



RESOURCES – AFFORDABLE CARE ACT

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The Affordable Care Act Helps Americans with Disabilities

For too long, too many hard working Americans paid the price for policies that handed free rein to insurance companies and put barriers between patients and their doctors. The Affordable Care Act gives hard-working families the security they deserve. The new health care law forces insurance companies to play by the rules, prohibiting them from dropping your coverage if you get sick, billing you into bankruptcy because of an annual or lifetime limit, or, soon, discriminating against anyone with a pre-existing condition. And it includes substantial new benefits for Americans living with disabilities.

If you're living with a disability, private health insurance may be hard to come by. Even if you can afford to buy it, it probably doesn't cover all of your needs. Worrying about where to get coverage and the cost of your care is the last thing you want to do. Under the new health care law when fully implemented, 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 or being rated up or denied coverage altogether due to a disability. People with disabilities will have new options for long term services and supports, particularly those that are home- or community-based. And, now, insurance companies 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 by:

Creating New Coverage Options and Ending Discrimination for People with Pre-existing Conditions

Under the new law, insurance companies are already banned from denying coverage to children because of a pre-existing condition. Today, the Pre-Existing Condition Insurance Plan in every State offers an option to people who have been locked out of the insurance market because of a pre-existing condition, including a disability. Already, 50,000 Americans who were uninsured due to a pre-existing condition have accessed affordable coverage through the Pre-Existing Condition Insurance Plan. When the law is fully implemented, insurance companies will no longer be able to deny coverage to any American due to pre-existing conditions, such as a disability.

Removing Limits on Health Benefits

The law bans insurance companies from imposing lifetime dollar limits on health benefits –freeing people living with disabilities from having to worry about going without treatment because of their lifetime limits. Already, 105 million Americans, including more than 39.5 million women, are free from worrying about lifetime limits on coverage thanks to the new health care law. The new law also restricts the use of annual limits and bans them completely in 2014.

Decreasing Costs and Increasing Coverage

Starting in 2014, Affordable Insurance Exchanges will be one-stop marketplaces where consumers can choose a private health insurance plan that fits their health needs. They will offer the same kinds of insurance choices members of Congress have. The new law also provides middle-class tax credits to families to help pay for private health insurance. And it expands the Medicaid program to families of four with incomes of up to \$29,000. State Medicaid programs will also be able to offer additional services to help those who need long-term care at home and in the community.

Navigating Health and Long-term Care Options

With funding from the Affordable Care Act, Aging and Disability Resource Centers (ARDCs) have expanded their reach into more communities across the country, and community-based health and long-term care options counseling programs have increased to help people better understand the full range of services and supports available in their community. ARDCs support States in the development “one-stop shop” entry points into long-term care at the community level. The Affordable Care Act provides \$50 million over five years for ARDCs.

Helping People Remain at Home

Through the Affordable Care Act’s Balancing Incentive Program, up to \$3 billion in Federal Medicaid grant funding is available to support States’ efforts to help keep people out of institutions and to help them live productive lives in their communities. The Affordable Care Act also extended the Money Follows the Person program to support State efforts to transition individuals from institutional living back to the community. In addition, the Affordable Care Act is supporting efforts in 15 states to develop better ways to coordinate care for people with Medicare and Medicaid coverage, also known as dual eligibles, who often have complex health care needs. And the new Community First Choice Option allows states to offer home and community based services to disabled people through Medicaid rather than institutional care in nursing homes.

Decreases Costs for People with Medicare

Under the new law, people with Medicare can receive recommended preventive services such as flu shots, diabetes screenings, as well as a new Annual Wellness Visit, free of charge. So far, more than 32.5 million people have already received one or more free preventive services, including the new Annual Wellness Visit. The new law also provides relief for people in the Medicare prescription drug coverage gap or donut hole – the ones with the highest prescription drug costs. As a first step, in 2010, nearly four million people in the donut hole received a \$250 check to help with their costs. In 2011, 3.6 million people with Medicare

received a 50 percent discount worth a total of \$2.1 billion, or an average of \$604 per person, on their brand name prescription drugs when they hit the donut hole. People with Medicare will see additional savings on covered brand-name and generic drugs while in the coverage gap until the gap is closed in 2020.

Improving Care Coordination and Quality

Through the newly established InnovationCenter, the Obama Administration is testing and supporting innovative new health care models that can reduce costs and strengthen the quality of health care. So far, it has introduced 16 initiatives involving over 50,000 health care providers that will touch the lives of Medicare and Medicaid beneficiaries in all 50 states. Many doctors, hospitals, and other providers are taking advantage of new options to help them work better as teams to provide you the highest quality care possible. They are working to get you the care you need at the time you need it.

Covering Preventive Services with No Deductible or Co-pay

Under the new health care law, all Americans joining a new health care plan must be able to receive recommended preventive services, such as blood pressure or cancer screenings, with no out-of-pocket costs such as co-pays or deductibles. Already, 54 million Americans now have coverage for preventive services without additional cost sharing.

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.

Scrutinizing Unreasonable Premium Increases

In every State and for the first time ever, insurance companies are required to publicly justify their actions if they want to raise rates by 10 percent or more. And

an increasing number of States have more power to block unreasonable premium increases from taking effect.

Increasing Access to Community Health Centers

The Affordable Care Act increases the funding available to the more than 1,100 community health centers in all fifty states to enable them to double the number of patients they served from 19 million to nearly 40 million by 2015. Health centers have received funding to create new health center sites in medically underserved areas, to enable health centers to increase the number of patients served, to expand preventive and primary health care services, and to support major construction and renovation projects.