

Fact Sheet: The Affordable Care Act is Working

Affordability, Access, Quality

By the U.S. Department of Health and Human Services

A new wave of powerful evidence points to one clear conclusion: The Affordable Care Act is working to make health care more affordable, accessible and of a higher quality, for families, seniors, businesses, and taxpayers alike. This includes previously uninsured Americans, and Americans who had insurance that didn't provide them adequate coverage and security.

Affordability

The Affordable Care Act is making health care more affordable for ...

Consumers

- **70% of Americans with Marketplace insurance plans feel they can now afford care if they get sick**, and a majority say their premiums are easy to afford. (Source: The Commonwealth Fund)
- **American consumers have saved \$9 billion dollars since 2011**, because the law says that insurance companies have to spend at least 80 cents of every premium dollar they receive from folks in your state on their quality health care – not on things like marketing or getting a bonus for their CEO. (Source: CMS)

Families received an average rebate of \$80 for 2013: money that hardworking families can put toward their electric bill or back into their grocery budget. (Source: CMS)

- **On the new Health Insurance Marketplace, insurance companies are increasingly competing for consumers' business – and consumers are winning: Nearly 7 in 10 consumers who selected plans with tax credits through the federal Marketplace during Open Enrollment got covered for \$100 a month or less.** Nearly half – 46% – were able to get covered for \$50 a month or less. (Source: ASPE)
- According to a major annual survey, **employer premiums for family coverage grew just 3.0 percent in 2014**, tied with 2010 for the lowest on record back to 1999. (Source: Kaiser/HRET)

Seniors

- **More than 8.2 million seniors and people with disabilities with Medicare have saved more than \$11.5 billion on prescription drugs since 2010.** (Source: CMS)
 - Average of **\$1,407 per beneficiary**

- The Affordable Care Act is making prescriptions more affordable for seniors **by phasing out the Medicare donut hole.**
- **Part B Medicare premiums are projected to be the same in 2015 as they were in 2013 and 2014.** (Source: Medicare Trustees Report)

Small Business

- The law is making coverage more affordable for small businesses, with tax credits and protection from excessive price increases.
- **Entrepreneurs can start their own businesses without the fear of losing their coverage.**

Taxpayers & The Economy

- **The changes promoted by the Affordable Care Act are contributing to what appears to be a fundamental change in the trajectory of health care spending.**
- **We've also seen the slowest growth in the prices of health care goods and services in nearly 50 years.** (Source: Council of Economic Advisers).
- Slowdown in Medicare Spending:
- The *slowdown in Medicare spending between 2009 and 2012* has resulted in spending that is \$116 billion below what it would have been had 2000-2008 trends continued.
- **Spending per Medicare beneficiary is growing slower than the overall economy.** (Source: Medicare Trustees Report)
- **We've been able to extend the life of the Medicare Trust Fund by 13 years.** (Source: Medicare Trustees Report)

Access

- **7.3 million people signed up for Marketplace plans, paid their premiums, and accessed quality, affordable coverage.** (Source: CMS)
- Additionally, **8 million individuals enrolled in Medicaid and CHIP** since the beginning of Open Enrollment – **that's an increase of nearly 14%** compared to average monthly signups before October 1st. (Source: CMS)
- Hundreds of thousands in Pennsylvania will gain eligibility for coverage due to the recent Medicaid expansion.

- **Millions of young adults have gotten covered on their parent's plan**, because the law says they can now do so until they turn 26.
- An article in the *New England Journal of Medicine* found that **10.3 million uninsured Americans have gotten since the start of Open Enrollment**.
- **In just one year (since the start of Open Enrollment), we've reduced the number of uninsured adults by 26%**. (Source: NEJM)
- **Americans have more choices**. During Open Enrollment 2014, consumers could choose from an average of 47 plans. Contrast that to before the Affordable Care Act when many consumers had few, if any, real choices.
- **Today, we're able to announce that in 2015 there will be a 25% increase in the total number of issuers selling health insurance plans in the Marketplace in 44 states**. (Source: ASPE)
- **Seventy-six million Americans with private health insurance can finally get preventive services such as vaccines, cancer screenings, and yearly wellness visits** without cost sharing, because the law says your insurance company must provide you with these services with no copay or other out-of-pocket expense. This includes nearly 30 million women and over 18 million children. (Source: ASPE)
- **Millions of families have real financial security because insurance companies can no longer deny them coverage because of a pre-existing condition** or because they reach an annual or lifetime limit in coverage. Insurance companies must include things like prescription drugs and hospital stays in their coverage. And **being a woman is no longer a pre-existing condition**.

Quality

- **Americans express satisfaction with the coverage they are receiving**. In a recent *Commonwealth Fund* survey, more than 3 in 4 newly insured consumers expressed satisfaction with their coverage.
- Over the past five years, the Administration has made measured progress towards improving access to quality, affordable care for all Americans:
 - Nearly 10% reduction in harm nationally, such as fewer health-care-associated-infections.
 - 150,000 fewer unnecessary hospital readmissions from 2012 to 2013.
 - 75% of eligible professionals and 92% of eligible hospitals have participated in the electronic health record incentive program.
 - Successful new demonstrations such as Pioneer Accountable Care Organizations outperformed published benchmarks on 15/15 quality measures and 4/4 patient experience measures—generating \$372 million in total program savings.