



Health Care Reform: What It Is, Why It's Necessary, How It Works

Jonathan Gruber, H.P. Newquist (Contributor), Nathan Schreiber (Illustrations)

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You won't have to worry about going broke if you get sick.

We will start to bring the costs of health care under control.

And we will do all this while reducing the federal deficit.

That is the promise of the Affordable Care Act. But from the moment President Obama signed the bill into law in 2010, a steady and mounting avalanche of misinformation about the ACA has left a growing majority of Americans confused about what it is, why it's necessary, and how it works. If you're one of them, buy this book. From how to tame the twin threats of rising costs and the increasing number of uninsured to why an insurance mandate is good for your health, *Health Care Reform* dispels false fears by arming you with facts.

Health Care Reform: What It Is, Why It's Necessary, How It Works Details

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From Reader Review Health Care Reform: What It Is, Why It's Necessary, How It Works for online ebook

Chip says

3.5 stars. Overview in illustrated format of the federal Affordable Care Act ("Obamacare") - "what is is, why it's necessary and how it works" - by Jonathan Gruber, who consulted on both the Massachusetts health care reform act and the Affordable Care Act. Worthwhile reading for anyone at all interested in health care reform and the politicalization thereof.

Patrick says

A bit preachy, obviously propaganda-ist, but very informative on a topic of great importance and relevance to today's readers. I would encourage others to read it, with an open mind(!), keeping this in mind. It answered some questions for me, and left other unanswered in ambiguity.

John Norman says

I was looking for a book I could share with people who are skeptical about the Obama healthcare plan, and gave this book a read.

It's very good. It explains in cartoons many complicated things in a way that is clear and compelling. There are lots of places where it presents facts that people just don't know well enough (for example, the administrative costs of medicare are WAY lower than any insurance provider).

But:

1. There are a number of places where I almost screamed out "whoa!! slow down!!" For instance, one thing you hear from people who really haven't thought through all this stuff is something like this: "I don't have health care and can't afford it. But I'm healthy (knock wood) and don't need it. I don't think we should be compelled to pay for the health care of others or for ourselves. If I do get sick, I'll just go without care or go to the emergency room." This is one of the most naive things someone can say when they're healthy. People just have no idea what their body will be telling them when they get sick (for the most part, their body will be telling them: Get some help! And if they're not listening to their own body, their loved ones will be compelling them to get help).

This is perhaps THE crucial point about the social psychology of getting sick in America. People don't understand what their own behavior will be; and they have no clue regarding the enormous costs they pass on when they don't get regular care. It's massive. *I* can't afford it (paying for ERs to help people who aren't covered). So please, would you naysayers get some coverage? In ObamaCare, if you genuinely can't afford it, you get credits from the government. This means that you can get regular care and not go to the ER -- you save me money!

The book blows through this problem (the "go it alone" types) in two pages. I was just listening to NPR

interview some people in rural Wisconsin, and they said the usual right-wing things about ObamaCare: But I'm afraid that they simply don't know what happens and the massive costs they will accrue: Paid by people like me: ordinary tax payers.

2. A weird thing about this book is that the point of view of the author is a be-suited smart guy with glasses. He just looks like a nerd scientist/professor -- which he is of course (MIT Econ. prof.). The problem is, though, that the persona is just a policy wonk know-it-all. The book really misunderstands its audience. This should be a book that appeals to people who hate "experts."

3. And, of course, ObamaCare is complex. Really, really complex. The problem here is that the book is very quiet on the core reason: ObamaCare is about tossing some profits to the insurance companies so that they will go ahead with this wholesale revision of the American healthcare system.

4. Because it's so complex, in the end, it's really an argument for -- guess what? -- single payer health care. You get to the end of the book, and the whole thing is this massive Rube Goldberg machine.

So, read it and weep. I wish this was the book you could pass on to your conservative relatives, but it really isn't. It goes too fast in the sore points, and presents its claims through a smarty-pants policy wonk who "has all the answers" instead of working through narratives of how regular people live. To be sure, there are gestures in the direction of what I'm talking about, but it's too schematic.

Brian says

It takes about 45 minutes to read and the pictures are fairly amusing. I highly recommend this book to anyone who hasn't paid attention to the health care reform debate over the last few years. It does paint a positive view of the ACA (which some might disagree with), but it highlights the basic elements of the new law. Elements with which everyone should be familiar.

Robert says

While it's taken me far too long to read Jonathan's Gruber's excellent nonfiction graphic novel on the Patient Protection and Affordable Care Act, I'm glad I finally checked out a copy from my neighborhood library. Overall, he does a great job of explaining a complex phenomenon (the US healthcare system) and a complex piece of legislation (the ACA).

Gruber begins with a clear and concise description of the US healthcare system, as seen through the eyes (and heart attacks) of four people in common situations pre-ACA:

- A - has employer-sponsored insurance
- B - retired and on Medicare
- C - self-employed or not covered by employer, but insured on the non group (a.k.a., individual) market
- D - uninsured

The ACA directly impacts only the 30 or so million people in those last two categories. Gruber explains why

people in the first two categories also benefit, though. One of the main reasons is that uninsured and underinsured populations use the ER as the main point of care at a much higher rate than those on employer-sponsored insurance or Medicare, especially when urgent care centers, retail clinics, or doctors' offices would be more a more appropriate place for care. The hospitals can't get full reimbursement for this care, so much of the cost is passed on to people in categories A and B.

Before moving on to a very clear description of the ACA, Gruber talks about its predecessor in Massachusetts. Gruber was involved in both programs, so he is almost uniquely suited to describe the relationship between them. I was previously aware of the Massachusetts program, but hadn't known just how much of the ACA was modeled on it.

William Doonan says

It's a bird..it's a plane...it's Affordable Healthcare Man

I thought I had a reasonable grasp on this complex topic, but boy did I learn a lot from Gruber's book. The comic book format is genius – it transforms a burdensome discussion into something fun yet still comprehensive. I'll be encouraging all my students to have a read!

Helen says

This is a good, very cleverly conceived, easy-to-understand exposition of aspects of the complicated ACA. The text is simple, free of jargon, and any possibly unfamiliar terms are fully explained, the graphic concept of the author (Dr. Gruber) discussing the ACA with the 4 characters, some of whom have medical insurance, some of whom don't or can't afford it, is excellent. The drawing is workmanlike and skillful in the black & white "graphic novel" format exposition of the ACA law. Considering the threats the law is under these days, this work is actually a page turner. I learned quite a bit about the law, and am now in a better position to evaluate allegations and claims made about it and actual results.

The social problems that the ACA set out to address were two-fold: Rising costs and the number of uninsured. These problems are portrayed as a rather goofy two-headed alligator. The ACA is based on Romneycare, which is said to have worked in Massachusetts, and was the template for the ACA. I knew this, but in light of the ongoing national debate on the ACA, I am going to try to find out if in fact Romneycare did help bring down costs in Mass., as well as greatly reduce the number of the uninsured. Romneycare is a system (Step 1)"where insurance companies couldn't charge folks more because they were sick, or exclude them from coverage for preexisting conditions." In order to get insurance cos to agree to this condition, a way had to be found to get people to not just buy insurance when they are sick. (Step 2 - "...an individual mandate...") If not, "people will "free ride" on the system and buy insurance only when they are sick, and the system will fall apart." "If you don't buy insurance, the state imposes a tax penalty on you." "...the intent is...to make insurance available at a reasonable price." (Step 3) "...if it's not affordable, they're subsidized." The Romneycare "Connector" linking insurance cos with buyers became the Marketplace under the ACA. The idea is ins cos would compete for customers - millions more who could now afford med ins -- and that would bring down the cost of med ins, as ins cos competed with each other for customers. The ACA is based on Romneycare: First: "Everyone who needs it can get insured. No one is just a traffic accident or a bad gene away from bankruptcy." "Second, there's a mandate to buy insurance - but only if it's affordable. If insurance

costs less than 8% of your income, then you have to buy it and if you don't you face tax penalties. However, if insurance costs more than 8% of your income, you don't have to buy it." "Third, there is financial assistance to those who can't afford insurance on their own. The lowest-income families will get free public insurance while lower- and middle-income families will get tax credits to offset the high cost of private insurance." With respect to the Medicare donut hole, "...the name for the gap in prescription coverage that happens after your medicare plan has paid for its percentage of your medications. This sometimes happens if you have a lot of meds or high-priced drugs. After that, you typically have to pay for prescriptions out of your own pocket." "[ACA] ...will give anyone who falls into the donut hole a 50% discount on covered brand-name drugs. That's above and beyond what Medicare had been covering." Also, "...ACA mandates that private insurance cover ... preventive service at no cost to the consumer. ...serves such as tests for high blood pressure or diabetes, screenings for many kinds of cancers such mammograms, vaccinations, flue and pneumonia shots, and well-child visits." A small business - employing "...fewer than 25 people ...could qualify for a tax credit that would offset the cost of your insurance." The annual penalty starts low in 2014 - the "larger of \$95 or 1% of income - but it grows over time, so by 2016 it is larger of \$695 or 2.5% of your income." "There are no lifetime or annual limits to the care being provided." "..a grandfather clause allows you to keep your current policy if you like it." "For our poorest citizens, those with incomes below \$14,400 (individuals) and \$29,330 (for a family of four), the government will provide free and comprehensive public insurance through the medicaid program." "The ACA is the single biggest expansion of public insurance since ...[1965, when medicare along with medicaid was signed into law by President Lyndon Johnson]. Half of the expanded coverage that will be offered comes through medicaid." "For individuals with incomes between \$14,400 and \$44,320 and for families with incomes between \$29,330 and \$88,200, the government will offset the costs of insurance with tax credits." "Families pay as little as 2% and no more than 9.5% of their income, to buy insurance." Tax credits go directly to the ins cos. "The payroll tax that finances the medicare program will rise by almost 1% on those individuals with incomes above \$200,000 per year and those families with incomes above \$250,000 per year." "...this tax will apply not only to wages, but also to money made from investments." The Cadillac Tax "...is a surcharge on insurance companies that sell the most generous and expensive insurance plans, which often drive up medical costs. This tax doesn't go into effect until 2018, and at that point applies only to the top few percent of health insurance plans. But it applies to more plans over time if health insurance premiums continue to grow faster than general inflation. As a result of these spending cuts and revenue increases, the Congressional Budget Office projects that the ACA will reduce the deficit by \$143 billion by 2019."

The authors of the ACA included all possible measures under consideration that control health care costs: The Cadillac Tax, the exchanges, IPAB (Independent Payment Advisory Board - to oversee the way medicare spending is handled. ..Congress would have to respond to IPAB's recommendations with an actual vote), CER (Comparative effectiveness research) (..research to determine whether expensive treatments actually work better than cheaper alternatives. We spend 17% of our economy on a sector where we have no idea what services work better than others.) and ACO (providers are paid a fixed amount to care for you rather than an amount that grows the more care they deliver) "Accountable Care Organizations are coordinated groups that provide all patient care for one global reimbursement amount." "...the bill sets up pilot programs or alternative ways to reimburse and reorganize medical provider As we learn how best to change the structure of our medical system, we will control costs without sacrificing patient health." The bill includes significant incentives to improve the quality of care of medicare patients. "Hospitals and doctors that deliver high quality care will be rewarded and those that deliver low-quality care will be penalized." "The ACA will introduce a new insurance program to help cover the costs of long-term care. This will be financed by a voluntary payroll deduction system for employees When they become eligible after some years of contributions, those employees would be covered for either at-home care or facility care for their elder-care needs." "If States want to innovate by offering their own public option as part of their exchanges, they are welcome to do so..." "...the Cadillac Tax...is designed to keep people from loading up on unnecessary

health care as a tax write-off. What it will do is cut into the one-third of unnecessary care that we waste." "The bill will take some of the sting out of job insecurity...and some of the worry we all have about getting sick."

I definitely recommend this "graphic novel" type of book about a real program, the ACA, or Obamacare, for anyone interested in finding out about the complexities of the law. It dispels myths, and clarifies how the law works. Since the book was published, in 2011, we now have a chance to see how it has actually worked out. There are many claims made that the law does not work, yet millions have obtained med care through the ACA. Let's hope the current administration continues to make it possible for the uninsured to obtain med care through the ACA.

Moorhead Public Library says

FINALLY! Someone explains it in a way I can understand! The author of the law itself separates fact from political spin in this easy-to-read graphic novel. I feel much more informed and it wasn't a bore to read.

Stewart Tame says

This is one of those descriptive titles. You read it and know exactly what the book's going to be about. The jacket description might add detail, but won't add more than that. And the book itself will obviously add even more more detail. And, if you read everything cited in the bibliography, you'll get even more more more ... But you get the idea. Anyhow, this book's objective is to clearly and simply inform the reader about health care reform, specifically the Affordable Care Act, and it achieves this admirably. The artwork is clear and concise, the writer provides clear and helpful examples to illustrate his points. I think that, by doing this book as a comic rather than an informational pamphlet, the message was made more interesting (at least to me, comic book lover that I am) and therefore more likely to be read. If this were simply an article posted on Facebook, I'd probably get about a paragraph or three in and then start skimming, assuming I even clicked on the link in the first place. I'm not proud of this; I'm just saying. To convey information, there either needs to be some interest in the subject on the reader's part, or some sort of hook--clever and/or entertaining prose, incorporation into a story, do it in comics form, etc.--to attract the casual reader. I feel that I know more about the ACA than I did before reading this. It may not be spectacularly well-done comics, but it's very good for what it is, quietly competent and much more engrossing than you may think.

Mark says

What's not to like?! A graphic novel explaining the Affordable Care Act! It's written by (but not illustrated by) the main architect behind RomneyCare and Obamacare so he's pretty darn familiar with the objectives of the legislation. On the point of RomneyCare and ObamaCare: the danger with tying an individual name to the legislation - and doing so in a pejorative manner - is that it's harder to divorce it from the originator if/when it succeeds.

Achtung! Entering punditry territory.

My summation of the health care scene is that ACA won't be perfect and we're trading in one set of troubles for another. But the point of legislation isn't to do away with all troubles in one massive sweep (Hello, may I speak to the Taliban, please?) but rather to trade in one set of troubles for a smaller and more humane set of troubles. I think getting health insurance for tens of millions of my fellow citizens is, in and of itself, a good thing. Most religious and ethical teachings seem to have a "do good now" edict. Not at some point in the future. Now. I think that, on balance, the ACA does that.

Also, since the ACA prohibits insurance companies from denying you care based on pre-existing conditions, insurance companies finally have a stake in addressing the shortcomings of the American food system. With 3/4 of health care spending going to treat "preventable chronic diseases", insurers will now have a reason to throw their weight (hee hee) behind changing the American diet. Michael Pollan had a great op-ed along these lines a few years back: <http://www.nytimes.com/2009/09/10/opi...>

Angel says

This book is a must-buy for public libraries; a few academic libraries may probably want to acquire it as well, especially to have handy for freshmen writing research papers relating to health care reform issues.

The book is a basic explanation of the Affordable Care Act as well as an argument for the need of reform in American health care. However, do not think that just because I say "basic" it is a simplistic book. Actually, the book provides very good, clear, concise explanations. It starts by laying out the current situation, the need for reform, and how the ACA moves towards that reform. The author is an economics scholar and one of the people who helped craft Massachusetts new health reform plan. The book also does a pretty good job to dispel the various myths and fear statements that opponents of reform have used to prevent reform from happening.

The books graphics are good. They are in black and white. Nothing fancy here, but the visual elements complements the content very nicely. If you want to learn more about the topic, this is certainly a very good place to start. If you have neighbors or friends who think it is all a conspiracy, that it is just "socialism in medicine," a government takeover, or other nonsense, hand them this book. It should help clear their objections. To be honest, maybe this is the kind of material we need for other forms of major legislation where the public needs to be educated. The book certainly is designed to educate the general reader on the topic, and it succeeds at that.

Brad says

Picked it up off the shelf at the library. I've read some of Gruber's stuff in NEJM and his analysis is generally pretty good. The book does an excellent job of presenting some of the major issues in health care and how

we pay for it, and focuses primarily on what the PPACA does to try to fix those issues. (PPACA = Obamacare, more or less--meaning the health care bill that was passed in 2010).

Gruber also does a good job of explaining what that ACA does and how it is intended to increase access to health insurance. His bias does shine through at times (read: often), but as someone who worked a lot on the bill this is not unexpected. He hammers on a key point: the individual mandate is a requirement for the ACA to work. This is certainly true. But he doesn't seem to worry much about the legality issue, because it's necessary for the ACA, and it's imperative for Gruber that the ACA work.

I have a few beefs with the ACA as well as its presentation here. First off, while it's great that more people will have health insurance, insurance does not equal access to care. It is often difficult for patients on Medicaid to find docs to treat them because Medicaid reimburses at a rate insufficient to cover overhead. Physicians take a loss when they accept Medicaid. So all of these new patients who are on the expanded Medicaid program won't necessarily have access to the care they need. The insurance is a step in the right direction, but insurance doesn't do you any good if the majority of medical practices are at their limit of Medicaid patients on their panel.

Second, I agree that the fee-for-service system is flawed. But rather than moving to a pay for performance system, I think it would be better for docs to be paid for their time like most professionals (lawyers, for example, and even folks like plumbers and car mechanics). Payment for outcomes could easily lead to cherry picking of patients--who's going to want to see the patient that has a terrible prognosis, or the patient who chooses to not be compliant with the physician's instructions? Moreover, people are not machines. Physiology varies from patient to patient, and so treatment must as well. ACO's are mentioned as a silver bullet, but I remain skeptical. In all fairness, I do need to do a little more research on the subject.

All of that being said, I have my own bias as a med student. I don't know what the best answers are for our health care system, but I do know that the current system is unsustainable. Fwiw, I find myself growing more interested in expanding the VA system... feasible? Desirable? Dunno. I need to do more research here, too.

No matter what your political leanings, this book does present well what the ACA is and why it came about. If you're confused about the bill, this might be a good starting place.

Jon Stout says

I have a stack of serious books to read, and here I am reading a comic book. But it's a serious comic book, about Health Care Reform. I'm beginning to think that comics can deal with the deepest subjects, from the foundations of mathematics (Logicomics) to the Holocaust (Maus).

Health Care Reform (the comic book) is not that great as art or as a graphic novel, but it does go a long way toward explaining a topic that many people feel strongly about, but that few people can talk about knowingly. I feel that I have had an illustrated review of all of the basic principles. If all of the people nattering on about "Obamacare" had at least this much grasp of the issue, at least we would have a common vocabulary, before bringing in our political axes to grind.

Health Care Reform deals with both the Massachusetts version associated with Mitt Romney, as well as the Affordable Care Act initiated by Barack Obama. The author is an M.I.T economist who played a role in both efforts and seems impartial between them. The artwork is on the same level as an illustrated Heimlich

Maneuver or a Smokey the Bear public service announcement, but it's fun and it gets across an important argument.

Jacqueline says

Everyone in America should read this informative book. Health care is a huge issue we must address before it impacts all American lives negatively. Jonathan Gruber worked with Mitt Romney in Massachusetts to create a workable plan to address this issue. Later, Gruber worked with the Obama administration to develop the Affordable Care Act. In a very readable graphic style format, Gruber explains the reasons we need health care reform and what the Affordable Care Act is designed to do.

Dan says

A nice overview of the Affordable Care Act (ACA). Gives a basic outline and enough detail to follow, and comment on, the political controversy surrounding the bill.

I felt Gruber did a great job of emphasizing how dynamic, or unstable, our current healthcare system is. Many people have legitimate concerns about the Act because they are happy with their current healthcare coverage. Gruber consistently points out how vulnerable most people, even those with seemingly great employee-based insurance plans, are to the vagaries of the system: they can lose their job, their employee can change their plans, etc. The goal is not to punish people for job loss, accidents, and bad genes.

This book lays out the reason reform is needed, the logic behind the ACA, and answers many of the most common questions and concerns. He does not shy away from the uncertainties surrounding the act.

What he does not address, some of which may beyond the scope of the book, are: mental health and dental care and the rising costs of medical education.
