

# Two Years Later: The Benefits of the Affordable Care Act for Arizona

The Affordable Care Act gives hardworking families in Arizona the security they deserve. The new health care law prohibits insurance companies from dropping your coverage if you get sick or, soon, discriminating against anyone with a pre-existing condition.

All Americans will have the security of knowing that they don't have to worry about losing coverage if they're laid off or change jobs. And insurance companies now have to cover your preventive care like mammograms and other cancer screenings. The new law also makes a significant investment in State and community-based efforts that promote public health, prevent disease and protect against public health emergencies.

Health reform is already making a difference for the people of Arizona by:

## *Providing new coverage options for young adults*

Health plans are now required to allow parents to keep their children under age 26 without job-based coverage on their family's coverage, and, thanks to this provision, 2.5 million young people have gained coverage nationwide. As of June 2011, 59,563 young adults in Arizona gained insurance coverage as a result of the new health care law.

## *Making prescription drugs affordable for seniors*

Thanks to the new health care law, 70,045 people with Medicare in Arizona received a \$250 rebate to help cover the cost of their prescription drugs when they hit the donut hole in 2010. In 2011, 65,729 people with Medicare received a 50 percent discount on their covered brand-name prescription drugs when they hit the donut hole. This discount resulted in an average savings of \$563 per person, and a total savings of \$36,977,657 in Arizona. By 2020, the law will close the donut hole.

## *Covering preventive services with no deductible or co-pay*

In 2011, 637,233 people with Medicare in Arizona received free preventive services – such as mammograms and colonoscopies – or a free annual wellness visit with their doctor. And 54 million Americans with private health insurance gained [preventive service coverage with no cost-sharing](#), including 1,056,000 in Arizona.

## *Providing better value for your premium dollar through the 80/20 Rule*

Under the new health care law, insurance companies must provide consumers greater value by spending generally at least 80 percent of premium dollars on health care and quality improvements instead of overhead, executive salaries or marketing. If they don't, they must provide consumers a rebate or reduce premiums. This

means that 1,457,000 Arizona residents with private insurance coverage will receive greater value for their premium dollars.

### ***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 \$1 million under the new law to help fight unreasonable premium increases.

### ***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 residents, 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 in 2014.

### ***Creating new coverage options for individuals with pre-existing conditions***

As of the end of 2011, 1,783 previously uninsured residents of Arizona who were locked out of the coverage system because of a pre-existing condition are now insured through a new Pre-Existing Condition Insurance Plan that was created under the new health reform law. To learn more about the plan available in Arizona, check [here](#).

### ***Supporting Arizona's work on Affordable Insurance Exchanges***

Arizona has received \$30.8 million in grants for research, planning, information technology development, and implementation of Affordable Insurance Exchanges.

- ***\$1 million in Planning Grants:*** This grant provides Arizona the resources needed to conduct the research and planning necessary to build a better health insurance marketplace and determine how its exchange will be operated and governed. Learn how the funds are being used in Arizona [here](#).
- ***\$29.8 million in Exchange Establishment Grants:*** These grants are helping States continue their work to implement key provisions of the Affordable Care Act. Learn how the funds are being used in Arizona [here](#).

### ***Preventing illness and promoting health***

Since 2010, Arizona has received \$9.4 million in grants from the Prevention and Public Health Fund created by the Affordable Care Act. This new fund was created to support effective policies in Arizona, its communities, and nationwide so that all Americans can lead longer, more productive lives.

### *Increasing support for community health centers*

The Affordable Care Act increases the funding available to community health centers in all 50 states, including the 138 existing community health centers in Arizona. Health centers in Arizona have received \$41.9 million to create new health center sites in medically underserved areas, enable health centers to increase the number of patients served, expand preventive and primary health care services, and/or support major construction and renovation projects.

### *Strengthening partnerships with Arizona*

The law gives states support for their work to build the health care workforce, crack down on fraud, and support public health. So far, Arizona has received more than \$110.9 million from the Affordable Care Act. Examples of Affordable Care Act grants not outlined above to Arizona include:

- **\$100,000 to support the National Health Service Corps**, by assisting Arizona in repaying educational loans of health care professionals in return for their practice in health professional shortage areas.
- **\$6 million for health professions workforce demonstration projects**, which will help low income individuals receive training and enter health care professions that face shortages.
- **\$2 million for school-based health centers**, to help clinics expand and provide more health care services such as screenings to students.
- **\$530,000 to support outreach to eligible Medicare beneficiaries** about their benefits.
- **\$500,000 to support Aging and Disability Resource Centers (ADRCs)**. ADRCs help seniors, people with disabilities, and their families understand and evaluate their long-term care options, including those available in their community.
- **\$95,000 for Family-to-Family Health Information Centers**, organizations run by and for families with children with special health care needs.
- **\$1.3 million to support the Personal Responsibility Education Program**, to educate youth on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS.
- **\$14.7 million for Maternal, Infant, and Early Childhood Home Visiting Programs**. These programs bring health professionals to meet with at - risk families in their homes and connect families to the kinds of help that can make a real difference in a child's health, development, and ability to learn - such as health care, early education, parenting skills, child abuse prevention, and nutrition.