Rural Health News Service

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 (CMS), 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 cancelled. 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.

Some unhappy consumers didn't see it that way and were especially angry they had to pay for maternity care. One 58-year-old lawyer from Washington, D. C. said on the PBS News Hour she would have to pay some $5,000 more for a new policy, an amount that included more cost sharing and higher premiums. "The chance of me having a child at this age is zero," she said. "Why do I have to pay an additional $5,000 a year for coverage that I will never, ever need?"

The Obama administration official at the New York City panel missed a chance to explain an important aspect of the law that gets to the "what's in it for us" question. Legislators believed requiring policies to provide a minimum level of benefits would help spread the risk of incurring

health care costs among all of us. It's an important principle in our Medicare program. Here's how it works:

An older woman doesn't need maternity care, but she has to pay for the coverage anyway. At the same time a 35-year-old who does need maternity coverage must pay for some coverage that the older woman might need—hospital outpatient surgery for a cataract operation, for example. This cross-subsidization helps make those benefits affordable for those who need them. In Medicare this cross- subsidization makes it possible to insure very old and very sick people for a reasonable cost.

Supporters of the law always knew there would be winners and losers. But the public outcry from the "losers" has been so great the Obama administration has backtracked. After telling the public that some of the old policies were "junk" insurance—and some did offer very skimpy coverage, officials urged insurers and state regulators to let people keep their cancelled policies through 2014. Most insurers and regulators did.

If you have one of these policies, you can keep it for a little longer, but insurers have to tell you the policies don't meet the new minimum standards. After this year who knows? There's Beltway speculation the administration may allow people to keep these old policies another three years, but a spokesperson for the Department of Health and Human Services says, "no decisions have been made."

There's another Obamacare delay you might want to know about, one the president has not been eager to advertise. Some consumers have bought policies on the state exchanges that give them a very small selection of doctors and hospitals. In some cases, they've had to switch providers in the middle of treatment, or they've have lost a trusted doc.

If you're in this fix, you can switch to a different policy until March 31. But there's a catch. You have to buy the new coverage from the same insurer and must stay in the same coverage tier. If you have a silver policy that covers 70 percent of your medical costs, you can switch only to another silver policy that may have a better network. You can't buy a gold plan that covers 80 percent of your costs and has a wider selection of providers.

Are these latest delays and changes designed to please consumers, or do they represent an

unraveling of Obamacare? My take: they will help some individuals and maybe the larger community of people with insurance. But it's way too early to judge Obamacare's future.

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