



## **The Present and Future of the Affordable Care Act**

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Attribution:

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Washington — The American College of Physicians (ACP), representing 132,000 internal medicine specialists and medical student members, is pleased to report that the Affordable Care Act (ACA) has resulted in major improvements in access and coverage for tens of millions of Americans seen by internal medicine physicians. Considering that it is just a little over two years since the ACA was enacted into law, and many of its programs are not yet fully effective, the ACA has had notable success in improving health insurance coverage. Looking to the future, the ACA will ensure that nearly all legal residents in the United States will have access to affordable coverage beginning in 2014—if the law is allowed to be fully implemented.

Interestingly, the public policy discussion of the improvements made by the ACA on its two-year anniversary is taking place in a context when the Supreme Court is hearing oral arguments this week on lawsuits challenging the law's constitutionality. ACP did not submit an amicus brief on the *constitutional* questions being considered by the Supreme Court because our expertise is in evidence-based assessment of the policies required to ensure that our patients have access to health insurance, not in constitutional law. But the evidence leads us to firmly believe that the ACA's programs to expand health insurance coverage—including subsidies, health exchanges, essential benefits packages, an individual insurance requirement, and a single national eligibility standard for Medicaid—are necessary to help protect and ensure the health of the American people.

### **The ACA Already is Helping Millions of People**

As a direct result of the ACA:

- 2.5 million young adults kept their health insurance coverage because they were allowed to stay on their parents' plans. The percentage of people between ages 19 and 25 being carried as a dependent on a parent's employment-based coverage increased from 24.7 percent in 2009 to 27.7 percent in 2010. The number of young adults with employment-based coverage as a dependent increased from 7.3 million to 8.2 million.

- Through the end of July 2011, 1.28 million Americans with Medicare received discounts on brand name drugs in the Medicare Part D coverage gap — up from 899,000 through the end of June and 478,000 through the end of May. These discounts have saved seniors and people with disabilities a total of \$660 million. Figures released a week ago from the Department of Health and Human Services indicate 5.1 million seniors have saved more than \$3.2 billion on prescription drugs because of the ACA.
- More than 18.9 million Medicare beneficiaries, or 55.6 percent, have received one or more preventive services at no out-of-pocket cost to them.
- The National Health Service Corps, which receives mandatory funding under the ACA, has awarded nearly \$900 million in scholarships and loan repayment to health care professionals to help expand the country's primary care workforce and meet the health care needs of communities across the country. There are nearly three times the number of NHSC clinicians working in communities across America than there were three years ago—increasing access to health care. In 2008, approximately 3.7 million patients were provided service by 3,600 NHSC clinicians. With field strength of more than 10,000 clinicians, NHSC now provides health care services to about 10.5 million patients.

### **The ACA will Help Many Millions More over the Next Two Years**

Many patients seen by internal medicine specialists have multiple chronic diseases (often labeled as “pre-existing conditions” by health insurers), which makes it very difficult for them to find health insurance at a premium they can afford. Under the ACA, insurers won't be allowed to exclude them from coverage, charge them an excessive premium, or refuse to renew their coverage. These protections, already in effect for children, will become effective for adults on January 1, 2014.

Studies suggest that an individual requirement is needed for such reforms to work. Without an individual insurance requirement, some people may wait to obtain insurance until they are sick, aware that insurers will not turn them down or charge them higher premiums (except for family size and tobacco use). This will drive up premiums for everyone else, causing more persons to drop coverage, and potentially, resulting in millions more uninsured persons.

ACP also strongly supports requiring Medicaid to cover all persons with incomes up to 133 percent of the Federal Poverty Level. This change, which initially will be paid for by the federal government, is the most effective way to ensure that low-income persons have access to coverage. Some 16 million vulnerable Americans will receive coverage from this change.

When these and other programs enacted by the ACA become fully implemented by 2014, it is estimated that 94 percent of legal residents in the United States will have access to affordable health insurance coverage, with 32 million persons who now have no health insurance being able to obtain coverage. This will be a historic achievement in improving the health of the American

people. Studies show that people without health insurance live sicker and die younger than people with coverage.

ACP fervently hopes that the Supreme Court will chart a course that does not derail implementation of the ACA's key programs to expand coverage, while responsibly carrying out the court's constitutional obligation to clarify the constitutional questions. And we hope that a day will come when Congress will be able to move beyond a partisan debate over "repeal and replace" of the ACA to discussion of bipartisan improvements that could be made in the law, without sacrificing the commitment it made to helping nearly all Americans obtain affordable health insurance coverage.

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