Health & Retirement Services Of Illinois

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OUR NEWS LETTER HRSI

Will ObamaCare get the young enrollees it needs to succeed?

BY MONIFA THOMAS Staff Reporter August 31, 2013

Michael Ross, 20, does not have health insurance because he says he doesn't have a job and can't afford it. But he's hopeful he will be able to afford it, thanks to some new options the affordable care act should have beginning in October. | Monifa Thomas/Sun-Times

Will one of the key elements of the Affordable Care Act work the way it's supposed to? That could depend on whether young people who don't have health insurance decide to get it.

The online marketplaces created by the Affordable Care Act are supposed to offer a one-stop shop with many different options for affordable health insurance starting Oct. 1. Nationally, the White House has said that it wants 7 million people to enroll in the online marketplaces by the end of March. Of those, officials say about 2.7 million of the new enrollees must be cheap-to-insure young and healthy people; otherwise, there will be too many older, sicker people making costs and premiums rise.

About 19 million young adults ages 18 to 34 lack health insurance, making them the least likely age group to have insurance, the U.S. Department of Health and Human Services said. In Illinois, more than 713,000 people of that age are uninsured, according to the U.S. Census Bureau.

While young adults might spend an average of $854 a year on health care if they're healthy, the flip side is that if a young person unexpectedly needs to go to the hospital, it won't be cheap. The average cost for a three-day hospital stay is $30,000, and the cost of fixing a broken leg can cost up to $7,500, the Department of Health and Human Services says.

In Our Newsletter

Experts agree that the number one reason young people don't have health insurance isn't because they think they don't need it. The cost dissuades many. That's the case with 20-year-old Michael Ross, a student at Harry S. Truman College in Uptown who says, "I don't have a job or nothing, so health insurance is not something I'm really looking at to get."

But Ross, who says he owes hospitals $2,000 from emergency room visits over the last five years, said he would buy it if he could.

Illinois still hasn't said what we can expect with the insurance plans that will be offered on the online marketplace, known as the Illinois Health Insurance Marketplace.

Still, Young Invincibles, an advocacy group that says it represents the interests of young people in the fight for health reform, argues that young people who couldn't previously afford insurance will soon have new options, because many who have low-paying jobs would qualify for tax breaks under the Affordable Care Act.

"We anticipate there will be a lot of uninsured young people who can access some of these cost breaks that are rolling out this fall," said Jennifer Mishory, deputy director of Young Invincibles.

Individuals and families with income between 133 percent and 400 percent of the federal poverty level are supposed to receive subsidies on a sliding scale if they get insurance through the marketplace. That works out to up to $45,960 for an individual and up to $94,200 for a family of four.

The Kaiser Family Foundation has estimated that, among people currently buying insurance on their own, the average subsidy will be $2,672. For poorer, often younger people, that check will be much larger. So very few young people will pay the "sticker price," as long as they don't smoke, according to Karen Pollitz, senior fellow of the Kaiser Family Foundation, a nonprofit, independent research organization.

But the lead author of a study done by National Center for Public Policy Research, an independent conservative think tank, isn't convinced that will be enough to get young people to flock to the online marketplaces and buy insurance.

The study found that about 6 million young people — who are single and childless — will likely be eligible for the online marketplaces. Yet, for 3.7 million of these people, their out-of-pocket premium costs for a Bronze plan — the cheapest option — could be at least $500 a year (this includes those who qualify for a subsidy). These people would be better off if they forgo insurance and pay the penalty.

That's because even those young people who would qualify for tax breaks to purchase insurance would still have to pay $50 or $100 a month out of pocket, argued David Hogberg .

Hogberg, senior fellow at the National Center, acknowledged that he didn't factor into the study the chance a young person could be injured — one of the critiques that has been made of the study.

But Hogberg said that doesn't change the fact that if young people can purchase health insurance when they're sick — once insurance companies aren't allowed to turn people down or charge more for pre-existing conditions, beginning Jan. 1 per the Affordable Care Act — there's no financial incentive to purchase it any earlier.

"Why are they going to pay $500 to $1,000 for exchange insurance when it's cheaper to go without and they face much less risk if they don't purchase it?" Hogberg said.

Pollitz, meanwhile, said it's too soon to predict whether the White House will meet its target for young people.

"At the end of the day, this is kind of anyone's guess," she said, noting that the Congressional Budget Office is waiting until 2016 to see how the marketplaces work. "We just need to know that it will evolve."

COULD A MEDICATION MAKE OBESITY HEALTHIER?

Should medication override exercise for obesity issues? (Sean Gallup/Getty Photo)

By Melissa HealyLos Angeles Times *September 3, 2013*

With 78 million American adults in the obese column and showing slim chances of permanently dieting their way out of it, one way of mitigating the public health disaster to come would be to unhook the wagonload of obesity-related ills — most notably Type 2 diabetes and cardiovascular disease — from obesity itself. In this scenario, a person could remain heavy, but take a medication or follow some regimen that drives down his or her risk of developing the metabolic dysfunction, the high blood pressure, worrisome cholesterol readings, fatty liver and inflammation that so often come with obesity.

Some would say a therapy capable of such wonders already exists: regular, intensive exercise. But many obese Americans aren't very inclined to do that. So a medication would be welcome.

In the journal Cell Metabolism, a group of researchers from Lilly Research Center in Indianapolis is reporting some early success with humans taking LY2405319, or LY for short. LY is a variant of fibroblast growth factor 21, a circulating protein present in all humans that helps regulate insulin sensitivity and the metabolism of energy and fatty acids. In obese rhesus monkeys, boosting FGF-21 levels prompted weight loss and improved metabolic function and lipid profiles. In rodents, it activated brown fat to rev up the burning of calories and improved metabolic function in a number of ways.

In a Phase 2 trial of LY, the Lilly researchers recruited 46 obese adults with Type 2 diabetes, and gave 36 of them daily subcutaneous injections of the synthesized protein, in three different doses. Over the next 28 days, they looked for LY's effects on subjects' weight, lipids, and metabolic function, and for evidence of how the potential medication works.

As early as Day 2, the triglyceride levels of all three groups of subjects getting LY began to show improvement. That improvement reached its peak and sustained level by Day 7. By Day 7, subjects getting the two higher doses of LY — 10 mg and 20 mg, respectively — began showing improvements in their lipid profiles. LDL, or "bad" cholesterol levels, started going down, and HDL, or "good" cholesterol readings, went up.

By the end of the study, participants on the 10 mg and 20 mg doses of LY had significant positive changes in their lipid and triglyceride levels — both markers for cardiovascular disease — compared with those on a placebo.

Despite orders to maintain exercise-and-diet habits, participants in the LY arms of the trial also lost weight during the 28 days — close to 4 pounds for those getting 10 mg doses and a bit over 3 pounds among those getting the 20 mg dose. But so did participants in the placebo arm, so a significant weight loss benefit for LY was not shown in this trial.

The trial also failed to find evidence that LY improved participants' fasting glucose levels. But researchers found two suggestive changes in those taking LY: They had "robust" reductions, on average, in their fasting insulin levels. And those getting high doses of LY had higher levels of circulating adiponectin than did those on a placebo by the end of the trial. Together, these changes suggest that, given for a longer time, LY might increase insulin sensitivity and possibly boost the effects of existing diabetes medications.

Among participants taking the experimental drug, one in the high-dose group had a severe drop in blood pressure along with rash and hives, and three subjects dropped out of the trial with complaints including hives, sensitivity at the injection site, headache and elevated liver enzymes.

It will take longer and larger trials to determine whether LY in some form could benefit obese patients who are diabetic or pre-diabetic. But this early trial suggests therapies based on fibroblast growth factor 21 "may be effective for the treatment of selected metabolic disorders," the authors concluded.

ONE-QUARTER OF DEATHS FROM HEART DISEASE, STROKE AVOIDABLE, CDC SAYS

By Monte Morin *September 3, 2013*

At least 200,000 deaths due to heart disease and stroke can be prevented each year by quitting smoking, controlling blood pressure and cholesterol, and taking aspirin when recommended by a physician, according to the U.S. Centers for Disease Control and Prevention.

In a study published Tuesday in the CDC's Morbidity and Mortality Weekly Report, researchers found that the rate of avoidable deaths from cardiovascular disease had dropped 29% from 2001 to 2010.

However, researchers found the pattern of decline differed by age, race and state of residence. They concluded that more could be done to address the problem.

"These findings are really striking. We're talking about hundreds of thousands of deaths that don't have to happen," CDC Director Dr. Tom Frieden said at a press briefing Tuesday. "It's possible for us to make rapid and substantial progress in reducing these deaths."

In the United States, roughly 800,000 people die of heart disease and stroke each year, the report says. That's nearly 30% of all U.S. deaths, every year. (Life expectancy for the entire U.S. population is currently 78.7 years.)

Although rates of avoidable death dropped most substantially for people age 65 to 74, it remained unchanged for people under the age of 65, according to lead study author and epidemiologist Linda Schieb and her colleagues.

Also, the avoidable-death rate among blacks was nearly twice that of whites, while counties with the highest avoidable-death rates were concentrated in the nation's Southern states.

In 2010, the states with the highest avoidable-death rates were primarily in the South, including Mississippi, Oklahoma, Tennessee, Louisiana and Washington, D.C.

"It's unfortunate, but your longevity may be more likely to be influenced by your ZIP code than by your genetic code," Frieden said.

Study authors speculated that some of the disaparities were the result of access to health insurance, and noted that Medicare eligibility begins at age 65.

"Many heart disease and stroke deaths could be avoided through improvements in lifestyle behaviors, treatment of risk factors, and addressing the social determinants of health (i.e. economic and social conditions that influence the health of individuals and communities)," study authors wrote.

"Unhealthy lifestyle behaviors (e.g. tobacco use, infrequent physical activity, poor diet and excessive alcohol use) coupled with uncontrolled hypertension, elevated cholesterol, and obesity account for 80% of ischemic heart disease mortality and approximately 50% of stroke mortality in high-income countries such as the United States."

Early look at health law's premiums

Sticker price for Obamacare: $300/month premiums for young to middle-aged adults

By Ricardo Alonso-Zaldivar, Associated Press | Associated Press

WASHINGTON (AP) -- The No. 1 question about President Barack Obama's health care law is whether consumers will be able to afford the coverage. Now the answer is coming in.

The biggest study yet of premiums posted by states finds that the sticker price for a 21-year-old buying a mid-range policy will average about $270 a month. That's before government tax credits that act like a discount for most people, bringing down the cost based on their income.

List-price premiums for a 40-year-old buying a mid-range plan will average close to $330, the study by Avalere Health found. For a 60-year-old, they were nearly double that at $615 a month.

Starting Oct. 1, people who don't have health care coverage on their job can go to new online insurance markets in their states to shop for a private plan and find out if they qualify for a tax credit. Come Jan. 1, virtually all Americans will be required to have coverage, or face fines. At the same time, insurance companies will no longer be able to turn away people in poor health.

The study points to the emergence of a competitive market, said lead author Caroline Pearson, a vice president of the private data analysis firm. But it's a market with big price differences among age groups, states and even within states. A copy was provided to The Associated Press.

The bottom line is mixed: Many consumers will like their new options, particularly if they qualify for a tax credit. But others may have to stretch to afford coverage.

"We are seeing competitive offerings in every market if you buy toward the low end of what's available," said Pearson, a vice president of Avalere.

However, for uninsured people who are paying nothing today "this is still a big cost that they're expected to fit into their budgets," Pearson added.

The Obama administration didn't challenge the study, but Health and Human Services spokeswoman Joanne Peters said consumers will have options that are cheaper than the averages presented. "We're consistently seeing that premiums will be lower than expected," she added. "For the many people that qualify for a tax credit, the cost will be even lower."

With insurance marketplaces just weeks away from opening, the Avalere study crunched the numbers on premiums filed by insurers in 11 states and Washington, DC.

Eight of them are planning to run their own insurance markets, while the federal government will run the operation in the remaining four. There were no significant differences in premiums between states running their own markets and federal ones.

The states analyzed were California, Connecticut, Indiana, Maryland, New York, Ohio, Rhode Island, South Dakota, Vermont, Virginia and Washington. No data on premiums were publicly available for Texas and Florida — together they are home to more than 10 million of the nation's nearly 50 million uninsured people — and keys to the law's success.

However, Pearson said she's confident the premiums in the study will be "quite representative" of other states, because clear pricing patterns emerged. Official data for most other states isn't expected until close to the Oct. 1 deadline for the new markets.

The study looked at premiums for non-smoking 21-year-olds, 40-year-olds and 60-year-olds in each of the 11 states and the District of Columbia.

It compared four levels of plans available under Obama's law: bronze, silver, gold and platinum. Bronze plans will cover 60 percent of expected medical costs; silver plans will cover 70 percent; gold will cover 80 percent, and platinum 90 percent.

All plans cover the same benefits, but bronze features the lowest premiums, paired with higher deductibles and copays. Platinum plans would have the lowest out-of-pocket costs and the highest premiums.

Mid-range silver plans are considered the benchmark, because the tax credits will be keyed to the cost of the second-lowest-cost silver plan in a local area.

The average premium for a silver plan ranged from a low of $203 a month for a 21-year-old in Maryland to a high of $764 for a 60-year-old in Connecticut.

The silver plan premiums for 40-year-olds were roughly $75 a month higher than for 21-year-olds across the states. But the price jumped for 60-year-olds. The health law allows insurers to charge older adults up to three times more than younger ones. That's less of a spread than in most states now, but it could still be a shock.

"It's striking that the curve increases quite dramatically above age 40," said Pearson. "As you get older and approach Medicare age, your expected health costs start to rise pretty quickly."

But older consumers could also be the biggest beneficiaries of the tax credits, because they work by limiting what you pay for health insurance to a given percentage of your income.

For example, an individual making $23,000 would pay no more than 6.3 percent of their annual income — $1,450 — for a benchmark silver plan.

That help tapers off for those with solid middle-class incomes, above $30,000 for an individual and $60,000 for a family of four.

The study also found some striking price differences within certain states, generally larger ones. In New York, with 16 insurers participating, the difference between the cheapest and priciest silver premium was $418.

Health law coverage may track workplace cost shift

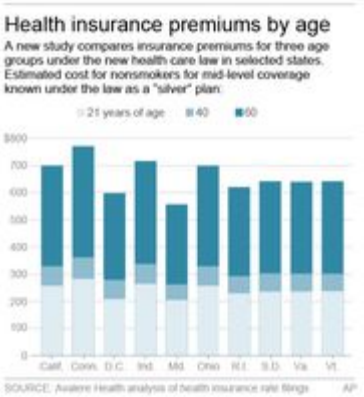


Chart shows what health insurers are anticipated to charge in 12 states for coverage under the Affordable Care Act; 2c x 5 inches; 96.3 mm x 127 mm;

By RICARDO ALONSO-ZALDIVAR The Associated Press WASHINGTON —

President Barack Obama's health care law appears to mirror a trend in job-based insurance, where employees are being nudged into cost-saving plans that require them to pay a bigger share of their medical expenses.

Two independent studies out this week highlighted attractive prices for less-generous "bronze" plans that will offer low monthly premiums but require patients to pick up more of the cost if they get sick.

Consumers might avoid "rate shock" over premiums, but some could end up struggling with bigger bills for the care they receive.

The Obama plans will be available starting Oct. 1 for people who don't have access to coverage on the job.

Studies by the nonpartisan Kaiser Family Foundation and Avalere Health provided the first look at rates filed by insurers around the country, ahead of the Oct. 1 opening of new state insurance markets under the law.

Consumers will use the markets to find out whether they qualify for tax credits to help pay their premiums and to pick a private insurance plan from a range of coverage levels: bronze, silver, gold and platinum.

Come Jan. 1, virtually everyone in the United States will be required to have coverage, or face fines if they don't. At the same time, insurance companies no longer can turn away people in poor health.

"What was really striking as we dug into the numbers is how inexpensive the bronze plans are," said Larry Levitt, a Kaiser vice president.

Avalere, a private data analysis firm, found the average monthly premium for a bronze plan is $274, compared with $336 for the next level of coverage, a silver plan. The savings from going with bronze adds up to $744 annually, and that's off the sticker price, before federal tax credits that will reduce premiums for an estimated 4 out of 5 customers in the new markets.

It's "likely to entice healthier enrollees to opt for a less generous benefit package," said Caroline Pearson, a lead author of the study.

The law's tax credits will make low-cost plans even more appealing. The tax credits work by limiting what you pay for premiums to a given percentage of your income.

By pairing their tax credit with a bronze policy, some younger consumers can bring their premiums down to the range of $100 to $140 a month, the Kaiser study found. Older people can drive their monthly cost even lower — well below $100, and zero in some cases— if they are willing to take a chance with higher deductibles and copays.

It's a trade-off that some consumers unfamiliar with insurance might not fully grasp.

"A bronze plan is a very basic plan," explained Levitt. It "will enable consumers to pay very low premiums up front, zero in some cases. But when they actually need medical care, they will pay higher costs out of their own pockets." For the most part, you're stuck with the plan you pick until the next annual open enrollment season.

Job-based plans have been shifting costs to employees for some time. In 2009, when Obama took office, 22 percent of workers were in plans with an annual deductible of $1,000 or more for single coverage, according to Kaiser. By this year, the share had nearly doubled, to 38 percent, including 3 out of 5 employees of small companies.

Obama's law largely reflects what's already going on in the marketplace, but Pearson said over time it may accelerate the shift to plans with higher out-of-pocket costs.

Administration officials are pleased with the large number of low-cost options. Health and Human Services Department spokeswoman Joanne Peters said the administration is confident that consumers will be able to compare plans side by side in the new markets and make the right choices for themselves.

Avalere crunched the numbers on premiums filed by insurers in 11 states and Washington, D.C. Kaiser added another 6 states. Both studies included a mix of states running their own insurance markets and ones in which the federal government will take charge.

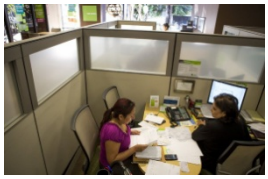
Under Obama's law, all plans on the new insurance markets must cover the same benefits, including preventive care at no charge to patients. Another similarity is a cap on total out-of-pocket costs at $6,350 for individuals, $12,700 for a family policy.

The main difference between plans is cost-sharing. Bronze plans cover 60 percent of expected medical costs, silver plans will cover 70 percent, gold will cover 80 percent and platinum 90 percent.

Midrange silver plans were considered the benchmark when the law was written more than three years ago. Lawmakers keyed the tax credits to the cost of the second-lowest-cost silver plan in a local area.

People with modest incomes may still come out ahead by sticking with a silver plan instead of going for bronze. That's because additional help with out-of-pocket costs such as copays will only be available to people enrolling in a silver plan.

Consumers could be surprised at tax time due to federal health law



Cindy Salcedo Bravo discusses financial aspects of the federal healthcare law with H&R Block tax advisor Blanca Chavez. (Bret Hartman/For the Times / September 9, 2013)

By Chad Terhune *September 9, 2013*

Some families may end up owing Uncle Sam a sizable refund if they accept government help on buying health insurance next year under President Obama's Affordable Care Act.

A study published Monday in Health Affairs estimates that 38% of families that qualify for federal premium subsidies might have to repay some portion if changes in their household income aren't reported to the government.

These subsidies are a crucial part of the federal healthcare law intended to help make insurance more affordable for lower- and middle-income people. Individuals earning less than $46,000 a year, and families below $94,000 annually may qualify for these premium tax credits.

But a raise, bonus or other unexpected income during the year could alter a person's eligibility and subsidy amount, triggering a repayment when the person files income tax forms for 2014. Some policy experts worry that experience could sour people on the healthcare expansion.

"There's the potential for some sizable repayments," said Ken Jacobs, the study's lead author and chairman of the UC Berkeley Center for Labor Research and Education.

"Even if a small number of people owe a lot of money back that could generate fear of taking the subsidies. You don't want to scare people from enrolling," Jacobs added.

At particular risk of refunds, researchers said, are people who are near the eligibility cutoff for the subsidies. The tax credits are on a sliding scale basis up to 400% of the federal poverty line.

For instance, a family of four in California that receives a year-end bonus that puts them over that 400% income threshold could be required to repay more than $7,000, according to Jacobs.

The subsidy repayments are capped for lower-income people under the law.

The study said prompt notification of income changes so the subsidies can be adjusted could reduce the number of people who owe repayments by as much as 41%. Also, the size of the typical repayment could be cut by as much as 60%, according to the study.

"Timely reporting will make a very big difference," Jacobs said.

In most cases, the federal government will pay the monthly subsidy directly to the customer's private health insurer and the policyholder will pay any remaining premium.

In Washington, D.C., Jacobs said, the district's exchange has set the default subsidy to 85% of the full amount to give people some financial cushion against receiving too much throughout the year. Even in that case, he said, consumers can still elect to take the full amount if they want.

Peter Lee, executive director of Covered California, said the state's health exchange will work hard to educate residents about how the subsidies work and the importance of promptly reporting changes in income to avoid surprises later on.

"We don't want to be on the paternalistic side of saying, 'We think you should save more to the end,'" Lee said. "But we do want to reach out and let people know what the risks are. It is a big deal."

Officials work to clarify for seniors effects of health-care shifts on Medicare

By Susan Jaffe, Published: September 13

After reassuring seniors that Medicare is not part of the new health-insurance marketplaces, administration officials have a warning for anyone who may have other ideas: selling marketplace coverage to people who have Medicare is illegal.

But they are also fearful that some seniors may be confused by the impending health-care shifts and therefore left vulnerable to innocent mix-ups or scams.

Starting Jan. 1, most Americans will be required to have health insurance or pay a penalty, and those without insurance will be able to buy it from the new Internet-based marketplaces opening Oct. 1. But also next month, the enrollment period opens for Medicare beneficiaries to buy prescription drug coverage or the Medicare Advantage medical policies that are an alternative to traditional Medicare.

Federal officials are eager to get the word out that seniors and disabled individuals enrolled in Medicare Part A, which covers hospitalization and limited nursing-home care and is free for most beneficiaries, do not need to buy a marketplace plan.

And no one needs to sell them one, either, according to information on a new "Medicare & the Marketplace" government Web page and in a "frequently asked questions" flier officials recently distributed to Medicare counselors and other seniors advocates.

"It's against the law for someone who knows that you have Medicare to sell you a Marketplace plan," the Web page and flier say.

There can be serious consequences for anyone who violates the law: fines of up $25,000 or up to five years imprisonment, or both.

Clare Krusing, a spokeswoman for America's Health Insurance Plans, said the industry group is reviewing the issue.

With so much publicity surrounding the opening next month of the new Internet-based marketplaces, seniors could easily think the health law's marketplaces, also called exchanges, offer options for them too. Federal officials have been eager to steer them away, in messages on both the exchange and Medicare sites and in a special notice that will appear in the 2014 "Medicare & You" handbook mailed this month to 52 million beneficiaries.

"We want to protect Medicare beneficiaries and remind them their benefits aren't changing and the marketplace doesn't require them to do anything differently," a Medicare spokesman said.

The enrollment period for Medicare plans begins Oct. 15 and ends Dec. 7. Seniors can shop for drug plans or Medicare Advantage policies both online at www.medicare.gov or by calling Medicare's information line at 800-633-4227.

These plans are not available through the marketplaces, even though they may be sold and advertised by the same insurance companies that are selling products on the exchanges. Officials know it may be easy to mix them up.

“Make sure that you’re reviewing Medicare plans and not Marketplace options,” advises “Medicare & the Marketplace.”

The law prohibiting the sale of private health insurance to Medicare beneficiaries, enacted about 20 years ago, was originally intended as a safeguard to prevent Medicare beneficiaries from buying coverage they didn’t need because it duplicated what they already had, said Bonnie Burns, training and policy specialist at California Health Advocates.

Despite the ban, there is nothing in the health law preventing people with Medicare from buying marketplace coverage, said Juliette Cubanski of the Kaiser Family Foundation.

Kaiser Health News is an editorially independent program of the Henry J. Kaiser Family Foundation, a nonprofit, nonpartisan health policy research and communication organization not affiliated with Kaiser Permanente.

Public not sold on Obamacare

By Susan Page, @susanpage, USA TODAY

WASHINGTON — Republican lawmakers have failed in dozens of attempts to repeal the Affordable Care Act, but a new USA TODAY/Pew Research Center Poll shows just how difficult they have made it for President Obama's signature legislative achievement to succeed.

As the health care exchanges at the heart of the plan open for enrollment in two weeks, the public's views of the law are as negative as they have ever been, and disapproval of Obama's handling of health care has hit a new high. Confusion and misinformation about the law haven't significantly abated, especially among the law's main targets.

Among the 19% polled who are uninsured, nearly four in 10 don't realize the law requires them to get health insurance next year. Among young people, whose participation is seen as crucial for the exchanges to work, just 56% realize there's a mandate to be insured or pay a fine.

And in the states that have refused to participate in the insurance marketplaces -- defaulting instead to the federal exchange -- knowledge about the Affordable Care Act and support for it are notably lower than in states that are setting up their own exchanges.

"There has been a full-court press from Day One from the opposition to characterize and demonize the plan," says Thomas Mann of the Brookings Institution, who wrote about the GOP efforts in a 2012 book about Washington he co-authored, *It's Even Worse Than It Looks.* "The campaign against the law after it was enacted, the range of steps taken, the effort to delegitimize it -- it is unprecedented. We'd probably have to go back to the nullification efforts of the Southern states in the pre-Civil War period to find anything of this intensity."

Opponents say the law's own shortcomings are responsible for its travails. "This program is not ready for prime time," says Rep. Diane Black, R-Tenn., sponsor of a bill passed by the U.S. House last week to delay the exchanges until more anti-fraud measures are put in place. (Like previous House-passed measures on what's called Obamacare, it isn't expected to pass the Senate.)

When Obama signed the law more than three years ago, supporters predicted Americans would embrace it as popular provisions went into effect, including measures that have helped seniors pay prescription costs, protected children who have serious medical conditions and enabled young adults to stay on their parents' insurance plans until age 26.

But that turnaround in public opinion hasn't happened, at least not yet. Now the biggest test for the Affordable Care Act looms in two weeks, when the marketplaces for the uninsured are scheduled to open for enrollment on Oct. 1.

In the USA TODAY/Pew poll:

•**Opposition hits new highs:** 53% disapprove of the health care law, the highest level since it was signed; 42% approve. By an even wider margin, intensity favors the opposition; 41% strongly disapprove while just 26% strongly approve. Fifty-three percent disapprove of Obama's handling of health care policy, an historic high. And Democrats have lost their traditional advantage on the issue. For the first time in polling that stretches back more than two decades, Americans narrowly prefer Republicans in dealing with health care policy, 40%-39%.

A boost in approval for the law that followed the Supreme Court decision in July 2012 upholding most of its provisions, to 47% approve-43% disapprove, has disappeared.

•**Confusion continues:** Only one in four say they understand the law's impact on them and their families well, while one-third say they have little or no understanding about how the law will work. Despite increasing education efforts by the administration, advocacy groups and some states, the percentage of Americans who don't understand the law has declined only modestly, to 34% from 44%, since it was passed.

•**Expectations are downbeat:** Most haven't seen much impact from the law, but they are inclined to expect bad news down the road. Forty-one percent predict in coming years the effect on themselves and their families will be negative; just 25% think it will be positive. Even more, 47%, say the law will have a negative impact on the country as a whole; 35% expect a positive impact.

A GOP DIVIDE ON WHAT to do

Republicans were united in opposing the law when it was proposed, and they haven't budged since. Just 12% of Republicans surveyed favored the health care proposals being considered by Congress in the summer of 2009, when opponents flooded congressional town halls. Now an almost identical 11% of Republicans approve of the law.

Still, significant differences have developed within the GOP over what to do now. The most fervent opposition, the poll finds, is driven by Tea Party Republicans; two-thirds of those who oppose the law want elected officials to do what they can to make it fail.

However, non-Tea Party Republicans who oppose the law are inclined to think officials should do what they can to make the law work as well as possible. Among all opponents of the law, a narrow majority, 51%-42%, want officials to help the law succeed.

The telephone poll of 1,506 adults, taken Sept. 4-8, has a margin of error of +/–3 percentage points.

Vermont Gov. Peter Shumlin, chairman of the Democratic Governors Association, says voters eventually will appreciate officials who are now "scrambling" to implement the law. "It's been politically popular to be against the Affordable Care Act," he says. "My prediction is it's going to be much less popular when constituents understand that your political posturing is costing them affordable health care."

In the Green Mountain State, officials and advocates of the state exchange called Vermont Health Connect have held more than 200 events at community forums and local festivals. They have aired TV, radio, print and on-line ads and posted informational videos on YouTube.com. ("For Vermonters, By Vermonters," the videos declare.)

But in Tennessee, Rep. Black says she doesn't feel comfortable giving information to constituents who call her congressional office with questions about how the program will work. Since the Volunteer State isn't setting up a state exchange, residents will use the federal exchange.

"At this point, we don't really have a good idea, because the president and the administration doesn't have a good idea," she says. And she's reluctant to refer them to so-called "navigators" who have been hired to provide guidance because of what she sees as a lack of safeguards protecting Social Security numbers and other personal information.

The decision by 27 states (all but three of them with GOP governors) against participating in a state exchange may be contributing to the law's considerable challenges.

In the 23 states and the District of Columbia that will have state exchanges, residents split about evenly on approval and disapproval of the law. In the states that are defaulting to a federal exchange, residents oppose the law by an overwhelming 20 percentage points.

In states with their own exchanges, 59% of those surveyed understand that an exchange will be available to people in their state. In states using the federal exchange, just 44% realize that.

WHAT'S IN THE LAW?

Most Americans know the act means uninsured people have to get health insurance. About seven of 10 correctly say that's the case; 12% say it's not.

On other specific provisions of the law, however, only half of those surveyed know there will be a health care exchange available in their state. Only half are aware that there will be federal subsidies for lower-income citizens to buy insurance.

Even so, for a starting point, consider this: Nearly two-thirds of the uninsured say they plan to get health insurance over the next six months, and not quite half of them say they're going to do so because of the law. That means 12% of Americans, people who don't have insurance now, plan to get it soon. That translates to more than double the administration's estimate that 7 million will enroll through the exchanges next year.

"This is not going to be a hiccup-free ride," Shumlin says. But time is on the side of supporters of the Affordable Care Act, he says, once Americans understand how it works. "When constituents in states governed by Republican governors who are trying to make a political point with Obamacare figure out that their son, their daughter, is not getting health care because of their political posturing, well, I wouldn't want to be on the receiving end of that."

Black expresses equal confidence that time is on the side of opponents of the act, when Americans understand how exchanges work. "Once this actually starts impacting people in their everyday life -- 'My rates are going up; my full-time job is becoming a part-time job because of Obamacare' -- that's a negative," she says.

5 Must-Haves that Are Missing from Your Diet

By Oprah.com

Photo: ThinkstockByCorriePikul

Potassium
Potassium is a vital mineral for the function of all cells, tissues and organs in the human body--i.e., life as we know it. "We also know that potassium is important for controlling blood pressure, and there's a lot of evidence that it reduces your risk of stroke," says Walter C. Willett, MD, chair of the nutrition department at the Harvard School for Public Health. And, as many athletes are aware, it can help prevent muscle cramps and post-workout soreness.

You need:4,700 mg a day

You get: National survey data shows over 90 percent of Americans don't get the recommended daily allowance, says Willett, who is also the author of *Eat, Drink, and Be Healthy: The Harvard Medical School Guide to Healthy Eating*.

Good sources: Eat a variety of fruits and vegetables that have higher levels, like broccoli, cantaloupe, winter squash, sweet potatoes and, yes, bananas (these foods should be eaten raw, steamed or baked but not boiled, since boiling depletes potassium.)

Photo: Thinkstock**Iodine**

This trace mineral, required for proper development and growth, is crucial for thyroid function and keeping your metabolism on track. Iodine isn't produced by the body, so it should be an essential part of your diet.

You need:150 mcg a day; 250 mcg if pregnant (new research reveals that even a mild deficiency can have a long-term effect on brain development); 290 mcg if nursing.

You get: While iodine deficiencies are much less common than they were before the mineral was added to table salt in the 1920s, Willett says that a growing number of Americans are not getting enough. This is due, in part, to more people setting aside regular table salt in favor of non-iodized kosher or sea salt, or avoiding dairy products (iodine is often present in cow or goat feed, which is passed to us via their milk).

Good sources: If you tend to use non-iodized table salt, make sure you're eating enough seafood (seaweed, cod,

shrimp, canned tuna), dairy foods, enriched grains and eggs. You could also consider taking a supplement.

Photo: Thinkstock**Vitamin D**

Long underestimated, vitamin D is much more than just a bone fortifier; there's strong evidence that adequate levels can reduce our risk for many cancers, says Willett, and can protect against heart disease and type 2 diabetes. One study found that people with very low levels of vitamin D in their blood are 26 percent more likely to die from any cause (heart disease, cancer, infection, etc.) than those with recommended amounts. The challenge is that very few foods in nature contain vitamin D.

You need:600 IU a day; 800 IU if over 80.

You get: Willett says that about half of Americans, and 80 percent of those with darker skin, don't get enough (higher amounts of melanin in the skin interfere with vitamin D absorption).

Good sources: The easiest way to get vitamin D used to be from the sun, but now our risk of skin cancer is high enough that all dermatologists (and most nutritionists, including Willett) advise instead to rely on food or supplements. Your best bet is the flesh of fatty fish (such as salmon, tuna and mackerel). A tablespoon of cod liver oil has 340 times the RDA (though many folks cannot stomach it). Smaller amounts are naturally found in beef liver, cheese and egg yolks. You can also find vitamin D in fortified milk, yogurt and orange juice . (Talk to your doctor about supplements).

Photo: Thinkstock**Vitamin B12**

Vitamin B12 is an energy booster that also strengthens the immune system. It's necessary for the growth of red blood cells, too, says Willett. But nature's upper is only found naturally in animal products.

You need:2.4 mcg (2.6 mcg if you're pregnant, 2.8 mcg if you're nursing).

You get: If you're a vegan or vegetarian, or you go for days without meat, fish or eggs, it's likely you're not getting enough vitamin B12. Adults over 50 also tend to have a harder time absorbing this vitamin, says Willett (a problem, especially sincea deficiency accelerates cognitive decline, as do those with some intestinal and gastric conditions.

Good sources: Pescatarians, you're in luck: Clams are off the charts in B12, and rainbow trout and salmon are pretty high, too. If you don't eat any animal products at all, look for fortified cereals, nutritional yeast and

supplements with 100 percent of the recommended daily value.

Photo: Thinkstock**Magnesium**

Magnesium is involved in hundreds of bodily functions, from keeping your muscles, nerves and heart functioning to regulating your immune system. Boosting your intake could help keep your mood steady, as research has found an association between low levels and depression and anxiety (not to mention migraines). A magnesium deficiencymay also contribute to heart attacks and hypertension.

You need: 320 mg for women; 420 mg for men.

You get: Although we hear a lot about the importance of magnesium, studies show that more than half of us don't get enough--we're 100 mg short, on average, of the recommended amount. Good sources: Nuts are magnesium powerhouses (almonds have the highest amount, at 80 mg per ounce, but cashews are a close second). Also look for green vegetables like spinach and okra, as well as soybeans, legumes, seeds and unrefined whole grains.

All the Ways to Get Out of Obamacare

It turns out there is an enormous array of exemptions to the individual mandate.

GARANCE FRANKE-RUTASEP 27 2013

(John Gress/Reuters)

Have you been unable to pay a medical bill in the last two calendar years?

Did you get a shut-off notice from a utility company?

Did you experience substantial property damage from fire, flooding, or other natural or man-made disaster?

Did you have to shell out unexpectedly on travel to go take care of your elderly mom, who got sick?

Has your mortgage company moved to foreclose against you?

If you can answer yes to any one of these questions in 2014 and do not have health insurance for at least nine months of that year, then you may be eligible for an exemption from the fee for remaining uninsured under the individual mandate.

Many Republicans in Congress are calling on the Obama administration to delay the imposition of the individual mandate to carry health insurance under the Affordable Care Act, exempting individuals in the same way large employers are being exempted from penalties for not providing insurance for one more year while kinks in the system are worked out. And yet if you look at the fee exemptions already available to individuals, it's clear that the individual mandate system is full of loopholes for people experiencing hardships and irregularities in their lives. So full, in fact, it seems to have accounted for a broad sweep of the possible things that might actually make it hard for someone to pay the fee for staying uninsured.

To begin with, no one will have to pay a fee for remaining uninsured until 2015, when they file their 2014 taxes. At that point the fee for skipping insurance will be fairly small — $95, or 1 percent of your income, whichever is higher. While that number could in theory climb sharply with income, it's also the case that almost everyone with a higher income will either be employed full-time and getting employer-sponsored insurance — and so won't need to pay a fee — or else will be well-to-do enough that they could buy, at a minimum, a rock-bottom catastrophic care package through the exchanges without much hardship. And if they aren't that well off, well, that's where the exchanges' subsidies and tax credits to encourage people to buy insurance come in. These will be offered as monthly discounts against insurance premiums during 2014, rather than lump-sum after the fact rebates in 2015, though some people could still get a rebate — or have to pay a fee — in 2015 if they or the system calculated an incorrect level of tax credit for whatever their income for the year winds up being.

The penalty for remaining uninsured is set to climb rather precipitously by 2016 (as filed in 2017), at which point it will be $695, or 2.5 percent of income, whichever is higher.

But the exemptions list so far is fairly extensive. Here are the regular exemptions, according to Healthcare.gov:

- You're uninsured for less than 3 months of the year
- The lowest-priced coverage available to you would cost more than 8% of your household income
- You don't have to file a tax return because your income is too low (Learn about the filing limit.)
- You're a member of a federally recognized tribe or eligible for services through an Indian Health Services provider
- You're a member of a recognized health care sharing ministry
- You're a member of a recognized religious sect with religious objections to insurance, including Social Security and Medicare
- You're incarcerated, and not awaiting the disposition of charges against you
- You're not lawfully present in the U.S.

And here are the 12 "hardship" exemptions, which you can apply for through the marketplace when the bad thing happens to you:

1. You were homeless.
2. You were evicted in the past 6 months or were facing eviction or foreclosure.
3. You received a shut-off notice from a utility company.
4. You recently experienced domestic violence.
5. You recently experienced the death of a close family member.
6. You experienced a fire, flood, or other natural or human-caused disaster that caused substantial damage to your property.
7. You filed for bankruptcy in the last 6 months.
8. You had medical expenses you couldn't pay in the last 24 months.
9. You experienced unexpected increases in necessary expenses due to caring for an ill, disabled, or aging family member.
10. You expect to claim a child as a tax dependent who's been denied coverage in Medicaid and CHIP, and another person is required by court order to give medical support to the child. In this case, you do not have the pay the penalty for the child.
11. As a result of an eligibility appeals decision, you're eligible for enrollment in a qualified health plan (QHP) through the Marketplace, lower costs on your monthly premiums, or cost-sharing reductions for a time period when you weren't enrolled in a QHP through the Marketplace.
12. You were determined ineligible for Medicaid because your state didn't expand eligibility for Medicaid under the Affordable Care Act.

The fine-print here is kind of extraordinary.

What this means, for example, is that people who had major medical expenses from being under-insured pre-Obamacare that they're not able to pay off this year or next can apply for exemption from the individual mandate fee in 2015 if they choose to remain uninsured next year — though one might image those people especially might want to seek out health insurance that gets them adequately covered.

It also means that everyone who's low-income enough to qualify for the Medicaid expansion under the ACA but lives in one of the red states that's saying no to it won't have to pay a fee for staying uninsured, so long as they apply and get accepted under the federal rule but rejected by their local Medicaid administrators. The online Healthcare.gov application system is set up to approve people who are eligible under federal law, and forward their applications to local authorities to be rejected in states that have rejected the Medicaid expansion, so that the rejection comes from the local government run by Republicans, not from the feds.

And strapped sandwich generation people who have to pay a lot out of pocket to take care of their elderly relatives, well, they can skip on health insurance too if they need to, without being penalized, so long as their

exemption is approved. That's kind of a big deal, if you suddenly have to spend thousands on taking care of an elderly relative and need to skimp somewhere on yourself.

All of these exemptions, of course, depend on authorities accepting the applications. But if they're anything like the hardship deferment options built into federal student loan programs, they could be a godsend for people who are facing tough times and can't plug into the new exchanges for a variety of reasons.