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Understanding the Pros and Cons of Obamacare

Now that the Affordable Care Act has been around for a while, Americans finally have a chance to assess the pros and cons of this relatively new health care law.

The law is often referred to it as Obamacare, a name that implies that the U.S. Government has taken over the health care sector. The truth is quite the contrary. According to New York Magazine, half of new enrollees in government-approved and subsidized health plans have purchased those plans from insurance companies. ¹

So, the U.S. Government isn't running the health care industry. Instead, the government has set new standards for what the industry must provide.

The Centers for Medicare & Medicaid Services, a division of the U.S. Department of Health & Human Services, has segmented those standards into two categories: **access to health care** and **consumer rights**. ²

So, the best way to judge the pros and cons of Obamacare is to examine how effectively the new standards have been implemented.

Access to Health Care

In the past, anyone with a pre-existing health condition could be denied coverage by insurance companies. A fact sheet from the White House states that, starting in 2014, that practice is prohibited. ³

This new rule can change the lives of millions of people. In 2011, the U.S. Department of Health & Human Services said that up to 129 million non-elderly Americans had pre-existing health conditions. ⁴ Now, they don't have to worry as much about gaining access to health care. They can visit a Health Insurance Marketplace such as HealthCare.gov and pick a health plan.

There have been problems with HealthCare.gov, though. The Website got off to a rocky start. An article from USA Today shows that the site didn't function properly right after being launched. ⁵

"When HealthCare.gov went live, consumers shopping for private insurance through the site faced long wait times, frozen pages and a broken log-in system," the newspaper says in the article.

USA Today adds that those problems have been fixed and notes that an investigation from the General Accountability Office expresses concerns about cost overruns for the site, as well as poor oversight of contractors who built the site.

Despite initial functionality issues with the federally-run Health Insurance Marketplace, a significant number of Americans have managed to get private health plans through the Marketplace. As of April 2014, statistics from the [White House](#) show that 8 million people have enrolled. ⁶

Admittedly, using the HealthCare.gov Marketplace should be a bit simpler. Buying health insurance there is a three-stage process involving registration, a multi-step application, and enrollment, according to documents from the Centers for Medicare & Medicaid Services (CMS). ⁷

However, CMS created a training and certification program for four types of professionals who can help consumers use the Marketplace: navigators, non-navigator assistance personnel, certified application counselors, and agents and brokers. ⁸

In an article on [MarketWatch.com](#), Jen Wiecezner writes that, unlike navigators, agents and brokers can give consumers advice about choosing health plans through the Marketplace. ⁹

These agents and brokers do, however, earn commissions from insurance companies for helping consumers enroll in the plans. There's nothing inherently wrong with that, though.

"If consumers don't use a broker, the insurance carrier just keeps the commission," Jen Wiecezner says in her MarketWatch.com article.

Insurance agents and brokers routinely work with health insurance companies and, as a result, are extremely knowledgeable about the different types of managed care plans offered through the Health Insurance Marketplace. So, getting advice from such knowledgeable people can be helpful.

Better yet, after being trained by the government, agents and brokers can give consumers insight into which types of preventive care services are now more accessible through the government-approved health plans that Obamacare has made possible.

For example, insurance companies must now cover certain preventive services without your having to pay a copayment or co-insurance and without requiring you to meet a deductible, according to the Department of Health & Human Services (HHS). ¹⁰

HHS says such services cover adults, women, and children and include blood pressure screening, cholesterol screening for adults over fifty, depression screening, anemia screening for pregnant women, breast cancer mammography for women over forty, autism screening for children, and developmental screening for children.

Obamacare does even more to help consumers get quality health care. The new law establishes a set of consumer rights to safeguard the health of all Americans.

Consumer Rights

The White House Website describes those rights by saying that health insurance companies can no longer cancel your health coverage when you get sick or if you made a mistake on your application. ¹¹

The Website also says that, under the new health care law, these companies will no longer be able to impose lifetime dollar limits and annual limits on essential health benefits offered to Americans.

In training materials, the Centers for Medicare & Medicaid Services (CMS) says that insurance companies must cover a specific set of essential health benefits in health plans in order to sell those plans through the government's Health Insurance Marketplace. ¹²

The CMS also states in those documents that only health plans covering these benefits can be certified as qualified health plans, which are plans that are allowed to be offered through the Marketplace.

The National Conference of State Legislatures lists the ten required categories of **essential health benefits** as ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness and chronic disease management; and pediatric services, including oral and vision care. ¹³

Among these benefits, the accessibility of prescription drugs is still somewhat problematic. For many Americans, these drugs are expensive. But the Department of Health & Human Services (HHS) does say that the Affordable Care Act has enabled seniors who are covered by Medicare to save money on prescription drugs. ¹⁴ HHS attributes the savings to closing the gap in drug coverage known as the donut hole.

For those who aren't covered by Medicare, government-approved health plans now offer free preventive health care services. These services can help keep people healthy, reducing the need for prescription drugs in the first place.

So, even though the Affordable Care Act isn't perfect, it establishes a framework for improving the American health care system.

There's even evidence that the health care law is being tweaked by Congress. In an article from the newspaper, the [Argus Leader](#), columnist Jon Walker indicates that one critic of the law — U.S. Rep. Kristi Noem — supports ongoing efforts to improve the law through new legislation. ¹⁵

Selective Healthcare

At Selective Healthcare, we understand the health insurance industry. Our licensed insurance agents and brokers can help you find a health plan that matches your budget and needs.

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