

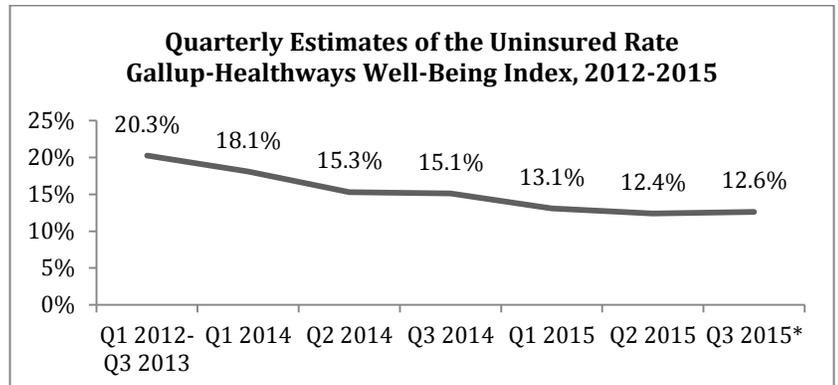


### HEALTH INSURANCE COVERAGE AND THE AFFORDABLE CARE ACT

September 22, 2015

In March 2015, ASPE estimated that 16.4 million uninsured people had gained health insurance coverage as several of the Affordable Care Act's coverage provisions took effect. Using updated data, ASPE now estimates that 17.6 million uninsured people have gained health insurance coverage. Coverage gains refer to different sources of coverage, including Medicaid, the Health Insurance Marketplace, and individual market coverage; therefore, gains are not limited to Marketplace-eligible individuals.

- 15.3 million adults gained health insurance coverage since the beginning of open enrollment in October 2013 through September 12, 2015. Over that period, the uninsured rate declined from 20.3 percent to 12.6 percent — a 38 percent (or 7.7 percentage point) reduction in the uninsured rate.
- 2.3 million additional young adults (aged 19-25) gained health insurance coverage between the enactment of the Affordable Care Act in 2010 and the start of open enrollment in October 2013 due to the ACA provision allowing young adults to remain on a parent's plan until age 26.



	Q1 2014	Q3 2014	Q1 2015	Q3 2015*
<b>Number gained coverage since baseline (Q1 2012-Q3 2013)</b>	4.3 million	10.3 million	14.3 million	15.3 million

\*Data are through 9/12/2015.

Source: Office of the Assistant Secretary for Planning and Evaluation (ASPE) analysis of Gallup-Healthways Well-Being Index survey data through 9/12/15. The baseline period is from Q1 2012 to Q3 2013. All models use nationally-representative survey weights and adjust for age, sex, race, ethnicity, employment, state of residence, marital status, rural location, and a linear time trend in order to control for changes in the economy, population composition, and non-policy factors affecting health insurance coverage. Models do not adjust for income due to changes in Gallup methodology beginning on June 1, 2015. Historical estimates have been updated to reflect the new methodology and differ from those in ASPE's analysis from March 2015 (<http://aspe.hhs.gov/health-insurance-coverage-and-affordable-care-act-aspe-issue-brief-march-2015>). See technical notes for additional details.

### Uninsured Rates by Race and Ethnicity

The uninsured rate declined across all race/ethnicity categories since the baseline period. There were greater declines in the uninsured rate among African Americans and Hispanics than among Whites.

- Among Whites, the uninsured rate declined by 6.0 percentage points, from a baseline uninsured rate of 14.3 percent to 8.3 percent, resulting in 7.4 million adults gaining coverage.
- Among African Americans, the uninsured rate declined by 10.3 percentage points, from a baseline uninsured rate of 22.4 percent to 12.1 percent, resulting in 2.6 million adults gaining coverage.
- Among Hispanics, the uninsured rate declined by 11.5 percentage points, from a baseline uninsured rate of 41.8 percent to 30.3 percent, resulting in about 4.0 million adults gaining coverage.

	Baseline Uninsured Rate	Q1 2014	Q3 2014	Q1 2015	Q3 2015*	Uninsured Rate in Q3 2015*	Number Gained Coverage Since Baseline
		Change in Percentage Points from Baseline Trend					
<b>Whites</b>	14.3	-1.5	-4.8	-5.7	-6.0	8.3	7.4 million
<b>African Americans</b>	22.4	-3.8	-6.6	-9.8	-10.3	12.1	2.6 million
<b>Hispanics</b>	41.8	-3.4	-5.4	-10.5	-11.5	30.3	4.0 million

\*Data are through 9/12/2015.

Source: Office of the Assistant Secretary for Planning and Evaluation (ASPE) analysis of Gallup-Healthways Well-Being Index survey data through 9/12/15. The baseline period is from Q1 2012 to Q3 2013. All models use nationally-representative survey weights and adjust for age, sex, race, ethnicity, employment, state of residence, marital status, rural location, and a linear time trend in order to control for changes in the economy, population composition, and non-policy factors affecting health insurance coverage. Models do not adjust for income due to changes in Gallup methodology beginning on June 1, 2015. Historical estimates have been updated to reflect the new methodology and differ from those in ASPE's analysis from March 2015 (<http://aspe.hhs.gov/health-insurance-coverage-and-affordable-care-act-aspe-issue-brief-march-2015>). See technical notes for additional details.

### Uninsured Rates by State Medicaid Expansion Status

Health insurance coverage gains continued to be especially strong in Medicaid expansion states.

- **Expansion states** experienced a decline in their uninsured rate of 8.1 percentage points, from an average baseline rate of 18.2 percent to 10.1 percent.
- **Non-expansion states** experienced a decline in their uninsured rate of 7.3 percentage points, from an average baseline rate of 23.4 percent to 16.1 percent.

	Baseline Uninsured Rate	Q1 2014	Q3 2014	Q1 2015	Q3 2015*	Uninsured Rate in Q3 2015*
		Change in Percentage Points from Baseline Trend				
<b>Expansion</b>	18.2	-2.5	-6.0	-7.5	-8.1	10.1
<b>Non-expansion</b>	23.4	-2.0	-4.2	-7.0	-7.3	16.1

\*Data are through 9/12/2015.

Source: Office of the Assistant Secretary for Planning and Evaluation (ASPE) analysis of Gallup-Healthways Well-Being Index survey data through 9/12/15. The baseline period is from Q1 2012 to Q3 2013. All models use nationally-representative survey weights and adjust for age, sex, race, ethnicity, employment, state of residence, marital status, rural location, and a linear time trend in order to control for changes in the economy, population composition, and non-policy factors affecting health insurance coverage. Models do not adjust for income due to changes in Gallup methodology beginning on June 1, 2015. Historical estimates have been updated to reflect the new methodology and differ from those in ASPE's analysis from March 2015 (<http://aspe.hhs.gov/health-insurance-coverage-and-affordable-care-act-aspe-issue-brief-march-2015>). See technical notes for additional details. Medicaid expansion states include AZ, AR, CA, CO, CT, DE, DC, HI, IL, IN, IA, KY, MD, MA, MI, MN, NV, NH, NJ, NM, NY, ND, OH, OR, PA, RI, VT, WA, and WV.

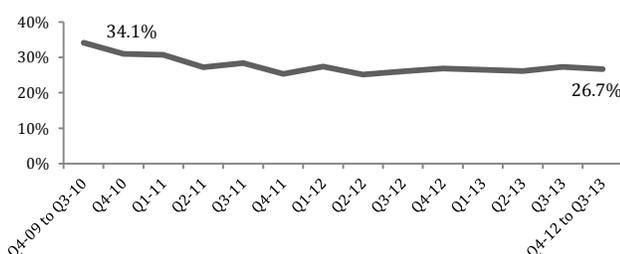
### Uninsured Rates for Young Adults

**Young Adults:** Coverage gains for young adults aged 19-25 started in 2010 with the ACA's provision enabling them to stay on their parents' plans until age 26. From the baseline period through the start of open enrollment in October 2013, the uninsured rate for young adults declined from 34.1 percent to 26.7 percent, which translates to 2.3 million young adults gaining coverage.\*

- Since October 2013, an additional 3.2 million young adults aged 19-25 gained coverage.\*\*
- In total, an estimated 5.5 million young adults gained coverage from 2010 through September 12, 2015, which is statistically unchanged from March 4, 2015.

\*Source: National Health Interview Survey; see technical notes for methods

Quarterly estimates of the Uninsured Rate among young adults aged 19-25  
NHIS, 2009-2013



\*\* Source: Office of the Assistant Secretary for Planning and Evaluation (ASPE) analysis of Gallup-Healthways Well-Being Index survey data through 9/12/15. The baseline period is from Q1 2012 to Q3 2013. All models use nationally-representative survey weights and adjust for age, sex, race, ethnicity, employment, state of residence, marital status, rural location, and a linear time trend in order to control for changes in the economy, population composition, and non-policy factors affecting health insurance coverage. Models do not adjust for income due to changes in Gallup methodology beginning on June 1, 2015. Historical estimates have been updated to reflect the new methodology and differ from those in ASPE's analysis from March 2015 (<http://aspe.hhs.gov/health-insurance-coverage-and-affordable-care-act-aspe-issue-brief-march-2015>). See technical notes for additional details.

### Uninsured Rates by Gender

The uninsured rate declined for both males and females since the baseline period. There was a greater decline in the uninsured rate among females than among males.

- Males experienced a decline in their uninsured rate of 7.3 percentage points, from an average baseline rate of 21.8 percent to 14.5 percent, resulting in 7.3 million adult males gaining coverage.
- Females experienced a decline in their uninsured rate of 8.1 percentage points, from an average baseline rate of 18.9 percent to 10.8 percent, resulting in nearly 8.2 million adult women gaining coverage.

	Baseline Uninsured Rate	Q1 2014	Q3 2014	Q1 2015	Q3 2015	Uninsured Rate in Q3 2015*	Number Gained Coverage Since Baseline
		Change in Percentage Points from Baseline Trend					
<b>Male</b>	21.8	-2.1	-5.4	-6.8	-7.3	14.5	7.3 million
<b>Female</b>	18.9	-2.4	-5.1	-7.7	-8.1	10.8	8.2 million

Source: Office of the Assistant Secretary for Planning and Evaluation (ASPE) analysis of Gallup-Healthways Well-Being Index survey data through 9/12/15. The baseline period is from Q1 2012 to Q3 2013. All models use nationally-representative survey weights and adjust for age, sex, race, ethnicity, employment, state of residence, marital status, rural location, and a linear time trend in order to control for changes in the economy, population composition, and non-policy factors affecting health insurance coverage. Models do not adjust for income due to changes in Gallup methodology beginning on June 1, 2015. Historical estimates have been updated to reflect the new methodology and differ from those in ASPE's analysis from March 2015 (<http://aspe.hhs.gov/health-insurance-coverage-and-affordable-care-act-aspe-issue-brief-march-2015>). See technical notes for additional details.

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**HHS Secretary Sylvia Mathews Burwell**

**Access, Affordability, Quality: Progress with the ACA**

**Howard University College of Medicine**

**Washington, D.C.**

**September 22, 2015**

*“Overall, this Open Enrollment is going to be tougher than last year. But while our goals may be harder to reach, we’re working smarter to reach them. We know Americans are depending on us and we’re doing everything we can to help them find the coverage they need.”*

*AS PREPARED FOR DELIVERY*

## **INTRODUCTION**

Thank you, Dr. [Wayne] Frederick.

It’s an honor to be here today on your beautiful and historic campus. Howard University College of Medicine has been a great partner to us and part of our efforts to bring health care to more Americans of all backgrounds. I want to thank you for that, and for having me here.

When I took this job a little over a year ago, it was because I wanted to help shape the future of health in our nation. And as I look around this room, I see the faces of that future. In your lifetimes, you will shape, not just the health of patients you serve, but also our nation’s health care system.

That’s a challenge that is especially suited to graduates of Howard, because, since its founding, the core of this university’s mission has been creating health professionals who are more than doctors and nurses, but leaders in the community as well. You will be the leaders who will work to serve the underserved, heal communities, and bridge the chasms that have kept health equity out of reach for so many.

Fifty years ago, President Johnson stood on these grounds and said, *“It is not enough just to open the gates of opportunity. All our citizens must have the ability to walk through those gates.”*

With the progress of the last half century, many have been able to cross that threshold. But as you all know, many have fallen into the quicksand of poverty, racism, and injustice before they ever reached those gates. When it comes to health disparities and health equity, problems that especially impact the African-American community, we have more work to do.

All of you—whether you are studying to be a doctor or other health professional... whether you are working to discover tomorrow’s cures and medicines... or guiding young minds through their education—you are here because you are optimists. You believe in healing; you believe in helping your neighbors and your community; and you believe that we can make our health system better.

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And that's why I am here as well.

With the Affordable Care Act, we've made strong progress. But we still have work to do to get more people covered, improve quality and value, and put individuals in the center of their care. Today, I want to talk to you about building on the progress we've made and specifically about our upcoming Open Enrollment.

**ASKED AND ANSWERED**

When I took over as Secretary, there were a number of questions surrounding the Affordable Care Act.

I've always said we welcome conversations around how we can make this law work better. But I believe that this discussion has to focus on substance. So that's what I want to do today.

People questioned whether the ACA could really make a difference in the number of uninsured. Five years in, millions of people have new coverage and the annual uninsured rate has been reduced to its lowest levels on record.

Some asked whether the Marketplace would deliver a strong consumer experience and if people would be satisfied with their purchases. They got an answer: The Marketplace offered a product that millions of consumers wanted. Studies have shown that Marketplace customers, those who were new in 2014 and those who renewed, liked their plans.

They wondered whether the courts would decide against the subsidies that millions of Americans rely on. They got their answer in June. Key provisions of the ACA have twice been ratified by the highest court, and citizens in every state know they can rely on the security and peace of mind that comes with affordable, quality coverage.

There were the folks who predicted the law would severely damage the economy. But instead, the private sector has actually added 13.1 million jobs over 66 straight months of job growth. Our unemployment rate is at its lowest level since April of 2008. And we have not seen the creation of a "part-time economy."

The disasters that some predicted have not happened.

Instead, we're seeing the law doing what it was meant to do: deliver access, affordability and quality. It's helping millions find affordable insurance and ensuring that—no matter where we buy it—we can all rely on quality coverage when we need it most.

We must never stop improving, and we want to work with our partners in Congress to strengthen our system and bring more affordable choices to the American people. But these conversations cannot start by repealing the law and rolling back the progress we've already made.

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The ACA is making health care better for millions of Americans. We need to build it up, not tear it down.

### **ACCESS TO AFFORDABLE, QUALITY CARE**

When we look at the evidence, the Affordable Care Act is delivering on access, affordability and quality:

According to a study we are releasing today, as the ACA's coverage provisions took effect, an estimated 17.6 million Americans have gained coverage. And this progress has been even bigger for people of color: The uninsured rate among African-American adults has declined by more than 10 percentage points, compared to about 7.7 for the total population.

Millions of Americans—working families, young adults, children and veterans—can rest a little easier knowing they don't have to put off a doctor visit so they can keep the heat on. ... Or use the Emergency Room as a primary care doctor.

The law is also helping to make care more affordable, both for families and for taxpayers. A recent Commonwealth Fund study found that in 2014, fewer Americans had problems paying medical bills or medical debt than in previous years.

Underlying growth in health costs remains low, even as millions gain coverage and access care.

And Medicare spending was \$316 billion less over the 2009-2013 period than would have occurred if previous growth rates had continued.

The ACA is about more than the Marketplace. People are beginning to understand that the ACA is improving their care no matter where they buy their insurance. With new protections and required benefits, like preventive services at no extra cost, it's improved the quality of coverage for all Americans.

For young people, like many of you, that means you can stay on your parent's plan until you're 26. That's a big deal when you are in school or starting that entry level job.

And when we look at the health disparities that still persist, new plan requirements like preventive services at no extra cost can help bridge that gap.

As many of you know, people of color, and especially the black community, struggle with higher rates of major cancers and some chronic illnesses like diabetes and high blood pressure. In fact, African-Americans still have the shortest life expectancy of any race. African-American women are 40 percent more likely to die from breast cancer—even though they are 10 percent less likely to be diagnosed with it. Getting regular checkups can impact these inequities.

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Keena Hicks reached out to my office to tell me about her struggle. As a home health aide, she helps care for two seniors but she couldn't afford the \$40 charge to see her own doctor. She had to ask herself, is getting a checkup worth skipping a utility bill? And the answer was usually "no."

But after the law was passed, Keena was finally able to get the screenings she needed. That's when she learned she had fibroid tumors and precancerous cells and would need a hysterectomy. That routine checkup may have saved her life.

Access to preventive services like cancer screenings, vaccinations, and annual checkups help keep people healthy before they get sick. And other new protections are making just as big an impact.

It's hard to believe that just five years ago, if you were diagnosed with cancer, or were in an accident, you had to worry about your coverage hitting an annual or lifetime limit. And when it was all over you could be priced out of the market or even denied coverage all together.

But today, we are all protected, thanks to the Affordable Care Act.

Finally, this law has given us tools to transform our health care system into one that serves patients better. It provides new ways to create a system that focuses on quality care. That way, when many of you enter the medical field, you can practice in a way that is focused on patients and relationships, not the number of tests you order. It's helping us build a system that delivers better care, smarter spending, and healthier individuals, who are in the center of their care.

These are all big steps forward and we have the ACA to thank for them.

### **OPEN ENROLLMENT**

The questions that surrounded this law a year ago have been answered, and now we have a new opportunity in front of us: building on this progress.

We are just a few weeks away from the next Open Enrollment, which is a chance to do just that.

We have three main goals this year: improve the consumer experience, retain our current customers, and increase new enrollment. Current Marketplace customers express satisfaction with their coverage and we expect most to come back. And we believe we can continue to connect people with the coverage they need and bring the number of uninsured down.

Within those goals are opportunities and challenges, and I want to share those with you now.

At the end of the year, we expect 9.1 million individuals will have active coverage through the Marketplace. We want those people to come back, update their information, and shop for the best plan for them before the December 15<sup>th</sup> deadline for January coverage.

Those who are still uninsured are going to be a bigger challenge.

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Our progress is partly to blame. With our economy improving, more people can get coverage under employer plans. And as we have reduced the rate of the uninsured, there are fewer potential Marketplace customers out there. Based on our most recent analysis, about 10.5 million uninsured Americans are eligible for the Marketplace today. Our research tells us that they will be harder to reach.

The uninsured are younger. Almost half of those who qualify for Marketplace plans are between the ages of 18 and 34—which means they might not think they need insurance—though that’s a group that, I am sure, excludes present company.

Many come from underserved communities. Almost 40 percent of the uninsured who qualify for Marketplace plans are living between 139 and 250 percent of the poverty level—which is about 30 to 60 thousand dollars for a family of four. More than a third are people of color: About 19 percent are Hispanic, 14 percent are African-American, and 2 percent are Asian.

And while we will work across the country, we know for example that all these groups are key components in our top five targeted areas: Dallas, Houston, Northern New Jersey, Chicago, and Miami.

We’ve found that costs are still a big concern— about half of the people who are uninsured have less than \$100 in savings. And people are worried about fitting premiums into their budgets. Almost 60 percent of people who are uninsured are either confused about how the tax credits work or don’t know that they are available.

So we’re focused on educating them about financial assistance that can help make plans more affordable. That’s something you will continue to hear us talking about a lot. Last year, nearly 8 in 10 Marketplace consumers had access to a plan for less than \$100 a month after tax credits.

Our team is also always working to improve the customer experience. For instance, this year, before Open Enrollment even begins, customers will be able to go through and look at what plans are available—with more information than last year—and window shop. We understand people’s interest in which doctors and drugs are in their plans and we are working hard to provide them with the tools they need.

We’re working to further streamline HealthCare.gov so people can get through the process more easily. We’re refining the application and eligibility process so it’s easier for families to figure out what they can afford.

And we’re going to make sure to promote our 24/7 call center and in-person assisters, since we know people often prefer that kind of help with enrollment, especially in communities of color.

There is no doubt that there will be bumps along the way, and things won’t always go as we plan. But we have a process in place—one that’s been tested and refined—in order to deal with those bumps.

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Overall, this Open Enrollment is going to be tougher than last year. But while our goals may be harder to reach, we're working smarter to reach them. We know Americans are depending on us and we're doing everything we can to help them find the coverage they need.

### **CONCLUSION**

As I look at our health care system, I see a future filled with possibilities. We are on the horizon of new technologies and cures. We are forging innovative ways to bring communities together and lift up individuals to help them take control of their own health.

As doctors, nurses, clinicians, and teachers, you all are the heart of our health care system. You will bring lives into this world, you will hold hearts in your hands, you will ease suffering and comfort those who have lost their loved ones. You are the humanity in our system and the voices people trust.

And that's why we need you to continue to be ambassadors to those communities that are still without coverage. We need you to help those newly insured make the jump from being covered to actually using their care. As future caregivers, we need your help educating our neighbors who don't know about the screenings or vaccinations that help end disparities and save lives.

Pulitzer winner and Howard grad, Toni Morrison, said she used to tell her students, "*When you get these jobs that you have been so brilliantly trained for, just remember that your real job is that if you are free, you need to free somebody else. If you have some power, then your job is to empower somebody else.*"

All of us in this room have an important power, and with it an opportunity to empower others. And we know that there can be no power without health. It is the foundation of our lives. It affects our educations, our safety, and our economic opportunities.

Until we know all Americans have a chance to find affordable coverage, quality care, and the tools to make the best decisions for their health, we will struggle as a nation to move forward.

Together, we can empower our nation. Together, we can help everyone enter the gates of opportunity and realize the health equity all Americans deserve.

Now I'd like to bring up to the stage one of those future leaders I've been talking about, Jamie Merkison. As some of you know, Ms. Merkison is a medical student here, having received her B.S. last year, graduating Summa Cum Laude. She's a wonderful representative of this university, and I'm going to answer some of your questions.

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