

Obamacare enrollees highly dissatisfied with health coverage

Kate Randall
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In his weekly radio address on Saturday, President Obama praised the Affordable Care Act (ACA) as finishing the job begun by Social Security, Medicare and Medicaid in expanding health coverage and raising the living standards of workers and retirees. The White House estimates that 11.7 million people are currently enrolled for coverage through the marketplaces set up under what is popularly known as Obamacare.

A new study, however, shows that those enrolled through Obamacare are more dissatisfied with their coverage than any other group of insured Americans. The poll from the Deloitte Center for Health Solutions, research arm of the consulting firm, finds that only 30 percent of people with insurance through the ACA exchanges are satisfied with their plans, mainly due to cost.

By contrast, 58 percent of Medicare enrollees are satisfied, while 42 percent of those with insurance through their employer are satisfied.

The ACA, signed into law by Obama in 2010, requires those who do not have insurance through their employer or a government program such as Medicare or Medicaid obtain insurance or pay a tax penalty.

Unlike Medicare, however, plans under Obamacare are offered exclusively through private insurance companies. Under the ACA's "individual mandate," people must select coverage to purchase from an array of private insurance companies offering plans for sale on the ACA exchanges.

Although plans offered on the exchanges must provide some essential services, such as certain preventive screenings, there is no meaningful oversight on the premium rates the private insurers can charge. Some low- and middle-income people receive modest government subsidies toward payment for coverage.

As the WSWs has repeatedly pointed out, the most

affordable plans offered for sale on the ACA exchanges come with deductibles in excess of \$5,000 annually and other out-of-pocket costs. Data from the Deloitte poll shows that enrollment in an Obamacare plan is no guarantee that health care coverage will be affordable or accessible.

Researchers surveyed 3,887 people who had purchased health insurance on either the state exchanges or the federal web site, HealthCare.gov. The poll found that only 24 percent of ACA enrollees felt they could get affordable care when they needed it, and an abysmal 16 percent felt fully prepared to handle future health care costs.

One in three reported difficulty paying for out-of-pocket expenses when enrolled in a marketplace plan for a full year. Of the more than two-thirds of exchange enrollees reporting dissatisfaction with their plans, paying too much was cited as the top reason.

Concerns over cost led 16 percent of those continually covered by an ACA plan to skip seeing a doctor when they were sick or injured. This is double the rates reported by Medical and Medicaid enrollees. In other words, despite holding ACA coverage, needed medical care was foregone for the sole reason that the insured could not afford it.

No data currently exists on the impact of such decisions mandated by financial concerns, but it is clear that it must result in poor health outcomes and needless suffering for enrollees and their dependents.

The poll shows that only 37 percent of exchange enrollees say they are satisfied with the total costs of their plan, 43 percent are satisfied with the plan's benefits, and 43 percent are satisfied with their buying experience in the ACA "Marketplace."

According to the poll, up to 60 percent of all insured consumers are now "willing" or "somewhat willing" to

accept a smaller network of hospitals or a smaller network of doctors for a lower premium. Just over half expressed some willingness to accept a network that does not include their current primary care provider.

This indicates that out of financial necessity, people are being forced to sacrifice their choice of hospitals, doctors and primary care providers. But this is precisely the aim of the insurers offering coverage: to cut costs by limiting the choice of providers.

Among ACA exchange enrollees, according to the study, those 18-34 years old are the most likely to be willing to trade network providers for a reduction in price. This is not surprising, as younger, generally more healthy people are more willing to take a gamble that they will not need to utilize their coverage. They will, however, find their options for providers severely limited if they face a serious illness, accident or other medical crisis.

The Deloitte poll is further confirmation that the Affordable Care Act has nothing in common with the pledge by Obama more than five years ago that his signature legislation was a historic step toward providing near-universal, quality health care. Rather it is aimed at cutting costs for the government and health care industry while rationing medical services for ordinary Americans.



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