

CHAPTER 10 CONCLUSION

North Carolina currently faces significant health challenges, including the growing numbers of uninsured, poor overall population health, rising health care costs, and the need to increase access to care and improve quality. The Affordable Care Act begins to address some of these problems. If implemented, the numbers of uninsured will decline. Greater emphasis will be placed on improving overall population health and the quality of health care services. Further, the ACA includes provisions aimed at lowering the rate of increase in health care expenditures.

The ACA does not address—or solve—all of the state’s health care problems. For example, while the ACA includes provisions to expand the health professional workforce, the Act included little new funding. Thus there is likely to be workforce shortages to address the pent-up demand for health services in 2014 when many of the uninsured gain coverage. The ACA includes new provisions to change the way we deliver and pay for health care with the goal of improving quality and health outcomes while reducing escalating health care costs but, as of yet, most of these efforts are untested.

Further, there are still unanswered questions. The ACA directed the Secretary of the United States Department of Health and Human Services to implement many of the provisions of the new law. The Secretary has issued both proposed and final regulations implementing many of the sections of the law, but further guidance on other sections is still pending. Of greater importance, we are awaiting the decision from the United States Supreme Court about the constitutionality of the entire law or specific provisions of the law.

Regardless of how the Supreme Court rules, our current health care system cannot remain as is. Our state and our country are facing serious health system problems that must be addressed. If the ACA is ultimately determined to be unconstitutional—we will still have to address rising health care costs. There will still be pressures to address the health care needs of North Carolina’s 1.6 million who lack insurance coverage. We will need to test new payment and delivery models to ensure that we achieve maximum value for our health care dollars. Moreover, we will need to invest more heavily in prevention if we want to have a healthy and productive workforce, reduce the growth in chronic illness, and limit the need for high-cost interventions. The ACA is a starting point, not an ending point. If implemented, it is likely to be amended over time as we understand what works and what needs to be changed.

While the focus of the Health Reform Workgroups was to address new requirements that are part of the ACA, many of the recommendations are applicable even if the ACA, or parts of it, are not upheld. The recommendations from these groups can help the state address concerns about the health practitioner workforce, test new ways to improve quality and reduce health care costs, strengthen the safety net, streamline the eligibility and application process for existing public programs, and increase prevention efforts to improve overall population health.