### From the Editor-in-Chief

**DOI:** 10.1377/hlthaff.2012.0413

#### Of Coverage Expansion And The Supreme Court

**BY SUSAN DENTZER**

As the nation awaits the Supreme Court ruling on the Affordable Care Act, so do we at *Health Affairs* wonder what’s in store. Which notion of freedom and liberty will resonate with the nine distinguished justices? On the one hand, there’s today’s “freedom” to go without health insurance and not have to pay a penalty for that dubious privilege. On the other, there’s the freedom described by Solicitor General Donald Verrilli, who outlined the Obama administration’s case for preserving the law in oral arguments before the Court in March.

As Verrilli described this alternative form of freedom, once the law’s coverage expansions are in place, “there will be millions of people with chronic conditions like diabetes and heart disease [who]...will be unshackled” from these conditions and “have the opportunity to enjoy the blessings of liberty.” So, too, would “a husband whose wife is diagnosed with breast cancer,” who, thanks to the end of annual and lifetime expenditure limits on health insurance policies, “won’t face the prospect of being forced into bankruptcy to try to get care for his wife.”

“I could multiply example after example,” Verrilli added. So, too, does this month’s issue of the journal, with a number of articles on coverage expansion and projecting the future in 2014.

#### Declining Access

Consider the article by Genevieve M. Kenney and colleagues, examining what happened to coverage and care in the United States over the past decade. Adults below age sixty-five experienced a “noticeable deterioration in access to care.” They were more likely to delay care and to have unmet medical and dental needs in 2010 than they were ten years earlier. The effects were felt across the board by insured and uninsured people alike, although the biggest declines in access were experienced by the uninsured.

A mix of factors was undoubtedly at play, including the recent pronounced recession, the authors note. But the fact that even insured populations were affected suggests that something fundamental wasn’t working in the health care nonsystem—and that factors like unaffordability of care, even for insured populations, possibly played a role.

“The Affordable Care Act...would not necessarily solve all of the access problems we observed,” Kenney and colleagues write. Yet it’s tough to believe that throwing out the law’s individual mandate, or voiding the entire statute, would do anything to help.

#### The Medicaid Map

None of this is to suggest that 2014 won’t bring many challenges even if the law survives, as other articles in this issue discuss. Benjamin D. Sommers and colleagues shed light on how difficult it will be to unshackle the millions newly eligible for Medicaid from the chains of uninsurance. They show that the fact that current Medicaid participation rates among eligible adults vary so widely—from 43 percent in Arkansas and Louisiana to nearly 83 percent in Massachusetts—is closely linked to how states manage their Medicaid programs today, such as in the generosity of benefits they provide, or the ease of enrollment. Ensuring high participation in an expanded Medicaid program may therefore also depend on similar state choices—a sobering thought, given that twenty-six of those states have sued to block the Medicaid expansion.

#### Tackling Key Tasks

As the calendar pages flip toward June, some state officials sit on their hands, while others tackle the many tasks outlined in these pages. In their Analysis & Commentary, Rosemarie Day and Pamela Nadash argue for state exchanges to follow the Massachusetts example, acting as a “trusted adviser” to consumers by carefully selecting and limiting the number of the insurance plans to be offered and lending plenty of decision-making support.

And although some analysts ask who will provide care for the millions who will gain coverage under reform, others are busily devising solutions. See, for example, the Innovation Profile by Arthur Garson Jr. and colleagues, describing the potential for a new corps of “Grand-Aides,” who could work under the supervision of nurses and make primary care consultations by phone or in the home.

In his appeal to the nine justices, Verrilli described the Affordable Care Act as the experts’ consensus on “the best complex of options” to deal with the uninsurance problem. History will decide if that verdict is right. Whatever the case, the law constitutes the set of options chosen. You’ll continue to read about them in *Health Affairs* unless and until the nation decides that there are more important freedoms than those the solicitor general espoused.