

EXECUTIVE SUMMARY

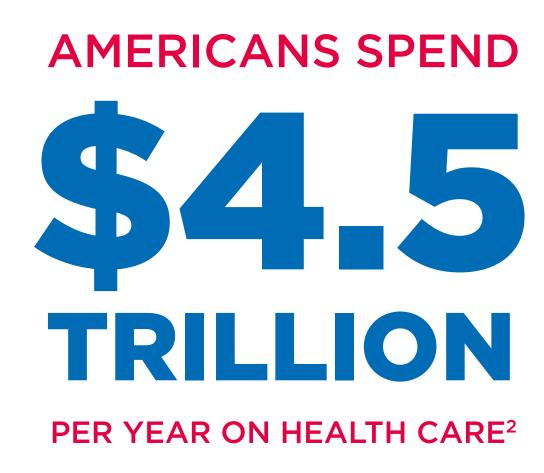
The ACA is known for helping over 20 million uninsured Americans obtain health insurance.1

But what about Americans who get their healthcare differently? What does the ACA mean for them? The ACA has reduced costs for small businesses, increased worker productivity and mobility, and invested in preventative care that will reduce the long-term cost of chronic conditions like diabetes and heart disease.

Health care is a complicated business, but the market forces capable of controlling health care costs are simple: information, competition, and incentives. To put information, competition, and incentives to work, a health care system must 1) cover pre-existing conditions, 2) require Americans to buy insurance, and 3) subsidize the cost for lower income families struggling to pay for insurance. Health care experts call this the "three-legged stool" of health care reform. If you eliminate any of the three legs, reform "tips over."

Instead of replacing the ACA, proponents of repeal are attacking each leg of the stool: They have eliminated the insurance mandate, threatened subsidies, and sued to get rid of protection for pre-existing conditions.

HEALTH CARE BASICS









PERFORM 51,000,000 PROCEDURES PER YEAR AT 6,120 HOSPITALS **MANAGING 917,000 BEDS⁴**

WE HAVE A PLAN TO FIX HEALTH CARE. IT'S CALLED THE AFFORDABLE CARE ACT (ACA), AND IT'S WORKING.

Over 20 million more Americans have health insurance, cost inflation slowed, and today's new investments in preventive care should reduce long-term spending on chronic conditions like diabetes and heart disease. An additional 21 million Americans enrolled in Medicaid after the ACA expanded coverage.⁵

One measure of the ACA's success is the number of bipartisan proposals to protect it, improve it, and build upon it. Bipartisan groups of governors and Members of Congress have offered common sense enhancements, including the Bipartisan Governors Fix, proposals from the bipartisan Problem Solvers caucus, and a series of proposals from the Bipartisan Policy Center.⁶

Healthcare is a vital issue for all Americans because of its importance to the workforce and families. It is imperative Congress and the executive branch have a balanced approach for better reforming healthcare.

- WILLIAM SMITH

COMPLIANCE CONSULTANT, MTA SMALL

BUSINESS DEVELOPMENT PROGRAM,

NEW YORK, NY

The ACA "is a solid foundation on which to build and was working for many Americans, including myself, my spouse, and my child. The time and resources invested should not be thrown out because of partisan politics!

- KAREN GAUTHIER
PRESIDENT, CREATEO4, LLC,
RICHMOND, VA

The Affordable Care Act takes us in the right direction.
What we need next is to work on lowering the cost of health care.
We do not want to jettison the Affordable Care Act.

- CHRISTOPHER MEYER
PRINCIPAL, ASIA GLOBAL,
ORANGE COUNTY, CA

HOW THE ACA HELPS AMERICANS WHO ALREADY HAVE INSURANCE

Controlling systemwide costs lowers private insurance premiums, too.

As more Americans are covered, more unnecessary procedures are avoided. As preventive care reduces the cost of chronic conditions, overall health care costs will fall, insurance premiums will fall, and our economic growth will accelerate.⁷

The ACA reduces premiums - and risk - for small businesses.

Without the ACA, small businesses pay more for health care than large companies (18% more, on average), because they have less bargaining power.⁸ The ACA offers small business coverage at more competitive rates. Also, a small business's insurance premiums can rise dramatically if one of its employees (or family member) suffers an expensive illness or has a serious accident, because the increased risk/cost is spread across the company's employees. With the ACA, the small business's risk is shared across the system, not just the company.

We're a small company that could not possibly afford to offer healthcare without the ACA, especially pre-existing condition coverage.

- **SKI MILBURN**CEO, VAIREX AIR SYSTEMS,
GOLDEN, CO

It's important that employees are able to move coverage from employer to another and be covered for a pre-existing condition.

Depressed employees do not perform well when they are anxious about their treatment choices and cost of care.

This affects the whole country's productivity.

- MUNTAHA HADDAD

DIRECTOR, NASAA INC.,
CHARLES TOWN, WV

The ACA reduces "job lock."

Health care costs – and pre-existing conditions, in particular – discourage workers from switching jobs, forsaking higher salaries (which hurts their families). Health care concerns also discourage workers from leaving jobs to start their own businesses. This hurts our entire economy, because new businesses are the largest driver of job growth.

Healthier workers perform better today and avoid costs tomorrow.

Workers with health insurance are more productive because they get sick less often and face less stress. Preventive care helps them avoid or mitigate chronic conditions, like diabetes and heart disease.

We are a small business with less than 12 employees. Prior to the ACA, 30% of our employees experienced delays and denials due to pre-existing conditions. Also, prior to the ACA, there was only one plan that we could afford to offer our employees. After the ACA, we have had 2-3 plan options to consider in offering employee coverage.

- JAMES RATCLIFF CEO, ROWPAR PHARMACEUTICALS, SCOTTSDALE, AZ

WHY THE ACA WORKS: MARKET FORCES AND "THE THREE LEGGED STOOL"

The ACA, like the Republican health care proposals on which it is based, uses market forces to control costs and extend coverage: It 1) increases competition among insurers and providers; 2) gives consumers more (and clearer) choices; 3) changes how we pay for care to avoid unnecessary procedures; and 4) reduces long-term costs of conditions like heart disease and diabetes by providing preventive care.

But market forces will not work if incentives for insurers, providers, and patients are not aligned properly. To expand coverage and control costs, we must simultaneously 1) cover pre-existing conditions, 2) require Americans to buy insurance, and 3) subsidize insurance for those who cannot afford the full cost. Without protection for pre-existing conditions, insurers can reject high cost families, which hurts those families. Without the mandate, people can wait until they get sick to buy insurance, which hurts insurers. And, without subsidies, low-income families cannot afford the mandate. Experts call this the "three-legged stool" of health care. Cut just one leg, and the stool wobbles.

Alternatives to the ACA are likely to fail because they eliminate or distort the market forces that drive health care prices.

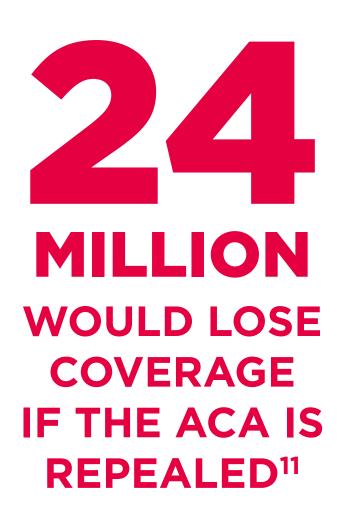
"If you want private insurers to cover people with pre-existing conditions, you have to ban discrimination based on medical history. But that in itself isn't enough, because if policies cost the same for everyone, those who sign up will be sicker than those who don't, creating a bad risk pool and forcing high premiums... [the ACA provided] incentives to get healthy people to sign up, too. On one side there was a penalty for not having insurance (the individual mandate). On the other, there were subsidies designed to limit health expenses as a share of income."

- PAUL KRUGMAN

POTENTIAL RISK OF REPEAL AND REPLACE

Like Congresses before them, the 118th Congress has discovered there's no workable substitute for the three-legged stool. Simply transferring decision making from Washington to state capitals cannot produce the market forces necessary to reduce costs and expand coverage.

The potential result? Repealing the ACA without a plan that includes the same key reforms would cause 24 million people to lose coverage, double premiums in the individual market, and cause the individual market to collapse.¹⁰



"[Critics] can't come up with an alternative to the Affordable Care Act because no such alternative exists. In particular, if you want to preserve protection for people with pre-existing conditions — the health issue that matters most to voters, including half of Republicans — Obamacare is the most conservative policy that can do that..."

- PAUL KRUGMAN

NOBEL PRIZE-WINNING
ECONOMIST¹²

ENDNOTES

- **1. 20 million Americans:** Jennifer Sullivan, Allison Orris, and Gideon Lukens, "Entering Their Second Decade: Affordable Care Act Coverage Expansions Have Helped." Center on Budget and Policy Priorities. October 2024. https://www.cbpp.org/research/health/entering-their-second-decade-af-fordable-care-act-coverage-expansions-have-helped.
- **2. \$4.5T on healthcare:** Centers for Medicare & Medicaid Services, "National Health Expenditure Data." Centers for Medicare & Medicaid Services. October 2024. https://www.cms.gov/data-re-search/statistics-trends-and-reports/national-health-expenditure-data/historical.
- **3.** Healthcare workers: Bureau of Labor Statistics, "Healthcare Occupations in 2022." Bureau of Labor Statistics. September 2023. https://www.bls.gov/spotlight/2023/healthcare-occupations-in-2022.
- **4. Doctors:** Aaron Young et al., "FSMB Census of Licensed Physicians in the United States." Federation of State Medical Boards. February 2024. https://meridian.allenpress.com/jmr/article/109/2/13/494447/FSMB-Census-of-Licensed-Physicians-in-the-United. **Nurses:** Bureau of Labor Statistics, "Occupational Employment and Wages: Physicians." Bureau of Labor Statistics. May 2020. https://www.bls.gov/oes/2020/may/oes291141.htm. **Procedures:** Centers for Disease Control and Prevention. October 2024. https://www.cdc.gov/nchs/fastats/inpatient-surgery.htm. **Hospitals, beds:** American Hospital Association. October 2024. https://www.aha.org/statistics/fast-facts-us-hospitals.
- **5. 20 million more:** Jennifer Sullivan, Allison Orris, and Gideon Lukens, "Entering Their Second Decade: Affordable Care Act Coverage Expansions Have Helped." Center on Budget and Policy Priorities. October 2024. https://www.cbpp.org/research/health/entering-their-second-decade-af-fordable-care-act-coverage-expansions-have-helped. **Additional 21 million:** Kaiser Family Foundation, "Medicaid Expansion Enrollment." Kaiser Family Foundation. October 2024. <a href="https://kff.org/affordable-care-act/state-indicator/medicaid-expansion-enrollment/?currentTimeframe=0&sort-Model=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D.
- **6. Bipartisan Governors Fix**: Colorado Public Radio, "The Hickenlooper-Kasich Health Blueprint is Out: Here Are Their Recommendations." Colorado Public Radio. August 2017. https://www.cpr.org/2017/08/31/the-hickenlooper-kasich-health-blueprint-is-out-here-are-their-recommendations. Committee for a Responsible Federal Budget, "Problem Solvers Caucus Finds Bipartisan Compromise on Health Care." Committee for a Responsible Federal Budget. October 2024. https://www.crfb.org/blogs/problem-solvers-caucus-finds-bipartisan-compromise-health-care. Bipartisan Policy Center. October 2024. https://bipartisanpolicy.org/the-future-of-health-care/.

- 7. Long-term cost reductions: Kaiser Family Foundation, "How Much More Would People Pay in Premiums If the ACA's Enhanced Subsidies Expired?" Kaiser Family Foundation. October 2024. https://www.kff.org/interactive/how-much-more-would-people-pay-in-premiums-if-the-acas-enhanced-subsidies-expired/. Loren Adler and Paul B. Ginsburg, "Obamacare Premiums Lower Than You Think." Health Affairs. October 2024. https://www.healthaffairs.org/content/forefront/obamacare-premiums-lower-than-you-think.
- **8. Small business premiums:** Small Business Majority, "Small Businesses See Significant Gains Under ACA." Small Business Majority. October 2024. https://smallbusinessmajority.org/our-research/healthcare/small-businesses-see-significant-gains-aca. National Conference of State Legislatures. September 2016. https://www.ncsl.org:80/research/health/small-business-health-insurance.aspx-#SHOP-2016.
- **9.** Paul Krugman, "Healthcare Bankrupt." The New York Times. September 2018. https://www.nytimes.com/2018/09/03/opinion/midterms-healthcare-bankrupt.html.
- **10. 24 million:** John Holahan, "How Undoing the ACA Would Affect Health Care." The Commonwealth Fund. September 2024. https://www.commonwealthfund.org/publications/explainer/2024/sep/how-undoing-aca-would-affect-health-care. Urban Institute, "Implications of Partial Repeal of ACA Through Reconciliation." Urban Institute. September 2024. https://www.urban.org/research/publication/implications-partial-repeal-aca-through-reconciliation.

11. Ibid.

12. Paul Krugman, "Healthcare Bankrupt." The New York Times. September 2018. https://www.nytimes.com/2018/09/03/opinion/midterms-healthcare-bankrupt.html.

