

IN THEIR OWN WORDS

PART 1

ARIZONANS' RELATIONSHIP WITH THE AFFORDABLE CARE ACT

Introduction

Since the Patient Protection and Affordable Care Act (ACA) became law in 2010, it has defined health care policy and politics in the United States. The ACA has made health care more accessible and affordable by offering lower cost insurance plans, subsidizing premiums, and expanding Medicaid coverage for low-income families. It also has helped patients by including prescription drug coverage as an essential health benefit, increased coverage for preventative care, and ensured Americans with pre-existing conditions will not be denied coverage.¹ In Arizona, the ACA has allowed almost 400,000 people with low incomes to gain health coverage, and it reduced the state's uninsured rate by 33 percent between 2010 and 2019.² Over the last year, the American Rescue Plan Act of 2021 (ARP) built on the ACA's foundation, further lowering coverage costs by expanding the ACA's premium tax credits (PTCs). This reduced insurance premiums for over 170,000 people in Arizona – but, absent congressional action, these subsidies will expire in October 2022.³

Despite the ACA's positive impact, the law has remained a source of political controversy. While members of the Republican Party have traditionally opposed the ACA, Arizona politicians in particular have a more complicated relationship with the law. In 2013, Republican Governor Jan Brewer supported adopting the ACA's Medicaid expansion provisions, bucking many members of her own party within the state.⁴ In 2017, Republican U.S. Senator John McCain blocked his party's attempt to repeal the ACA with his famous thumbs-down “no” vote. Other Arizona Republicans, meanwhile, have led the way in opposing and working to dismantle the law. Then-Congresswoman Martha McSally voted for the 2017 ACA repeal effort. Later, Senator McSally and Republican Governor Doug Ducey would vocally support allowing “junk” insurance plans, which deprive patients of key ACA protections, to be sold in Arizona.⁵ More recently, Arizona Attorney General Mark Brnovich joined a lawsuit that sought to invalidate the ACA. The Supreme Court rejected this lawsuit in 2021, yet

challenges to the ACA through the courts are ongoing.⁶

This report explores the impact of the ACA in Arizona, how health care costs affect people's lives, and the future of this historic legislation. In writing this report, Honest Arizona spoke to experts and conducted three focus groups with Arizonans about their perceptions of the ACA, their experiences with ACA insurance, and the ARP's premium tax credits.⁷ Building from these conversations, the report sheds light on how the ACA has made major strides in expanding coverage to more Arizonans and making health care more affordable, as well as how costs remain an issue that threatens to keep critical medical care out of reach for many. Extending the ARP's premium tax credits is an important first step in ensuring Arizonans' access to affordable, comprehensive health care.

Focus groups were conducted online on June 23, 2022 with participants in Arizona who are insured under the Affordable Care Act or have someone in their household on ACA insurance: one group of women and one group of men (across racial backgrounds), and one group of Latino participants (of mixed gender). The groups ranged from 6-7 people, spanning the ages of 18 to 60+, across political parties and education levels.

The ACA Has Helped Many Focus Group Participants, and Most Could Point to the Law's Benefits

While its political legacy is complicated, the ACA's policy impact is much more straightforward. The law has helped 20 million Americans and hundreds of thousands of Arizonans access critical and affordable health care.⁸ As of May 2021, 569,000 Arizona residents were enrolled in Medicaid expansion under the ACA.⁹ Many focus group

participants recognized that the ACA deserved credit for improving their care, in spite of Republicans' vocal opposition to the law for over a decade. Participants expressed that the ACA was important because it helped those who previously could not afford insurance coverage. While affordability of health care remains a challenge, many participants noted a marked difference in access and affordability of their coverage before and after the passage of the ACA.

“When I was younger...I went a few years without having insurance, which was very costly for me. And then once the ACA went through, I actually had insurance no matter what. It wasn't cheap, but I had insurance, which made a massive difference.”

Like the focus group participants, Americans in general hold favorable views of the ACA and believe it has had a positive impact. A Kaiser Family Foundation (KFF) tracking poll from March 2022 found that 55 percent of Americans hold a favorable opinion of the law.¹⁰ Polls show a slow but steady growth in favorability of the ACA over time: Between June 2016 and September 2019, the share of Americans saying that the law had helped their family increased by five points, while the share saying that it had hurt them fell by six points.¹¹ Views of the ACA, however, remain affected by partisanship: 87 percent of Democrats and 58 percent of Independents view the law favorably, but 79 percent of Republicans hold unfavorable views.

“I was personally against the Affordable Care Act. I didn't think it was a good overall product for the country and everything. But then being forced to get on it or pay a fee, I see the bill each month that says...your coverage that you selected would be about \$750, \$800 a month, and I wind up paying about \$150 or \$200. Which, yes, it's affordable.”

Among focus group participants and in polling overall, the ACA's provision that protects people with pre-existing conditions stands out as even more popular than the law as a whole. In Arizona, the ACA is vital in ensuring that roughly three million people who have pre-existing health conditions will not be denied coverage.¹² Unlike the ACA overall, this particular provision remains extremely popular across party lines: A 2020 KFF tracking poll found that majorities of Democrats (93 percent), Republicans (67 percent), and Independents (81 percent) want to continue protections for people with pre-existing conditions.¹³ This was also reflected in the focus groups, with participants sharing how the protections have allowed them to access better health care.

“Now I have a chronic condition, so I realize that the Affordable Care Act [is] the only reason I won't get hit with a huge premium for a pre-existing condition... So I guess that's the good part, is in the future it will help.”

“I know somebody who's alive because a prior condition was covered and previously wouldn't have been covered.”

In addition to protecting Americans with pre-existing conditions, the ACA also established portability of coverage. This ensures that no person needs to become uninsured if their employment situation changes because Americans are able to purchase health insurance on the ACA exchanges or marketplace. The ACA also allows young people to stay on their parents' insurance until age 26, helping roughly 50,000 young adults in Arizona, and mandates that insurers must cover “essential health benefits,” such as maternity care, prescription drugs, and mental health care.¹⁴

Focus group participants, however, did not point explicitly to these other critical provisions of the ACA. Arizona health care experts offered explanations for why this may be. According to

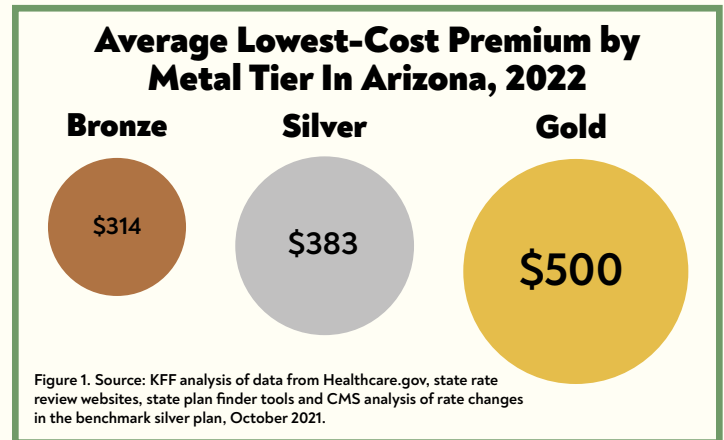
Zaida Dedolph, the Director of Health Policy at Children’s Action Alliance, this could be because the positive parts of people’s health care experiences are no longer being attributed to the ACA. She theorized that 12 years after the law’s passage, focus group participants – and the public broadly – know the protections the ACA provides but not their source.

Similarly, Will Humble, the Executive Director of the Arizona Public Health Association and former Agency Director at the Arizona Department of Health Services, suggested that people have forgotten the “chaos” that preceded the ACA. The freedoms that the ACA gave people 12 years ago are starting to fade from the public’s memory and younger people may have no memory of our health care system before it became law. Humble emphasized that before the ACA, consumers struggled with the lack of portability, which prevented people from leaving jobs or even starting their own businesses.¹⁵ Patients also contended with unlimited out-of-pocket costs, which the ACA caps, and many plans did not cover the “essential health benefits” now guaranteed by the ACA.¹⁶ Even as people no longer recall the prior system that the law improved upon, or associate some of the ACA’s cost-saving benefits with the law, these protections have nonetheless been critical in making essential care more accessible and affordable.

Participants’ Experiences with the ACA Have Been Impacted by High Costs

Despite the ACA’s progress in making health care more accessible and affordable, Arizonans still struggle with the high cost of insurance plans. Overall, the ACA has slowed the growth of health care spending in the United States.¹⁷ After its passage, per capita health care spending grew by only 3.6 percent from 2010 to 2018. In comparison, drug spending increased by 31 percent over the same time period.¹⁸ Predicted cumulative increases in Medicare prices from 2010 to 2018, with and

without ACA adjustments, indicate that the law lowered Medicare prices by 5.2 percentage points.¹⁹



Many focus group participants expressed that, while the law has made insurance more affordable, selecting the right plan for their needs could be complicated and costly. Today, the average monthly premium in Arizona is \$390.²⁰ One participant compared the process of choosing a plan and its trade-offs to “pick[ing] your poison.” The ACA allows enrollees to choose between four different levels of coverage offered at different price points: Bronze, Silver, Gold and Platinum. Bronze plans provide enrollees with the lowest premiums or upfront costs but ultimately have the highest cost burden – often via copays or coinsurance.²¹ Deductibles can be thousands of dollars even for Bronze plans, which makes coverage unaffordable for some who need more comprehensive care.²² Within each plan level, there are multiple options, which some participants said was a source of difficulty in choosing plans.

“I go with the higher coverage plan and it costs me way more every month, but I know for sure in case of an emergency I’m covered and good. So it’s made me kind of budget differently because I have to have that big upfront, monthly premium instead of saving money in case I need surgery or something like that.”

Naturally, high plan prices coupled with complicated options make cost the driving factor in individuals’ plan choices. A Commonwealth Fund report found that when individuals are choosing

among services of comparable quality, patients will select the lowest upfront cost option. This trend was reflected in the focus groups as well. One participant used premium costs to decide which plan to purchase because they found the plans difficult to differentiate between, and another said their goal was to pick the best plan within the price range their family could afford. These challenges were familiar to Janette Pinuelas, a Tucson-based ACA navigator, who is trained to help consumers, small businesses, and their employees as they look for health coverage options through the ACA. Pinuelas reported that she sometimes sees people with chronic conditions and low incomes struggle to find options they can afford. Even with the assistance of an ACA navigator like Pinuelas, it can still be difficult for Arizonans to find affordable coverage.

“It’s extremely complicated when picking, especially when they tell you, ‘Okay, where you’re at income-wise and everything you can pick from these 400 different plans.’ And you can look at them, and look at them, and look at them, and go, ‘I can’t tell the difference between this one, except the pricing and everything.’”

“Honestly, in my experience, I didn’t even know there were tiers. I knew they kept saying silver, gold, bronze, whatever in the thing, but my ultimate goal was to get insurance that was going to cover as much as I can in the price range that we can afford.”

Beyond costs solely associated with ACA plans, high health coverage costs have become a source of anxiety for Americans. In December 2021, according to a West Health and Gallup survey, more than half the country reported that the high cost of health care contributed to some (36 percent) or a lot (15 percent) of stress to their daily lives.²⁴ A KFF poll

published July 2022 found that, among the insured, about half (47 percent) find their monthly premium difficult to afford.²⁵ Focus group participants echoed this troubling sentiment, with many saying that they are either not getting the care they need, are paying too much, or both.

“I’m nervous because of the health quotes I’ve been getting are outrageous and I’m not getting the care that I need.”

Unfortunately, the high costs of deductibles, copays, and coinsurance can lead patients to forgo addressing health issues. Over half of adults (51 percent) report delaying or skipping necessary medical care because it was unaffordable.²⁶ In 2021, the national average deductible on a Silver-level ACA plan rose to \$4,500, and those who bought Bronze plans had an average deductible of more than \$6,000.²⁷ And even once patients hit their high deductibles and insurers start paying for health costs, patients are still responsible for copays and coinsurance until they spend up to a certain maximum amount. The ACA’s limits on copays and coinsurance in 2021 were \$8,700 for an individual and \$17,400 for a family of four.²⁸ Spending up to these caps is unaffordable for many.

In the focus groups, participants reported that costs prevented them from receiving specialty care, having surgery, or even just going to the doctor. Multiple participants shared instances where the cost of necessary surgery was prohibitive. One participant’s copays for eye surgery would have amounted to \$500. Unable to pay, they opted out of the procedure. Another put off back surgery for 10 years, which has negatively impacted their quality of life and career.

“[T]he insurance company won’t pay for it so I have to live with it. I have a hole in my spine . . . If you’re in pain, then you can’t do what you usually would do...It affects everything really, simply because they won’t fork over the cost for the surgery.”

Policy Solutions: The ACA and ARP's Tax Credits are Vital to Helping People Pay for Insurance

Paying for premiums can be challenging, but premium tax credits like those established by the ACA and enhanced last year by the ARP have helped make plans more affordable. The ACA's tax credits – allocated based on income level – help subsidize the cost of health insurance for lower-income enrollees. These subsidies have made comprehensive health care coverage more accessible and affordable for the roughly 186 million Americans, including 4.5 million Arizonans, who make less than four times the federal poverty level (FPL) – \$54,360 for an individual or \$111,000 for a family of four.²⁹ While these subsidies have helped many Americans afford insurance, some with incomes above the qualifying threshold are confronted with the “subsidy cliff.” This refers to individuals who make close to, but just over, four times the FPL, who must pay full price for their premiums.

Signed into law in March 2021, the ARP helps address the financial burden that accompanies the subsidy cliff and other issues impacting the American public during the COVID-19 pandemic. The ARP expanded tax credits to allow more families than ever before to receive subsidies and, for Silver plans only – the most commonly purchased plan in Arizona – capped insurance costs at 8.5 percent of a family's income, making insurance more affordable for over 170,000 people in Arizona.³⁰ Nationally, in 2022, tax credits were vital to helping 13 million people pay for their health care.³¹ In Arizona, the ARP subsidies made over 108,000 uninsured individuals eligible for free marketplace plans, and families of four making less than \$39,750 – under 150 percent of the FPL – are able to pay \$0 in Silver plan premiums in 2022.³²

Despite the notable cost reductions, however, many focus group participants were not familiar with the

ARP's PTCs or how they may have made their coverage more affordable. Lack of awareness of cost saving measures was a theme in the focus groups. While some participants said they had not received the subsidy, one participant surmised that many may not have explicitly seen savings or adjustments when buying their health care on the website, and thus had not realized that they received a subsidy. Another participant initially said they had not received the ARP subsidy assistance but then quickly realized that they had – and it reduced their premium by half.

“The majority of us on here will probably have never seen adjustments for it...[but] everyone who's getting government rebates on their health insurance did feel it. You may not think you did, but if you weren't part of the program prior to that bill coming out after, you would've never saw, 'Hey, I'm paying a hundred dollars less a month, kind of situation.'”

Participants' experiences highlight that PTC subsidies are important for coverage affordability and that more education is required so that Arizonans know what assistance is available to them. Those informed about the PTCs generally viewed the tax credits – and the idea of assistance to help with premium costs – favorably, but some noted that their health care costs were still too expensive. Health care expert Dedolph said that the subsidies are critical, but a broader conversation around what is affordable is essential. In the short term, however, extending the PTCs is necessary to keep care within reach for many Americans.

Timely extension of the ARP's enhanced PTCs is critical because premiums for 2023 are locked in by August 2022, meaning that individuals shopping for 2023 insurance in November will see their rates increase without Congressional action. Without the PTCs, millions of enrollees who currently pay \$0 for their insurance premiums may find it unaffordable to maintain their plan as their costs rise. For

example, according to the Urban Institute, people with incomes above 400 percent of the federal poverty level who would lose PTC eligibility would pay roughly \$2,000 more per year for their premiums. In a scenario where the subsidies are renewed by Congress shortly before they are set to expire at the end of the year, there may still be an enrollment drop off as well.

Families Would Face High Premium Increases if Rescue Plan Tax Credit Enhancements Expire

Annual premium for benchmark marketplace coverage for a family of four, based on national average premium

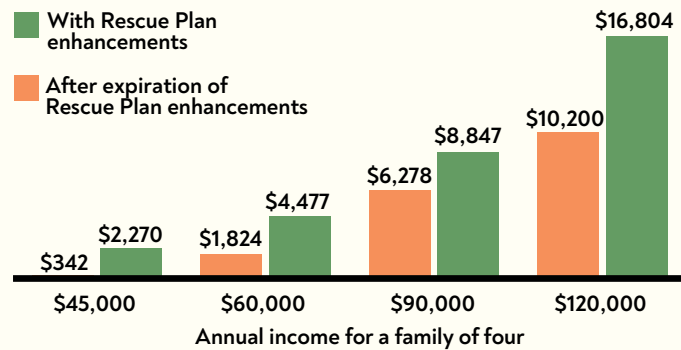


Figure 2. Graph adapted from the Center on Budget and Policy Priorities. Note: The example family includes two 40-year-old adults, a 10-year-old child, and a 5-year-old child.

In the focus groups, the lack of familiarity with the ARP’s PTCs led few participants to be concerned by their impending expiration. But some participants, after being informed, supported extending the credits and expressed some concern about them going away. This is in line with a recent national poll that found that seven in 10 voters, including over half of Republicans, believe extending the subsidies is important.³⁵ Some participants specifically recognized that the PTCs expiring is “going to hurt those that can least afford it.” According to the Center on Budget and Policy Priorities, the largest percentage declines in coverage would occur among those with low and moderate incomes, and the number of uninsured people making between 138 and 400 percent of the federal poverty level would increase by over 17 percent if the PTCs expire.³⁶

Furthermore, expiration of the PTC enhancements could come at a particularly difficult time for the 15 million people estimated to lose Medicaid coverage after the COVID-19 federal public health emergency ends.³⁷ When the state of emergency ends, states are no longer required to maintain

continuous coverage for Medicaid enrollees. For those who benefited from the expansion but experienced an increase in income over the course of the pandemic, the end of this mandate could mean losing coverage for them and their families. An extension of the ARP’s enhanced premium tax credits would increase the likelihood that those leaving Medicaid will be able to purchase an ACA marketplace policy and maintain insurance coverage. Timely action to renew the PTCs, which have helped both low- and middle-income Arizonans, is critical in order to keep ACA insurance affordable.

Conclusion

The American health care system has been fundamentally reshaped by the ACA and the benefits and protections it provides to patients. With Republicans still seemingly united in opposition to the law, it is critical to protect the ACA and the health coverage it provides to millions of Americans. Lawmakers should build on the successful foundation the ACA laid, rather than tear it down. While the ACA must be defended, the experiences of focus group participants, Arizona health care experts, and policy research all indicate that coverage costs remain too high. Timely action is needed to address the issue. If Congress takes the key first step of extending the ARP’s premium tax credits, thousands of Arizonans and millions of Americans would be able to maintain their access to critical, lifesaving care. Policymakers must ensure lowering health care costs is a top priority.

The next report in this series – focusing on surprise medical bills and the exorbitant cost of prescription drugs – will offer suggestions for how lawmakers can address other high health care costs to ensure Arizonans can afford the care they need.

Endnotes

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