RESPIRATORY HEALTH ASSOCIATION®

Issue Brief - Spring 2017

The Affordable Care Act is Good for Lung Heath

In March 2010, the Patient Protection and Affordable Care Act (ACA) was signed into law. Since that time, more than one million Illinois residents gained insurance coverage through either the Health Insurance Marketplace or the Medicaid Expansion, and **the uninsured rate in Illinois has fallen by 49 percent**.[1]

With ongoing threats to the ACA from Congress, advocates are taking a close look at how its possible repeal will impact vulnerable populations, both locally and nationally, with a particular focus on the numbers who will lose their health care coverage. With this brief, the Respiratory Health Association (RHA) focused on why a repeal of the ACA would be bad for lung health. Several provisions of the ACA have been particularly valuable to efforts to prevent and improve health outcomes for people living with asthma and other respiratory conditions (see sidebar); we highlight four of those below.

ACA Provisions & Lung Health

2010

- Prevention & Public Health Fund created
- Extension of dependent coverage for young adults
- Pre-existing coverage exclusions for children >19 years of age eliminated

2011

- Community health center funding strengthened
- Chronic Disease Management grants under Medicaid

2013

- Child Health Insurance Program extended

2014

- Medicaid expansion to low income families
- Insurance companies no longer able to deny coverage based on pre-existing conditions

Dependent Coverage for Young Adults: Reducing Asthma Emergency Room Visits

An early provision of the ACA extended eligibility for health insurance coverage for young adults. The Act required insurers that offer dependent child coverage to make the coverage available until a child reaches 26 years of age, regardless of student or marital status. The U.S. Department of Health and Human Services reports that nationally, 6.1 million young adults (ages 19 to 25) gained health insurance coverage because of the ACA.[2]

Recent research examined how the dependent coverage provision of the ACA affected use of hospital emergency departments (ED) in California, Florida and New York.[3] The study found that while young adults' ED visits increased significantly for some conditions, **young adults' risk of visiting the ED for respiratory diseases, notably asthma, significantly decreased after the 2010 dependent coverage provision to effect**. It is reasonable to assume that the increased insurance coverage enabled this population to seek needed care manage their asthma and other respiratory conditions in primary care and other non-emergency settings.

Medicaid Expansion: Improving Quality of Asthma Care

Arguably one of the most important provisions of the ACA is the expansion of health coverage to low-income families through the Medicaid program. Medicaid is a jointly funded, Federal-State health insurance program for low-income individual and other persons in need. Under the provision, states could choose to expand Medicaid to cover low-income people up to 138% of the federal poverty line, or an income of just over $28,179 for a family of three. To date, 31 states and the District of Columbia – including Illinois – have expanded their Medicaid programs. **In Illinois, an additional 641,944 residents gained coverage under Medicaid expansion, including 213,958 Chicagoans**.[4]

In anticipation of the Medicaid expansion in 2014, more than $12 billion was appropriated under the ACA to strengthen the capacity of community health centers and the National Health Service Corp.[5] Federally-funded health centers serve in excess of 24 million patients annually,[6] with nearly half covered by Medicaid.[7]

Beyond increasing access to care for the newly insured, Medicaid expansion has had a significant effect on the quality of asthma care received at federally funded health centers. A study of 492 federally funded health centers examined eight quality measures, including asthma.[8] **Compared to health centers in states that did not choose to expand Medicaid, significant improvements were seen on four quality measures, including pharmacologic treatment of people with asthma.** Of the four measures, the study noted **the greatest improvements were seen for asthma therapy**, a finding attributed in part to the expense of some types of asthma inhalers that were previously unaffordable to those without insurance.

The Prevention and Public Health Fund: Supporting Tobacco Control

The Prevention and Public Health Fund (PPHF) was established in 2010 to expand and sustain national investments in prevention and public health, to improve health outcomes, and to enhance health care quality. The ACA authorized $18.75 billion for the fund between FY 2010 and FY 2022 and $2 billion per year after that. While funding levels have since been reduced, significant funding has already benefited public health efforts in areas including: community and clinical prevention initiatives; research, surveillance and tracking; public health infrastructure; immunizations and screenings; tobacco prevention; and public health workforce and training.

Respiratory Health Association (RHA) was one of the first recipients of PPHF dollars in Chicago, when in March 2010 it received $11.5 million to decrease tobacco use and exposure to secondhand smoke, the leading risk factor for lung cancer and significant contributor to asthma. During the two-year project period, RHA worked with numerous partners to achieve a series of successes, including, but not limited to:

- Strengthening and implementing tobacco-free policies at 818 public and private schools;
- Supporting implementation of smoke-free Campuses at five hospitals, nine behavioral health centers, 25 state human services offices based in Chicago, and four institutions of higher education, including the seven City Colleges of Chicago campuses; and
- Implementing cessation services at 30 community health centers and seven behavioral health centers.

The value of this ACA investment cannot be understated, as it contributed to a 25% drop in youth smoking rates in Chicago (2011-2013[9]) and related estimated savings in future medical costs of $300 million[10].

Through 2016, the U.S. Centers for Disease Control and Prevention awarded $130 million in PPHF grants to public health organizations and providers in Illinois.[11] **It is estimated that Illinois would lose more than $93 million in such grants over the next five years if the Fund were to be repealed under the ACA**. [12]

Requiring Coverage for Pre-Existing Condition: Making Treatment Affordable

Beginning 2014, under the ACA, insurance companies were no longer allowed to deny coverage to persons with pre-existing conditions. **It is estimated that half of Illinois' non-elderly population, or 5,471,800 residents, have one or more pre-existing health conditions**.[13] (See below, for breakdown by Congressional district).[14]

Representative (District)	Nonelderly with Pre-existing Condition	% with Pre-existing Condition
Bobby L. Rush (IL-1)	300,700	51%
Robin L. Kelly (IL-2)	294,100	51%
Daniel Lipinski (IL-3)	311,600	50%
Luis V. Gutiérrez (IL-4)	304,900	48%
Mike Quigley (IL-5)	321,400	51%
Peter J. Roskam (IL-6)	322,200	52%
Danny K. Davis (IL-7)	307,900	50%
Raja Krishnamoorthi (IL-8)	312,800	51%
Janice D. Schakowsky (IL-9)	313,800	53%
Bradley Scott Schneider (IL-10)	308,200	51%
Bill Foster (IL-11)	314,600	49%
Mike Bost (IL-12)	291,100	51%
Rodney Davis (IL-13)	290,800	50%
Randy Hultgren (IL-14)	323,600	51%
John Shimkus (IL-15)	284,400	51%
Adam Kinzinger (IL-16)	293,300	52%
Cheri Bustos (IL-17)	279,800	51%
Darin LaHood (IL-18)	296,600	51%

While some individuals have been insured through an employer or public option (where there is no medical underwriting), others have gained insurance only because of the pre-existing conditions provision. As noted above, a likely contributor to improved asthma care under Medicaid expansion was that coverage made asthma inhalers more affordable, thus increasing compliance. Similarly, other lung diseases, which often affect economically vulnerable populations, such as chronic obstructive pulmonary disease (COPD), can be managed effectively, but often require a lifetime regimen of medications to maintain effective control of the disease. The loss of the pre-existing conditions exclusion provision could have a devastating impact on management of chronic conditions.

Maintaining Improvements for Lung Health

Through either private or public health insurance coverage, the Affordable Care Act has provided new levels of health care access to an estimated 24 million individuals nationally and over one million Illinois residents. This has, for lung health conditions, decreased emergency department utilization by young adults, and improved the quality of asthma treatment across the vast network of community health centers. In addition to these health system improvements, the ACA has provided support for policy, systems and environmental changes that have contributed to significant reductions in youth smoking. With improved health outcomes and decreased costs to the health system, it is imperative to remember that protecting access to care is good for lung health."

ENDNOTES

[1] Office of Senator Richard J Durbin. TrumpCare: Less for more, an analysis of the impact of repealing the Affordable Care Act in Illinois. March 23, 2017.
[2] HHS. Office of the Assistant Secretary for Planning and Evaluation. Health insurance coverage and the Affordable Car Act, 2010-2016. March 3, 2016.
[3] Hernandez-Boussard, T., et al. Relationship of Affordable Care Act implementation to emergency department utilization among young adults. Ann Emerg Med. 2016 June ; 67(6): 714–720.
[4] Illinois Department of Healthcare and Family Services. Affordable Care Act enrollment by age, race, and gender through October 2016. https://www.illinois.gov/hfs/SiteCollectionDocuments/20170221ACARaceAgeGender.pdf
[5] The Network for Public Health Law. Issue brief: Primary care provider capacity and the Medicaid expansion.
[6] Kaiser Family Foundation. Patients served by federally-funded federally qualified health centers, 2015. Accessed on May 4, 2017 at http://kff.org/other/state-indicator/total-patients-served-by-fqhcs/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
[7] National Association of Community Health Centers. Key health center data by state, 2015. Accessed on May 4, 2017 at http://www.nachc.org/wp-content/uploads/2016/10/Key-Health-Center-Data-by-State_2015.pdf
[8] Cole, MB. et al. At federally funded health centers, Medicaid expansion was associated with improved quality of care. Health Affairs 36, no. 1 (2017); 40-48.
[9] Centers for Disease Control and Prevention. Youth Risk Behavior Survey, Chicago, 2011 and 2013.
[10] Calculated by Campaign for Tobacco Free Kids.
[11] http://healthyamericans.org/health-issues/wp-content/uploads/2017/01/FY10-16-PPHF-Map.pdf
[12] Trust for America's Health. Prevention Fund State Facts, January 2017. http://tfah.org/reports/prevention-fund-state-facts-2017/release.php?stateid=IL
[13] Center for American Progress https://www.americanprogress.org/issues/healthcare/news/2017/04/05/430059/number-americans-pre-existing-conditions-congressional-district/
[14] ibid