

Unanswered questions should spur honest debate

ACA poses challenges, along with both positive and negative impacts

There is a difference in ideology at play in regards to the Affordable Care Act (ACA). This disagreement does not include if we should take care of people, but how. Democrats hope that the ACA will be an advance for the middle class and poor, while Republicans believe it will add distress to the middle class and poor.

Regardless of one's political affiliation, occupation or income level, health care reform should serve as an impetus for an open and honest discussion about health care costs, choice and access.

Each individual must have health insurance next year, or pay a penalty. Employers of 50 or more workers have until 2015 to offer health insurance or they must pay a penalty if one or more of their employees receive a tax credit through a government exchange.

As a business owner with more than 50 employees, I am cognizant of escalating health care costs, which are hurting family budgets, individuals and employers.

As a legislator, I understand how legislation and rules impact costs, choice and quality of health care. And as a husband, father and consumer, I want a strong, competitive market so citizens get

the best quality of health care by being intricately involved in their health care decisions.

As someone who teaches economics as an adjunct at the college level, there is no historical example in a post-industrialized economy in which a monopoly has benefitted consumers long term. We know that competition benefits consumers, while monopolies reduce options and increase costs.

Beginning Oct. 1, Washington citizens now can compare and enroll in health care plans being offered through the Washington Health Benefit Exchange, with coverage beginning Jan. 1, 2014.

The impacts of the ACA on premiums vary by state and are slowly being made public, particularly in states not operating their own Exchange. A Sept. 25 Forbes article includes a comparison of the five cheapest plans available in the individual market in Washington state and the five cheapest plans that will be available in the exchange. The comparison found premiums would increase on average 54 percent for a 27-year-old, 29 percent for a 40-year-old, and 37 percent for a 64-year-old.

Someone from Spokane recently posted on Facebook: "NOT intended to be a political post. I'm honestly just curious and trying to understand. Under the Affordable Health Care Act, our family's deductible just went up to \$8,000, from

\$4,000 and our premium is now over \$1,000, from \$690. What am I missing here friends?" Similar stories have been surfacing elsewhere.

We are already seeing national employers like Walgreens switch to defined contribution health insurance, where an employee is given a certain amount of money to purchase their own, customized health care plan, rather than a choice of two or three expensive plans that cover everything under the sun.

Individuals choosing health insurance through the Exchange will also be able to maintain the same plan if they change jobs. I know people who decided not to take a new job—even if meant a pay increase and opportunity for advancement—because they were pleased with, or fearful of losing, their health insurance.

The Exchange also serves as a mechanism for government subsidies or tax credits for low-income individuals or businesses. This gives everyone involved—the state, employers and individuals—some measure of flexibility moving forward.

However, there are some concerns about how our state will go about implementing the ACA through the Exchange.

For example, will critical access hospitals be irrevocably harmed? These are usually smaller, rural hospitals that traditionally serve patients that rely on Medicaid and Medicare. There is the likelihood of overall lower reimbursement rates to these hospitals

as the two programs expand to cover more patients.

Will the increase in covered patients in rural areas like much of Eastern Washington make up for the lower reimbursement rates? This is an unknown that keeps small-town hospital administrators up at night.

Many of our communities are already suffering from a shortage of primary care physicians. What happens when an influx of new patients try to see the same number of physicians? Will the goal of insuring everyone come at the expense of access for many?

Only time will tell if the expected benefits of health care reform come to pass. You can be assured more adjustments will be made through each phase of implementation.

The key to thriving in this uncertainty is open communication between governments, health care providers, insurers, employers, taxpayers and consumers. The days of holding our cards close

to the vest in the health care discussion are over. We need to keep all cards on the table as we have an honest debate about health care in our state and nation.

Rep. Kevin Parker represents the 6th Legislative District and is the ranking Republican on the House Business and Financial Services Committee. He also is owner of the Dutch Bros. Coffee shops in the Spokane area.

LEGISLATOR



REP. KEVIN PARKER
State Legislator
and Business Owner

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