Understanding the Efforts to Repeal and Replace the Affordable Care Act

June 2017
Today’s agenda

- Brief Introductions of POC-IL and speakers
- The Affordable Care Act (ACA/Obamacare) – an overview and impact
- The American Health Care Act (AHCA/TrumpCare) – an overview of the House Bill and (what we know of the Senate Bill) and impact
- Other ways Congress/Trump Administration can impact ACA
- Next Steps with AHCA
- Q&A

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Protect our Care – Illinois
Guiding Principles

▶ We are committed to ensuring eligibility, coverage and access to affordable, comprehensive, and quality health insurance and will oppose and fight any proposal or policy that reduces them.

▶ Any ACA replacement plan must provide health insurance coverage that is as comprehensive, or better than the current existing provisions under the ACA, to as many or more people.

▶ Block grant/per capita limits are bad policies because they would severely cut Medicaid and thus block healthcare access for Illinois’ Medicaid consumers, harm the state budget, and destabilize health providers. We will oppose and fight all proposals and policies to block grant or add per capita limits to the Medicaid program.

▶ Elected officials must be held accountable for voting against these principles. Reductions to healthcare access will harm people’s health, and elected officials have a responsibility to protect the health of the public.
Reminder –

Before the Affordable Care Act

- Premiums increasing rapidly.
- People were afraid to change jobs due to “job lock”
- People got fewer preventive services, Rx due to cost.
- Women paid more than men.
- Poor adults did not qualify for Medicaid unless they were pregnant, disabled or a parent.
- 105 million Americans had plans with lifetime limits on coverage, meaning if they got seriously ill, their coverage could end forever.

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Reminder – Before the Affordable Care Act

Figure 1
Coverage of Benefits in 2013 Non-Group Plans

Source: Kaiser Family Foundation, Would States Eliminate Key Benefits if AHCA Waivers are Enacted? June 14, 2017

Examples of Pre-Existing Condition Exclusions

In the individual market before the Affordable Care Act, 43 states and D.C. allowed insurers to discriminate against people based on their health status.

Source: Kaiser Family Foundation
CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

Source: BCBS of Colorado
High Uninsured Rates Across the Country

Source: NY Times. The Impact of Obamacare, in Four Maps, October 2016 (Based on data from Enroll America)
ACA Highlights

1) STRENGTHENS HEALTH INSURANCE COVERAGE

2) REQUIRES EVERYONE WHO CAN PURCHASE INSURANCE TO PURCHASE INSURANCE

3) INCREASES ACCESS TO HEALTH INSURANCE

CREATES MARKETPLACE

EXPANDS MEDICAID

ACA SIGNED INTO LAW MARCH 23, 2010

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Key features of the Affordable Care Act (ACA)

- **Medicaid Expansion (ACA Adult):** State Option that covers 650,000 low income adults in Illinois.

- **Children up to Age 26** – Can Stay on Parents’ Plans.

- **Easy Way to Compare Insurance - Metal Levels/Marketplace.**

- **Preventive Services (vaccines, cancer screenings, etc)** – No Co-Pays.

- **Financial Assistance to buy insurance in Marketplace** for people earning up to $48K. 335,000 on Marketplace in Illinois and 78% get tax credits. 49% get cost sharing reductions (CSRs) for people earning up to $29,700.

- **Age Rating Limit:** Allows older people to be charged no more than 3x as much as younger people.

- **No Gender Rating or rating based on pre-existing conditions.**

- “**Essential Health Benefits**” required under most small group and individual plans.

- **No lifetime/annual limits on coverage.**
Free Preventive Services

Tests
- Blood Pressure
- Diabetes
- Cholesterol

Cancer Screenings
- Mammograms
- Colonoscopies

STD Screenings
- Sexually Transmitted Infections

Regular Visits
- Well-Woman
- Well-Baby
- Well-Child

CARE
- For Healthy Pregnanacies

Intervention
- Quit smoking
- Lose weight
- Eat healthy
- Identify depression
- Reduce alcohol use
- Avoid sexually transmitted diseases

Vaccinations
- Flu
- Pneumonia
- Measles
- Polio
- Meningitis
- Other diseases
10 Essential Health Benefits

- Laboratory Services
- Ambulatory Patient Services
- Hospital Visits
- Mental Health & Substance Use Disorder Services
- Pediatric Dental & Vision
- Prescription Drugs
- Rehabilitative & Habilitative Services & Devices
- Emergency Services
- Maternity & Newborn Care
- Preventive & Wellness Services; Chronic Disease Management
Individual and Employer Responsibility

- Individual mandate/penalty/fee/individual responsibility payment
- Employer mandate (employers with 50+ Full Time Equivalent Employees)
- Small employers are exempt from mandate

***These components ensure a large pool of people are covered!

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Don’t Forget Medicaid!
Covers 3.1 million children, pregnant women, seniors and people with disabilities

Medicaid is Crucial to Illinois Economy

In FY 2016, Medicaid spending in IL was $19.3 billion.

Federal funding to states is guaranteed with no cap and fluctuates depending on program needs. In IL the federal share (FMAP) is 51.3%. For every $1 spent by the state, the Federal government matches $1.05. Expansion states receive an increased FMAP for the expansion population. IL received $4.0 billion in federal funds for expansion adults from Jan 2014 – Sept 2015.

13% of state general fund spending in IL is for Medicaid.

69% of all federal funds received by IL is for Medicaid.

How Can the ACA Be Improved?

- Provide more generous financial assistance to address high premiums for those over 400% FPL and high deductibles.
- Better fund risk adjustment payments to keep insurers stable.
- Provide certainty with CSR payments so that insurers don’t leave marketplaces.
- Create a public insurance option.
- Fix family glitch.
- Encourage remaining states to expand Medicaid.
Key features of AHCA/Trumpcare

- Medicaid Expansion “freezes” in 2020 and phases out after.
- Medicaid funding changes from Federal Entitlement to a fixed amount or cap.
- Ends Cost-Sharing Reductions and ACA Tax Credits - instead gives Tax Credits by age and income from $2,000-4,000 to buy insurance in Marketplace or off Marketplace.
- Older people can be charged 5 times as much as younger people.
- Change in Actuarial Value requirement.
- Allows states to request a waiver of protections for EHBs, pre-existing condition protections, and other ACA consumer protections.
- No Individual Mandate – instead a continuous coverage requirement/No Employer Mandate. Encourages Health Savings Accounts and High Risk Pools.
- Cuts Federal Funding to Planned Parenthood.
- $600B in Tax Cuts for Wealthy, Insurers, Pharmaceutical Companies, others.
AHCA by the Numbers, according to the CBO

- 14 million fewer people insured one year after passage
- 23 million fewer insured in 10 years
- $834 Billion in Medicaid Cuts
  - Estimated $40 Million in IL
- Premiums will go up in 2018-19
  - After that – variation depending on state waiver options
- In some states premiums will decline (but coverage will be less generous)
- 1 out of 6 Americans will live in an area with an unstable insurance market. Sick people would have trouble finding coverage.
- Older Americans would face much higher premiums (poorer, older people would be hit the hardest)
- Twice as many uninsured – 51 million in 2026
- Saves $119 Billion in federal $
- Repeals $664 Billion in taxes

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Uninsured Rate Spikes Back Up

CBO: HOUSE GOP HEALTH BILL STILL REVERSES ALL ACA COVERAGE GAINS

Non-elderly uninsured rate, 2010-2026

Source: National Health Interview Survey; Congressional Budget Office
CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

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### 710,000 Lose Coverage in IL

**Net projected loss in health insurance coverage via AHCA as of 2026 by state and type of coverage**

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<tr>
<th>Name</th>
<th>Medicaid Loss (adults)</th>
<th>Medicaid Loss (children)</th>
<th>Medicaid Loss (disabled)</th>
<th>Medicaid Loss (expansion)</th>
<th>Total Medicaid Loss (nonelderly)</th>
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Updated 4/25/17 • Full CAP analysis: https://www.americanprogress.org/?p=433017

[protectourcareil.org](http://protectourcareil.org)
Loss of Coverage Impacts All Ages

Source: Center on Budget and Policy Priorities, *People of All Ages and Incomes Would Lose Coverage Under House Bill, CBO Data Show*, June 14, 2017
Due to elimination of the individual mandate – premiums would rise immediately.

Average premium in IL would rise $1,242.

Older Americans would see a huge spike in premiums.

A 64 year old with an income of $26,500:

- Net premium under the ACA (2026) = $1,700
- Net premium under the AHCA (2026) = $16,310

Source: Center for American Progress, State-by-State Estimates of the AHCA’s 2018 Rate Hikes and Age Tax, June 2017
Premium Increases Will Vary By County
(Rural counties pay more)

Source: NASHP, Health Care is Local: Impact of Income and Geography on Premiums and Premium Support, June 2017
Impact By Population

The Republican health plan would hit rural America hard:

- Nearly 1.7 million people who live in rural communities gained coverage under the Medicaid expansion. The House bill would end it.
- More than 1.6 million people who live in rural communities buy coverage in the ACA marketplace. The House bill would make it unaffordable for many of them.

CENTER ON BUDGET AND POLICY PRIORITIES (CBPP.ORG)

Because of the ACA, the number of uninsured LGBTQ adults has dropped by 35%. We won’t go back! #SaveMedicaid

The ACA helped lower the rate of African Americans without health coverage by more than one third. The House GOP health plan threatens this progress.

CENTER ON BUDGET AND POLICY PRIORITIES (CBPP.ORG)

1 in 4 Illinois residents rely on Medicaid

Repealing the Affordable Care Act (a.k.a. Obamacare) would eliminate Medicaid coverage for millions of Illinoisans and remove the social safety net for many of our most vulnerable neighbors.

#1SaveACA

Medicaid is Crucial for Access to Mental Health and Substance Use (MH&SU) Treatment

- Medicaid covers 25% of all mental health spending in the U.S.1
- Nearly 1/3 of Illinois’ Medicaid Expansion population has a MH or SU condition.2

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Impact on People with Pre-Existing Conditions

The American Healthcare Act will hurt individuals with pre-existing conditions in two ways:

1) by allowing states to apply for waivers that allow health insurance plans to provide less comprehensive coverage for people who have a gap in insurance coverage and

2) by creating pressure on states to allow insurers to re-institute pre-ACA practices, like high premiums and deductibles, annual and lifetime limits, and coverage restrictions for people with pre-existing conditions.
Estimated 5.5 million people have pre-existing conditions in Illinois

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Source: Center for American Progress, Number of Americans with Pre-Existing Conditions by Congressional District, April 2017
LATEST HOUSE HEALTH BILL ENDS NATIONWIDE PROTECTIONS FOR PEOPLE WITH PRE-EXISTING CONDITIONS.

If insurers based premium surcharges on actual costs:

- People with metastatic cancer would pay an extra $140,510
- Pregnant women would pay an extra $17,060
- People with depression would pay an extra $8,370
- People with diabetes would pay an extra $5,510

Source: Center for American Progress
CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG
Medicaid Caps in AHCA = Medicaid Cuts for IL

Impact of AHCA on Patients, State Budget, State Economy, Hospitals

- Repeal of the Medicaid expansion will result in the loss of substantial federal funding for the state which now brings in more than $3.2 billion annually.

- IL could lose $40 billion in federal Medicaid funding over 10 years – and IL is not in a position to absorb the costs that would be shifted to the state.

- The AHCA will have a negative impact on the local and state economy and on jobs.
  - Hospitals will be forced to make difficult decisions, such as reducing services, laying off staff, and delaying needed facility and technology improvements.
  - Such reductions would hurt all patients, not just Medicaid beneficiaries – when a service is eliminated, it is eliminated for everyone.
AHCA – Impact on Jobs/Economy

The American Health Care Act could cause nearly a million job losses by 2026, and trigger an economic downturn in nearly every state.


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### Impact of AHCA on CD 6

**Congressional District 6 – Estimated Economic Impact**

- **Lost spending for coverage of Medicaid ACA population:** $68 million
- **Lost spending for coverage of Marketplace ACA population:** $127 million
- **Lost economic impact with indirect ripple effect:** $471 million
- **Potential job loss:** 3,400 jobs
- **Hospital Medicare payment cuts incurred 2010-2016:** $86 million
- **Additional Hospital Medicare payment cuts 2017-2021:** $208 million
- **Total Hospital Medicare payment cuts 2010-2026:** $678 million

**Sources:**
- Illinois Department of Healthcare and Family Services (HFS) Medicaid ACA Enrollment by congressional district, June 2016. Note: HFS classified some enrollees as unknown so these enrollees are not included in any congressional district.
- HFS CY2016 MCO Rate Certification for ACA population, July 2015.
- U.S. Department of Health and Human Services (HHS) Assistant Secretary for Planning and Evaluation (ASPE) Plan Selections in Health Insurance Marketplace, March 2016. Mapping by zip codes results in some zip codes allocated to multiple congressional districts.
- IHA estimate of percentage of Marketplace beneficiaries who would obtain alternate coverage.

AHCA – Impact on Women

- Cuts and caps to Medicaid.
  - Millions would lose coverage, meaning no more preventive services (mammograms, contraception).
  - Less Generous Tax Credits - health coverage unaffordable for low- to moderate-income women.
  - Defunding Planned Parenthood – denying access to preventative and primary care for millions, primarily low-income women, women of color and women in rural areas.
  - Maternity/newborn coverage, mental health coverage could be excluded under a waiver.

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AHCA – Impact on Children

- Medicaid cuts are especially devastating to children.
- In Illinois, nearly 1.47 million children have health coverage through Medicaid (which for children in Illinois is called the “All Kids” program).
  - Children with special needs and Early Intervention.
  - School Districts depend on funding.
- Kids in rural areas would be especially harmed by Medicaid cuts.
- Kids with chronic illnesses would be hurt by:
  - Waiver of Pre-Existing Condition protections (the “Jimmy Kimmel” effect.)
  - Lifetime/Annual Limits enforced again in employer plans.

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### Illinois: Sources of Children’s Coverage by Congressional District, 2015

<table>
<thead>
<tr>
<th>State</th>
<th>Congressional District</th>
<th>Percent of children with Medicaid/CHIP</th>
<th>Percent of children with employer-sponsored insurance</th>
<th>Percent of children with direct purchase</th>
<th>Percent of children with other coverage</th>
<th>Percent of children who are uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>Congressional District 1</td>
<td>42%</td>
<td>48%</td>
<td>3%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Illinois</td>
<td>Congressional District 2</td>
<td>49%</td>
<td>43%</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Illinois</td>
<td>Congressional District 3</td>
<td>39%</td>
<td>52%</td>
<td>4%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Illinois</td>
<td>Congressional District 4</td>
<td>64%</td>
<td>28%</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Illinois</td>
<td>Congressional District 5</td>
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<td>64%</td>
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<td>3%</td>
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</tr>
<tr>
<td>Illinois</td>
<td>Congressional District 6</td>
<td>18%</td>
<td>68%</td>
<td>10%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Illinois</td>
<td>Congressional District 7</td>
<td>56%</td>
<td>34%</td>
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<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Illinois</td>
<td>Congressional District 8</td>
<td>38%</td>
<td>51%</td>
<td>5%</td>
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<td>3%</td>
</tr>
<tr>
<td>Illinois</td>
<td>Congressional District 9</td>
<td>28%</td>
<td>62%</td>
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<tr>
<td>Illinois</td>
<td>Congressional District 10</td>
<td>33%</td>
<td>53%</td>
<td>7%</td>
<td>4%</td>
<td>3%</td>
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<tr>
<td>Illinois</td>
<td>Congressional District 11</td>
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<td>52%</td>
<td>4%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Illinois</td>
<td>Congressional District 12</td>
<td>38%</td>
<td>46%</td>
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<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Illinois</td>
<td>Congressional District 13</td>
<td>38%</td>
<td>48%</td>
<td>5%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Illinois</td>
<td>Congressional District 14</td>
<td>17%</td>
<td>68%</td>
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<tr>
<td>Illinois</td>
<td>Congressional District 15</td>
<td>36%</td>
<td>47%</td>
<td>5%</td>
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<td>3%</td>
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<tr>
<td>Illinois</td>
<td>Congressional District 16</td>
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<td>55%</td>
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<td>3%</td>
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<tr>
<td>Illinois</td>
<td>Congressional District 17</td>
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<td>2%</td>
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<tr>
<td>Illinois</td>
<td>Congressional District 18</td>
<td>27%</td>
<td>59%</td>
<td>6%</td>
<td>7%</td>
<td>2%</td>
</tr>
</tbody>
</table>
AHCA – Impact on People with Employer Coverage

- No employer mandate (meaning some employers would drop coverage.)
- Premiums likely to go up because employers will not be fined if they don’t provide “affordable coverage” to employees.
- Employer sponsored insurance plans will once again be allowed to impose annual or lifetime limits on their enrollees. As many as 27 million Americans could face annual limits on their coverage, and 20 million could be hit with lifetime limits.

How many could be hit by new annual, lifetime benefit limits

<table>
<thead>
<tr>
<th>STATE</th>
<th>ANNUAL</th>
<th>LIFETIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>3.04m</td>
<td>2.28m</td>
</tr>
<tr>
<td>Texas</td>
<td>2.18m</td>
<td>1.63m</td>
</tr>
<tr>
<td>New York</td>
<td>1.67m</td>
<td>1.25m</td>
</tr>
<tr>
<td>Florida</td>
<td>1.36m</td>
<td>1.02m</td>
</tr>
<tr>
<td>Illinois</td>
<td>1.20m</td>
<td>896k</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>1.14m</td>
<td>857k</td>
</tr>
<tr>
<td>Ohio</td>
<td>1.01m</td>
<td>757k</td>
</tr>
<tr>
<td>Michigan</td>
<td>869k</td>
<td>651k</td>
</tr>
<tr>
<td>New Jersey</td>
<td>858k</td>
<td>643k</td>
</tr>
<tr>
<td>Georgia</td>
<td>817k</td>
<td>613k</td>
</tr>
</tbody>
</table>

Source: Center for American Progress, The Emerging Senate Repeal Bill Eviscerates Protections for Millions in Employer Plans Nationwide, June 15, 2017
What’s Next for the AHCA?

Even though a majority of people across every state disapprove of the AHCA*:

- Republican Senate Caucus has convened a secret, small closed door working group to mark-up the House version – or start a new version.

- Senate Republicans are said to be finalizing their AHCA bill and sending to CBO, with the goal of voting before the July recess.

- Need 50 votes for passage, the VP can cast the 51st vote.

- If different than House version, it will need to go to Conference Committee.

## What’s in the Senate bill?

<table>
<thead>
<tr>
<th>Major Provisions</th>
<th>What the House Bill Does</th>
<th>Reported Senate Changes</th>
<th>Long-Run Impact of Reported Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid expansion</td>
<td>Effectively ends expansion, which extended coverage to 11 million low-income adults</td>
<td>Ends expansion a little more slowly: ACA expansion funding may phase out over several years, versus ending in 2020</td>
<td>None</td>
</tr>
<tr>
<td>Medicaid per capita cap</td>
<td>Caps and cuts Medicaid for seniors, people with disabilities, and families with children</td>
<td>No major changes reported; some senators continue to push for even deeper cuts, or other harmful changes</td>
<td>None or minimal — or potentially deeper cuts</td>
</tr>
<tr>
<td>Individual market changes</td>
<td>Slashes marketplace premium tax credits and eliminates cost-sharing assistance while raising premiums by eliminating the individual mandate</td>
<td>Unknown, but past discussions have focused on restoring less than one-third of House bill’s subsidy cuts</td>
<td>At best small improvements: coverage would still be unaffordable for people who are older, lower-income, and live in high-cost states</td>
</tr>
<tr>
<td>State grants</td>
<td>Provides $138 billion over ten years that’s supposed to solve problems ranging from individual market premium increases to Medicaid cuts</td>
<td>May add modest additional funding for opioid treatment</td>
<td>Minimal: even with modest funding increases, grants would still offset only a small fraction of bill’s $1.1 trillion total coverage cuts and wouldn’t get people treatment they need</td>
</tr>
<tr>
<td>Consumer protections</td>
<td>Lets states waive the ACA’s standards for what services plans have to cover and its prohibition on charging people with pre-existing conditions higher premiums</td>
<td>May “only” let states waive benefit standards, which CBO found could lead plans in half the country to drop coverage for mental health, substance use, maternity care and other benefits</td>
<td>Minimal: people with pre-existing conditions still wouldn’t have access to the services they need</td>
</tr>
<tr>
<td>Tax cuts</td>
<td>Cuts taxes by more than $600 billion, with most benefits going to high-income households and corporations</td>
<td>May delay certain tax cuts — but no discussion of dropping major tax cuts in order to restore coverage</td>
<td>None</td>
</tr>
</tbody>
</table>

Source: CBPP, [Tracking Reports About the Emerging Senate Bill to Repeal the Affordable Care Act](https://www.cbpp.org/research/health/affordable-care-act/affordable-care-act), June 12, 2017
Main Message:
Fix Private Market But Take Medicaid Cuts “Off the Table”

Other Changes Hurting the ACA

- Trump administration removing key ads during the end of open enrollment.
- Recent Marketplace “Stabilization” rules may dampen enrollment.
  - Shorter open enrollment
  - SEP pre-verification process
  - Backpay of premiums past due before you can enroll
  - Ability to have higher cost sharing in Marketplace plans
- According to actuarial firm Oliver Wyman, uncertainty caused by Trump Administration is raising 2018 premiums (June 14, 2017):

  Two market influences, in particular, are complicating 2018 rate setting: the uncertainty surrounding continued funding of cost sharing reduction (CSR) payments and the question of how the relaxation of the individual mandate will impact enrollment and risk pools.
Questions?

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