

The Affordable Care Act (ACA)

(aka Obamacare)

and

The American Health Care Act (AHCA)

(aka Trumpcare)

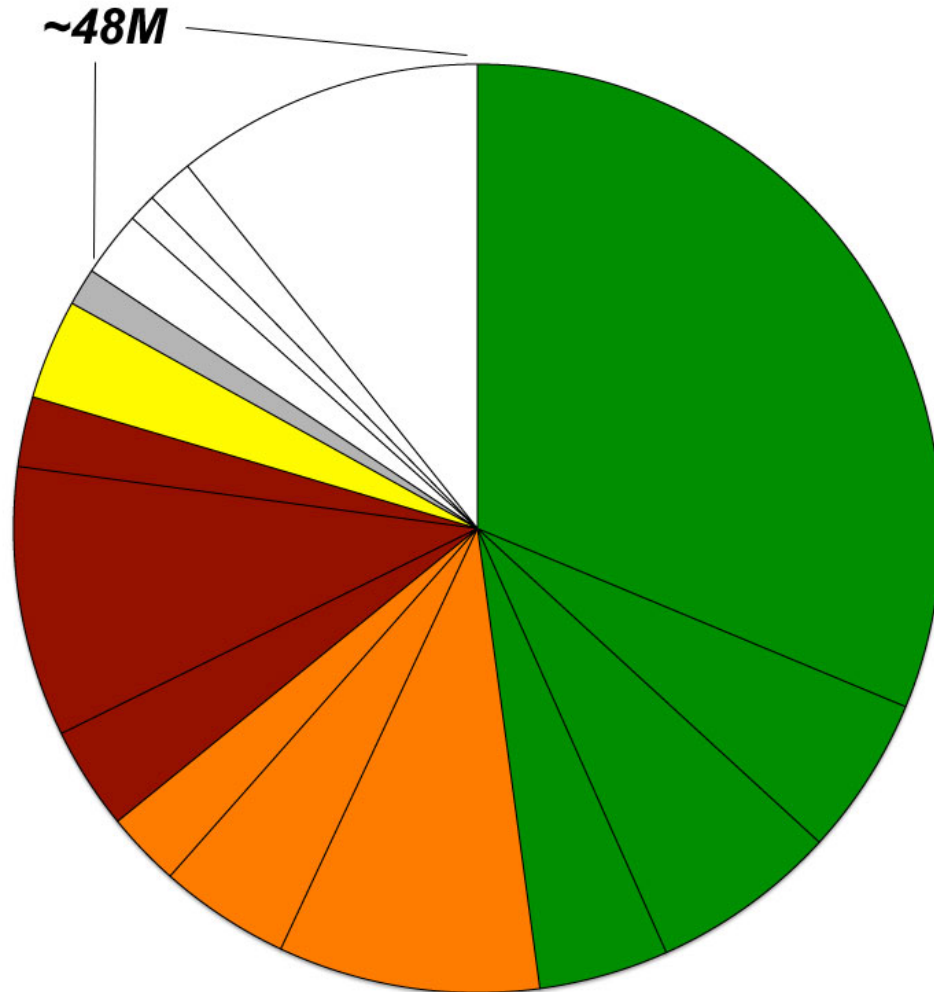
Where Things Stand

Charles Gaba • ACASignups.net

Revised: 6/01/17

NOTE: All data sources available at ACASignups.net

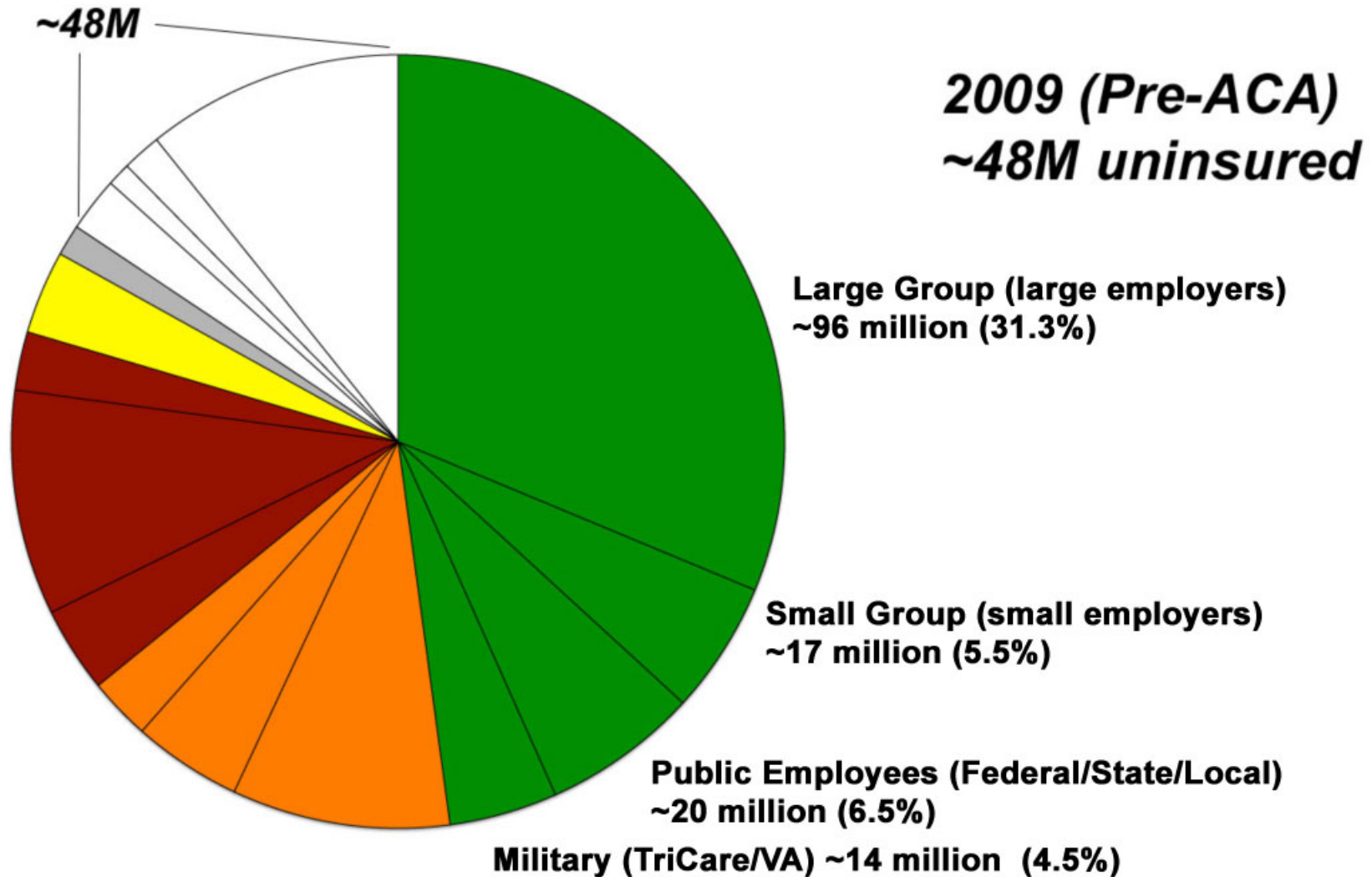
The Healthcare Coverage Landscape as of 2009



**2009 (Pre-ACA)
~48M uninsured**

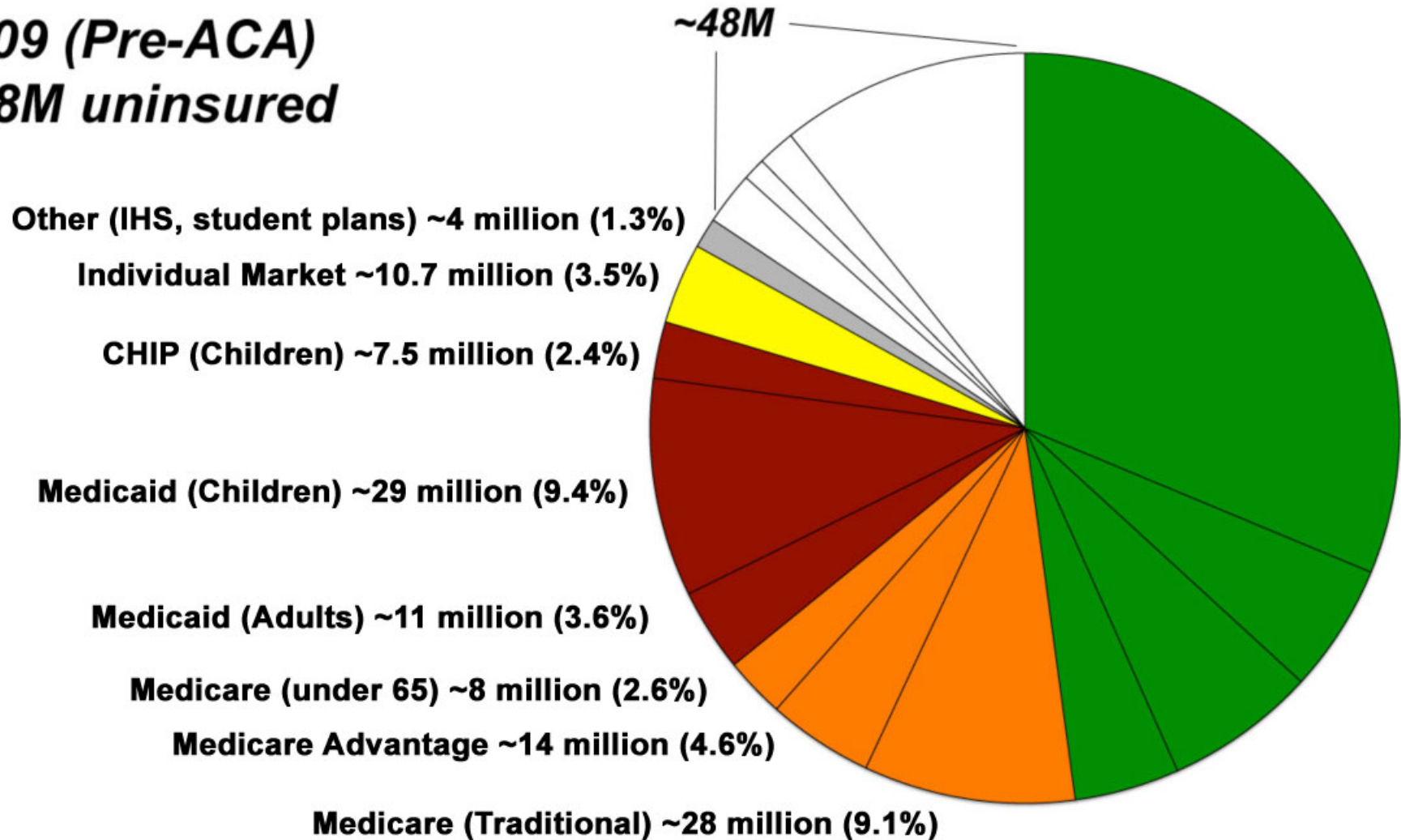
Type of Coverage	Number	Percent
Employer - Lg. Group (Private)	96,000,000	31.3%
Employer - Sm. Group (Private)	17,000,000	5.5%
Employer (Fed/State/Local Gov't)	20,000,000	6.5%
Employment-Based (TriCare, VA)	13,900,000	4.5%
Medicare - Traditional (Seniors)	28,000,000	9.1%
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Medicaid (Traditional - Adults)	11,000,000	3.6%
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Pre-ACA CHIP (Children)	7,500,000	2.4%
Individual Market	10,700,000	3.5%
Other Nongroup (HIS, Student, etc)	4,000,000	1.3%
Uninsured - Medicaid Eligible	7,000,000	2.3%
Uninsured - CHIP Eligible	3,000,000	1.0%
Uninsured - Undoc. Immigrants	5,000,000	1.6%
Other	33,000,000	10.7%
TOTAL	307,000,000	100.0%

The Healthcare Coverage Landscape as of 2009



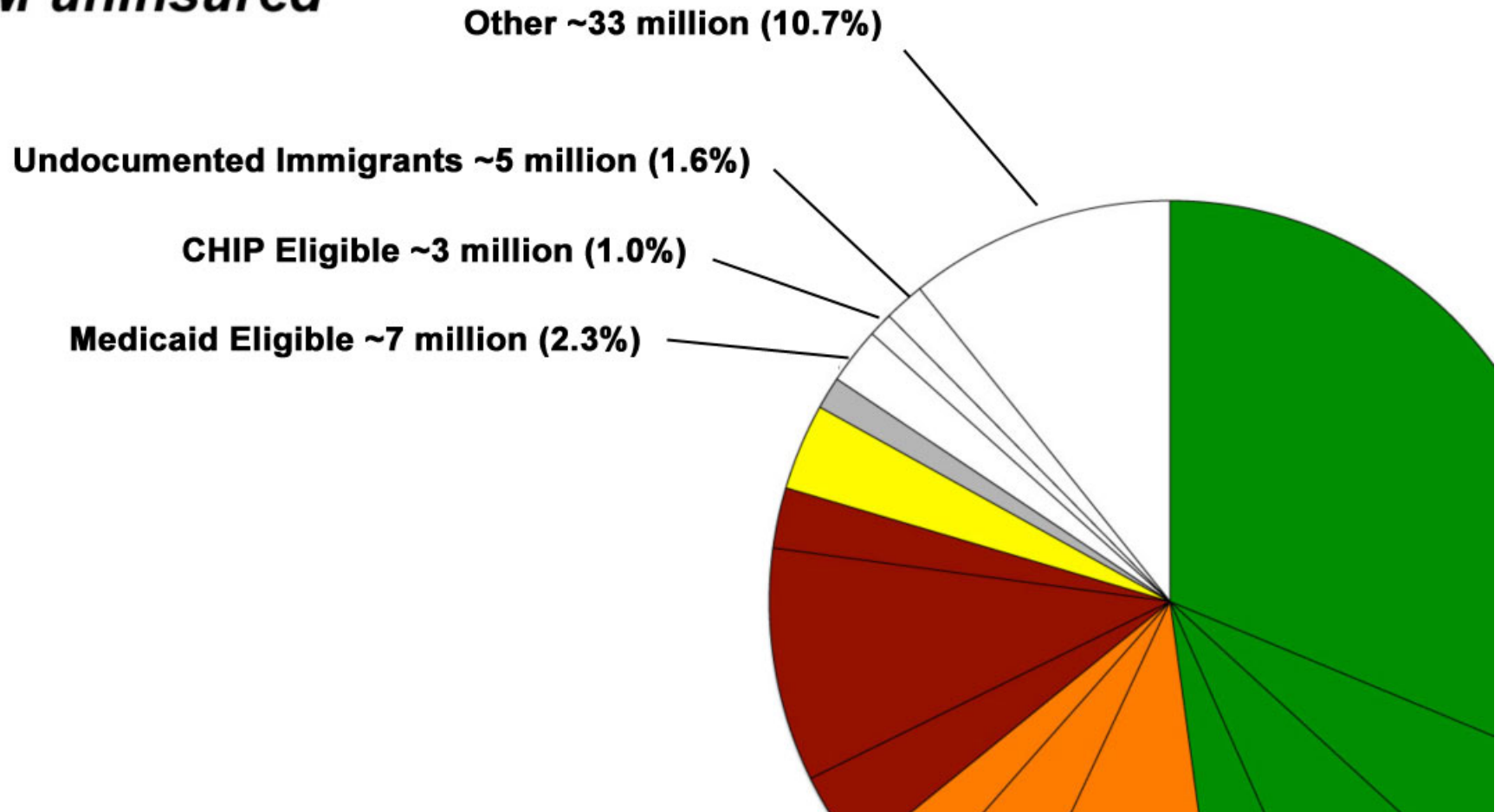
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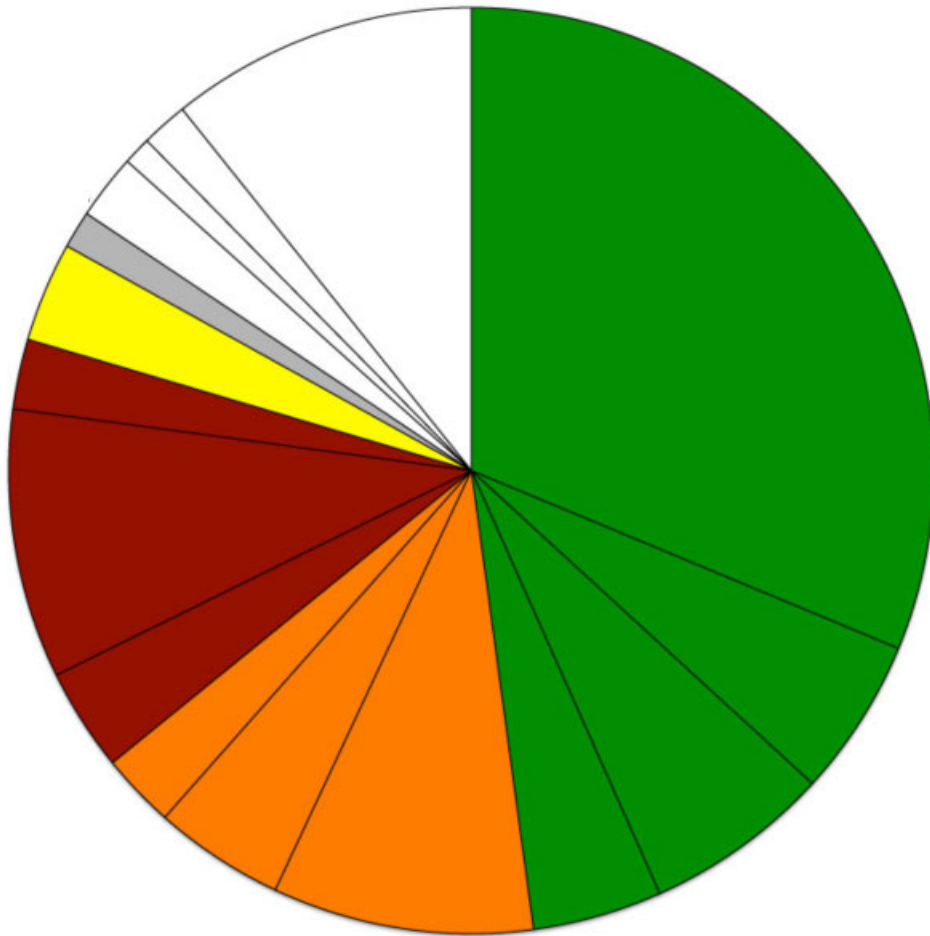
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EMPLOYER COVERAGE:

the good:

- mostly stable
- mostly fairly comprehensive
- mostly has guaranteed issue to employees and dependents

the bad:

- often has annual/lifetime limits
- standards vary widely state to state, etc.
- exceptions to “comprehensive”:
Mini-Meds aka JUNK PLANS

other:

- Employer pays most of the premiums
- Tax Subsidized! Avg. \$1,800 tax break per enrollee

The Healthcare Coverage Landscape as of 2009

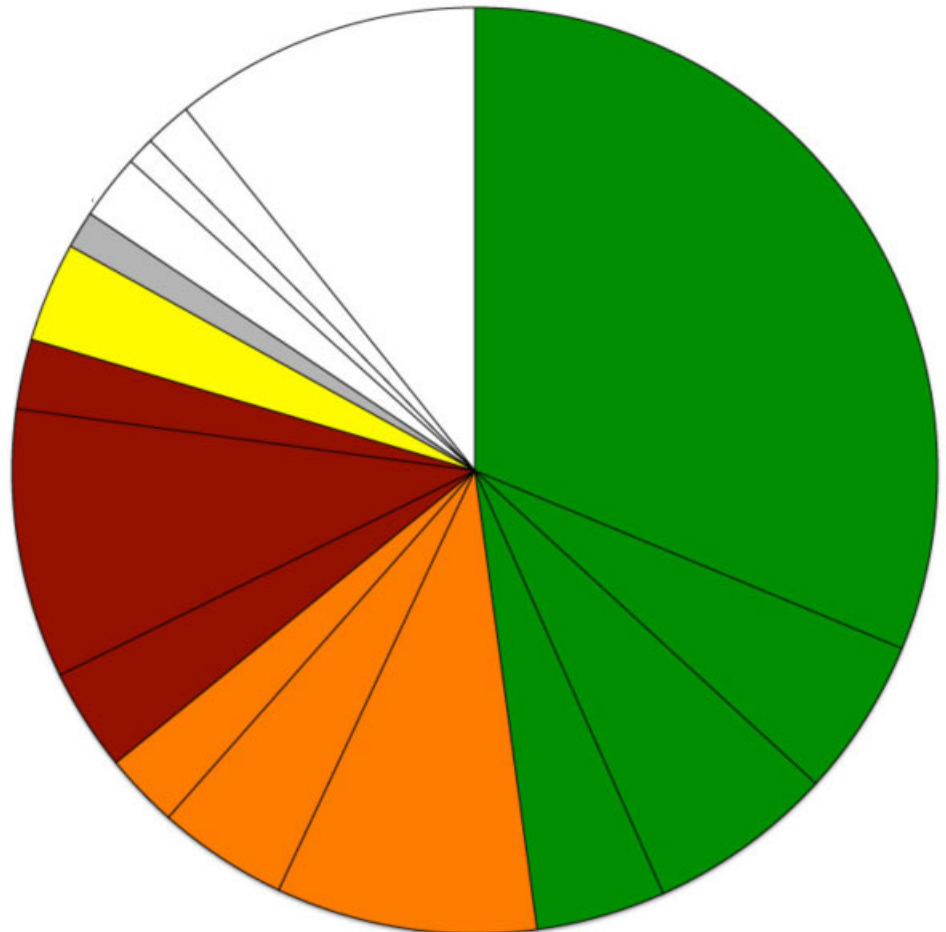
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MEDICARE

- Federal Single Payer system
- Does include premiums, deductibles, co-pays
- Covers most stuff but NOT comprehensive (enter: MediGap supplemental coverage)
- Had annual/lifetime limits on some services
- Pays doctors/hospitals ~80% of private ins.
- Medicare Advantage: Privately managed

MEDICAID

- Hybrid Federal/State Single Payer system
 - Fed Govt pays ~2/3, state pays ~1/3 (varies)
 - Usually doesn't include premiums/etc but varies
 - Comprehensiveness varies widely state to state
 - Pays doctors/hospitals ~50% of private insurance
 - Over 2/3 of Medicaid privately managed (MCO)
- 30% of doctors don't accept Medicaid patients due to low reimbursement rate



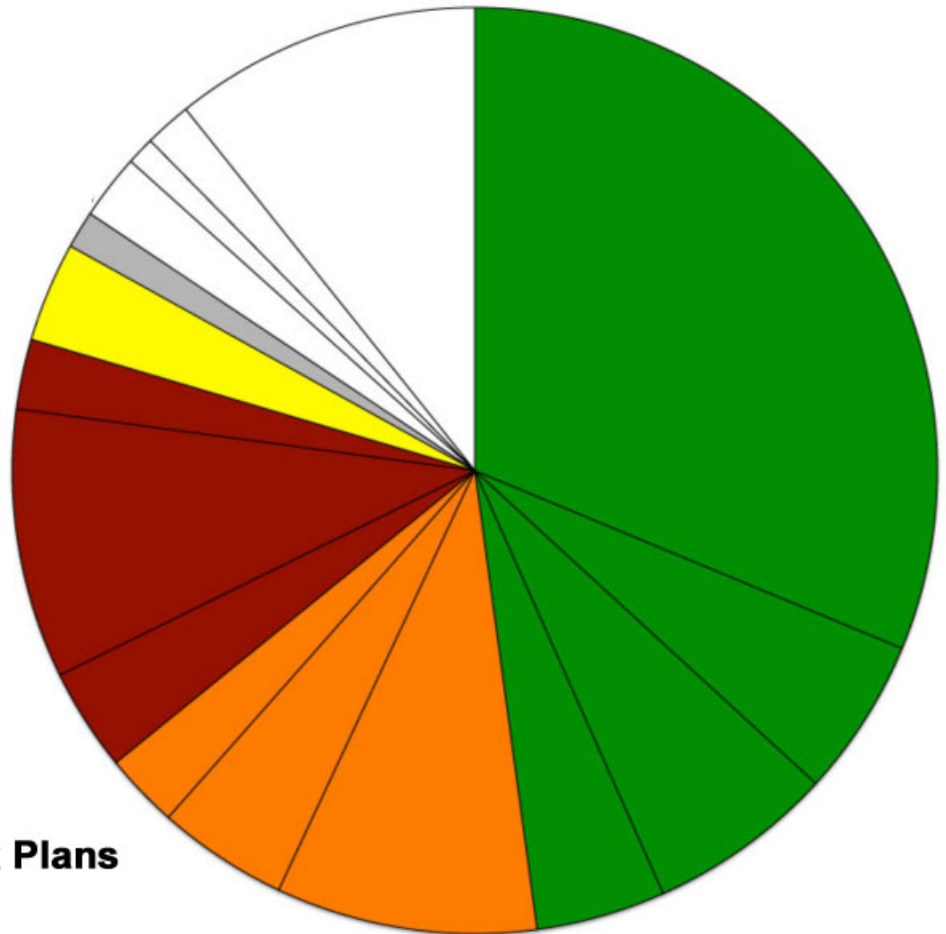
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INDIVIDUAL MARKET

- Plans were all over the map
- Carriers could deny coverage entirely
- Carriers could charge massively for covering pre-existing conditions
- Often had annual/lifetime caps
- **RESCISSION**: Sometimes dropped coverage as soon as you actually got sick over technicalities
- Little/no minimum coverage regulation
- Little/no minimum actuarial value regulation
- Little/no minimum network size regulation

many enrolled in useless “Mini-Meds” aka Junk Plans



Mini-Meds aka “Junk Plans”

*“McDonald’s “McCrew Care” benefits...require employees to pay **\$56/month** for basic coverage that provides **up to \$2,000 in benefits/year**...Ruby Tuesday charges workers **\$18.43/week**... for coverage that provides **up to \$1,250 in outpatient care and \$3,000 in inpatient hospital care**. Denny’s basic plan for hourly employees in 2010 provided **no coverage for inpatient hospital care and capped coverage for doctor office visits at \$300/year.**”*

--Kaiser Family Foundation, 2011

The Three-Legged Stool



The Three-Legged Stool

FIRST LEG:

**GUARANTEED ISSUE
(GI)**

**COMMUNITY RATING
(CR)**

**ESSENTIAL HEALTH BENEFITS
(EHBs)**



The Three-Legged Stool: Leg 1

- **Guaranteed Issue:** Carriers **must sell to everyone** regardless of medical condition, age, pre-existing conditions, etc (and in fact can no longer even ask about medical history at all)
- **Community Rating:** Carriers **cannot charge people different rates** for the same policy based on **any** factors other than:
 - **age** (within a 3:1 ratio)
 - **location** (rating area)
 - **whether they smoke** (50% surcharge)

The Three-Legged Stool: Leg 1

- **Essential Health Benefits (EHBs):** All ACA-compliant policies have to cover:
 1. Ambulatory Services
 2. Emergency Services
 3. Hospitalization (including surgery, overnight stays, etc)
 4. Pregnancy/Maternity/Newborn Care (as well as birth control/breastfeeding)
 5. Mental Health/Substance Abuse Treatment
 6. Prescription Drugs
 7. Rehab Services/Habilitative Devices
 8. Laboratory Services
 9. Preventative/Wellness Services
 10. Pediatric Services, including oral/vision care for children

The Three-Legged Stool: Leg 1

- **Essential Health Benefits (Preventative Care):** All ACA-compliant policies have to cover, AT NO OUT OF POCKET CHARGE:

abdominal aortic aneurysm screening; alcohol misuse screening/counseling; aspirin use; blood pressure screening; cholesterol screening; colorectal cancer screening; depression screening; diabetes screening; diet counseling; hepatitis b screening; hepatitis c screening; HIV screening; immunization vaccines for adults, including diphtheria, hepatitis a & b, herpes zoster, HPV, influenza, measles, meningococcal, mumps, pertussis, pneumococcal, rubella, tetanus, chickenpox; lung cancer screening; obesity screening/counseling; STI prevention counseling; syphilis screening & tobacco use/cessation screening/intervention.

The Three-Legged Stool: Leg 1

- **Qualified Health Plan (QHP) Actuarial Value:** All QHPs have to cover at least 60% of healthcare costs. Available in 4 “Metal Levels”:
 - **BRONZE: 60% AV** (low premiums, high deductible)
 - **SILVER: 70% AV** (mid-range premiums, mid-range deductible)*
 - **GOLD: 80% AV** (higher premiums, low deductible)
 - **PLATINUM: 90% AV** (highest premiums, no deductible)
 - *Catastrophic: 50% AV, very low premiums, insanely high deductibles, only available if you're under 30 or other rare exceptions*
- **(Silver plans are the only ones eligible for Cost Sharing Reduction assistance)*

The Three-Legged Stool



SECOND LEG:

**INDIVIDUAL
MANDATE**

(aka "Shared Responsibility Provision")

(booooooooo!!)

The Three-Legged Stool: Leg 2

- **Individual Mandate:** Everyone (with exceptions) has to have an ACA-compliant healthcare policy for at least 9 months of the year or they have to pay a tax penalty of:
 - **\$695.00/adult** (\$347.50/child) **or**
 - **2.5% of household income** (whichever is greater)
 - maximum of \$2,085/family or the avg. annual premium for a Bronze plan
- Penalty is by month (6 mo uncovered = ½ penalty, etc)
- Exceptions made for various reasons (expatriate, hardship, domestic violence victim, natural disaster, etc)

The Three-Legged Stool



THIRD LEG:

TAX CREDITS

(2 types:

- APTC
- CSR

(yayyyyyyy!!)

The Three-Legged Stool: Leg 3

- **Tax Credits (aka Subsidies): Two types, both based on income relative to the Federal Poverty Level (FPL):**
- **Advance Premium Tax Credits (APTC):** Income between 100-400% FPL (\$12K - \$48K individual; \$24.6K - \$98.4K for a family of 4)
 - **Subsidies INCREASE** as benchmark premiums/deductibles increase (premium goes up 20%? Subsidy goes up ~20%)
 - Subsidies **VARY** by RATING AREA:
 - Avg. premium in Massachusetts: \$290/month
 - Avg. premium in Alaska: \$1,041/month (3.6x as high!)
- **Cost Sharing Reduction (CSR):** Income between 100-250% FPL (\$12K - \$30K individual, \$24.6K - \$61.5K family of 4)

The Three-Legged Stool



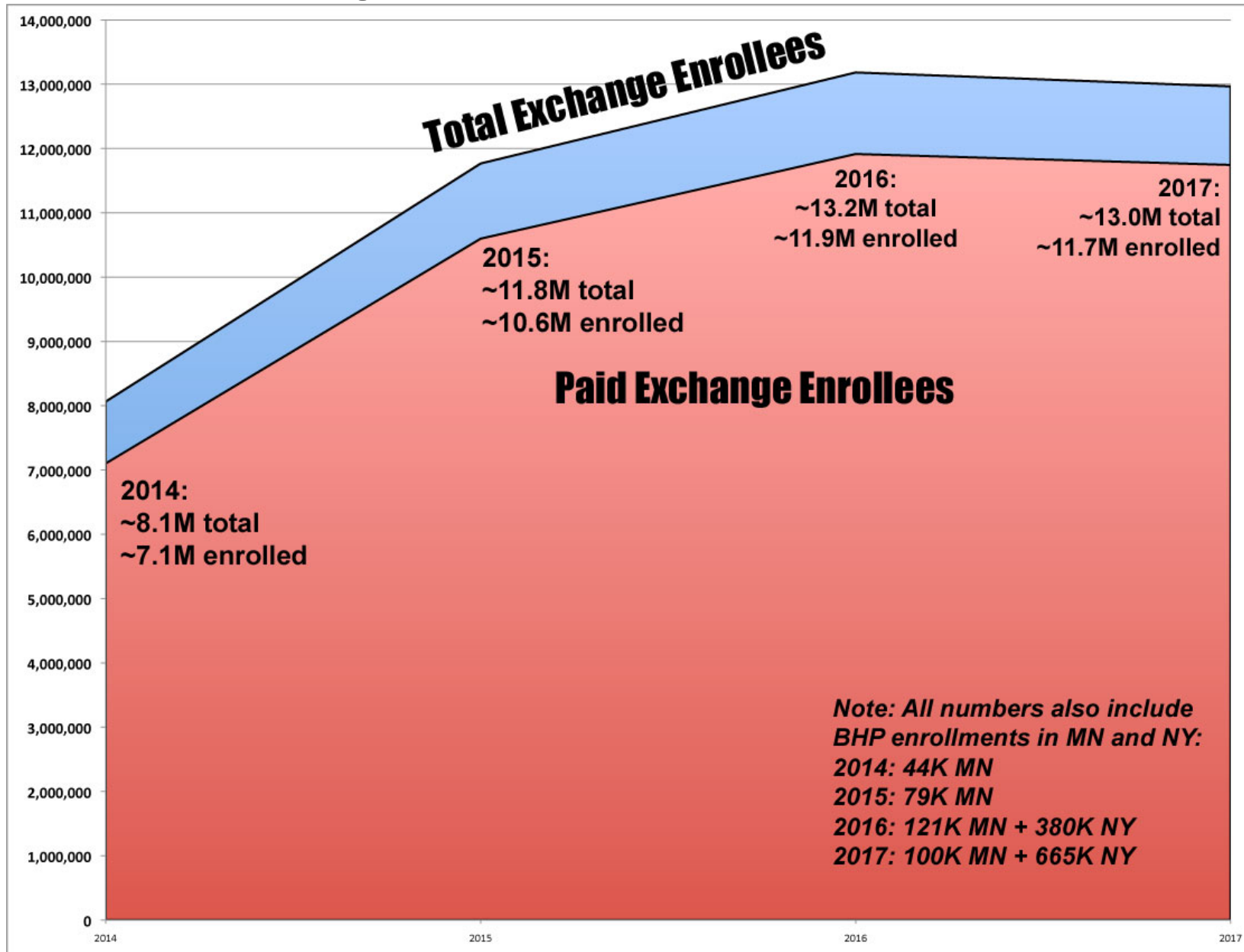
The Three-Legged Stool



The Three-Legged Stool: Open Enrollment

- **2014: 6 months (+2 week overtime)**
 - 8.0 Million selected plans; ~7.0 Million paid/effectuated
 - 44K via Minnesota BHP program
- **2015: 3 months (+1 week overtime)**
 - 11.7 Million selected plans; ~10.5 Million paid/effectuated
 - 79K via Minnesota BHP program
- **2016: 3 months (+1 day overtime)**
 - 12.7 Million selected plans; ~11.4 Million paid/effectuated
 - 121K via MN BHP program; 380K via NY BHP program
- **2017: 3 months (no overtime)**
 - 12.2 Million selected plans; ~11.0 Million paid/effectuated
 - 100K via MN BHP program; 665K via NY BHP program
- ***2018: 45 DAYS (11/01 – 12/15)***

ACA Open Enrollment Periods



Basic Health Plan (BHP) program

- Only Minnesota & New York have adopted it so far
- Basically amounts to “Medicaid Plus”
- Only available to those between 138% - 200% FPL; costs \$20/month flat, available year round
- Around 100,000 in Minnesota, 665,000 in NY

Medicaid Expansion

- **Expands Medicaid eligibility to EVERYONE up to 138% FPL (\$16.6K/yr for individual) regardless of pre-ACA eligibility**
- 31 states + DC expanded; **19 states (all GOP held) still refusing**
- **~2.6 MILLION** people caught in **Medicaid Gap**: Don't qualify for Medicaid, but earn **too little** to qualify for ACA tax credits

- **October 2013: 57.4 million** enrolled in Medicaid
- **October 2016: 74.4 million** enrolled in Medicaid
- Net increase of 17.0 million
- 13.0 million of that due to ACA expansion (+special from NY)
- 3-4 million via "Woodworkers"...people who were **already** eligible for Medicaid **pre-ACA** but either didn't know it or were reluctant to until the ACA went into effect.

MEDICAID/CHIP ELIGIBILITY LEVELS (pre-ACA vs. 2016)										
	Children				Pregnant Women		Adults (PRE-EXPANSION)		Adults (Medicaid) POST-EXPANSION	
	Medicaid 0-1	Medicaid Ages 1-5	Medicaid Ages 6-18	Separate CHIP	Medicaid	CHIP	Parent/ Caretaker	Expansion to Adults	Parent/ Caretaker	Non-Parent Adults
Alabama	141%	141%	141%	312%	141%		23%	0%	13%	0%
Alaska	203%	203%	203%		200%		78%	0%	142%	133%
Arizona	147%	141%	133%	200% ⁷	156%		106%	100%	106%	133%
Arkansas	142%	142%	142%	211%	209%		16%	0%	17%	133%
California	261%	261%	261%	317% ⁸	208%		106%	0%	109%	133%
Colorado	142%	142%	142%	260%	195%	260%	106%	20%	68%	133%
Connecticut	196%	196%	196%	318%	258%		191%	70%	150%	133%
Delaware	212%	142%	133%	212%	212%		120%	110%	87%	133%
District of Col.	319%	319%	319%		319%		206%	211%	216%	210%
Florida	206%	140%	133%	210%	191%		56%	0%	29%	0%
Georgia	205%	149%	133%	247%	220%		48%	0%	34%	0%
Hawaii	308%	308%	308%		191%		133%	133%	105%	133%
Idaho	142%	142%	133%	185%	133%		37%	0%	24%	0%
Illinois	142%	142%	142%	313%	208%		139%	0%	133%	133%
Indiana	208%	158%	158%	250%	208%		24%	0%	19%	133%
Iowa	375%	167%	167%	302%	375%		80%	0%	54%	133%
Kansas	166%	149%	133%	238%	166%		31%	0%	33%	0%
Kentucky	195%	159%	159%	213%	195%		57%	0%	23%	133%
Louisiana	212%	212%	212%	250%	133%		24%	0%	19%	133%
Maine	191%	157%	157%	208%	209%		133%	0%	100%	0%
Maryland	317%	317%	317%		259%		122%	0%	123%	133%
Massachusetts	200%	150%	150%	300%	200%		133%	0%	133%	133%
Michigan	212%	212%	212%		195%		64%	0%	54%	133%
Minnesota	283%	275%	275%		278%		215%	75%	133%	200%
Mississippi	194%	143%	133%	209%	194%		29%	0%	23%	0%
Missouri	196%	150%	150%	300%	196%	300%	35%	0%	18%	0%
Montana	143%	143%	143%	261%	157%		54%	0%	24%	133%
Nebraska	213%	213%	213%		194%		58%	0%	58%	0%
Nevada	160%	160%	133%	200%	160%		84%	0%	32%	133%
New Hampshire	318%	318%	318%		196%		47%	0%	68%	133%
New Jersey	194%	142%	142%	350%	194%	200%	200%	0%	32%	133%
New Mexico	300%	300%	240%		250%		85%	0%	46%	133%
New York	218%	149%	149%	400%	218%		150%	100%	133%	200%
North Carolina	210%	210%	133%	211%	196%		47%	0%	44%	0%
North Dakota	147%	147%	133%	170%	147%		57%	0%	52%	133%
Ohio	206%	206%	206%		200%		96%	0%	90%	133%
Oklahoma	205%	205%	205%		133%		51%	0%	41%	0%
Oregon	185%	133%	133%	300%	185%		39%	0%	40%	133%
Pennsylvania	215%	157%	133%	314%	215%		58%	0%	33%	133%
Rhode Island	261%	261%	261%		190%	253%	181%	0%	116%	133%
South Carolina	208%	208%	208%		194%		89%	0%	62%	0%
South Dakota	182%	182%	182%	204%	133%		50%	0%	57%	0%
Tennessee	195%	142%	133%	250%	195%		122%	0%	103%	0%
Texas	198%	144%	133%	201%	198%		25%	0%	15%	0%
Utah	139%	139%	133%	200%	139%		42%	0%	44%	0%
Vermont	312%	312%	312%		208%		191%	160%	53%	133%
Virginia	143%	143%	143%	200%	143%	200%	30%	0%	49%	0%
Washington	210%	210%	210%	312%	193%		71%	0%	40%	133%
West Virginia	158%	141%	133%	300%	158%		31%	0%	19%	133%
Wisconsin	301%	186%	151%	301%	301%		200%	100%	95%	0%/95%
Wyoming	154%	154%	133%	200%	154%		50%	0%	55%	0%

MEDICAID/CHIP ELIGIBILITY LEVELS

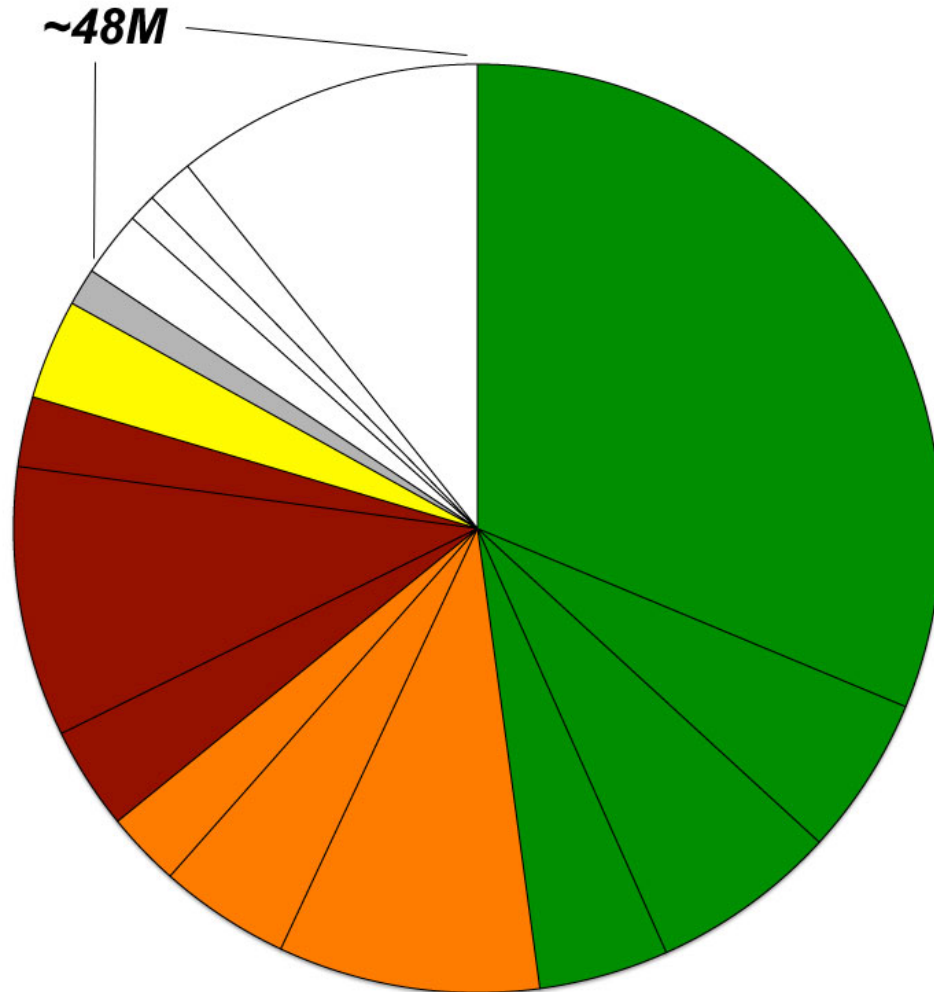
There are 8 different categories in each state with different income eligibility levels:

- Pregnant Women
- Pregnant Women (CHIP)
- Infants
- Children 1-5
- Children 6-18
- Children (CHIP)
- Parents of children under 18
- Adults without children under 18
- Income thresholds were all over the map, from 0% (no one) to as high as 317%
- ACA made 133% (138%) the minimum for all categories in all states which expanded Medicaid

ACA Improvements:

- **Lg. Group, Sm. Group & Individual Market:**
 - NO Annual or Lifetime limits on coverage for ANYONE
 - ALL plans must have Guaranteed Issue, Community Rating, Essential Health Benefits
 - ALL plans must cover a range of preventative care services at \$0 out of pocket cost
 - YOUNG ADULTS can stay on parents' plans until 26
- Medicare: Closes Part D Donut hole; extends funding by 7 years
- A whole mess of other stuff

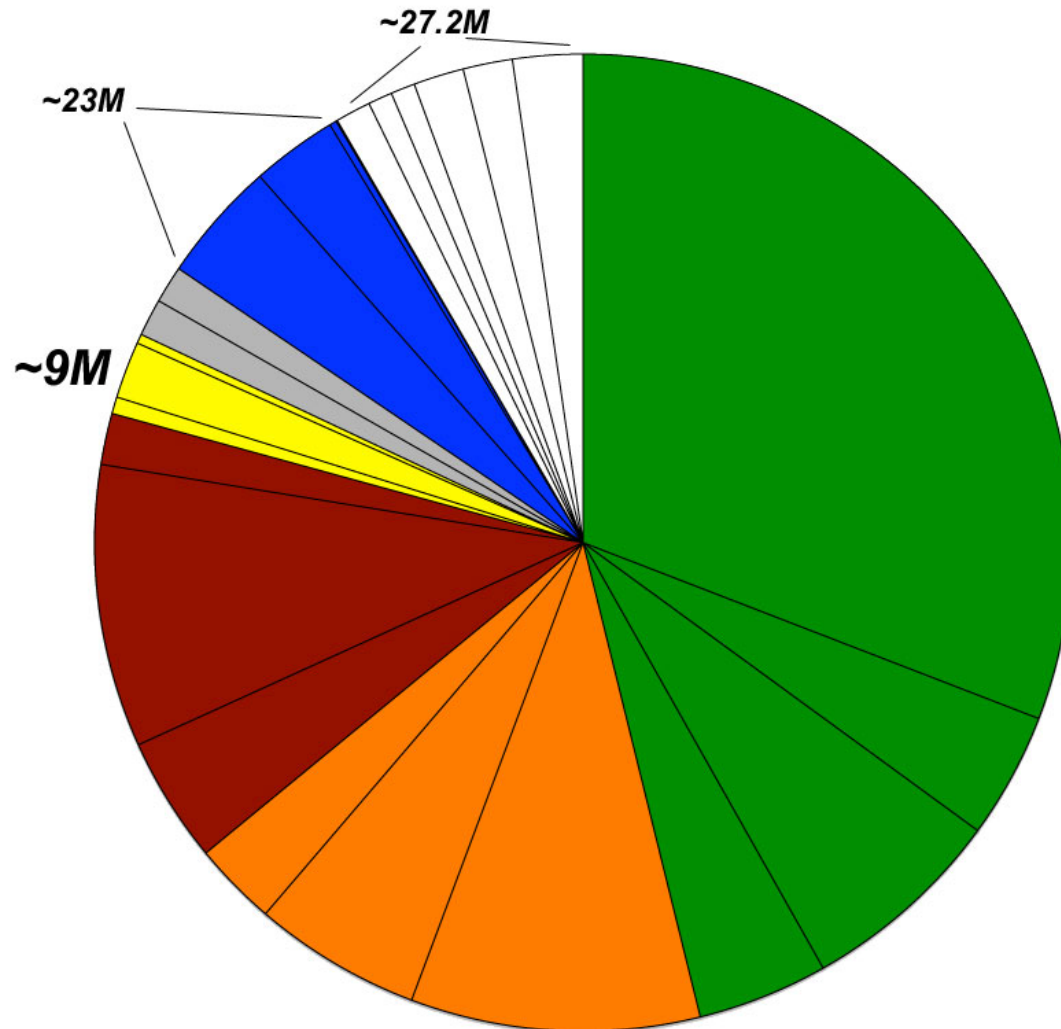
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Employment-Based (TriCare, VA)	13,900,000	4.5%
Medicare - Traditional (Seniors)	28,000,000	9.1%
Medicare Advantage	14,000,000	4.6%
Medicare (Under 65)	8,000,000	2.6%
Medicaid (Traditional - Adults)	11,000,000	3.6%
Medicaid (Traditional - Children)	28,900,000	9.4%
Pre-ACA CHIP (Children)	7,500,000	2.4%
Individual Market	10,700,000	3.5%
Other Nongroup (HIS, Student, etc)	4,000,000	1.3%
Uninsured - Medicaid Eligible	7,000,000	2.3%
Uninsured - CHIP Eligible	3,000,000	1.0%
Uninsured - Undoc. Immigrants	5,000,000	1.6%
Other	33,000,000	10.7%
TOTAL	307,000,000	100.0%

The Healthcare Coverage Landscape as of March 2017



2017: ~27.2M uninsured

Type of Coverage	Number	Percent
Employer - Lg. Group (Private)	100,000,000	30.9%
Employer - Sm. Group (Private)	13,500,000	4.2%
Employer (Fed/State/Local Gov't)	22,000,000	6.8%
Employment-Based (TriCare, VA)	14,000,000	4.3%
Medicare - Traditional (Seniors)	31,000,000	9.6%
Medicare Advantage	18,000,000	5.6%
Medicare (Under 65)	9,000,000	2.8%
Medicaid (Traditional - Adults)	13,500,000	4.2%
Medicaid (Traditional - Children)	30,300,000	9.4%
Pre-ACA CHIP (Children)	5,500,000	1.7%
Exchange-Based (Unsubsidized)	1,800,000	0.6%
Off-Exchange (ACA Compliant)	6,100,000	1.9%
Off-Exchange (GF/Transitional)	1,000,000	0.3%
Other Nongroup (HIS, Student, etc)	4,000,000	1.2%
Medicaid/CHIP (WOODWORKERS)	4,000,000	1.2%
Medicaid/CHIP (ACA Expansion)	13,000,000	4.0%
Exchange-Based (Subsidized)	9,200,000	2.8%
Basic Health Program	750,000	0.2%
SHOP (ACA Exchange Sm. Biz)	150,000	0.0%
Uninsured - Medicaid Eligible	3,800,000	1.2%
Uninsured - CHIP Eligible	2,600,000	0.8%
Uninsured - Medicaid Gap	2,600,000	0.8%
Uninsured - Undoc. Immigrants	5,400,000	1.7%
Eligible for Tax Credits	5,300,000	1.6%
Ineligible for Tax Credits	7,500,000	2.3%
TOTAL	324,000,000	100.0%

The Healthcare Coverage Landscape as of March 2017

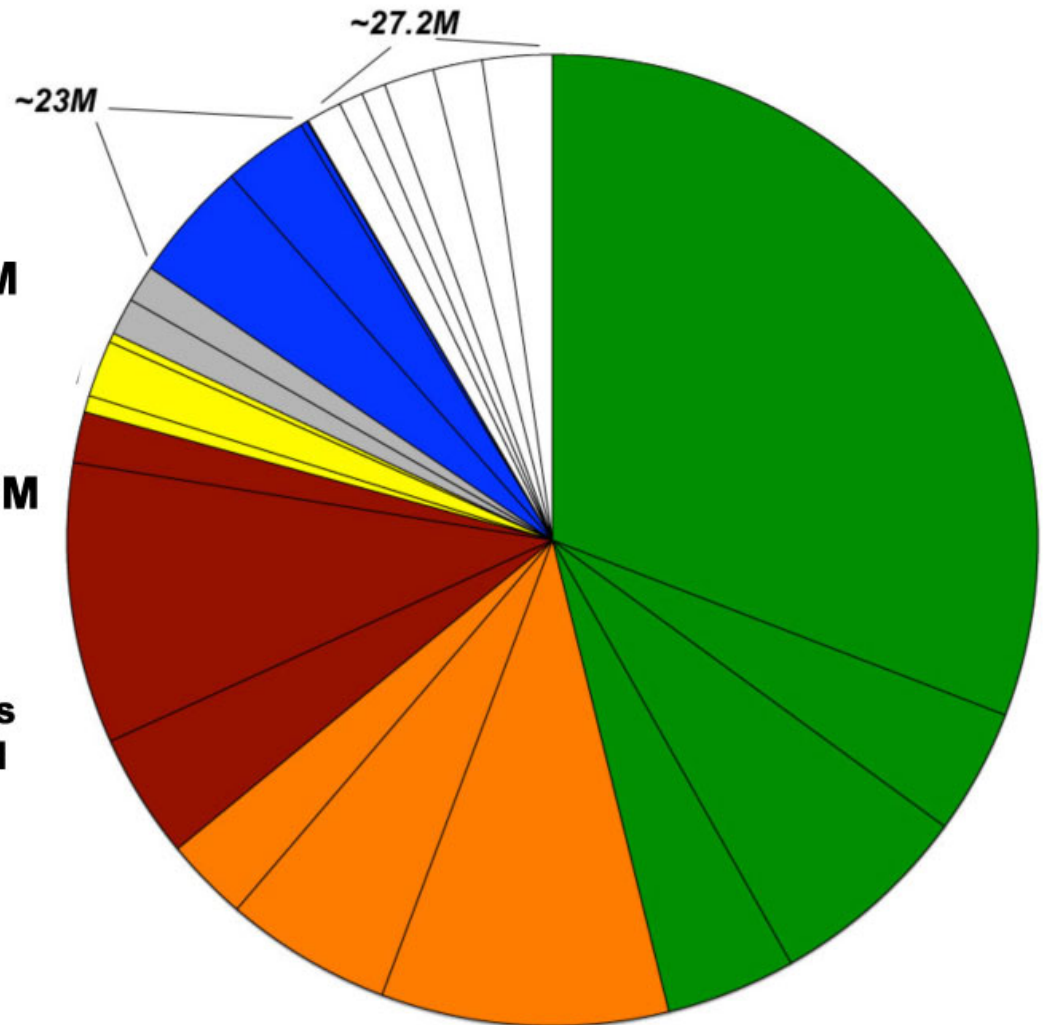
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- **Individual Market:**
 - subsidized (on exchange): ~9M
 - unsubsidized (on exchange): ~1.5M
 - unsubsidized (off exchange): ~6M
 - pre-ACA (off exchange): ~1.5M

- **Total ACA-compliant market: ~16.5M**
- **Total Individual Market: ~18M**

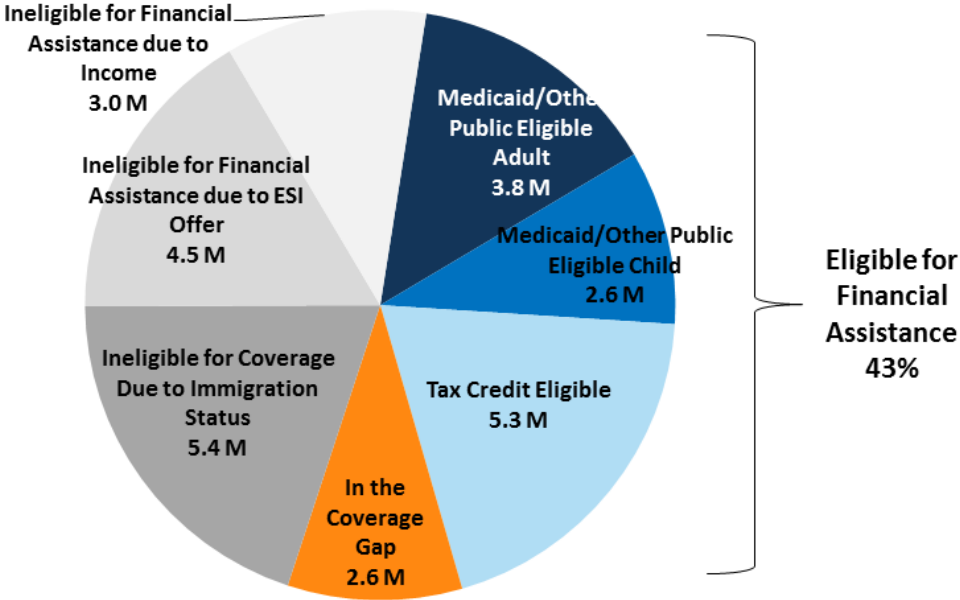
- **MEDICAID EXPANSION:**
 - Around 13 million added across 31 states
 - Another 750,000 added via BHP in NY/MN
 - Another 3-4M added as “woodworkers”

- NET COVERAGE GAIN: 22-23 MILLION**
 - ~14 million via Medicaid
 - ~7 million via Individual market
 - ~1-2 million other (young adults, etc)



Who are the remaining uninsured?

Figure 1
Eligibility for ACA Coverage Among Nonelderly Uninsured as of 2016



Total = 27.2 Million Nonelderly Uninsured

NOTES: Numbers may not sum to totals due to rounding. Tax Credit Eligible share includes adults in MN and NY who are eligible for coverage through the Basic Health Plan. Medicaid/Other Public also includes CHIP and some state-funded programs for immigrants otherwise ineligible for Medicaid.

SOURCE: Kaiser Family Foundation analysis based on 2016 Medicaid eligibility levels and 2016 Current Population Survey.



Who are Indy Exchanges & Medicaid Expansion Working/Not Working for?

ACA/Obamacare Individual Market Subsidy/Medicaid Expansion Chart (crude/rough)										
Charles Gaba / ACASignups.net										
Household Size	<100% FPL	100% FPL	138% FPL	200% FPL	250% FPL	300% FPL	400% FPL	500% FPL	620% FPL	>620% FPL
1 (individual)	<100% FPL covered by Medicaid in 31 states +DC; some covered by Medicaid in other 19 states.	\$12,060	\$16,643	\$24,120	\$30,150	\$36,180	\$48,240	\$60,300	\$75,000	
family of 2		\$16,240	\$22,411	\$32,480	\$40,600	\$48,720	\$64,960	\$81,200	\$100,688	
family of 3		\$20,420	\$28,180	\$40,840	\$51,050	\$61,260	\$81,680	\$102,100	\$126,604	
family of 4		\$24,600	\$33,948	\$49,200	\$61,500	\$73,800	\$98,400	\$123,000	\$152,520	
family of 5		\$28,780	\$39,716	\$57,560	\$71,950	\$86,340	\$115,120	\$143,900	\$178,436	
family of 6		\$32,960	\$45,485	\$65,920	\$82,400	\$98,880	\$131,840	\$164,800	\$204,352	
family of 7		\$37,140	\$51,253	\$74,280	\$92,850	\$111,420	\$148,560	\$185,700	\$230,268	
family of 8		\$41,320	\$57,022	\$82,640	\$103,300	\$123,960	\$165,280	\$206,600	\$256,184	
Medicaid/CHIP (31 expansion states +DC)	eligible for Medicaid/CHIP									
Medicaid/CHIP (19 non-expansion states)	~2.6M People	eligible for high-subsidy QHP								
Advance Premium Tax Credits via exchange QHPs		high APTC subsidies (for premiums)			medium APTC subsidies	Low APTC subsidies	Low APTC subsidies	no financial assistance	no financial assistance considered necessary	
Cost Sharing Revenue (CSR) via exchange QHPs		High CSR Subsidies (for deductibles/co-pays)			low CSR subsidies	NO CSR subsidies	NO CSR subsidies			
	= ACA/Obamacare working very well									
	= ACA/Obamacare needs minor improvements									
	= ACA/Obamacare needs significant improvements									
	= ACA/Obamacare needs major improvements									

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1 (individual)	<100% FPL covered by Medicaid in 31 states +DC; <i>some</i> covered by Medicaid in other 19 states.	\$12,060	\$16,643	\$24,120	\$30,150	\$36,180	\$48,240	\$60,300	\$75,000	
family of 2		\$16,240	\$22,411	\$32,480	\$40,600	\$48,720	\$64,960	\$81,200	\$100,688	
family of 3		\$20,420	\$28,180	\$40,840	\$51,050	\$61,260	\$81,680	\$102,100	\$126,604	
family of 4		\$24,600	\$33,948	\$49,200	\$61,500	\$73,800	\$98,400	\$123,000	\$152,520	
family of 5		\$28,780	\$39,716	\$57,560	\$71,950	\$86,340	\$115,120	\$143,900	\$178,436	
family of 6		\$32,960	\$45,485	\$65,920	\$82,400	\$98,880	\$131,840	\$164,800	\$204,352	
family of 7		\$37,140	\$51,253	\$74,280	\$92,850	\$111,420	\$148,560	\$185,700	\$230,268	
family of 8		\$41,320	\$57,022	\$82,640	\$103,300	\$123,960	\$165,280	\$206,600	\$256,184	
Medicaid/CHIP (31 expansion states +DC)	eligible for Medicaid/CHIP									
Medicaid/CHIP (19 non-expansion states)	~2.6M People	eligible for high-subsidy QHP								
Advance Premium Tax Credits via exchange QHPs		high APTC subsidies (for premiums)			medium APTC subsidies	Low APTC subsidies	Low APTC subsidies	no financial assistance	no financial assistance considered necessary	
Cost Sharing Revenue (CSR) via exchange QHPs		High CSR Subsidies (for deductibles/co-pays)			low CSR subsidies	NO CSR subsidies	NO CSR subsidies	no financial assistance	no financial assistance considered necessary	
	= ACA/Obamacare working very well = ACA/Obamacare needs minor improvements = ACA/Obamacare needs significant improvements = ACA/Obamacare needs major improvements									

\$15 billion/year should do it!

Legitimate Problems w/the ACA:

- **MEDICAID:**
 - **MEDICAID GAP (2.6M):** 19 states haven't expanded (*blame GOP*)
 - Dr./Hospital reimbursement too low (~40% of private rates)
 - Feds cover 90-95% of expansion Medicaid funding but only 50-75% of traditional Medicaid; states constantly raiding their share or messing w/ program requirements/coverage
- **GROUP COVERAGE:**
 - **Employer mandate** ironically encourages “Job Lock” while also adding a bunch of paperwork for tracking employees (but also provides partial funding for exchange subsidies/Medicaid expansion)
 - **INELIGIBLE DUE TO ESI OFFER (4.5M):** Employer plans glitch allows **Catastrophic** (Lead) plans “left on the table” to disqualify employees for individual exchange tax credits
- **RISK CORRIDOR FUNDING:** Thanks, Marco Rubio!! (supplemental)

Legitimate Problems w/the ACA:

- **UNDOCUMENTED IMMIGRANTS (5.4M):**

ACA doesn't allow undocumented immigrants onto Medicaid **or** ACA exchanges **even at full price** (unsubsidized). CA nearly passed state law to allow it but rescinded after Trump took office.

- **MEDICAID/CHIP ELIGIBLE (6.4M):**

OUTREACH, OUTREACH, OUTREACH...and obstruction by GOP officials at state level (remember, most of these are eligible for **trad.** Medicaid)

- **TAX CREDIT ELIGIBLE/INCOME INELIGIBLE (8.3M):**

- APTC too skimpy (400% FPL cut-off, not generous enough 300-400%)
- CSR too skimpy (250% FPL cut-off, not generous enough 200-250%)
- ESI ineligibility allows skinny plans to be considered “compliant”
- **“Family Glitch”**: If 1 member on employee-only ESI, others don't qualify for exchange subsidies (~3M people)

How I'd Fix the ACA's Problems:

1. **Fix the "Family Glitch":** Other family members should qualify for APTC/CSR even if someone in the family is covered by ESI.
2. **Fix the "Skinny Plan Glitch":** Require ESI policies to be at least Bronze-strength (preferably Silver) before employees are ineligible for APTC/CSR
3. **Restore Risk Corridor funding** (& extend it indefinitely). The money is legally owed to the carriers anyway, and the program works just fine for Medicare Part D).
4. **Guarantee CSR Payments.** House GOP brought a lawsuit charging CSR payments are unconstitutional even though they're legally mandated. Case pending; sword of Damocles causing monthly uncertainty.
5. **Require ALL Individual Market plans be offered on the exchanges** (better yet, **exclusively** on-exchange, as DC has done for 4 years). Less confusion, no income-based cherry-picking, easier tracking of enrollment trends.
6. Beef up Individual Mandate Penalty *(Not gonna happen. Move on.)*
7. **BEEF UP THE TAX CREDITS (both APTC & CSR)**

Three-Legged Stool Fixes



How would I fix the ACA tax credits?

- Remove 100% minimum cap to ensure all non-expansion residents qualify
- Remove 400% maximum cap (still tapering off), beef 'em up below that.
- Raise the cap on CSR from 250% to 500% (still tapering off towards top)
- \$15B/year should do it. Change APTC structure to something like this:

ACA Tax Credit Premium Cap (current)		ACA Tax Credit Premium Cap (my proposal)	
Income (FPL %)	Premium Cap (Max % of income paid for 2nd-lowest Silver plan available)	Income (FPL %)	Premium Cap (Max % of income paid for 2nd-lowest Silver plan available)
< 100%	No Cap (credits not available)	< 100%	1%
100-133%	2.04%	100-150%	2%
133-150%	3.06 - 4.08%	150-200%	3%
150-200%	4.08 - 6.43%	200-250%	4%
200-250%	6.43 - 8.21%	250-300%	5%
250-300%	8.21 - 9.69%	300-350%	6%
300-400%	9.69%	350-400%	7%
> 400%	No Cap (credits not available)	400-450%	8%
		450-500%	9%
		500-600%	10%
		>600%	10%

Charles Gaba / ACA Signups

So, what's in Trumpcare?

(aka the “American Health Care Act” or “AHCA”)



So, what's in Trumpcare?

(aka the “American Health Care Act” or “AHCA”)

- **DEFUNDS** Planned Parenthood (\$530 million/year...40% of their total budget)
- **DEFUNDS** Medicaid Expansion (starting in 2020, via attrition...no new enrollees, current ones can't come back once they leave.
- **DEFUNDS** Cost Sharing Reductions (CSR) **completely** starting in 2020.
- **CUTS NON-ACA MEDICAID FUNDING 25% AND CAPS IT** (reduces care and/or kicks more off later)
- **CHANGES Tax Credits** (APTC) from INCOME-based to AGE based (\$2,000 for younger --> \$4,000 for older enrollees)
- **Tax credits NO LONGER INCREASE** to match premium hikes, nor do they vary by geography/rating area
- **Changes AGE BAND from 3:1 to 5:1**
(older enrollees can be charge **5x as much** as younger...and that's WITHOUT waivers)
- **ELIMINATES** the minimum 60% AV (Bronze) requirement; **HELLO JUNK PLANS!**
- **\$138 billion** over 9 years to states for High Risk Pools, Reinsurance programs, etc (part of this is effectively replacing money they stole from the Risk Corridor program)
- **CHANGES Mandate penalty to a 30%, 1-yr premium surcharge for not maintaining continuous coverage...w/penalty going to CARRIER, not IRS**
- **WIPES OUT** over half the revenue to fund ACA...including **3.8% investment tax on rich people & 0.9% Medicare payroll tax**. Replaces with...not much of anything.
- **This would give top 1% avg. \$33,000 tax cut; top 0.1% avg. \$197,000 tax cut; and top 400 richest Americans an AVERAGE TAX CUT OF \$7 MILLION.**

How does Trumpcare change tax credits?

ACA/Obamacare Individual Market Subsidy/Medicaid Expansion Chart (crude/rough)
Charles Gaba / ACASignups.net

Household Size	<100% FPL	100% FPL	138% FPL	200% FPL	250% FPL	300% FPL	400% FPL	500% FPL	620% FPL	>620% FPL
1 (individual)		\$12,060	\$16,643	\$24,120	\$30,150	\$36,180	\$48,240	\$60,300	\$75,000	
family of 2	<100% FPL covered by Medicaid in 31 states +DC; <i>some</i> covered by Medicaid in other 19 states.	\$16,240	\$22,411	\$32,480	\$40,600	\$48,720	\$64,960	\$81,200	\$100,688	
family of 3		\$20,420	\$28,180	\$40,840	\$51,050	\$61,260	\$81,680	\$102,100	\$126,604	
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Medicaid/CHIP (31 expansion states +DC)		eligible for Medicaid/CHIP								
Medicaid/CHIP (19 non-expansion states)	~2.6M People	eligible for high-subsidy QHP								
Advance Premium Tax Credits via exchange QHPs		high APTC subsidies (for premiums)			medium APTC subsidies	Low APTC subsidies	Low APTC subsidies	no financial assistance	no financial assistance considered necessary	
Cost Sharing Revenue (CSR) via exchange QHPs		High CSR Subsidies (for deductibles/co-pays)			low CSR subsidies	NO CSR subsidies	NO CSR subsidies			

- = ACA/Obamacare working very well
- = ACA/Obamacare needs minor improvements
- = ACA/Obamacare needs significant improvements
- = ACA/Obamacare needs major improvements

AHCA/Trumppublicare Individual Market Subsidy Impact Chart (crude/rough)
Charles Gaba / ACASignups.net

Age (individual)	<100% FPL	100% FPL	138% FPL	200% FPL	250% FPL	300% FPL	400% FPL	500% FPL	620% FPL	>620% FPL
under 30	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	no tax credits
30-39	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	(but huge tax cut for >\$200K)
40-49	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	
50-59	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	
60-64	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	

- = GOP tax credits are unnecessary windfall
- = GOP tax credits similar to now
- = GOP tax credits screw people a little
- = GOP tax credits screw people a LOT

PARTIAL LIST OF PRE-EXISTING CONDITIONS

as defined by major insurance carriers pre-ACA

- Acne
- Acromegaly
- AIDS or ARC
- Alzheimer's Disease
- Amyotrophic Lateral Sclerosis
- Anemia (Aplastic, Cooley's, Hemolytic, Mediterranean or Sickle Cell)
- Anxiety
- Aortic or Mitral Valve Stenosis
- Arteriosclerosis
- Arteritis
- Asbestosis
- Asthma
- Bipolar disease
- Cancer
- Cardiomyopathy
- Cerebral Palsy (infantile)
- Chronic Obstructive Pulmonary Disease
- Cirrhosis of the Liver
- Coagulation Defects
- Congestive Heart Failure
- Cystic Fibrosis
- Demyelinating Disease
- Depression
- Dermatomyositis
- Diabetes
- Dialysis
- Esophageal Varicosities
- Friedreich's Ataxia
- Hepatitis (Type B, C or Chronic)
- Menstrual irregularities
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Obesity
- Organ transplants
- Paraplegia
- Parkinson's Disease
- Polycythemia Vera
- Pregnancy
- Psoriatic Arthritis
- Pulmonary Fibrosis
- Renal Failure
- Sarcoidosis
- Scleroderma
- Sex reassignment
- Sjogren's Syndrome
- Sleep apnea
- Transsexualism
- Tuberculosis

TABLE 1

Estimates of premium surcharges for a 40-year-old individual with selected health conditions

Condition	Surcharge as a share of standard premium	Surcharge, in dollars	Surcharge adjusted for invisible risk pool, in dollars
Metastatic cancer	3,500%	\$142,650	\$140,510
Lung, brain, and other severe cancers	1,790%	\$72,980	\$71,880
Colorectal, breast (age 50 and younger), kidney, and other cancers	703%	\$28,660	\$28,230
Diabetes without complication	137%	\$5,600	\$5,510
Rheumatoid arthritis and specified autoimmune disorders	652%	\$26,580	\$26,180
Major depressive and bipolar disorders	208%	\$8,490	\$8,370
Drug dependence	502%	\$20,450	\$20,140
Autistic disorder	135%	\$5,510	\$5,420
Seizure disorders and convulsions	179%	\$7,300	\$7,190
Congestive heart failure	459%	\$18,720	\$18,440
Acute myocardial infarction	1,422%	\$57,960	\$57,090
Asthma	106%	\$4,340	\$4,270
Stage 4 chronic kidney disease	286%	\$11,650	\$11,470
Completed pregnancy with no or minor complications	425%	\$17,320	\$17,060

Note: Surcharge as a share of standard premium assumes that \$4,020 is the standard rate for coverage for individuals who are healthy at the time of application.

Source: Authors' calculations based on Centers for Medicare and Medicaid Services, "March 31, 2016, HHS-Operated Risk Adjustment Methodology Meeting: Discussion Paper" (2016), available at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/RA-March-31-White-Paper-032416.pdf>.

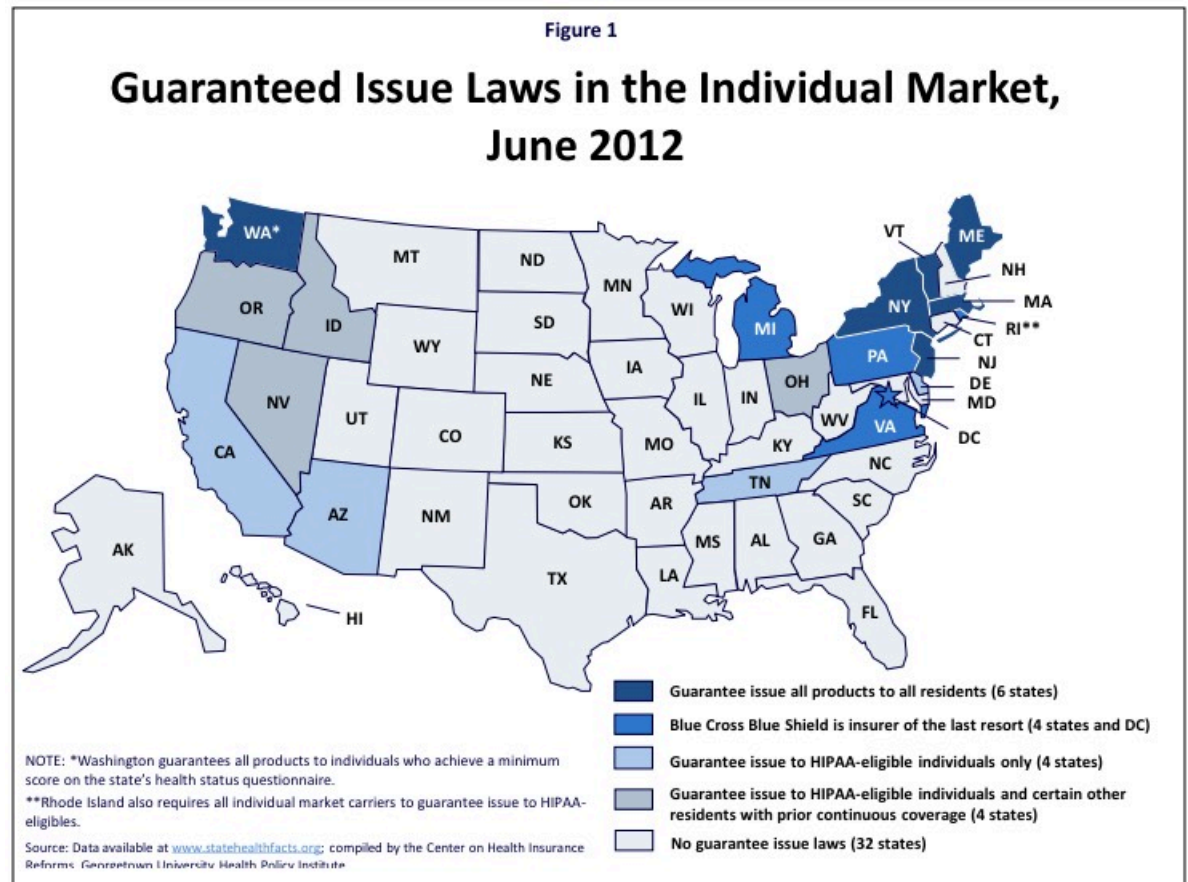


How ACHA (Trumpcare) would change pre-existing condition coverage

States with full Guaranteed Issue pre-ACA:

Maine
Massachusetts
New Jersey
New York
Rhode Island*
Vermont
Washington State*

*RI/WA = some exceptions



“105% Rate Hike Due to Obamacare”?

- Only included HC.gov states
- Doesn't include tax subsidies for 50% of the market
- Apples/Oranges since 44 states allowed discrimination/cherry-picking of those w/pre-existing conditions prior to the ACA
- **With tax credits included**, average 4-yr increase drops to 22%

Average % Premium Increase, 2013 - 2017	
Alabama	223%
Alaska	203%
Arizona	190%
Arkansas	128%
Delaware	108%
Florida	84%
Georgia	106%
Hawaii	78%
Illinois	108%
Indiana	74%
Iowa	110%
Kansas	106%
Kentucky	75%
Louisiana	123%
Maine	55%
Michigan	90%
Mississippi	116%
Missouri	145%
Montana	133%
Nebraska	153%
Nevada	86%
New Hampshire	32%
New Jersey	12%
New Mexico	97%
North Carolina	176%
North Dakota	44%
Ohio	86%
Oklahoma	201%
Oregon	110%
Pennsylvania	120%
South Carolina	120%
South Dakota	124%
Tennessee	176%
Texas	82%
Utah	101%
Virginia	77%
West Virginia	169%
Wisconsin	93%
Wyoming	107%
All 38 HC.gov States	105%

“105% Rate Hike Due to Obamacare”?

- When you add 9 more states, **unsubsidized** average drops to a **94%** 4-yr increase
- When you add 9 more states, **subsidized** average drops to a **19%** 4-yr increase
- (still missing CA, NY, DC)

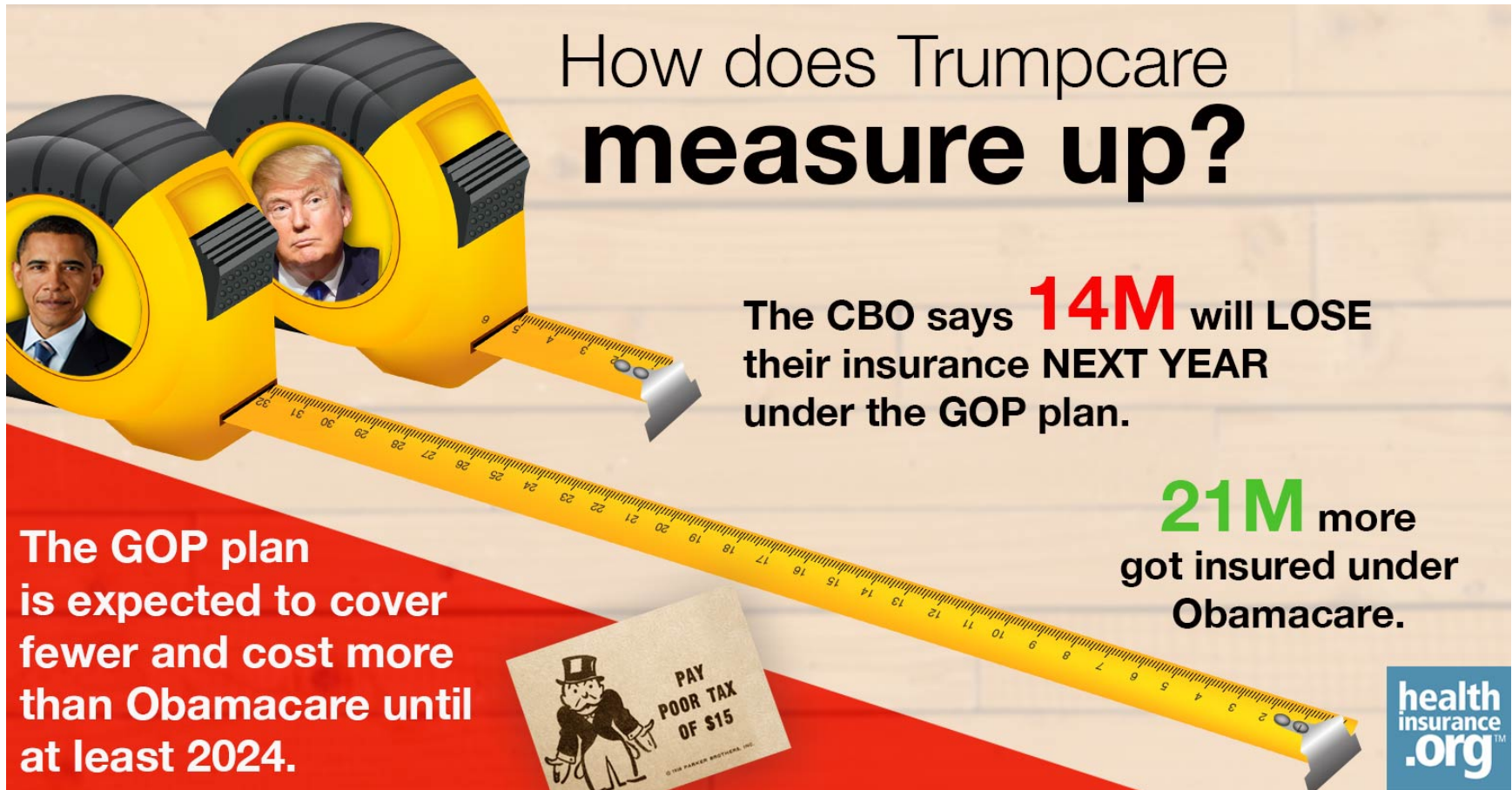
AVERAGE INDIVIDUAL MARKET MONTHLY PREMIUMS, 2017 VS. 2013: UNSUBSIDIZED RATES ONLY vs. BLENDED SUBSIDIZED/UNSUBSIDIZED Charles Gaba / ACA Signups.net							
State Name	(via HHS/ASPE report)				(via ACA Signups)		
	Avg Monthly Premium 2013	Avg Monthly Premium 2017 total indy mkt UNSUBSIDIZED	Dollar Increase 2013 - 2017 APTC NOT Included	% Increase 2013-2017 APTC NOT Included	Average Premium 2017 APTC Included	Dollar Increase 2013-2017 APTC Included	% Increase 2013-2017 APTC Included
Alabama	\$178	\$575	\$397	223%	\$303	\$125	70.1%
Alaska	\$344	\$1,041	\$697	203%	\$492	\$148	43.0%
Arizona	\$211	\$611	\$400	190%	\$425	\$214	101.2%
Arkansas*	\$184	\$420	\$236	128%	\$329	\$145	78.7%
Colorado	\$226	\$454	\$228	101%	\$388	\$162	71.7%
Connecticut	\$291	\$537	\$246	85%	\$395	\$104	35.7%
Delaware	\$274	\$569	\$295	108%	\$357	\$83	30.3%
Florida	\$240	\$442	\$202	84%	\$204	-\$36	-15.2%
Georgia	\$209	\$431	\$222	106%	\$230	\$21	9.9%
Hawaii	\$268	\$477	\$209	78%	\$379	\$111	41.5%
Idaho	\$198	\$426	\$228	115%	\$289	\$91	46.0%
Illinois	\$248	\$517	\$269	108%	\$389	\$141	57.0%
Indiana	\$242	\$420	\$178	74%	\$305	\$63	26.1%
Iowa	\$251	\$526	\$275	110%	\$445	\$194	77.3%
Kansas	\$231	\$476	\$245	106%	\$326	\$95	40.9%
Kentucky*	\$232	\$406	\$174	75%	\$303	\$71	30.6%
Louisiana	\$248	\$552	\$304	123%	\$367	\$119	47.8%
Maine	\$335	\$518	\$183	55%	\$240	-\$95	-28.5%
Maryland	\$180	\$431	\$251	139%	\$354	\$174	96.7%
Massachusetts	\$456	\$290	-\$166	-36%	\$224	-\$232	-50.9%
Michigan	\$212	\$402	\$190	90%	\$278	\$66	31.4%
Minnesota	\$236	\$566	\$330	140%	\$515	\$279	118.2%
Mississippi	\$211	\$455	\$244	116%	\$286	\$75	35.5%
Missouri	\$197	\$483	\$286	145%	\$299	\$102	51.6%
Montana	\$249	\$581	\$332	133%	\$349	\$100	40.1%
Nebraska	\$235	\$595	\$360	153%	\$371	\$136	58.0%
Nevada*	\$204	\$379	\$175	86%	\$258	\$54	26.4%
New Hampshire	\$302	\$399	\$97	32%	\$296	-\$6	-1.9%
New Jersey	\$428	\$479	\$51	12%	\$296	-\$132	-30.8%
New Mexico*	\$186	\$366	\$180	97%	\$259	\$73	39.3%
North Carolina	\$240	\$662	\$422	176%	\$328	\$88	36.7%
North Dakota	\$278	\$399	\$121	44%	\$317	\$39	13.9%
Ohio	\$222	\$413	\$191	86%	\$319	\$97	43.8%
Oklahoma	\$206	\$620	\$414	201%	\$327	\$121	58.7%
Oregon*	\$220	\$462	\$242	110%	\$279	\$59	27.0%
Pennsylvania	\$242	\$533	\$291	120%	\$338	\$96	39.7%
Rhode Island	\$328	\$365	\$37	11%	\$232	-\$96	-29.3%
South Carolina	\$233	\$512	\$279	120%	\$259	\$26	11.1%
South Dakota	\$242	\$541	\$299	124%	\$412	\$170	70.2%
Tennessee	\$213	\$587	\$374	176%	\$364	\$151	71.1%
Texas	\$222	\$404	\$182	82%	\$229	\$7	3.2%
Utah	\$159	\$319	\$160	101%	\$196	\$37	23.1%
Vermont	\$400	\$488	\$88	22%	\$237	-\$163	-40.8%
Virginia	\$229	\$405	\$176	77%	\$241	\$12	5.2%
Washington	\$279	\$388	\$109	39%	\$334	\$55	19.7%
West Virginia	\$261	\$702	\$441	169%	\$411	\$150	57.5%
Wisconsin	\$266	\$514	\$248	93%	\$284	\$18	6.8%
Wyoming	\$297	\$614	\$317	107%	\$322	\$25	8.5%
Total (HC.gov states)	\$242	\$469	\$227	94%	\$287	\$45	18.5%

“105% Rate Hike Due to Obamacare”?

- If you only look at states which **already** had Guaranteed Issue in place pre-ACA, it paints a **very** different picture (NY missing but NYDFS says ~50% lower than in 2013 even after 3 yrs of rate hikes)

A	B	C	D	E	F	G
State Name	QHPs Selected via Exchanges 11/1/16 - 1/31/17	Subsidized Exchange Enrollees 1/31/17	Avg Monthly Premium 2013	Avg Monthly Premium 2017 Unsubsidized total indy mkt	Dollar Increase 2013 - 2017 Unsubsidized	% Increase 2013-2017 Unsubsidized
<i>Maine</i>	79,407	67,907	\$335	\$518	\$183	54.6%
<i>New Jersey</i>	295,067	230,114	\$428	\$479	\$51	11.9%
<i>Massachusetts</i>	266,664	206,230	\$456	\$290	-\$166	-36.4%
<i>Rhode Island</i>	29,456	24,209	\$328	\$365	\$37	11.3%
<i>Vermont</i>	30,682	23,636	\$400	\$488	\$88	22.0%
<i>Washington</i>	225,594	139,820	\$279	\$388	\$109	39.1%
Total (with MA)	926,870	691,916	\$388	\$402	\$14	3.6%
Total (w/out MA)	660,206	691,916	\$360	\$448	\$88	24.4%

CBO Score?



How does Trumpcare **measure up?**

The CBO says **14M** will LOSE their insurance NEXT YEAR under the GOP plan.

21M more got insured under Obamacare.

The GOP plan is expected to cover fewer and cost more than Obamacare until at least 2024.

PAY POOR TAX OF \$15

health insurance .org™

CBO Score?

- **14 million lose coverage in 2018**
- **Another 9 million** lose coverage by 2026 (23 million total)
- Just about all losing coverage would be lower-income and/or elderly
- By 2026, total uninsured would be ~51 million (up from current 28 million)
- Age-based tax credits would actually be somewhat better for **some** in the middle class (300-600% FPL), **but devastating to low-income/elderly.**
- **PREMIUMS would INCREASE** by an **additional 15-20%** per year thru 2020; would then gradually decrease to ~10% lower than current projections by 2026...**mainly due to forcing 50-64 year olds off coverage completely.**
- **DEDUCTIBLES would INCREASE even more** in 2 ways: a) Lower AV requirements; b) CSR assistance cut off for lower-income enrollees

Table 5 - ILLUSTRATIVE EXAMPLES OF SUBSIDIES IN 2026 FOR NONGROUP HEALTH INSURANCE UNDER CURRENT LAW AND UNDER H.R. 1628, THE AMERICAN HEALTH CARE ACT, AS PASSED BY THE HOUSE OF REPRESENTATIVES ON MAY 4, 2017

Dollars

	Premium ^a	Premium Tax Credit ^b	Net Premium Paid
SINGLE INDIVIDUAL WITH ANNUAL INCOME OF \$26,500 (175 PERCENT OF FPL)^c			
Current Law			
21 years old	5,100	3,400	1,700
40 years old	6,500	4,800	1,700
64 years old	15,300	13,600	1,700
H.R. 1628 in an Illustrative State Not Requesting Waivers For Market Regulations			
21 years old	4,200	2,450	1,750
40 years old	6,550	3,650	2,900
64 years old	21,000	4,900	16,100
H.R. 1628 in an Illustrative State with Moderate Changes to Market Regulations			
21 years old	3,700	2,450	1,250
40 years old	5,750	3,650	2,100
64 years old	18,500	4,900	13,600
SINGLE INDIVIDUAL WITH ANNUAL INCOME OF \$68,200 (450 PERCENT OF FPL)^c			
Current Law			
21 years old	5,100	0	5,100
40 years old	6,500	0	6,500
64 years old	15,300	0	15,300
H.R. 1628 in an Illustrative State Not Requesting Waivers for Market Regulations			
21 years old	4,200	2,450	1,750
40 years old	6,550	3,650	2,900
64 years old	21,000	4,900	16,100
H.R. 1628 in an Illustrative State with Moderate Changes to Market Regulations			
21 years old	3,700	2,450	1,250
40 years old	5,750	3,650	2,100
64 years old	18,500	4,900	13,600

For a single adult Earning \$26,500/yr typical premiums changes:

- **Age 21:**
26% less or about the same
- **Age 40:**
23% or 70% increase
- **Age 64:**
800% - 950% increase

Yes, up to a 9.5x as high AFTER reworked tax credits.

Sources: Congressional Budget Office; staff of the Joint Committee on Taxation.

All dollar amounts have been rounded to the nearest \$50; FPL = federal poverty level.

How many people
Does the CBO
project
Would lose
coverage
By 2026?

23 Million
Or
7% of the entire
U.S. Population:

14M via Medicaid
3 million via
Individual Market
6 million via
Group Policies

Plus 913,000
SENIORS
Losing Medicaid
(not Medicare)

Net projected loss in health insurance coverage via AHCA as of 2026 by state and type of coverage compiled by Emily Gee, Center for American Progress										Data reformatted by Charles Gaba / ACASignups.net	
State	Medicaid (nonelderly)					Employer Sponsored insurance	Individual Market	Total Projected Coverage Loss (nonelderly)	Projected to lose Medicaid (elderly)	U.S. Senators (bold = up for re-election in 2018)	
	Adults	Children	Disabled	Medicaid expansion*	Medicaid Nonelderly subtotal						
Alabama	5,900	71,700	15,200	200,900	293,700	43,700	146,200	483,500	12,400	Richard Shelby	Luther Strange
Alaska	3,000	7,600	1,200	3,300	15,100	6,800	40,500	62,500	1,700	Lisa Murkowski	Dan Sullivan
Arizona	43,800	74,700	10,800	94,300	223,600	57,500	184,100	465,200	15,600	John McCain	Jeff Flake
Arkansas	3,700	49,300	11,400	68,900	133,300	23,800	23,800	180,900	9,400	John Boozman	Tom Cotton
California	230,600	455,900	91,700	800,900	1,579,100	345,500	657,700	2,582,200	159,700	Dianne Feinstein	Kamala Harris
Colorado	18,200	52,300	8,000	96,200	174,700	52,400	44,200	271,500	9,400	Michael Bennet	Cory Gardner
Connecticut	27,400	31,400	3,800	47,000	109,600	36,900	74,000	220,300	8,000	Richard Blumenthal	Chris Murphy
Delaware	8,300	9,400	1,300	15,100	34,100	9,300	18,900	62,400	1,600	Tom Carper	Chris Coons
District of Columbia	8,100	7,000	2,200	14,000	31,300	6,600	5,900	43,800	3,800		--
Florida	63,300	227,100	36,400	884,900	1,211,700	150,500	700,900	2,062,700	51,200	Bill Nelson	Marco Rubio
Georgia	23,500	127,000	21,700	499,500	671,700	91,800	223,800	987,600	20,700	Johnny Isakson	David Perdue
Hawaii	8,500	11,100	2,400	24,400	46,400	14,400	6,700	67,700	4,100	Brian Schatz	Mazie Hirono
Idaho	4,200	17,900	3,100	58,400	83,600	14,900	48,500	147,200	3,500	Mike Crapo	Jim Risch
Illinois	71,500	151,900	19,200	150,400	393,000	129,300	187,800	710,200	34,900	Dick Durbin	Tammy Duckworth
Indiana	21,300	71,400	12,800	86,500	192,000	67,300	51,900	310,700	14,100	Joe Donnelly	Todd Young
Iowa	15,100	29,800	6,100	33,700	84,700	32,900	29,300	146,900	6,700	Chuck Grassley	Joni Ernst
Kansas	5,300	29,300	5,200	89,000	128,800	29,600	53,500	212,100	5,300	Pat Roberts	Jerry Moran
Kentucky	12,700	52,600	15,400	100,300	181,000	39,800	31,200	251,800	13,600	Mitch McConnell	Rand Paul
Louisiana	27,900	59,300	14,500	69,000	170,700	40,200	132,300	343,400	19,900	Bill Cassidy	John N. Kennedy
Maine	10,600	14,300	4,400	28,100	57,400	11,900	47,500	116,800	5,500	Susan Collins	Angus King
Maryland	32,300	51,800	8,500	56,300	148,900	62,800	53,700	265,100	10,800	Ben Cardin	Chris Van Hollen
Massachusetts	54,300	55,500	34,800	89,500	234,100	72,000	21,600	328,100	31,700	Elizabeth Warren	Ed Markey
Michigan	45,500	126,900	27,600	143,400	343,400	98,200	95,000	536,800	27,500	Debbie Stabenow	Gary Peters
Minnesota	31,500	41,000	8,400	42,400	123,300	59,500	68,500	251,400	12,900	Amy Klobuchar	Al Franken
Mississippi	8,500	50,800	11,800	151,800	222,900	23,300	36,400	282,700	10,600	Thad Cochran	Roger Wicker
Missouri	12,200	64,200	14,400	200,100	290,900	59,600	147,800	498,400	15,500	Claire McCaskill	Roy Blunt
Montana	2,200	11,100	1,900	10,600	25,800	8,800	45,100	79,700	1,600	Jon Tester	Steve Daines
Nebraska	4,000	16,900	3,100	52,800	76,800	19,800	78,800	175,500	3,800	Deb Fischer	Ben Sasse
Nevada	6,700	25,200	2,900	46,100	80,900	26,700	30,300	138,100	3,200	Dean Heller	Catherine Cortez Masto
New Hampshire	2,100	11,300	1,900	12,000	27,300	14,500	13,300	55,000	2,100	Jeanne Shaheen	Maggie Hassan
New Jersey	19,400	87,700	17,400	121,500	246,000	94,600	128,800	469,500	22,000	Bob Menendez	Cory Booker
New Mexico	11,200	37,700	4,200	55,100	108,200	15,000	13,800	136,800	5,100	Tom Udall	Martin Heinrich
New York	208,200	196,600	43,900	474,500	923,200	186,400	117,500	1,227,100	88,200	Chuck Schumer	Kirsten Gillibrand
North Carolina	25,600	126,800	25,600	429,700	607,700	85,600	608,000	1,301,400	27,800	Richard Burr	Thom Tillis
North Dakota	1,400	4,800	800	4,400	11,400	8,000	10,700	30,100	1,100	John Hoeven	Heidi Heitkamp
Ohio	63,400	119,800	23,700	153,500	360,400	117,000	62,800	539,700	27,400	Sherrod Brown	Rob Portman
Oklahoma	12,200	49,100	8,100	156,400	225,800	33,800	134,500	394,400	10,300	Jim Inhofe	James Lankford
Oregon	20,400	39,900	7,100	124,700	192,100	36,200	68,200	296,500	7,900	Ron Wyden	Jeff Merkley
Pennsylvania	35,200	125,100	52,600	159,100	372,000	129,200	275,700	777,000	48,000	Bob Casey Jr.	Pat Toomey
Rhode Island	5,300	9,900	3,300	13,700	32,200	10,400	9,000	51,500	3,400	Jack Reed	Sheldon Whitehouse
South Carolina	13,600	63,800	12,100	200,100	289,600	42,600	131,000	463,200	14,100	Lindsey Graham	Tim Scott
South Dakota	2,100	9,200	1,400	24,500	37,200	8,000	20,800	66,100	1,500	John Thune	Mike Rounds
Tennessee	30,300	82,900	15,000	244,200	372,400	59,000	205,400	637,000	16,900	Lamar Alexander	Bob Corker
Texas	37,000	379,900	51,500	1,339,200	1,807,600	244,900	463,300	2,516,300	55,600	John Cornyn	Ted Cruz
Utah	7,700	22,500	3,400	79,800	113,400	34,300	57,300	205,000	3,400	Orrin Hatch	Mike Lee
Vermont	7,600	6,600	1,600	14,300	30,100	5,800	15,700	51,600	2,700	Patrick Leahy	Bernie Sanders
Virginia	14,900	64,200	11,300	222,900	313,300	84,200	164,900	562,500	14,500	Mark Warner	Tim Kaine
Washington	14,400	83,000	13,300	134,600	245,300	69,900	29,300	344,300	15,700	Patty Murray	Maria Cantwell
West Virginia	5,500	22,900	8,000	40,800	77,200	15,900	29,600	122,800	6,800	Joe Manchin	Shelley Moore Capito
Wisconsin	35,700	53,600	13,100	121,400	223,800	62,400	130,900	416,600	19,900	Ron Johnson	Tammy Baldwin
Wyoming	800	5,000	600	16,000	22,400	6,000	21,900	50,300	700	Mike Enzi	John Barrasso
National Total	1,384,100	3,596,700	720,100	8,300,200	14,001,100	2,999,500	5,998,300	22,999,900	913,800		

(Italicized cells = state not currently participating in ACA Medicaid expansion)

*The CBO projects that under the House bill, some states currently participating in expanded Medicaid would opt out of expanded eligibility and some current nonexpansion states would forgo future participation. Because we do not know individual states' decisions in 2026, this column represents the average effect of no longer offering coverage to "newly eligible" individuals for expansion states, and it represents the average effect of forgone expansion for nonexpansion states.

Note: For full CAP analysis, see Emily Gee, "CBO-Derived Coverage Losses by State and Congressional District," Center for American Progress, May 25, 2017, available at <https://www.americanprogress.org/?p=433017>.

**MICHIGAN: 536,000 people projected to lose coverage (5.4% of pop.)
 ~343K Medicaid; 98K Employer Sponsored; 95K Individual Market.**

David Trott's District (MI-11): 10.7K Medicaid; 9K ESI; 7,400 Individual

**In addition, 27,500 low-income dual-enrollee seniors
 are projected to lose Medicaid**

Net projected loss in health insurance coverage via AHCA as of 2026 by state and type of coverage compiled by Emily Gee, Center for American Progress • reformatted by Charles Gaba, ACASignups.net									
MICHIGAN	Medicaid Loss (adults)	Medicaid Loss (children)	Medicaid Loss (disabled)	Medicaid Loss (expansion)	Total Medicaid Loss (nonelderly)	Employer Sponsored Policy Loss	Individual Market Loss	Total Projected Coverage Loss (nonelderly)	Medicaid Loss (elderly)
Jack Bergman (MI-01)	2,900	8,000	1,700	10,700	23,300	5,900	9,400	38,600	2,500
Bill Huizenga (MI-02)	3,100	8,700	1,900	10,000	23,700	7,600	6,600	37,900	1,600
Justin Amash (MI-03)	3,100	8,800	1,900	9,200	23,000	7,900	6,200	37,100	1,500
John R. Moolenaar (MI-04)	3,200	8,800	1,900	10,800	24,700	6,600	5,900	37,200	2,000
Daniel T. Kildee (MI-05)	4,700	13,100	2,800	10,300	30,900	5,900	5,200	42,000	2,100
Fred Upton (MI-06)	3,100	8,600	1,900	11,100	24,700	7,100	6,900	38,700	1,900
Tim Walberg (MI-07)	2,700	7,600	1,700	8,500	20,500	7,300	5,900	33,700	1,600
Mike Bishop (MI-08)	2,300	6,400	1,400	6,000	16,100	8,400	7,300	31,800	1,300
Sander M. Levin (MI-09)	3,200	8,900	1,900	9,000	23,000	7,300	8,600	38,900	2,200
Paul Mitchell (MI-10)	2,500	6,900	1,500	8,700	19,600	7,700	8,100	35,400	2,100
David A. Trott (MI-11)	1,300	3,700	800	4,900	10,700	9,000	7,400	27,100	1,400
Debbie Dingell (MI-12)	3,100	8,600	1,900	8,600	22,200	7,400	5,900	35,500	1,500
John Conyers, Jr. (MI-13)	5,700	16,000	3,500	19,000	44,200	4,600	5,000	53,800	3,200
Brenda L. Lawrence (MI-14)	4,600	12,800	2,800	16,600	36,800	5,500	6,600	48,900	2,600
Total	45,500	126,900	27,600	143,400	343,400	98,200	95,000	536,600	27,500

Updated 4/25/17 • Full CAP analysis: <https://www.americanprogress.org/?p=433017>

How many have Pre-Existing Conditions?

- **MICHIGAN: 4.1 MILLION** non-elderly (41% of total pop.) (226K currently on individual market)
- **MI-11: 318,000** non-elderly; 18,000 on individual market

Center for American Progress Estimate: Non-Elderly w/Pre-Existing Conditions (breakout: Charles Gaba/ACASignups.net)								ACA Signups Estimate of Total w/Pre-Existing On Individual Market
Michigan	Age 0 - 17	Age 18 - 24	Age 25 - 34	Age 35 - 44	Age 45 - 54	Age 55 - 64	Total Nonelderly w/Pre-existing	
Jack Bergman (MI-1)	31,500	22,800	32,600	41,500	66,300	84,200	278,900	22,990
Bill Huizenga (MI-2)	42,400	28,800	42,100	47,900	68,200	67,700	297,200	15,297
Justin Amash (MI-3)	42,500	24,800	45,200	51,000	68,800	72,200	304,600	14,508
John R. Moolenaar (MI-4)	34,800	29,300	35,400	42,500	67,500	74,100	283,700	14,030
Daniel T. Kildee (MI-5)	36,500	21,800	36,400	46,100	64,500	70,400	275,700	12,276
Fred Upton (MI-6)	39,100	29,100	38,900	46,700	66,500	72,300	292,600	16,187
Tim Walberg (MI-7)	36,500	22,500	35,200	47,600	71,800	78,300	291,900	14,390
Mike Bishop (MI-8)	37,700	34,300	37,800	50,000	76,700	77,000	313,600	17,527
Sander M. Levin (MI-9)	34,500	21,300	46,600	50,100	74,500	75,900	302,900	20,830
Paul Mitchell (MI-10)	38,800	21,100	34,300	50,800	77,100	78,400	300,500	19,674
David A. Trott (MI-11)	38,700	20,400	39,900	52,700	86,000	81,000	318,600	18,419
Debbie Dingell (MI-12)	35,900	35,700	44,200	49,400	64,500	66,100	295,700	13,812
John Conyers, Jr. (MI-13)	39,600	25,800	41,600	45,100	60,200	60,200	272,400	11,105
Brenda L. Lawrence (MI-14)	39,300	24,500	41,300	48,700	62,000	66,200	281,900	15,155
Total	527,800	362,200	551,500	670,100	974,600	1,024,000	4,110,200	226,198

WHAT HAPPENS IF MICHIGAN RECEIVED FULL WAIVER?

- **Insurance carriers could refuse to cover some of the EHBs, such as maternity/prenatal care, mental health services, prescription drugs, etc.**
- **Insurance carriers could charge FAR more (\$thousands) for covering various pre-existing conditions**
- **Insurance carriers could bring back annual/lifetime limits**
- **Insurance carriers could charge older enrollees MORE than 5x as much**
- **Women could once again be charge more for being women**

GOP Obstruction/Sabotage

- **Co-Ops were short-changed from the start**
(**\$10B** in grants whittled down to **\$2.4B** in short-term loans)
- **19 States Refused to take Medicaid Expansion**
(**2.6 million** people left w/no coverage options, **higher premiums** in those states)
- **Gleeful Obstruction of Enrollment Efforts**

"Let me tell you what we're doing (about ObamaCare)," Georgia Insurance Commissioner Ralph Hudgens bragged to a crowd of fellow Republicans in Floyd County earlier this month: "Everything in our power to be an obstructionist."

After pausing to let applause roll over him, a grinning Hudgens went on to give an example of that obstructionist behavior, this one involving so-called "navigators" who are being hired to guide customers through the process of buying health insurance on marketplaces, or exchanges, set up under the federal program.

--Atlanta Journal-Constitution, 4/16/15

GOP Obstruction/Sabotage?

- **Attempted to kill tax credits in 2/3 of states**
(King v. Burwell attempted to wipe out subsidies using a laughable claim based on a stupid drafting glitch; shot down by SCOTUS)
- **Attempting to kill Cost Sharing Reductions**
(House GOP sued Obama Admin over CSRs, case pending)
- **The Risk Corridor Massacre**
(Marco Rubio & Co. added poison pill to must-pass Cromnibus Bill in Dec. 2014 effectively defunding Risk Corridor program, helping to cause 2/3 of Co-Ops & at least 1 private carrier going bankrupt)

GOP Obstruction/Sabotage?

- **Pulled Advertising during critical final week**
(Trump/HHS Sec. Price deliberately yanked marketing/
outreach of HealthCare.Gov over final 5 days of 2017 Open
Enrollment Period. Result? HC.gov enrollment **down** 5% even
as 12 state-based exchanges **increased** 2%)
- **Day One Executive Order**
(Trump issued an EO within hours of taking office instructing
all departments to do everything possible to weaken/
undermine ACA...including **not** enforcing individual mandate)
- **Jerking Carriers Around re. CSR
Reimbursement Payments**
(This **alone** is directly responsible for 15-60% of 2018 rate
hikes...according to the carriers themselves)

Who's Shouting from the Rooftops?



*On behalf of the nation's state insurance commissioners, the primary regulators of U.S. insurance markets, we write today to **urge the Senate to act quickly** to stabilize the individual health insurance markets. Your **immediate action is critical to the viability of the individual health insurance markets in a significant number of states** across the country.*

*As the Senate considers legislation to repeal or reform the Affordable Care Act, state regulators are concerned that key changes will not be made in time to **preserve sustainable individual health insurance markets** in many states. Specifically, we urge the Senate to: **1) ensure the cost-sharing reduction (CSR) payments are fully funded in 2017 and 2018;** and, 2) provide **sufficient and sustained market stabilization funding to states for the establishment of reinsurance programs** or high risk pool programs. These two actions alone would go a long way toward stabilizing the individual markets in our states while legislative replacement and reform options are debated.*

Who's Shouting from the Rooftops?

**MOTION TO INTERVENE
OF THE STATES OF CALIFORNIA, NEW YORK,
CONNECTICUT, DELAWARE, HAWAII, ILLINOIS, IOWA, KENTUCKY,
MARYLAND, MASSACHUSETTS, MINNESOTA, NEW MEXICO, PENNSYLVANIA,
VERMONT, AND WASHINGTON, AND THE DISTRICT OF COLUMBIA**

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May 18, 2017

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Who's Shouting from the Rooftops?



*As providers of healthcare and coverage to hundreds of millions of Americans, we are writing again to you as leaders in Congress to express our **serious concerns about the continued uncertainty around funding for cost-sharing reduction (CSR) payments.** There now is **clear evidence** that this uncertainty is **undermining the individual insurance market for 2018** and stands to negatively impact millions of people.*

We urge Congress to take action now to guarantee a steady stream of CSR funding through 2018.** Such action would represent a strong, positive step for all consumers who buy their own insurance by eliminating **the single most destabilizing factor causing double-digit premium increases for 2018.

*Millions of Americans do not receive health insurance through an employer, Medicare or Medicaid. The individual market is their only option for getting coverage. **Unless CSRs are funded, a tremendous number of Americans will simply go without coverage** and move to the ranks of the uninsured. This threatens not just their own health and financial stability, but also **the economic stability of their communities.***

Health Insurance Carriers pin blame squarely on deliberate Trump/GOP CSR/etc. uncertainty:

- **CA, FL, MI, NM, OH, TX, UT, WA, WI:** Molina CEO Mario Molina delivers ultimatum to Trump re. CSR payments. He & his CFO brother are subsequently fired from company founded by their father.

"Currently we serve 1,035,000 members through the Health Insurance Marketplaces in 2017, making Molina one of the largest participants in this program. About 9% of all persons enrolled in the Marketplace are members of Molina Healthcare.

... "If the CSR funding continues, we intend to maintain our participation in the Marketplace for 2018.

...this is not a bail-out or windfall to the insurance company.

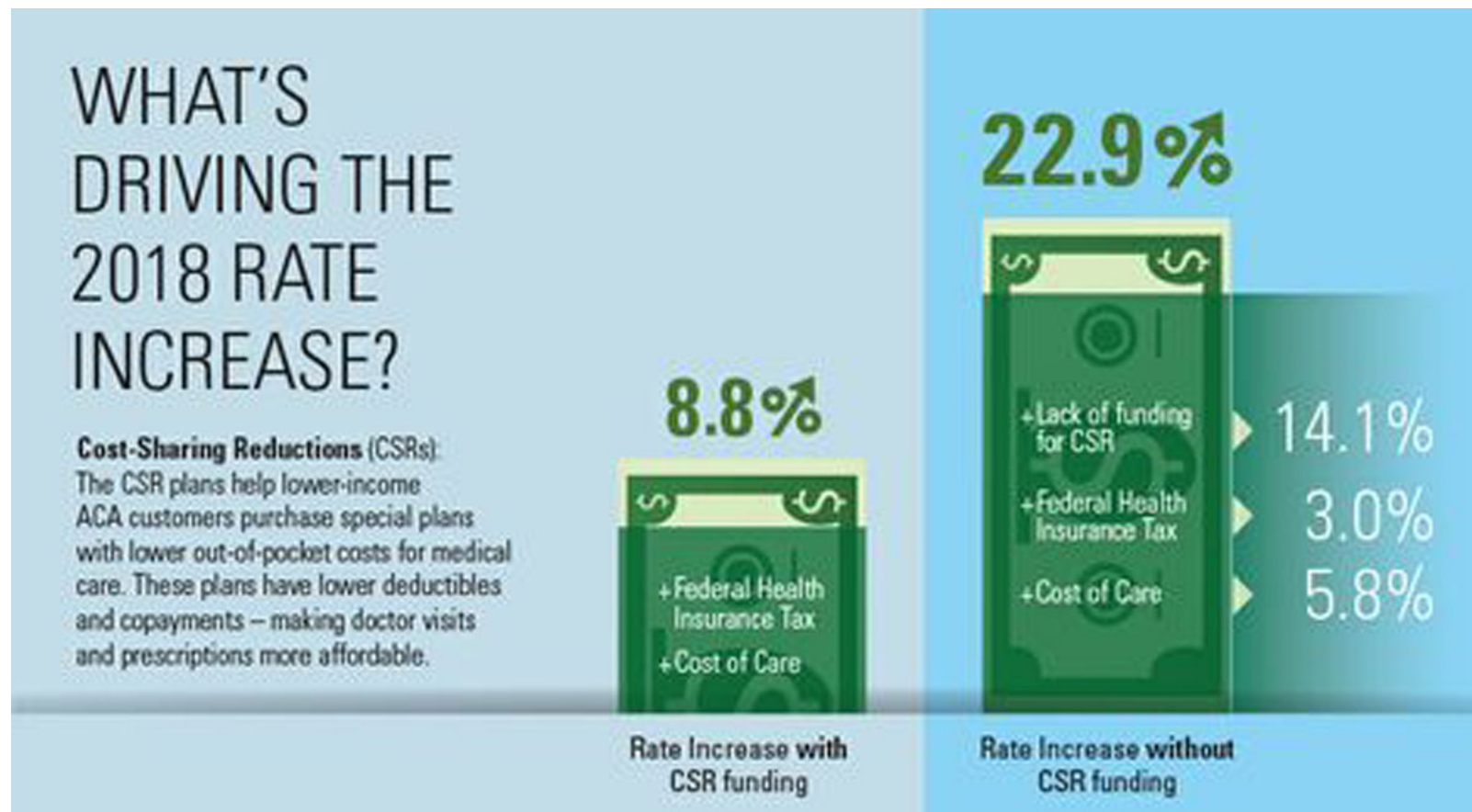
...If the CSR is not funded, we will have no choice but to send a notice of default informing the government that we are dropping our contracts for their failure to pay premiums and seek to withdraw from the Marketplace immediately. That would result in about 650,000 - 700,000 people losing insurance coverage in 2017, and we would not participate in Marketplace in 2018 resulting in over 1 million Americans losing health insurance coverage."

Health Insurance Carriers pin blame squarely on deliberate Trump/GOP CSR/etc uncertainty:

- **Maryland:** Evergreen Health: CSR/other Trump/GOP uncertainty = “Primary Driver” of 27% hike
- **New Mexico:** New Mexico Health Connections “plans to file higher premiums that assume no CSR payments.”
- **Virginia, Maryland, DC:** CareFirst CEO: 15 points of 52% & 39% rate hikes = due **specifically** to Trump admin actions
- **IL, MT, NM, OK, TX:** Health Care Service Corp (BCBS) CEO says “It’s hard to say” whether they’ll stick around next year due specifically to CSR payment uncertainty

Health Insurance Carriers pin blame squarely on deliberate Trump/GOP CSR/etc. uncertainty:

- **North Carolina:** BCBSNC CEO specifically pins 60% (14 points) of their 23% rate hike request on lack of CSR funding:



Pennsylvania Insurance Commissioner: 8.8% without Trump/GOP sabotage, 36% with

06/01/2017

Insurance Commissioner Announces Single-Digit Aggregate 2018 Individual and Small Group Market Rate Requests, Confirming Move Toward Stability Unless Congress or the Trump Administration Act to Disrupt Individual Market

Harrisburg, PA - Insurance Commissioner Teresa Miller today announced that the five health insurers that sell on Pennsylvania's individual market will stay in the market and filed plans for 2018 with aggregate statewide rate increases of 8.8 percent for individual plans and 6.6 for small group plans. However, Miller warned that these increases will be much worse if the federal government takes actions that would change the Affordable Care Act or its enforcement.

"These low percentages show that Pennsylvania's market is stabilizing and insurers are better understanding the markets and the population they serve," said Commissioner Miller. "I sincerely hope that Congress and the Trump Administration do not take action that could negatively impact the progress we have made in Pennsylvania."

Commissioner Miller warned of the significant impact that action from the federal government to change the Affordable Care Act would have on insurers' aggregate proposed rate increases. If the individual mandate is repealed, insurers estimate that they would seek a 23.3 percent rate increase statewide. If cost-sharing reductions are not paid to insurers, the companies would request a 20.3 percent rate increase statewide. If both changes occurred, insurers estimate they would seek an increase of 36.3 percent.

ACASignups.net/donate

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