

How will Affordable Care Act affect free medical clinic?

Impact is unknown, but clinics will be open to meet needs

By Karen DiPippa

Director, Westside Free Medical Clinic

We have had many questions about the impact the Affordable Care Act will have on the Westside Free Medical Clinic in Little Rock.

Our first answer is that we don't really know exactly how things will play out. We do know that the Westside Free Medical Clinic and most of the charitable clinics in the state will remain open as long as there are unmet health needs.

The second answer is multifaceted. Many of our patients will qualify for expanded care in the marketplace and qualify for federal subsidies and will receive the same level and perhaps more extensive care than the current Medicaid patients receive. This is a good thing.

However, there are several aspects to the proposed care for persons whose incomes are out of range for the subsidy, yet are still without affordable coverage. There are three main plans of care; bronze, silver and gold. An



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additional platinum level is available but is the most expensive of the tiers. For persons or families who choose a "bronze" or "silver" plan, persons will have to accumulate \$2,500 (silver plan) to \$5,000 (bronze plan) in health care costs before the insurance will help with the exception of preventative care, which does not require a deductible to be met and is 100 percent covered. However, for basic family practice and disease management, these deductibles are not possible for many persons. They will still need basic health care coverage, and we will be there for them. Our clinic will need to allow more insured or underinsured persons in the clinic.

Our immigrant population is not eligible for coverage since the coverage will not be available for persons without legal residency.

Furthermore, the coverage may not be accessible for persons waiting on their documentation for residency or for children who were brought to this country as infants.

With health care as one of the basic tenets of Catholic social teaching, we will also be there for our immigrants. Our clinic's goal will be to retain and increase our volunteer interpreters and recruit additional bilingual providers.

Keep in mind the purpose of

the coverage and expansion is to give more uninsured persons access to medical care. As with many new systems, there are glitches to iron out. The technology glitch in the sign-up site could have been averted with a single payer system. It is the complexity of the bill involving the numerous insurance contactors that have complicated the process. However, single payer health insurance is a remedy that is a long way down the road and not on the table in this debate.

Unlike the national site, our state has been more successful in enrolling persons in the new plan. More than 58,000 persons have been enrolled in Arkansas. Even so, there will be a lapse between enrollment and the beginning of the coverage so this is not a fool-proof system while people sign up.

Patients are often reluctant to try anything that involves paperwork so I anticipate people will

not enroll as readily as the planners projected. We need to remember that Medicare D took a long time to enroll members and its glitches were just as cumbersome in the execution of the plans as the new marketplace process is at this time.

After enrollment, life events happen like the loss of a job, a new family member, an accident or health issues that temporarily affect one's insurance status. Westside will be there in this interim.

Lastly, our health costs are spiraling out of control. Now is the time to begin work on stage two — cost control — to ensure feasible health care for all of us: the insured, the newly insured and the hoping-to-be-insured. We will promote coverage first and then work on cost control to ensure the lowest cost for all of us.

For charitable clinics, we will be open to fill in the gaps as long as we are still needed.

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