



## NEW JERSEY FACT SHEET

### AAFP on Health Reform

The AAFP believes that policies should be adopted to ensure continued progress towards health care for all supported by a payment system that rewards value of care over volume of service. The health system should promote prevention and wellness, protect patients from financial barriers to needed services and build a primary care physician workforce that can meet the growing demand for care.

### New Jersey Family Medicine

- There are 1,650 family physicians in New Jersey.
- New Jersey has 15 family medicine residency programs.
- New Jersey has 39 medically underserved areas/populations.

### Medicaid in New Jersey

- In 2015, 18% of people in New Jersey were covered by Medicaid/CHIP.
- Medicaid/CHIP enrollment increased by 500,000 between 2013 and 2016.
- New Jersey's uninsured rate decreased from 12% in 2013 to 8% in 2015.
- In New Jersey, 80% of adult and child Medicaid enrollees live in households with at least one worker.
- In New Jersey, 45% of Medicaid spending is for Medicare beneficiaries.<sup>1</sup>
- If New Jersey were to maintain Medicaid expansion with decreased federal support, it would increase state costs by \$177.9 million in 2021, and \$1.771 billion in 2024.<sup>2</sup>

### Impact of the Better Care Reconciliation Act (HR 1628 being considered by the US Senate)

- 418,300 people in the state of New Jersey would lose their health coverage by 2026.<sup>3</sup>
- In New Jersey, 1,234,000 non-elderly adults have a declinable preexisting condition.<sup>4</sup>
- In New Jersey, premiums would rise. For example, if a 40-year-old in Trenton, earning \$30,000 a year, purchased a silver plan they would pay a \$80 increase in premium. A 60-year-old would pay a \$2,300 increase in premium.<sup>5</sup>
- The BCRA would limit access to substance abuse treatment by cutting Medicaid. In New Jersey, 1,454 people died of overdose deaths in 2015.<sup>6</sup>

<sup>1</sup> *Medicaid State Fact Sheets*. (2017, January 26). Retrieved from <http://kff.org/interactive/medicaid-state-fact-sheets/>

<sup>2</sup> Broaddus, Matt, Edwin Park. (2017, June 23). Retrieved from <http://www.cbpp.org/research/health/senate-bill-would-effectively-eliminate-medicaid-expansion-by-shifting-hundreds-of>

<sup>3</sup> Gee, Emily. (2017, June 27). *Coverage Losses by State for the Senate Health Care Repeal Bill*. Retrieved from <https://www.americanprogress.org/issues/healthcare/news/2017/06/27/435112/coverage-losses-state-senate-health-care-repeal-bill/>

<sup>4</sup> Claxton, Gary, Cynthia Cox, Anthony Damico, Larry Levitt, and Karen Pollitz. (2016, December 12). *Pre-existing Conditions and Medical Underwriting in the Individual Insurance Market Prior to the ACA*. Retrieved from <http://kff.org/health-reform/issue-brief/pre-existing-conditions-and-medical-underwriting-in-the-individual-insurance-market-prior-to-the-aca/>

<sup>5</sup> Premiums and Tax Credits under the Affordable Care Act vs. the Senate Better Care Reconciliation Act: Interactive Maps. (2017, June 23). Retrieved from <http://www.kff.org/interactive/premiums-and-tax-credits-under-the-affordable-care-act-vs-the-senate-better-care-reconciliation-act-interactive-maps/>

<sup>6</sup> *Drug Overdose Death Data*. (2016, December 16). Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

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