

# AHIP Statement on Supreme Court Ruling

**Washington, D.C.** – America’s Health Insurance Plans’ (AHIP) President and CEO Karen Ignagni today released the following statement on the Supreme Court ruling:

“Individuals and families need secure, affordable coverage choices. Maintaining the link between market reforms and universal coverage is essential to avoiding significant cost increases and loss of choice for consumers and employers.

“As the reform law is implemented, health plans will continue to focus on promoting affordability and peace of mind for their beneficiaries. The law expands coverage to millions of Americans, a goal health plans have long supported, but major provisions, such as the premium tax, will have the unintended consequences of raising costs and disrupting coverage unless they are addressed.

“Health plans will continue to work with policymakers on both sides of the aisle to make coverage more affordable, give families and employers peace of mind, and promote choice and competition. Health plans also will continue to lead efforts to reform the payment and delivery system to promote prevention and wellness, help patients and physicians manage chronic disease, and reward quality care.”

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## **Cost Impact of Other ACA Provisions**

The health care reform law includes a number of provisions that will increase the cost of health care coverage:

- According to a [technical analysis](#) by Oliver Wyman, the new health insurance tax “will increase premiums in the insured market on average by 1.9% to 2.3% in 2014,” and by 2023 “will increase premiums 2.8% to 3.7%.” Between 2014 and 2019, the total amount assessed will be at least \$73 billion.
- According an [Urban Institute study](#) in *Health Affairs*, “eliminating age rating in the small-group and individual markets increases individual premiums for single policyholders ages 18–34 by \$1,400, from \$3,600 to \$5,000, and for single policyholders ages 35–44 by \$800,

from \$4,200 to \$5,000.” Robert Samuelson recently wrote “The [ACA \[forces\] some young Americans to buy insurance at artificially high premiums](#) that would pay for the care of a sicker, older population.”

- The [minimum essential health benefits requirement](#) will result in less affordable coverage for individuals, families and small employers by forcing them to “buy up” and purchase more coverage than they may want or need.

### **Health Plans are Improving Value for Consumers**

Health plans are [leading the way](#) on delivery system reform and investing in quality-improving initiatives to ensure consumers are getting the best value for their health care dollars, including:

- Coordinating care for patients with multiple chronic conditions;
- Ensuring patients get appropriate follow-up care after a hospital discharge to avoid unnecessary complications and preventable hospital readmissions;
- Offering disease management programs to help patients manage chronic disease, including online resources, medication reminders, and access to 24/hour nurse hotlines;
- Partnering with providers to change payment models to move away from the outdated fee-for-service system to one that rewards value, quality, and better health outcomes;
- Providing patients with information on quality, safety, and cost so they can make more informed health care decisions; and
- Incentivizing patients to get preventive care, participate in wellness programs, and choose healthy lifestyles.