

The Price of Repealing the Affordable Care Act: Tennessee

As a result of the Affordable Care Act, families will soon be free from the constant worry that they will not be able to get health care when they need it the most. But repealing the law would strip Americans of this new freedom and take us back to the days when big insurance companies had the power to decide what care residents of Tennessee could receive—allowing them to once again deny coverage to children with pre-existing conditions, cancel coverage when people get sick, and place limits on the amount of care people can get, even if they need it. What's more, without the law, insurance companies could overcharge for insurance just to boost their profits, or use fine print to deny medical treatments that are covered under people's policies.

In addition, repealing the law would add at least a trillion dollars to the deficit, which America cannot afford, nor do we want to pass that debt to our children and grandchildren.

At a time when Tennessee residents will soon be finally free from worrying that affordable coverage will not be available to them and their families when they need it the most, repealing the Affordable Care Act would be devastating. Tennessee residents, providers, small businesses and other employers would be denied critical new benefits of the law, from protections against insurance industry abuses to new coverage options and millions of dollars in support so states like Tennessee can deliver quality, affordable health care options to all of its residents.

Without the Affordable Care Act:

• Critical Consumer Protections Would Be Lost:

- **23,100 young adults would lose their insurance coverage** through their parents' health plans, sometimes just after they finish school and as they are looking for a job. Families across Tennessee would lose the peace of mind the Affordable Care Act provides by making sure that young adults can stay on their parents plan to age 26 if they do not have coverage of their own.
- **Nearly 3.2 million residents of Tennessee** with private insurance coverage would suddenly find themselves **vulnerable again to having lifetime limits** placed on how much insurance companies will spend on their health care.
- Insurance companies would once again be allowed cut off someone's coverage unexpectedly when they are in an accident or become sick because of a simple mistake on an application. This would leave **351,000 people in Tennessee at risk of losing their insurance** at the moment they need it most, as one of the worst abuses of the insurance industry would become legal again.
- **Nearly 3.2 million residents of Tennessee** would not know if they are receiving value for their health insurance premium dollars, as insurers in state would no longer be required to spend at least 80 to 85 percent of premium dollars on health care rather than CEO salaries, bonuses, and corporate profits.
- New insurance plans would **no longer be required to cover recommended preventive services, like mammograms and flu shots, without cost sharing**, nor would they have to guarantee enrollees the right to choose any available primary care provider in the network or see an OB-GYN without a referral.

- **995,000 seniors in Tennessee who have Medicare coverage** would be forced to pay a co-pay to receive important preventive services, like mammograms and colonoscopies.
- Medicare would no longer pay for an annual check-up visit, so **995,000 seniors in Tennessee** who have Medicare coverage would have to pay extra if they want to stay healthy by getting check-ups regularly.
- **63,619 on Medicare Would See Significantly Higher Prescription Drug Costs:** In Tennessee, 63,619 Medicare beneficiaries received a one-time, tax-free \$250 rebate to help pay for prescription drugs in the “donut hole” coverage gap in 2010. Medicare beneficiaries who fall into the “donut hole” in 2011 will be eligible for 50 percent discounts on covered brand name prescription drugs. Without the law, the burden of high prescription drug costs would hurt millions of Medicare beneficiaries across the country.
- **Tennessee Would Not Receive Additional Resources to [Crack Down on Unreasonable Insurance Premium Increases](#):** States would not have new resources to review proposed health insurance premium increases and hold insurance companies accountable for unjustified premiums increases.
- **Tennessee Would Not Receive Additional Funds to Plan for a [Health Insurance Exchange](#):** States would not have new resources to build a new, competitive, private health insurance marketplace for consumers that provides lower costs, one-stop insurance shopping, and greater benefits and protections.
- **Tennessee Would Not Receive Additional Funds to Support a [Consumer Assistance Program](#):** States would not have new resources to help protect consumers from some of the worst insurance industry practices.
- **81 Employers Would Not Be Receiving Help from the [Early Retiree Reinsurance Program](#):** Businesses, schools and other educational institutions, unions, State and local governments, and non-profits would not be receiving much-needed financial relief to help early retirees and their families continue to have quality, affordable health coverage. Find a list of organizations in your state that would not have been accepted into this program [here](#).

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