

The Affordable Care Act Is Already a Success

It's Lowering Costs and Expanding Coverage for Millions

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The Patient Protection and Affordable Care Act became law on March 23, 2010, beginning a series of important, sweeping reforms to the health care system that will expand coverage, control health care costs, and improve the health care delivery system. While the act's provisions will continue to be implemented through 2016, its reforms are already benefiting millions of Americans in important ways.

Thanks to the Affordable Care Act:

Millions of Americans are getting the coverage they need

- 2.5 million young adults gained health insurance.

 This is a strong example of the coverage gains for millions of people the Affordable Care Act is projected to provide. The Affordable Care Act allows young adults to stay on their parents' insurance plans until age 26.
- More than 40,000 Americans with pre-existing medical conditions gained affordable coverage through the federally administered Pre-Existing Condition Insurance Plan.² Those with pre-existing conditions, such as cancer or chronic disease, can access insurance to meet their health needs through the plan.
- The Department of Health and Human Services awarded more than \$14 million in 2011 alone to school-based health centers across the country, increasing the number of children served by 50 percent.³ The Affordable Care Act provides a total of \$200 million for school-based health centers, which provide primary care, dental health, mental health, substance-abuse counseling, and health and nutrition counseling.

- Across the country, 350 new community health centers were built and nearly 19,000 new jobs were created in 2011 alone to provide critical health care to the 50 million Americans living in medically underserved areas. The Affordable Care Act provides a total of \$11 billion to support and expand community health centers nationwide.⁴
- Consumers are enjoying greater protection from unreasonable private-insurance premium hikes. The Affordable Care Act helped 42 states, the District of Columbia and five U.S. territories strengthen their rate-review laws, bringing greater transparency and accountability to private insurance rate increases. For example, Connecticut rejected a 20% rate hike by insurers, and Oregon halved the rate increase by one of its largest insurers, saving money for more than 60,000 people, and the Department of Health and Human Services recently deemed increases in five states "unreasonable." ⁵

Care is becoming more affordable

- More than 2 million seniors saved more than \$1.2 billion on prescription drugs—an average of \$550 per person—in 2011. The Affordable Care Act is working to fulfill its promise of closing the Medicare Part D prescription drug coverage gap, also known as the "donut hole." Thanks to the Affordable Care Act, seniors and persons with disabilities receive a discount on covered brand-name prescription drugs if they're in the donut hole. The discount will increase over time until the gap is closed in 2020.
- · Seniors enrolled in Medicare Advantage plans saw their monthly premiums decrease 14 percent from **2010 to 2011.** This drop reflects the Affordable Care Act's commitment to giving seniors choices for quality, affordable care.
- · More than 22.6 million seniors and people with disabilities accessed no-cost-sharing preventive services in 2011 alone.8 The Affordable Care Act

- makes preventive care affordable and accessible by eliminating cost sharing and requiring new health plans to cover preventive services such as important health screenings and immunizations.
- · Millions of women are taking advantage of no-costsharing preventive health services in 2011, and they will be able to access more comprehensive women's preventive care beginning August 2012. The Affordable Care Act ensures that important preventive services, including mammograms and cervical cancer screenings, are provided free of cost to women.9
- · Through joint efforts by the Department of Health and Human Services and the Department of Justice, nearly \$3 billion in fraudulent claims was halted in 2011 alone. These efforts ensure public funds are used appropriately, and strengthen programs like Medicare and Medicaid.¹⁰

The quality of health care is improving

- \$1.75 billion in government funding will expand the primary care workforce by 16,000 providers over the next five years.¹¹ This boost in funding will increase access to preventive care, lower health care costs, and increase the quality of care for millions of patients. Early investments are already paying off: The National Health Services Corps, which provides primary care in underserved communities, nearly tripled in the last three years.¹²
- Thirty-two leading health care organizations across the country are participating in an initiative to provide better, more coordinated care to Medicare patients, with potential savings of \$1.1 billion. The Pioneer Accountable Care Organizations initiative rewards care providers for improving the health of Medicare patients and lowering costs through coordination.¹³
- · Preventable hospital-acquired conditions and preventable readmissions will be reduced by 40 percent and 20 percent, respectively, by 2013 through the "Partnership for Patients: Better Care, Lower Costs" **public-private initiative.** ¹⁴ The Partnership for Patients brings together leaders of major hospitals, employers, physicians, nurses, and patient advocates along with state and federal governments in a shared effort to make hospital care safer, more reliable, and less costly.
- Ten thousand Medicare patients with chronic conditions will have access to home care services at lower costs under the Independence at Home Demonstration.¹⁵ Under the program, certain Medicare patients will be able to receive home care services (home instead of in a doctor's office) at lower costs.

The bottom line: Benefits to health care consumers of all ages are evident and will continue to grow.

Endnotes

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