The Impact of the Affordable Care Act in Philadelphia

Congress is reconsidering the Affordable Care Act. This CHART reviews the impact of this federal legislation on residents of Philadelphia.

There are many elements of the Affordable Care Act (ACA), but the parts having the greatest impact on health care access are:

- expansion of Medicaid,
- the availability of the federal Health Insurance Marketplace (Healthcare.gov) that enables people to purchase health insurance if they are not eligible for Medicaid, Medicare or other programs or are not covered by their employer.

ACA Medicaid Expansion has Provided Health Insurance for an Additional 166,000 Philadelphia Residents

- Since the Medicaid expansion, an estimated minimum of 166,000 additional Philadelphia residents are now enrolled in Medicaid.

(Source: Based on PA DHS Enterprise Data Warehouse data, from December 2016 Monthly Report and January 6, 2017)
As of March 2016, 59,168 Philadelphia residents had obtained health insurance through the federal Health Insurance Marketplace. This includes 21,504 newly-enrolled persons; 21,035 who actively re-enrolled from the previous year; and 16,629 who were automatically re-enrolled from the previous year.

Among 59,168 Philadelphians who purchased insurance through the federal Health Insurance Marketplace, 76% chose a “Silver” health plan and 17% chose a “Bronze” health plan. “Silver” and “Bronze” have lower premiums but higher deductibles and out-of-pocket costs, while “Platinum” and “Gold” plans have the highest premiums and lowest deductibles and out-of-pocket costs.

Over 80% of those enrolling for ACA health insurance in Philadelphia received a federal subsidy to help them pay their insurance premium.

(Source: CMS, Multi-Dimensional Insurance Data Analytics System (MIDAS), 6/15/2016)
The Philadelphians who benefited most from the federal Health Insurance Marketplace were between the ages of 26 and 64.

Adults over 65 are generally eligible for Medicare, and most people below age 26 are eligible for coverage on their parents’ health plans or through the Children’s Health Insurance Program (CHIP).

Among Philadelphia adults enrolled through the federal Health Insurance Marketplace whose race was known, 18,724 were white; 9,519 were Black; and 6,633 were Asian.

(SOURCE: CMS, Multi-Dimensional Insurance Data Analytics System (MIDAS), 6/15/2016)

Fewer People are Avoiding Health Care Because of Cost

After rising from 2000 to 2012, the percent of adults age 18-64 in Philadelphia who avoided getting necessary health care because of the cost dropped sharply in 2014/15, in parallel with the ACA increase in health insurance coverage. This decrease may underestimate the impact of the Affordable Care Act, because the survey took place before Pennsylvania felt the full effect of Medicaid expansion and the federal Health Insurance Marketplace and subsidies.

Conclusions
The Affordable Care Act has provided health insurance coverage to over 220,000 people in Philadelphia through a combination of the Medicaid expansion and the availability of insurance through the Federal Health Insurance Marketplace (Healthcare.gov). Early data indicates that this has led to fewer people forgoing medical care because of the cost. If the Affordable Care Act is repealed without a suitable replacement, these people can be expected to lose their health insurance. People who are uninsured are more likely than those who are insured to not receive preventive care and to go to hospital emergency departments when they develop symptoms of advanced disease. An increase in the number of uninsured people in Philadelphia would likely have adverse health consequence for those people and put financial strains on hospitals and safety-net health care providers.

What Can Be Done
City agencies and nonprofit organizations are:

- Helping people enroll in Medicaid and through Healthcare.gov, the federal Health Insurance Marketplace,
- Providing health care for people who are uninsured.

Health care providers can:
- Explain the consequences of policies that terminate health insurance to their patients and policymakers.

Policy-makers can:
- Advocate for government health care policies that provide health care access to people who are currently uninsured or whose insurance coverage is threatened.