September 2015]

Walker, Jonathan D., MD. (January 14, 2014). High deductibles perpetuates system's issues. *Journal Gazette* (Fort Wayne IN). Retrieved from: http://www.pnhp.org/news/2014/january/high-deductibles-perpetuate-system%E2%80%99s-issues

Wayne, Alex. (2015, July 1). With Obamacare Here to Stay, U.S. Wants to Tout Its Benefits. *Bloomburg Business.* Retrieved from http://www.bloomberg.com/news/articles/2015-07-02/with-obamacare-here-to-stay-u-s-wants-to-tout-its-benefits.

Weidenbener, Lesley. (July 5, 2015). Obamacare's irony: Pence's signature HIP 2.0 plan can't exist if ACA goes away. *Journal Gazette* (Fort Wayne IN), p. 11A. Retrieved from: http://www.journalgazette.net/opinion/sunday-centerpiece/Obamacare-s-irony-7469202

Whitman, Elizabeth. (2015, June 29). Obamacare Too Complex? Controversial Affordable Care Act is Confusing, Lacks Resources, Some Say. *International Business Times*. Retrieved from http://www.ibtimes.com/obamacare-too-complex-controversial-affordable-care-act-confusing-lacks-resources-1986258.

York, Byron. (2012, March 29). Obamacare's 2,700 pages are too much for justices. *Washington Examiner*. Retrieved from http://www.washingtonexaminer.com/obamacares-2700-pages-are-too-much-for-justices/article/1204606.

Interviews

Deborah McMahan, MD, Health Commissioner of Allen County, Indiana, 2000-present. (Allen County Department of Health Medical Annex, 4813 New Haven Ave., Fort Wayne, IN. November 23, 2015).

Jonathan D. Walker, MD, is an ophthamologist and assistant clinical professor at Indiana University School of Medicine in Fort Wayne. (Allen County Retinal Surgeons, 7900 W Jefferson Blvd Ste 300, Fort Wayne, IN. December 4, 2015).

TED talks

Dishman, E. (2013, March). Eric Dishman: Healthcare should be a team sport [Video file]. Retrieved from http://www.ted.com/talks/eric_dishman_health_care_should_be_a_team_sport.

Gawande, A. (2012, February). Atul Gawande: How do we heal medicine? [Video file]. Retrieved from http://www.ted.com/talks/atul_gawande_how_do_we_heal_medicine.

Levitin, D. (2015, September). Daniel Levitin: How to stay calm when you know you'll be stressed [Video file-. Retrieved from http://www.ted.com/talks/daniel_levitin_how_to_stay_calm_when_you_know_you_ll_be_stressed

Onie, R. (2012, April). Rebecca Onie: What if our healthcare system kept us healthy? (Video file]. https://www.ted.com/talks/rebecca_onie_what_if_our_healthcare_system_kept_us_healthy?language=en.

Ornesh, D. (2004, February). Dean Ornish: Healing through diet [Video file]. http://www.ted.com/talks/dean_ornish_on_healing

Wen, L. (2015, January 8). Leana Wen: Health Care Dystopia [Video File]. Retrieved from https://www.youtube.com/watch?v=e-IYoEzwVGA

Documentaries

Escape Fire: The Fight to Rescue American Healthcare. Dir. Matthew Heineman and Susan Froemke. Prod. Bradley J. Ross, Doug Scott, Elyssa Hess, and Adam White. Lionsgate, 2012. DVD.

FRONTLINE: Obama's Deal: Inside the Battle for Health Care Reform. Dir. and Prod. Michael Kirk. Prod. Jim Gilmore and Mike Wiser. Prod. WGBH Boston with Kirk Documentary Group, LTD. PBS, 2010. DVD.

FRONTLINE: Sick Around America. Dir. and Prod. Jon Palfreman. Prod. WGBH Boston with Palfreman Film Group. PBS, 2009. DVD

Sicko. Dir. and Prod. Michael Moore. Prod. Meegan O'Hara. Weinstein Co. Home Entertainment, 2007. DVD.

MOOC (Massive Online Open Course)

Emanuel, Ezekiel, M.D., PhD. "American Health Policy: The Affordable Care Act and the Future of Health Care Reform (Part II of II)." N.p. Massive Open Online Course (MOOC), May 4-June 19, 2015. http:\\www.Coursera.org.

Helpful Website Links:

healthaffairs.org - Health Affairs Blog (in-depth analysis of statute and regulations)

healthcare.gov - a federal government website managed by the U.S. Centers for Medicare & Medicaid Services.

hhs.gov/healthcare - Official site of the Department of Health and Human Services

kff.org - Kaiser Family Foundation (authoratative source of ACA information, data and analysis

ncsl.org - National Conference of State Legislatures (a bipartisan organization- go to "Research" and "Health")

pnhp.org - Physicians for a National Health Program (excellent FAQ's and suggestions for a detailed Single-Payer System)

rwjf.org - Robert Wood Johnson Foundation (sponsors and publishes several studies about ACA)