

HEALTH CARE COVERAGE GAINS

RECOMMENDATION

Congress should ensure that any modifications to current health care coverage law maintain and protect the historically low uninsured rate of 8.9%, documented in the [November 2016 report \[https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201611.pdf\]](https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201611.pdf) by the U.S. Centers for Disease Control and Prevention (CDC). While coverage expansion established by the *Affordable Care Act* (ACA) is not perfect, implementation of the law led to historically low levels of uninsured Americans. Insurance coverage, combined with a usual source of primary care such as a family physician, leads to more timely prevention and treatment of disease and better public-health outcomes. The AAFP urges Congress to do the following:

Maintain & Expand Coverage. Ensure that currently insured individuals do not lose their coverage as a result of any action or inaction by policymakers. Pursue policies that expand access to health care coverage for all Americans.

Protect Safety-Net Programs. Reauthorize and ensure sufficient funding for the Children's Health Insurance Program (CHIP). Ensure uninterrupted coverage and benefits for the more than 20 million individuals and families covered in states that have expanded Medicaid or purchased qualified health plans offered in the exchanges. Ensure continued and sufficient federal funding to support Medicaid expansion as currently available. Potential changes in federal Medicaid funding should not erode benefits, eligibility, or coverage compared to current law.

Stabilize the Individual Insurance Market. Ensure that premium and cost-sharing subsidies are sufficient to make coverage affordable and accessible, especially for vulnerable patients like children and adults with special health care needs, people with mental health and substance use disorders, the elderly, and low-income individuals and families. The value of current subsidies should not be eroded. Create incentives for young adults to buy health care coverage and participate in insurance markets.

Protect Patient-Centered Insurance Reforms. Preserve current coverage of essential benefits, as well as consumer and benefit protections. Ensure that children, adolescents and adults with preexisting conditions cannot be denied coverage, be charged higher premiums, or be subject to cancellation. This should continue to be the case even in cases where coverage has not been continuous. Continue to prohibit insurers from establishing annual and lifetime caps on benefits for children, adolescents and adults, and from charging higher premiums based on gender. Continue to ensure that all health plans provide evidence-based, essential benefits including coverage for physician and hospital services and prescriptions; mental health and substance use disorder treatment; primary care services; preventive services at no out-of-pocket cost to insured individuals, children, and families, including contraception and other women's preventive services; and maternity care. Ensure that parity between medical/surgical benefits and mental health/substance use disorder benefits is appropriately maintained. Continue to make prescription drugs more affordable for patients enrolled in Medicare by allowing the current law phase-out of the Medicare Part D "donut hole" to continue.

Reduce Costs. Reduce the cost of prescription drugs. Address the cost barriers created by high deductible health plans. Reform current medical liability laws. Expand consumer choice of physicians and hospitals through strengthened network adequacy standards. Address

insufficient competition in some insurance markets. Promote state innovation in health care delivery and financing that ensure coverage, benefits and consumer protections are not eroded. Reduce the unnecessary and costly administrative burdens placed on physicians and patients.

Increase Investment in Primary and Preventive Care. Support efforts to better integrate behavioral health care with other medical care across a range of settings to improve outcomes and patient satisfaction. Increase the investment in primary care, preventive health services, mental health, public health, health services research, and innovations in health care delivery, including continued support and funding for the Centers for Medicare and Medicaid Services, Center on Medicare and Medicaid Innovation, and the Agency for Healthcare Research and Quality.

Background

Under current law, individuals and families benefit from protections against discrimination in all health insurance marketplaces. These patient-centered protections are essential to ensuring that all individuals, regardless of their age, race, gender, or medical history can obtain health insurance. Before enactment of the ACA in March of 2010, 48.6 million Americans lacked health coverage (an uninsured rate of **16.0%**). These uninsured Americans were generally limited to receiving care in settings that are legally required to serve the uninsured, regardless of ability to pay.

The ACA established several new programs and rules to help achieve Congress's goal of universal health coverage, including:

- Reforms to the individual health-insurance market, including a requirement that health plans provide coverage to Americans who have pre-existing conditions.
- A system of marketplaces that allow Americans to obtain subsidized health coverage.
- A requirement that health plans cover the young adult children (up to age 26) of policyholders.
- Expanded eligibility for Medicaid, with enhanced federal financing for states.

The CDC reports that during the first half of 2016, the uninsured rate in the United States was **8.9%** (reflecting 28.4 million without health coverage). This represents **20.2 million** more Americans with health coverage as a result of the ACA coverage gains, in its third year of implementation.

RESOURCE

AAFP Policy: [Health Care for All: A Framework for Moving to a Primary Care-Based Health Care System in the United States](http://www.aafp.org/about/policies/all/health-care-for-all.html). [<http://www.aafp.org/about/policies/all/health-care-for-all.html>]