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Benefits of the Health Care Reform Law in the 2nd Congressional District of South Carolina

Committee on Energy and Commerce

Democratic Staff Report

This year, the landmark new health insurance marketplaces established by the Affordable Care Act (ACA) started operation, and for the first time tens of millions of Americans became eligible to sign up for quality, affordable coverage through private plans or Medicaid. With the law now fully in effect, Americans can never again be discriminated against because of a pre-existing condition, women can never be charged more for coverage because of their gender, and Americans will never be sold health insurance policies that disappear when they need coverage most.

To date, more than 8 million Americans have signed up for private coverage through the marketplaces, 6.7 million more Americans have enrolled in Medicaid, more than 3 million young adults gained coverage through their parents' plans, and hundreds of millions of Americans with employer based coverage and Medicare have improved benefits. The number of Americans without health insurance has declined by 25% since 2013.

Since the law was enacted, health care spending increases have slowed significantly, over 9.6 million private sector jobs have been created, and the federal deficit has declined by more than $1 trillion.

This fact sheet summarizes new data on the significant benefits of the health care reform law in Rep. Wilson's district. As a result of the law:

- There are **7,900 individuals** in the district who were previously uninsured but now have quality, affordable health coverage because of the Affordable Care Act.[1] Overall, the number of uninsured district residents has declined by **9%.**

- **13,100 individuals** in the district purchased quality, affordable coverage through the new health insurance marketplace and **6,800 young adults** were able to retain coverage through their parents' plans. For **87%** of individuals enrolled in the health insurance marketplace, financial assistance reduced the cost of the average plan to **$84 per month**.

- **20,000 individuals** in the district who would otherwise be covered remain uninsured because the state has refused to expand Medicaid.

- **270,000 individuals** in the district **–** including **61,000 children** and **114,000 women –** now have health insurance that covers preventive services without any co-pays, coinsurance, or deductible.

- **41,100 seniors** in the district received Medicare Part D prescription drug discounts worth **$9.9 million**.

[1] Assumes 60% of marketplace and Medicaid enrollees were previously uninsured based on Kaiser Family Foundation and Commonwealth Fund Survey data.

- **101,000 seniors** in the district are now eligible for Medicare preventive services without paying any co-pays, coinsurance, or deductible.

- **217,000 individuals** in the district are protected by ACA provisions that prevent insurance companies from spending more than 20% of their premiums on profits and administrative overhead. Because of these protections, over **41,100 individuals** in the district received approximately **$6.4 million in insurance company rebates**.

- Up to **38,000 children** in the district with preexisting health conditions can no longer be denied coverage by health insurers.

- **217,000 individuals** in the district now have insurance that cannot place annual or lifetime limits on their coverage.