

THE WHITE HOUSE  
Office of the Press Secretary

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**FACT SHEET: Health Care Accomplishments in California**

**After Health Reform: Improved Access to Care**

- Lowers the uninsured rate. Gallup recently estimated that the uninsured rate in California in 2015 was 11.8 percent, down from 21.6 percent in 2013.
- Prohibits coverage denials and reduced benefits, protecting as many as 16,133,192 Californians who have some type of pre-existing health condition, including 2,236,001 children.
- Eliminates lifetime and annual limits on insurance coverage and establishes annual limits on out-of-pocket spending on essential health benefits, benefiting 12,092,000 people in California, including 4,448,000 women and 3,255,000 children.
- Allows states to expand Medicaid to all non-eligible adults with incomes under 133 percent of the federal poverty level. 4,033,035 more people in California have gained Medicaid or CHIP coverage since the beginning of the Health Insurance Marketplace first open enrollment period.
- Establishes a system of state and federal Health Insurance Exchanges, or Marketplaces, to make it easier for individuals and small-business employees to purchase health plans at affordable prices. During the open enrollment period for 2016 coverage, 1,575,340 people in California selected a plan through the Marketplace, including approximately 425,342 new consumers and 441,095 young adults. Nationwide, 74 percent of Marketplace consumers could have selected a plan for \$100 per month or less after tax credits for 2016 coverage.
- Created a temporary high-risk pool program to cover uninsured people with pre-existing conditions prior to 2014 reforms, which helped more than 16,762 people in California.
- Creates health plan disclosure requirements and simple, standardized summaries so 17,703,700 people in California can better understand coverage information and compare benefits.

**After Health Reform: More Affordable Care**

- Creates a tax credit that, during the most recent open enrollment period, has helped 1,370,546 Marketplace enrollees in California who otherwise might not be able to

afford it sign up for health coverage through the Health Insurance Marketplace.

- Requires health insurers to provide consumers with rebates if the amount they spend on health benefits and quality of care, as opposed to advertising and marketing, is too low. Last year, 723,170 consumers in California received \$97,950,227 in rebates. Since this requirement was put in place in 2011 more than \$2.4 billion in total refunds have been paid to consumers nationwide through 2014.
- Eliminates out-of-pocket costs for preventive services like immunizations, certain cancer screenings, contraception, reproductive counseling, obesity screening, and behavioral assessments for children. This coverage is guaranteed for 15,867,909 people in California, including 6,324,503 women.
- Eliminates out-of-pocket costs for 3,725,303 Medicare beneficiaries in California for preventive services like cancer screenings, bone-mass measurements, annual physicals, and smoking cessation.
- Phases out the “donut hole” coverage gap for 419,078 Medicare prescription drug beneficiaries in California, who have saved an average of \$1,044 per beneficiary.
- Creates Accountable Care Organizations consisting of doctors and other health-care providers who come together to provide coordinated, high-quality care at lower costs to 417,411 Medicare beneficiaries in California.
- Phases out overpayments through the Medicare Advantage system, while requiring Medicare Advantage plans to spend at least 85 percent of Medicare revenue on patient care. Since 2009, Medicare Advantage enrollment has grown by 785,062 to 2,377,887 in California while premiums have dropped by 10 percent nationwide.

### **After Health Reform: Improved Quality and Accountability to You**

- Provides incentives to hospitals in Medicare to reduce hospital-acquired infections and avoidable readmissions. Creates a collaborative health-safety learning network, the Partnership for Patients, which includes 246 hospitals in California, to promote best quality practices. Avoidable readmissions have fallen since 2010, saving 87,000 lives and \$20 billion in health care costs, and the rate of one common deadly hospital acquired infection, central-line blood stream infections, fell by 50 percent from 2008 to 2014 nationwide.

**We're not done. Other legislation and executive actions are continuing to advance the cause of effective, accountable and affordable health care. This includes:**

- Advancing innovative care delivery models and value-based payments in Medicare and Medicaid. The Administration set goals of tying [30 percent](#) of traditional Medicare payments to alternative payment models by the end of 2016 and 50

percent by the end of 2018, and met its 2016 goal [11 months early](#).

- Proposals to invest in targeted research and technologies to advance the [BRAIN Initiative](#), [Precision Medicine Initiative](#), and [cancer research](#).
- A new funding pool for Community Health Centers to build, expand and operate health-care facilities in underserved communities. Health Center grantees in California served 3,729,214 patients in 2014 and received \$1,376,407,692 through fiscal year 2015 under the health care law to offer a broader array of primary care services, extend their hours of operations, hire more providers, and renovate or build new clinical spaces.
- Health provider training opportunities, with an emphasis on primary care, including a significant expansion of the National Health Service Corps. As of September 30, 2015, there were 677 Corps clinicians providing primary care services in California, compared to 362 clinicians in 2008.

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