

5 Years Later: How the Affordable Care Act is Working for Arizona

The Affordable Care Act is working to make health care more affordable, accessible, and high quality for the people of Arizona – Source: hhs.gov

Better Options

Making health care more affordable and accessible through the Health Insurance Marketplaces: Through the Marketplace, Arizonans had the option of signing up for quality health coverage at a price they could afford. Whether they visited the simpler, faster and more intuitive website at HealthCare.gov or contacted the call center, they found more choices and competitive prices.

In Arizona, 205,666 consumers selected or were automatically re-enrolled in quality, affordable health insurance coverage through the Marketplace as of Feb. 22. Nationwide, nearly 11.7 million consumers selected a plan or were automatically enrolled in Marketplace coverage.

Marketplace Signups and Tax Credits in Arizona:

- 75 percent of Arizona **consumers** who were signed up qualified for an average tax credit of \$155 per month through the Marketplace.
- 52 percent of Arizona Marketplace **enrollees** obtained coverage for \$100 or less after any applicable tax credits in 2015, and 86 percent had the option of doing so.
- In Arizona, **consumers** could choose from 13 issuers in the Marketplace in 2015 – up from 10 in 2014.
- Arizona **consumers** could choose from an average of 71 health plans in their county for 2015 coverage.
- 92,278 **consumers** in Arizona under the age of 35 are signed up for Marketplace coverage (45 percent of plan selections in the state). And 47,164 consumers 18 to 34 years of age (23 percent of all plan selections) are signed up for Marketplace coverage. Arizona has received \$30,877,097 in **grants** for research, planning, information technology development, and implementation of its Marketplace.

Open enrollment for 2015 coverage ended on Feb. 15, 2015. **Open enrollment** for 2016 coverage runs from November 1, 2015 to January 31, 2016. Consumers should visit HealthCare.gov to see if they qualify for a Special Enrollment Period because of a life change like marriage, having a baby or losing other coverage. Enrollment in Medicaid and the Children's Health Insurance Program is open year round.

Reducing the number of uninsured Americans: Nationwide, since the Affordable Care Act's coverage expansion began, about **16.4 million** uninsured people have gained health insurance coverage - the largest reduction in the uninsured in four decades. And **Gallup recently announced** that the uninsured rate in Arizona in 2014 was 17.5 percent, down from 20.4 percent in 2013.

New coverage options for young adults: Under the health care law, if your plan covers children, you can now add or keep your children on your health insurance policy until they turn 26 years old. Thanks to this provision, **over 2.3 million young people** who would otherwise have been uninsured have gained coverage nationwide.

Expanding Medicaid: Thanks to the Affordable Care Act, states have new opportunities to **expand Medicaid coverage** to individuals with family incomes at or below 133 percent of the federal poverty level (generally \$32,253 for a family of four in 2015). This expansion includes non-elderly adults without dependent children, who have not previously been eligible for Medicaid in most states.

Twenty-eight states plus DC have expanded Medicaid under the Affordable Care Act, including Arizona. And as of January 2015, 280,546 Arizonans have gained Medicaid or CHIP coverage since the beginning of the Health Insurance Marketplace first open enrollment period. Across the nation, approximately 11.2 million more Americans are now enrolled in Medicaid and CHIP.

Better Value

Providing better value for your premium dollar through the 80/20 Rule: Health insurance companies now have to spend at least 80 cents of your premium dollar on health care or improvements to care, rather than administrative costs like salaries or marketing, or they have to provide you a refund. This means that 347,772 Arizonans with private insurance coverage **benefited** from \$11,370,182 in refunds from insurance companies, for an average refund of \$51 per family because of the Affordable Care Act.

Scrutinizing unreasonable premium increases: In every State and for the first time under Federal law, insurance companies are required to publicly justify their actions if they want to raise rates by 10 percent or more. Arizona has received \$3,000,000 under the new law to help fight unreasonable premium increases. Since implementing the law, the fraction of requests for insurance premium increases of 10 percent or more has dropped dramatically, **from 75 percent to 14 percent** nationally. To date, the rate review program has helped save Americans an estimated **\$1 billion**.

Removing lifetime limits on health benefits: The law bans insurance companies from imposing lifetime dollar limits on health benefits – freeing cancer patients and individuals suffering from other chronic diseases from having to worry about going without treatment because of their lifetime limits. Already, 2,091,000 people in Arizona, including 769,000 women and 570,000 children, are free from worrying about lifetime limits on coverage. The law also restricts the use of annual limits and bans them completely starting in 2014.

Ending discrimination for pre-existing conditions: As many as 2,794,358 non-elderly Arizonans have some type of pre-existing health condition, including 410,684 children. Today, health insurers can no longer deny coverage to anyone because of a pre-existing condition, like asthma or diabetes, under the health care law. And they can no longer charge women more because of their gender.

Expanding mental health and substance use disorder benefits: The Affordable Care Act increases also access to comprehensive coverage by requiring most health plans to cover ten essential health benefit categories, to include hospitalization, prescription drugs, maternity and newborn care, and mental health and substance use disorder services. The health care law expands mental health and substance use disorder benefits and federal parity protections for **62 million** Americans nationwide, including 1,269,319 Arizonans.

Better Health

Covering preventive services with no deductible or co-pay: The health care law requires many insurance plans to provide coverage without cost sharing to enrollees for a variety of preventive health services, such as colonoscopy screening for colon cancer, Pap smears and mammograms for women, well-child visits, and flu shots for all children and adults. Because of the Affordable Care Act, **76 million** Americans with private health insurance gained preventive service coverage with no cost-sharing, including 1,486,000 in Arizona. And women can now get coverage without cost-sharing of even more **preventive services** they need. Of the 76 million Americans with expanded access to free preventive services, **29.7 million are women**, including 557,000 in Arizona receiving expanded preventive services without cost-sharing.

Investing in the primary care workforce: As a result of historic investments through the health care law and the Recovery Act, the numbers of clinicians in the National Health Service Corps are near all-time highs with 9,200 Corps clinicians providing care to approximately 9.7 million people who live in rural, urban, and frontier communities. The National Health Service Corps repays educational loans and provides scholarships to primary care physicians, dentists, nurse practitioners, physician assistants, behavioral health providers, and other primary care providers who practice in areas of the country that have too few health care professionals to serve the people who live there. As of September 30, 2014, there were 344 Corps clinicians providing primary care services in Arizona, compared to 103 in 2008.

Increasing support for community health centers: The Affordable Care Act increases the funding available to community health centers nationwide. Health Center grantees in Arizona have received \$137,129,679 under the health care law to offer a broader array of primary care services, extend their hours of operations, hire more providers, and renovate or build new clinical spaces.

Of the \$137,129,679 awarded to Arizona, \$3,601,316 was awarded to Arizona health centers to help enroll uninsured Americans in the Health Insurance Marketplace. Overall, since 2013, Arizona health centers used these funds to help more than 232,907 Arizona residents with enrollment into affordable health insurance coverage, with 41,611 of those being assisted between October and December 2014. These investments ensure that health centers continue to be a trusted resource for assistance with enrollment in the Marketplace, Medicaid and CHIP in Arizona.

In Arizona, 19 health centers operate 134 sites, providing preventive and primary health care services to 438,260 Arizonans, including 230,504 Latinos and 19,152 African Americans.

Preventing illness and promoting health: Through Fiscal Year 2013, Arizona has received \$23,322,763 in grants from the Prevention and Public Health Fund created by the health care law. This fund was created to support effective policies in Arizona and nationwide, such as initiatives focused on tobacco cessation, obesity prevention, health coverage enrollment assistance, and increasing the primary care and public health workforce, so that all Americans can lead longer, more productive lives.

A Stronger Medicare Program

Making prescription drugs affordable for seniors: In Arizona, people with Medicare have saved nearly \$260,777,896 on prescription drugs because of the Affordable Care Act. In 2014 alone, 95,181 individuals in Arizona saved over \$82,747,608, or an average of \$869 per beneficiary. In 2015, people with Medicare in the “donut hole” received a 55 percent discount on covered brand name drugs and a 35 percent discount on generic drugs. And thanks to the health care law, coverage for both brand name and generic drugs will continue to increase over time until the coverage gap is closed. Nationally, over 9.4

million people with Medicare have saved over \$15 billion on prescription drugs since the law's enactment, for an average savings of \$1,598 per beneficiary.

Covering preventive services with no deductible or co-pay : With no deductibles or co-pays, cost is no longer a barrier for seniors and people with disabilities who want to stay healthy by detecting and treating health problems early. In 2014 alone, an estimated 39 million people benefited from Medicare's coverage of preventive services with no cost-sharing. In Arizona, 766,423 individuals with Medicare used one or more free preventive service in 2014.

Cracking down on fraud and abuse: The health care law helps stop fraud with tougher screening procedures, stronger penalties, and new technology. More than \$27.8 billion has been returned to the Medicare Trust Funds since 1997 because of these fraud enforcement efforts. For every dollar spent on health care-related fraud and abuse activities in the last three years the administration has recovered \$7.70.