



Fix the Damn Healthcare



Sorting Out ACA 2.0, MFA, MED4AM & More!

Where: Room 118c

When: Friday, July 12th, 4:30 PM

Who: Laura Packard

Matthew Cortland

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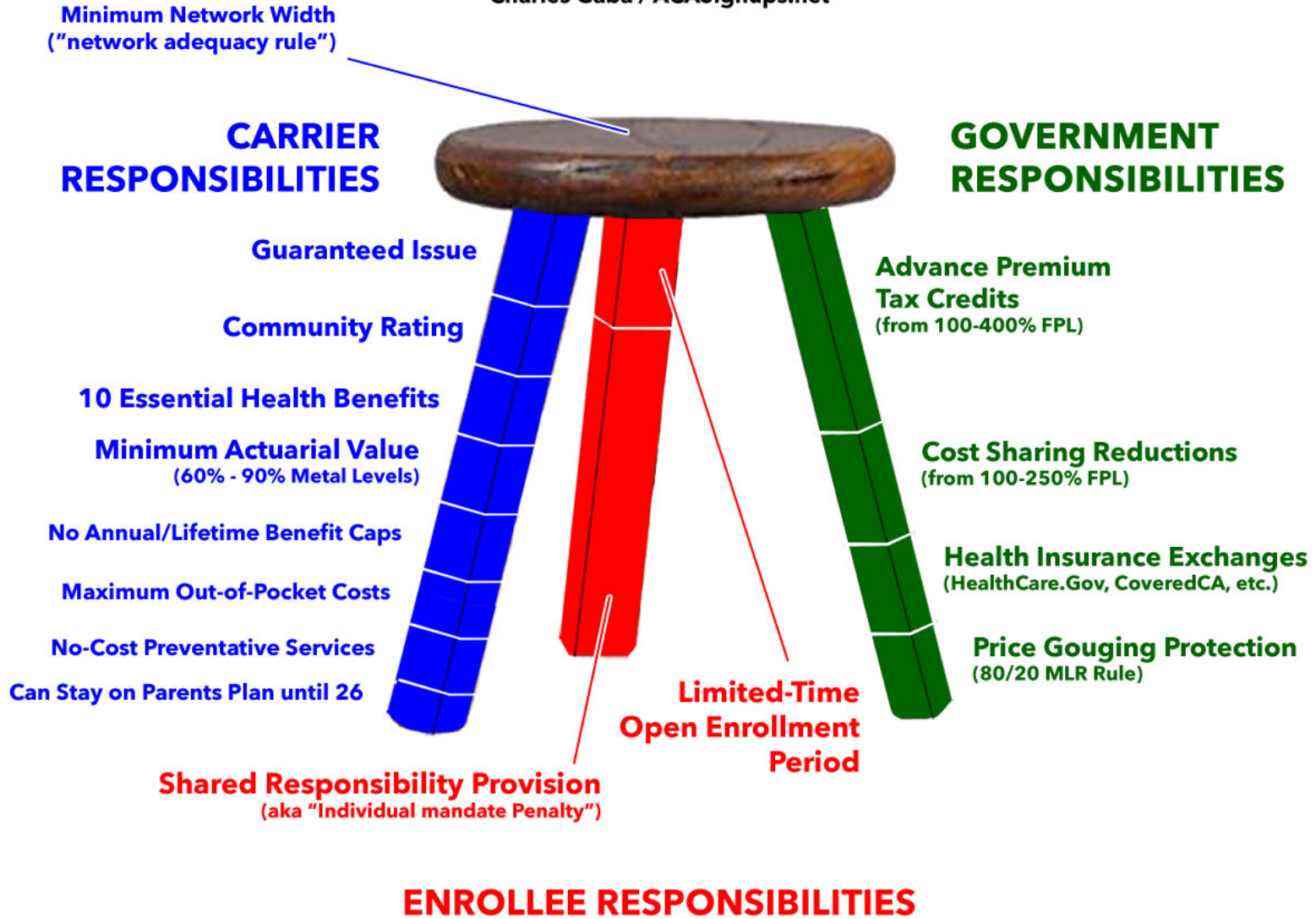
Germán Parodi

Sanjeev Sriram

NETROOTS
★ **NATION**

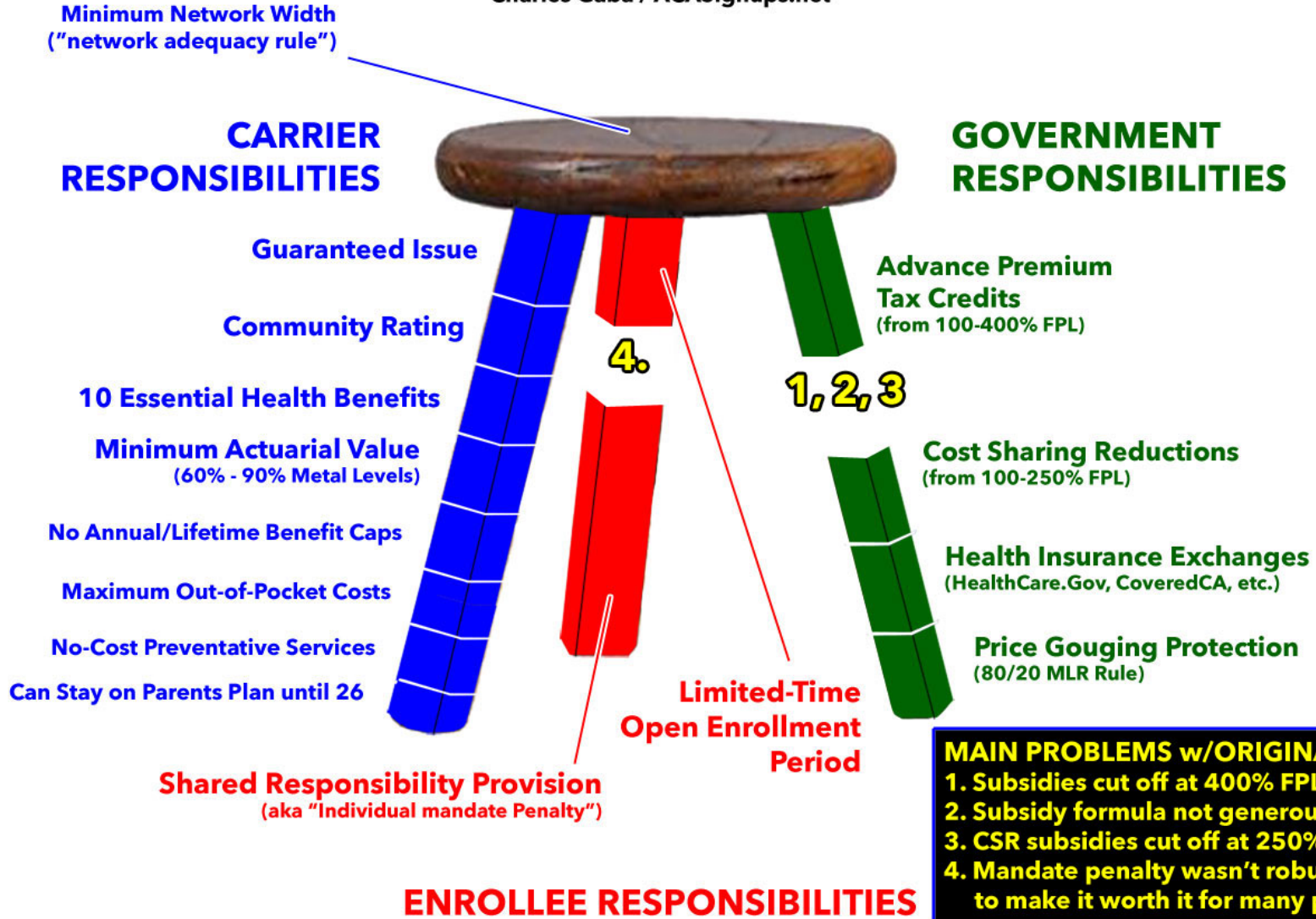
THE AFFORDABLE CARE ACT'S THREE-LEGGED STOOL (ORIGINAL, IDEALIZED VERSION)

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THE AFFORDABLE CARE ACT'S THREE-LEGGED STOOL (ACTUAL ORIGINAL VERSION)

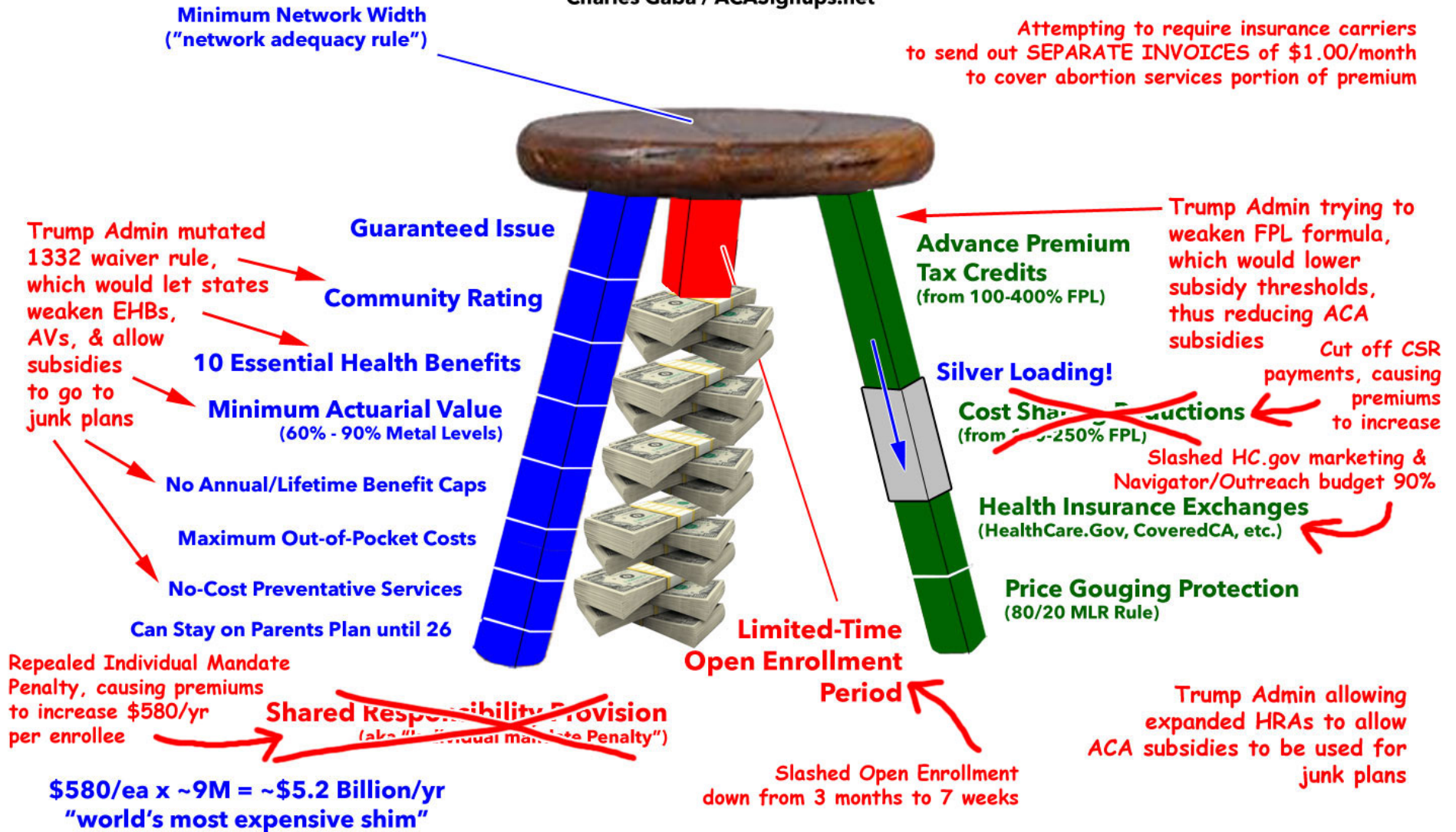
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THE AFFORDABLE CARE ACT'S THREE-LEGGED STOOL

(Additional Ongoing Sabotage Efforts)

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THE AFFORDABLE CARE ACT'S THREE-LEGGED STOOL

(Additional Ongoing Sabotage Efforts)

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Minimum Network Width
("network adequacy rule")

Attempting to require insurance carriers to send out SEPARATE INVOICES of \$1.00/month to cover abortion services portion of premium

CAR
RESPON

ERNMENT
ILITIES

Texas vs. Azar
aka #TexasFoldEm

20 GOP AGs & Govs; supported by Trump Admin
if successful,
ENTIRE ACA could be struck down.

Trump Admin
1332 waivers
which would
weaken E
AVs, &
subsidies
to go to
junk plans

Admin trying to
SPL formula,
lower
holds,
ACA

Cut off CSR
nts, causing
premiums
to increase

marketing &
each budget 90%

anges
(ACA, etc.)

Maxim

No-Cost Preventa

Can Stay on Parents Plan until 26

ing Protection
(7/20 MLR Rule)

Repealed Individual Mandate
Penalty, causing premiums
to increase \$580/yr
per enrollee

~~Shared Responsibility Provision
(aka "Individual Mandate Penalty")~~

Open Enrollment
Period

Trump Admin allowing
expanded HRAs to allow
ACA subsidies to be used for
junk plans

\$580/ea x ~9M = ~\$5.2 Billion/yr
"world's most expensive shim"

Slashed Open Enrollment
down from 3 months to 7 weeks

ENROLLEE RESPONSIBILITIES

Ways to PROTECT, REPAIR and STRENGTHEN the ACA at the federal or state level

- **PROTECT:** Legislation to lock in **existing** ACA patient protections in the event they're stripped away at the federal level
- **REPAIR:** Legislation to **restore** ACA protections/regs which have *already* been stripped away at the federal level either legislatively or via regulatory changes by Trump
- **STRENGTHEN:** "ACA 2.0" improvements to take it to the next logical stage. Implementing even a few of these could dramatically improve/expand coverage while lowering costs for enrollees...many can be done at the state level without federal approval.

“ACA 2.0”

HOUSE: H.R. 1884:

**“The Protecting Pre-Existing Conditions
and Making Health Care More Affordable Act of 2019”**

“#PPECAMHCAA”

SENATE: S.1213:

Consumer Health Insurance Protection Act

“#CHIPA”

House ACA 2.0 Bill Package H.R. 1884:

- **1. PROTECT: H.R. 986:** Reverses Trump Admin's mutation of 1332 waiver definition which would've massively weakened ACA Essential Health Benefit protections & more ; **Passed 5/09**
- **2. REPAIR: H.R. 987 (MORE Act):** Restores HC.gov marketing budget to \$100M/yr; regulates how it's used; **Passed 5/17**
- **3. REPAIR: H.R. 1386 (ENROLL Act):** Restores HC.gov's navigator/outreach budget to \$100M/yr; regulates use; **Passed 5/17**
- **4. REPAIR: H.R. 1010:** Reverses Trump Admin's expansion of non-ACA compliant "short-term plans"; **Passed 5/17**
- **5. STRENGTHEN: H.R. 1385 (SAVE Act):** Provides states w/\$200M in federal funds to establish state-based ACA exchanges; **Passed 5/17**
- **6. STRENGTHEN: H.R. 1425:** Reinstates federal ACA reinsurance program w/\$10B/year (*would reduce premiums ~11% on avg.*)

House ACA 2.0 Bill Package H.R. 1884:

- **7. STRENGTHEN:** Fixes ACA “Family Glitch” which prevents families from being eligible for subsidies if 1 member is eligible for **any** employer-sponsored policy (*could increase enrollment by several million people*)
- **8. REPAIR:** Reverses Trump Admin’s expansion of quasi-ACA compliant “Association Health Plans”
- **9. STRENGTHEN:** Standardized Plans/Silver Spam Loophole Fix: Prevents gaming of ACA benchmark plan framework & reduces confusion for enrollees
- **10. STRENGTHEN:** State Education/Enrollment Innovation Program Funding: Provides \$300M/yr to states to help them educate/streamline enrollment in the individual & small group markets
- **11. PROTECT/REPAIR:** Audit HealthCare.Gov’s budget, which Trump Admin has used to **attack** the ACA while simultaneously slashing open enrollment advertising, navigator/outreach & education, etc.

12. H.R. 1868: #KillTheCliffs!

- **Current ACA subsidies:**
 - Those earning 100-400% FPL
 - **Single Adult: \$12.5K - \$50K**
 - **Family of 4: \$25K - \$100K**
 - Capped at between 2 – 10% of income
- **PROBLEM #1:**
 - **Lower-end Cliff:** Those earning just over 100% (non-expansion states) or 138% (expansion states) have to pay 2.1% or 3.4% of income to start
 - **UPPER-END CLIFF:** Those earning just over 400% FPL have to pay **full price**, which averages **over 21% of income for 60-year old enrollees**
- **PROBLEM #2:**
 - Subsidies still not generous enough even for many in the 100-400% range

Advance Premium Tax Credits (APTC) CURRENT LAW (ACA)	
Household Income (FPL%)	Premium Cap (max % of income paid)
	Benchmark: Silver
< 100%	<i>n/a</i>
100 - 133%	2.08%
133 - 150%	3.11 - 4.15%
150 - 200%	4.15 - 6.54%
200 - 250%	6.54 - 8.36%
250 - 300%	8.36 - 9.86%
300 - 400%	9.86%
> 400%	<i>n/a</i>

12. H.R. 1868: #KillTheCliffs!

- Proposed “ACA 2.0” subsidies solve both problems:
 - Removes the upper-end cliff completely
 - Smooths out the lower-end cliff
 - Capped at between 0 – 8.5% of income
- Likely enrollment increase: 4-6 million people
- Eliminates need for confusing “Silver Switching”
- Makes off-exchange ACA enrollment completely unnecessary
- Likely additional cost: Just \$10 - \$15 billion/year

Advance Premium Tax Credits (APTC) under H.R. 1868(ACA 2.0)	
Household Income (FPL%)	Premium Cap (max % of income paid)
	Benchmark: Silver
< 100%	n/a
100 - 133%	0 - 1%
133 - 150%	1 - 2%
150 - 200%	2 - 4%
200 - 250%	4 - 6%
250 - 300%	6 - 7%
300 - 400%	7 - 8.5%
> 400%	8.50%

Net Premium Paid as a % of Income for ACA Benchmark Silver Plan: Current ACA vs. ACA 2.0
30-year old single adult using average 2019 ACA Silver Plan premium
 compiled by Charles Gaba/ACASignups.net

net premium as % of income

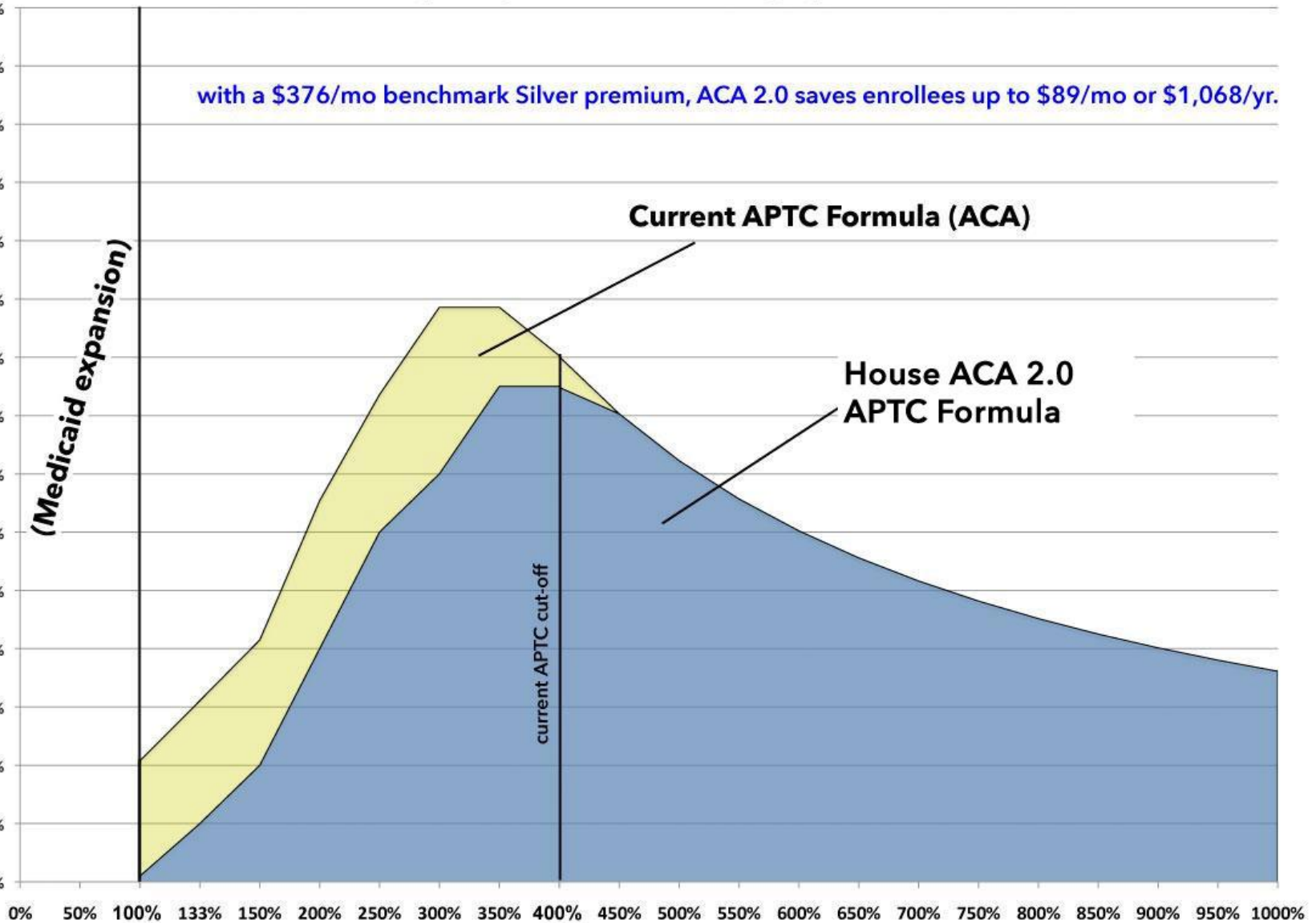
with a \$376/mo benchmark Silver premium, ACA 2.0 saves enrollees up to \$89/mo or \$1,068/yr.

(Medicaid expansion)

Current APTC Formula (ACA)

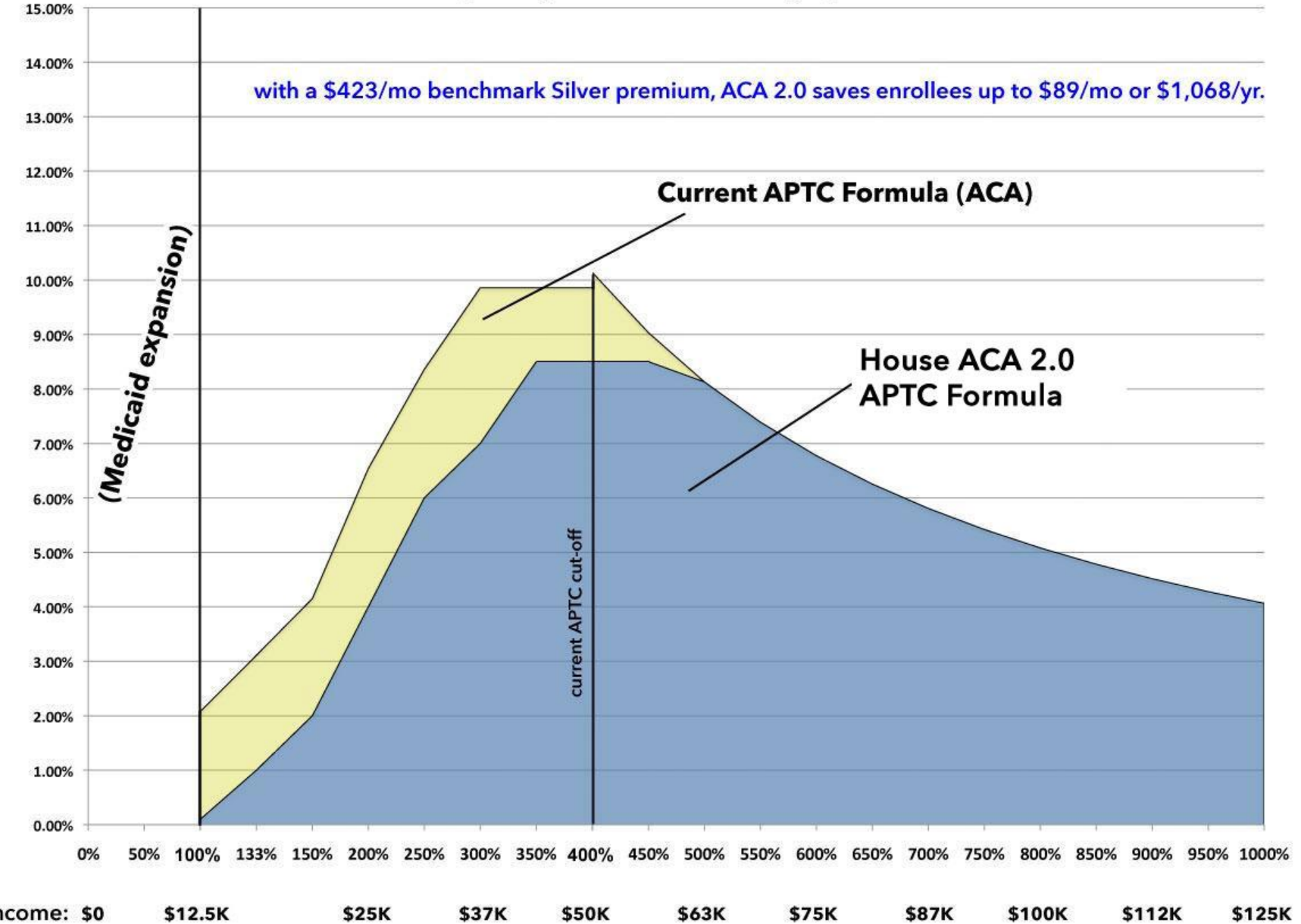
House ACA 2.0 APTC Formula

current APTC cut-off

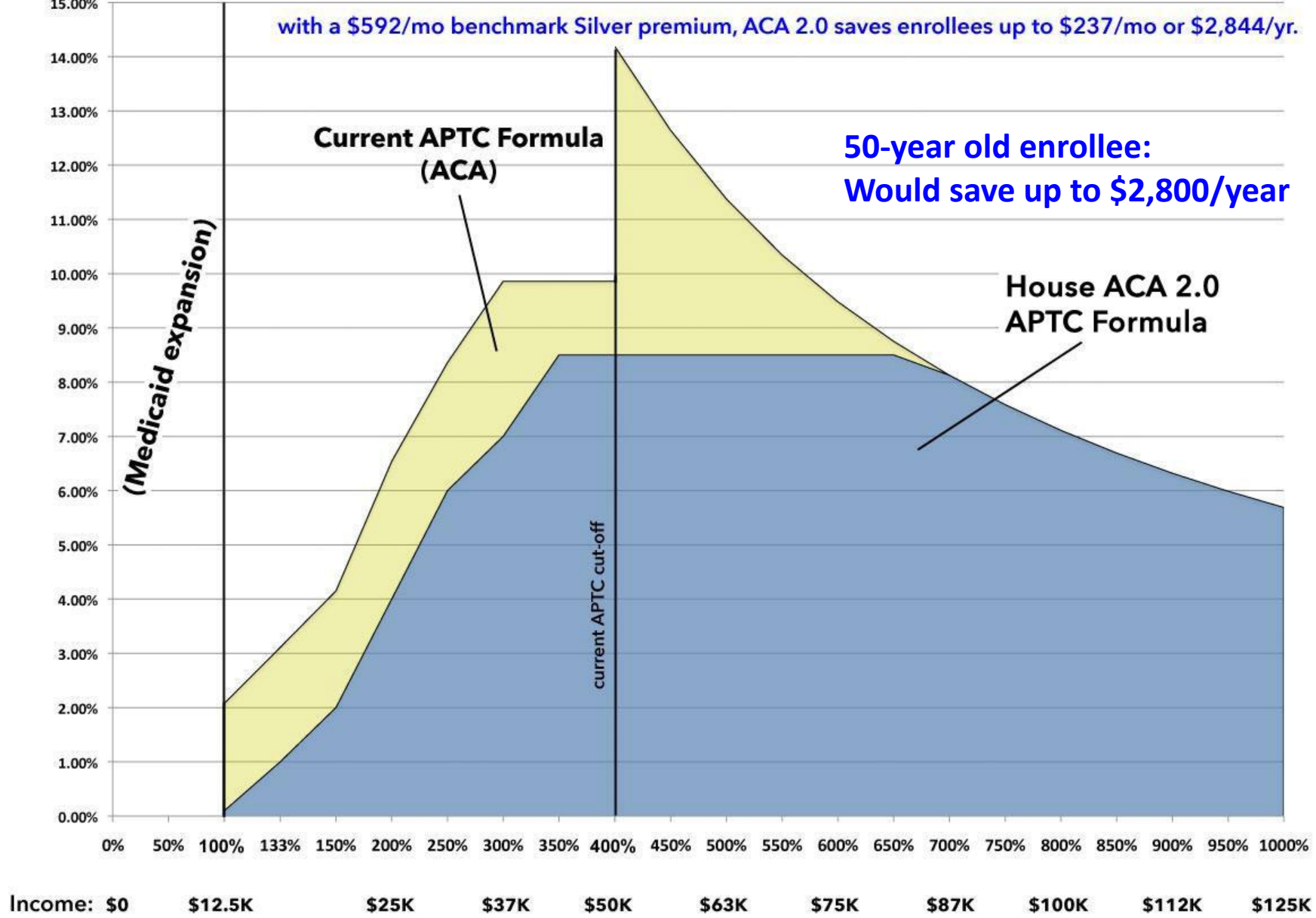


Income: \$0 \$12.5K \$25K \$37K \$50K \$63K \$75K \$87K \$100K \$112K \$125K

Net Premium Paid as a % of Income for ACA Benchmark Silver Plan: Current ACA vs. ACA 2.0
40-year old single adult using average 2019 ACA Silver Plan premium
 compiled by Charles Gaba/ACASignups.net

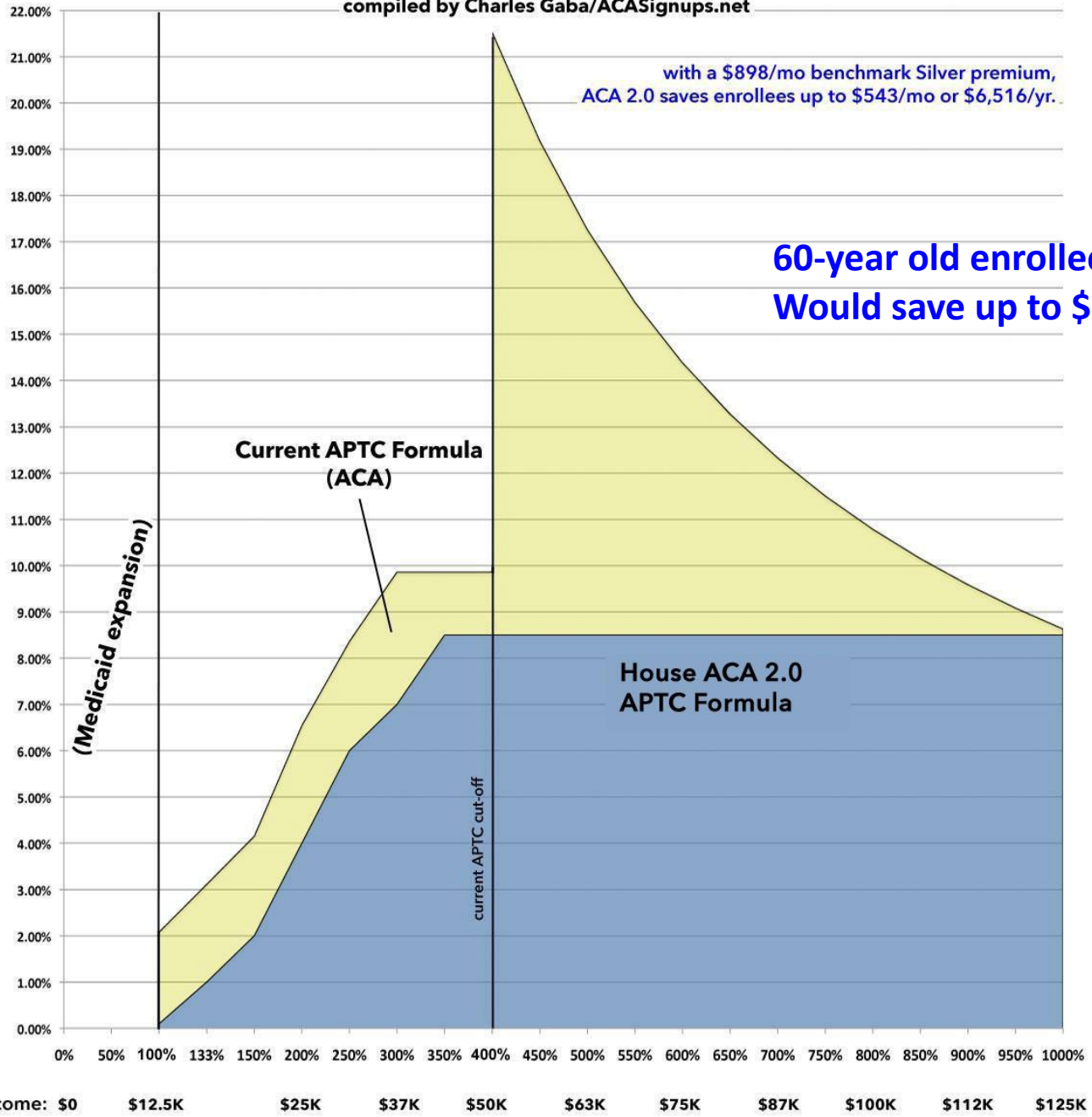


Net Premium Paid as a % of Income for ACA Benchmark Silver Plan: Current ACA vs. ACA 2.0
50-year old single adult using average 2019 ACA Silver Plan premium
 compiled by Charles Gaba/ACASignups.net



net premium
as % of
income

Net Premium Paid as a % of Income for ACA Benchmark Silver Plan: Current ACA vs. ACA 2.0 60-year old single adult using average 2019 ACA Silver Plan premium compiled by Charles Gaba/ACASignups.net



with a \$898/mo benchmark Silver premium,
ACA 2.0 saves enrollees up to \$543/mo or \$6,516/yr.

**60-year old enrollee:
Would save up to \$6,500/year!**

**Current APTC Formula
(ACA)**

**House ACA 2.0
APTC Formula**

(Medicaid expansion)

current APTC cut-off

Income: \$0 \$12.5K \$25K \$37K \$50K \$63K \$75K \$87K \$100K \$112K \$125K

S.1213: Consumer Health Insurance Protection Act (“CHIPA”)

- *Includes 8 major provisions of House version; in addition...*
- **Upgrades benchmark plan from Silver to Gold**, effectively beefing up **Cost Sharing Reduction** assistance significantly
- **Ties Medicare Advantage contracts** to exchange participation in low-competition areas
- **Adds a \$250/mo cap on prescription drug costs**
- **Increases Individual & Sm. Group MLR from 80% to 85%**
- Addresses mid-year **formulary bait-n-switch**, network changes & treatment droppage
- Requires **Open Enrollment** to last at least 8 weeks
- **Outlaws Surprise Billing** (separate bill already in process)
- Eliminates 50% Smoker Surcharge (which has been found to do more harm than good)

Presidential Candidates on ACA 2.0

- Senate version primary sponsor: **Sen. Warren**
- Co-Sponsored by **Sen. Booker, Sen. Gillibrand, Sen. Harris & Sen. Klobuchar**
- Co-sponsored by **Sen. Sanders** in 2018 *but not in 2019*
- House version co-sponsored by **Rep. Moulton**
- **Biden, Bullock, Delaney & Inslee** have indicated strong support of protecting/improving the ACA
- All the other candidates seem to be onboard with ACA improvements

MEDICARE
for
AMERICA

"Medicare for All"



Sen. Bernie Sanders's (I-VT) Medicare-for-all bill



Rep. Pramila Jayapal (D-WA) and the House Progressive Caucus's Medicare-for-all bill

"Medicare for America"



Reps. Rosa DeLauro (D-CT) and Jan Schakowsky's (D-IL) Medicare-for America-bill

"Choose Medicare"



Sens. Jeff Merkley (D-OR) and Chris Murphy's (D-CT) Medicare buy-in bill



Rep. Jan Schakowsky (D-IL) and Sen. Sheldon Whitehouse's (D-RI) Medicare buy-in bill



Sen. Michael Bennet (D-CO), Rep. Brian Higgins's (D-NY) and Sen. Tim Kaine (D-VA) Medicare buy-in bill



Sen. Brian Schatz (D-HI) and Rep. Ben Ray Lujan's (D-NM) Medicaid buy-in bill



The Urban Institute's Healthy America proposal



Sen. Debbie Stabenow (D-MI) Medicare-at-50 bill

"CHOICE Act"

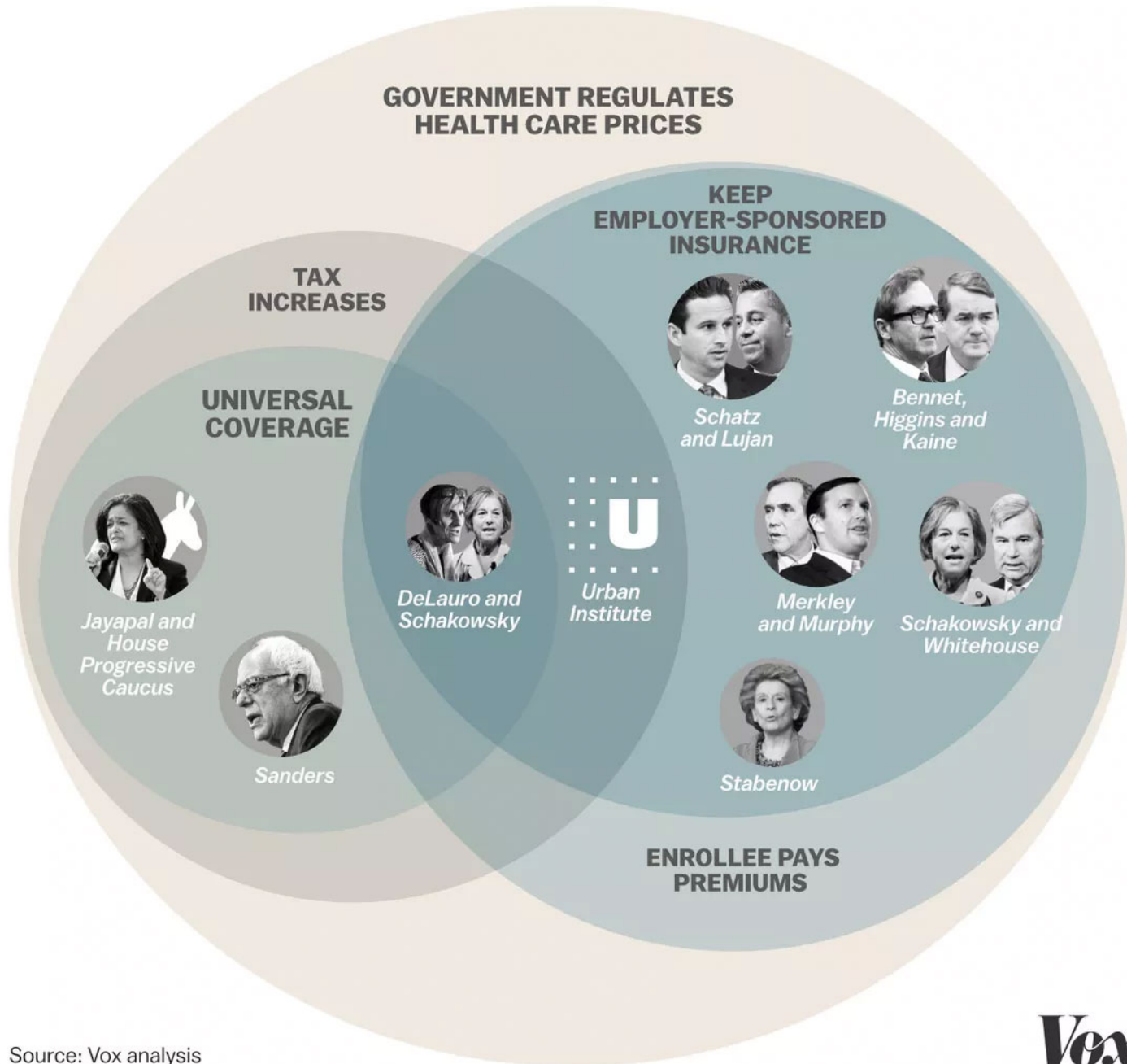
"Medicare X"

"State Public Option Act"

"Healthy America"

"Medicare 50+"

DEMOCRATIC PLANS FOR UNIVERSAL HEALTH CARE, COMPARED

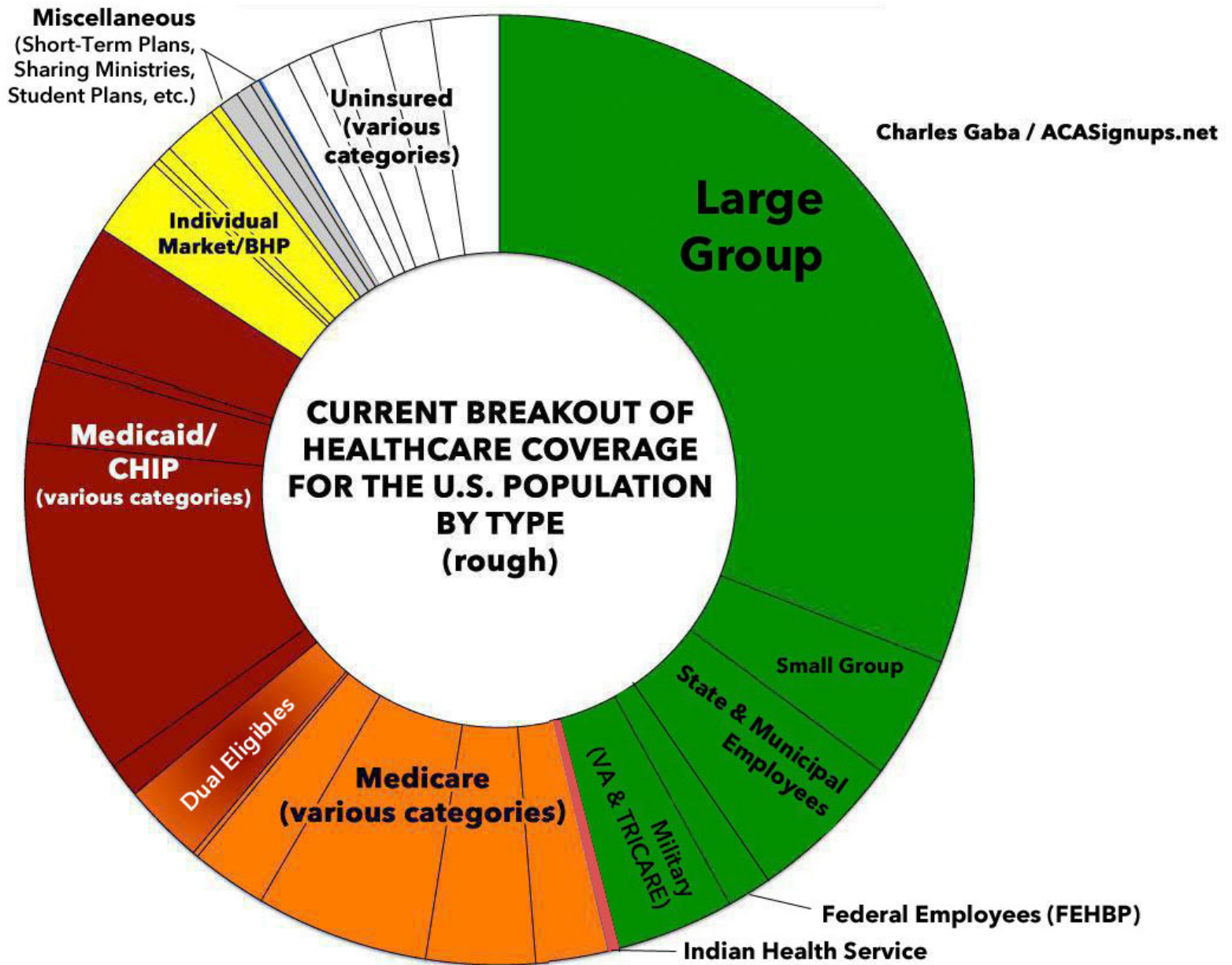


Source: Vox analysis

	Do ALL AMERICANS gain coverage?	Do Americans still get INSURANCE AT WORK?	Do public plan enrollees pay PREMIUMS?	Does it require a TAX INCREASE?	Does the GOVERNMENT REGULATE health care prices?
Jayapal (D-WA) and the House Progressive Caucus's Medicare-for-all bill	✓	✗	✗	✓	✓
Sanders's Medicare-for-all bill	✓	✗	✗	✓	✓
DeLauro (D-CT) and Schakowsky's (D-IL) Medicare for America bill	✓	✓	✓	✓	✓
Merkley (D-OR) and Murphy's (D-CT) Medicare buy-in bill	✗	✓	✓	✗	✓
Schakowsky (D-IL) and Whitehouse's (D-RI) Medicare buy-in bill	✗	✓	✓	✗	✓
Bennet (D-CO), Higgins's (D-NY) and Kaine (D-VA) Medicare buy-in bill	✗	✓	✓	✗	✓
Schatz (D-HI) and Lujan's (D-NM) Medicaid buy-in bill	✗	✓	✓	✗	✓
Stabenow (D-MI) Medicare-at-50 bill	✗	✓	✓	✗	✓
The Urban Institute's Healthy America proposal	✗	✓	✓	✓	✓

Source: Vox analysis





Charles Gaba / ACASignups.net

MOST likely to WELCOME a single, mandatory, comprehensive, affordable healthcare program:

- Those currently **UNINSURED** (~30 million)
- Those currently enrolled in **JUNK PLANS** (~5 million)
- Those currently on **INDIVIDUAL MARKET** (~15 million)
 - Especially those who are unsubsidized or lightly subsidized.
- Those currently enrolled in **MEDICAID/CHIP** (~73 million)
 - To stop individual states from constantly screwing around with coverage, eligibility, etc.
- Those currently enrolled in **MEDICARE** (~55 million)
 - As long as they receive better benefits without having to pay more
- **Total: ~52% of the total U.S. population**

LEAST likely to welcome a single, mandatory, publicly run healthcare program:

- Those enrolled in **EMPLOYER-SPONSORED HEALTHCARE** (~160 million)
 - Includes Federal, State & Municipal employees
 - Includes Union Workers who gave up other benefits to acquire Gold-plated healthcare coverage
 - Includes Military TRICARE enrollees & the Indian Health Service
- ~2/3 are at least **satisfied** (if not thrilled) w/current coverage
- Potential backlash over having current coverage replaced
- Concern about Big, Unknown Program, etc etc.
- **Total: ~48% of the total U.S. population**

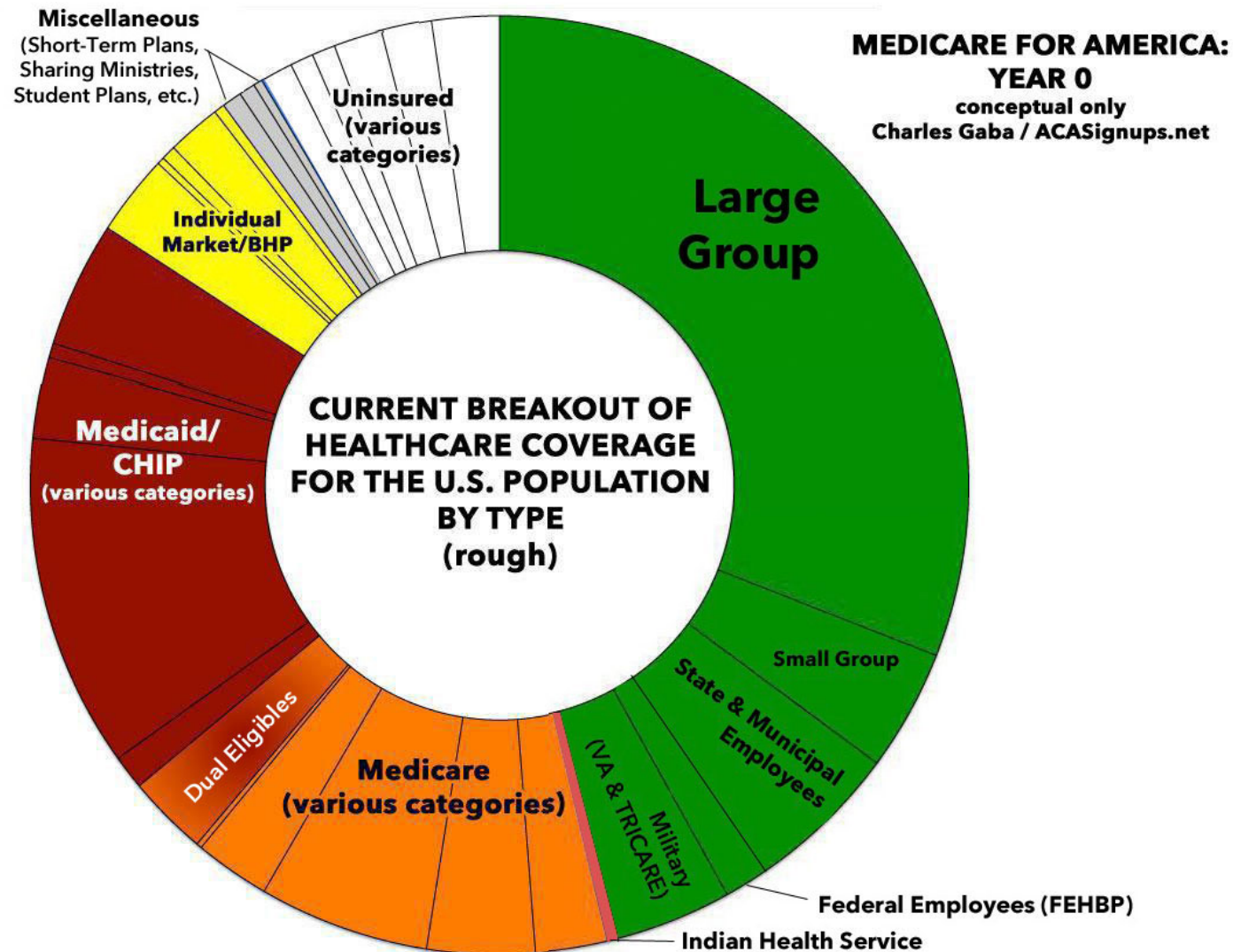
“Medicare for America”

WHO’S COVERED?

- **ENROLLED AUTOMATICALLY: ~52% of the population:**
 - Everyone currently UNINSURED
 - Everyone currently enrolled in the INDIVIDUAL MARKET
 - Everyone currently enrolled in MEDICAID or CHIP
 - Everyone currently enrolled in MEDICARE
 - ALL NEWBORN CHILDREN
 - ALL NEWLY TURNING 65
- **CAN ENROLL IF THEY WANT TO: ~48% of the population:**
 - Anyone with EMPLOYER COVERAGE, including:
 - Employees of LARGE BUSINESSES
 - Employees of SMALL BUSINESSES
 - Federal Employees (FEHBP)
 - State & Municipal Employees
 - Active Military Members (TRICARE)
 - Enrollees in the Indian Health Service

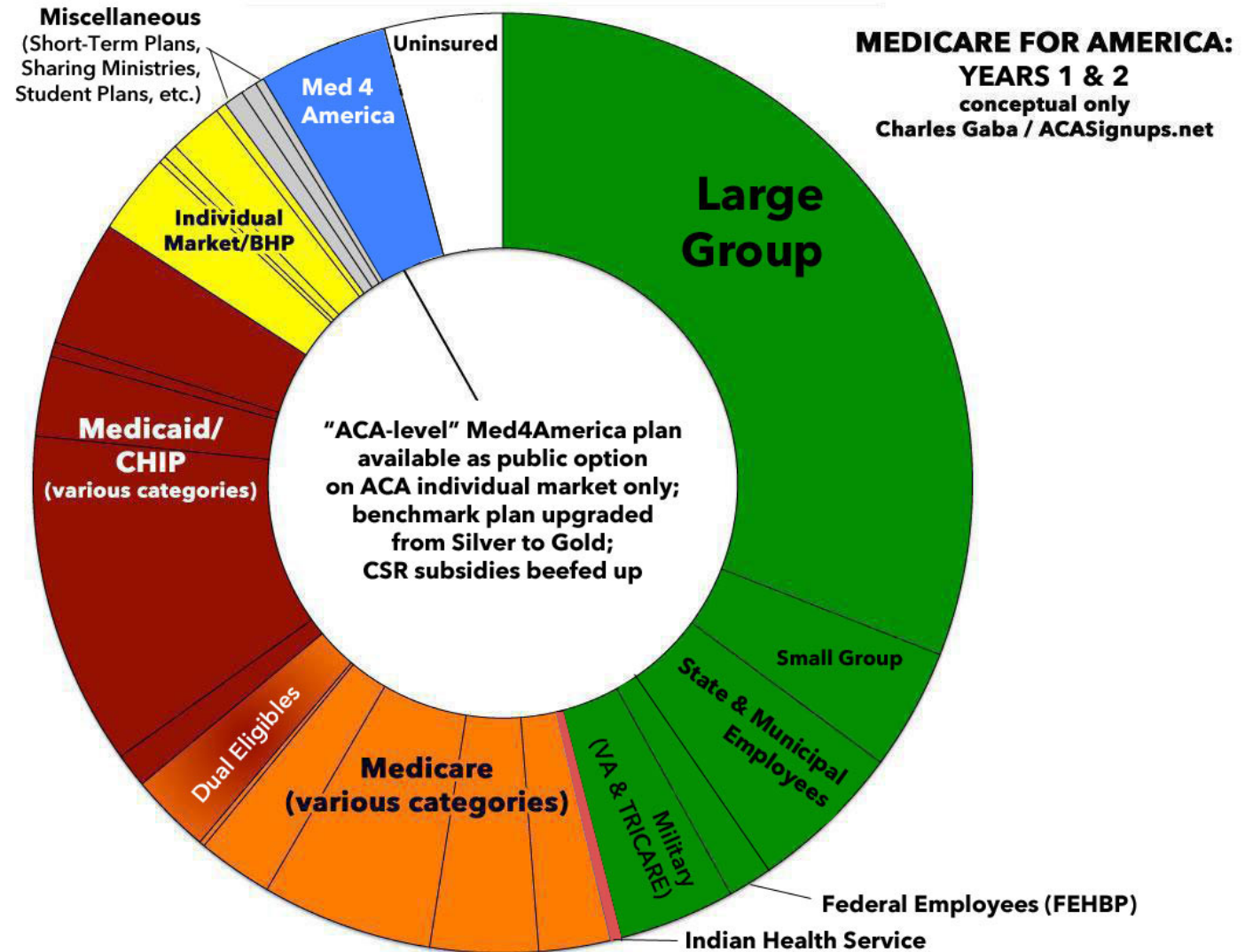
“Medicare for America”

introduced by Reps. DeLauro & Schakowsky



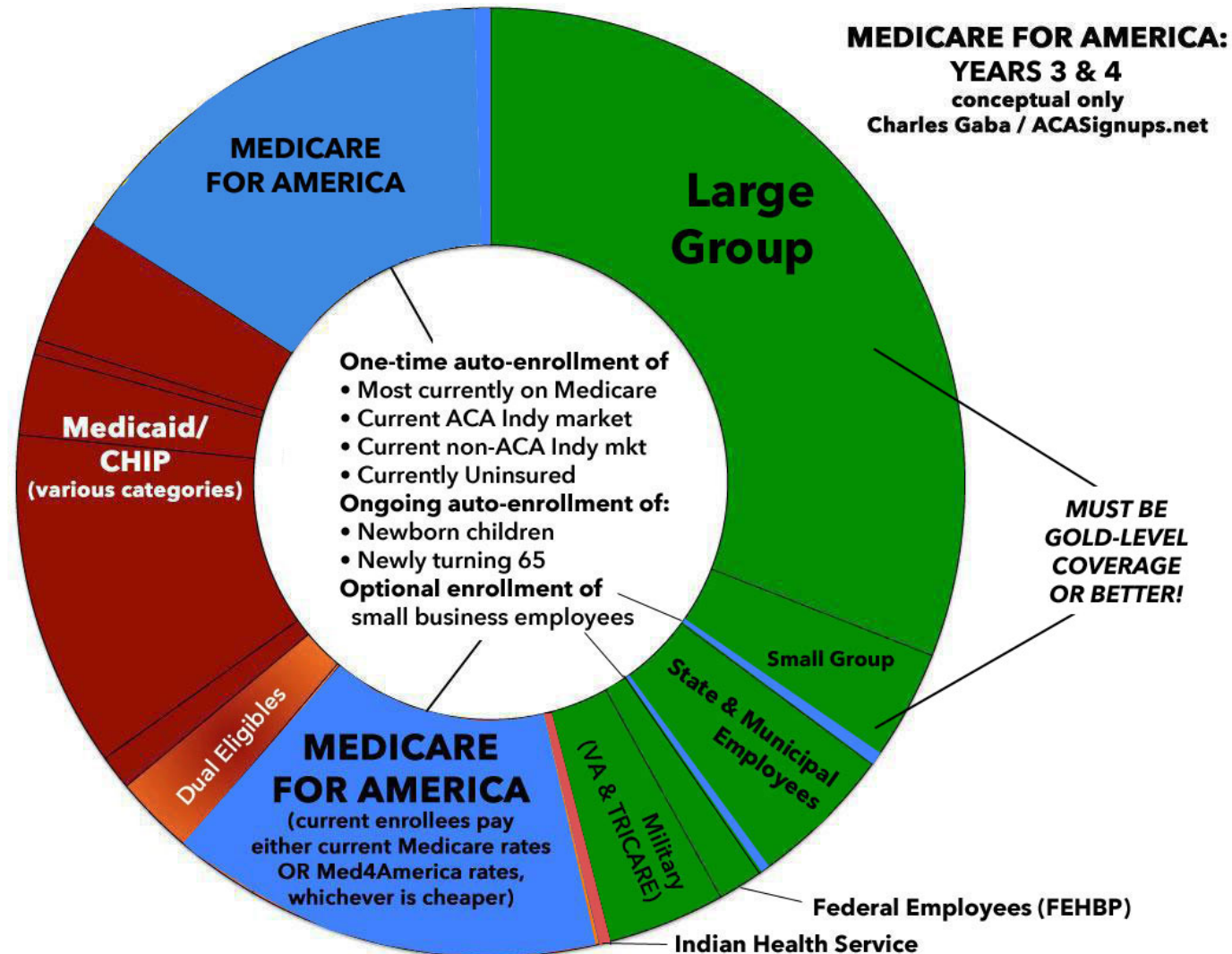
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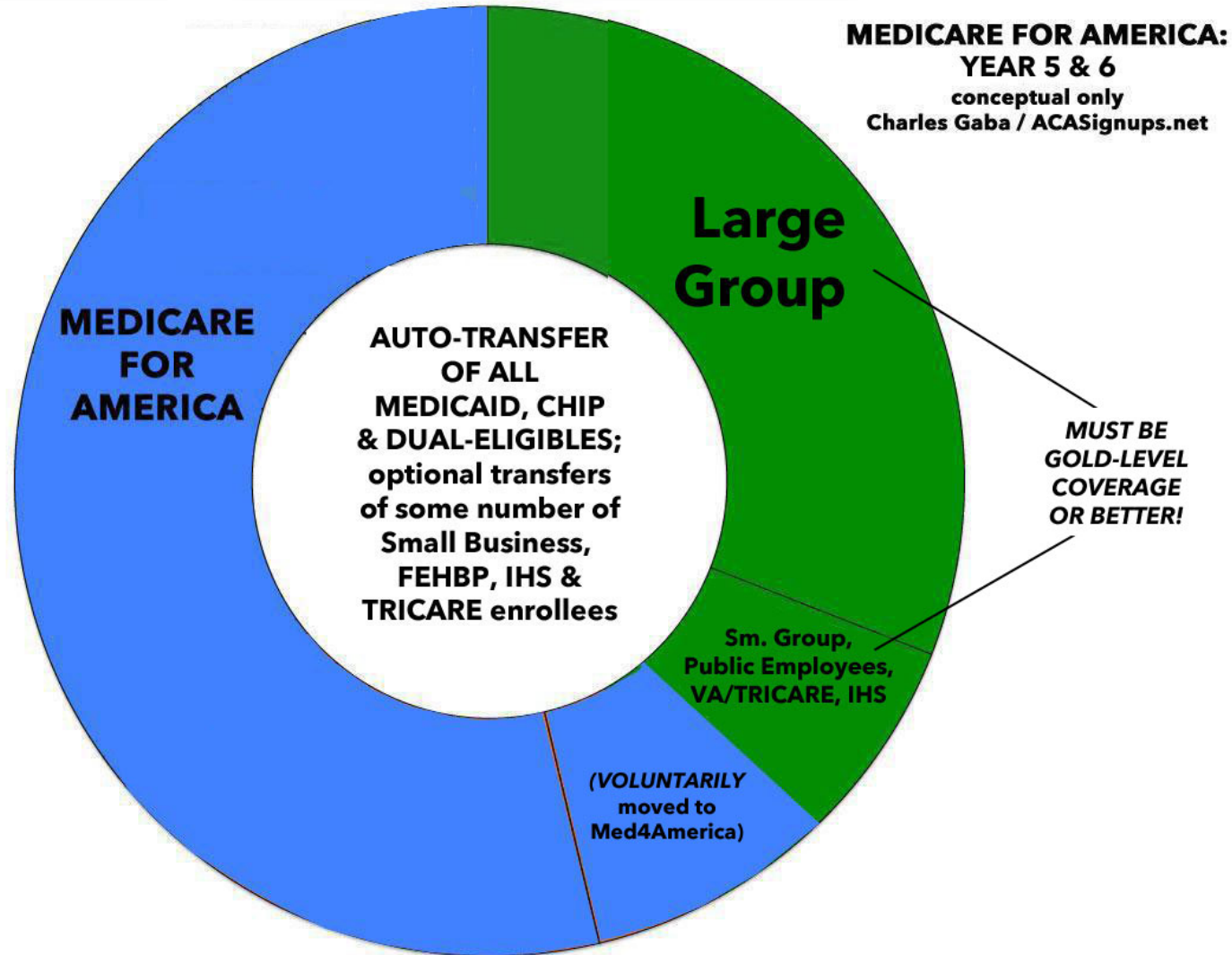
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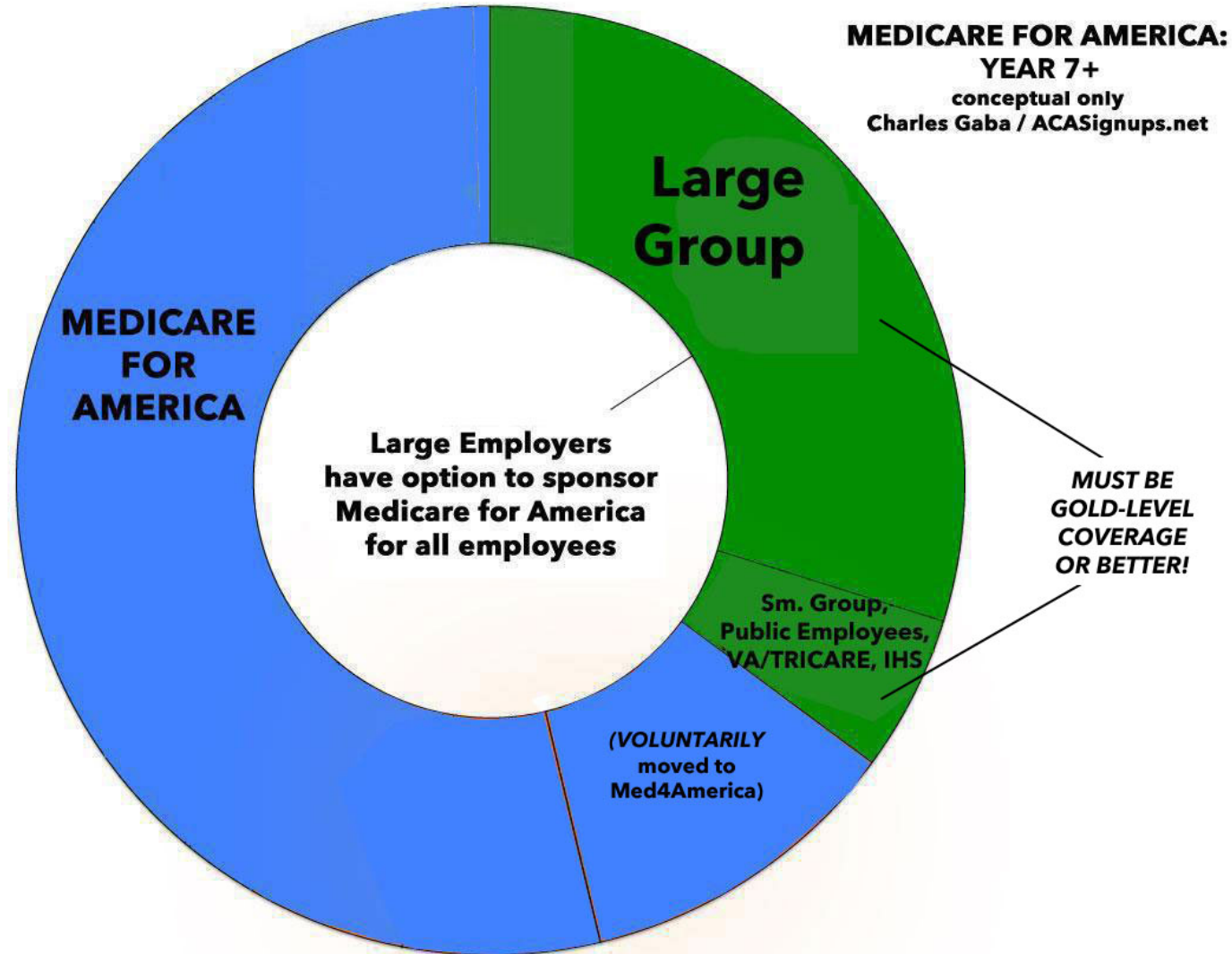
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“Medicare for America”

WHAT’S COVERED? (just about everything)

- Ambulatory services
- Emergency care/urgent care
- Hospitalization
- Maternity/newborn care
- Behavioral health services
- Prescription drugs via FDA
- Rehabilitative/habilitive services
- Laboratory services
- Preventative/wellness & chronic disease management
- Pediatric services
- Dental care
- Hearing services/hearing aids
- Vision services
- **Home & Community-based long-term support services**
- Chiropractic services
- Chiropractic services
- Durable medical equipment
- Family Planning (including full maternity & reproductive care)
- Gender-confirming procedures
- STD/HIV screening, testing, treatment & counseling
- Dietary/nutrition counseling
- Medically necessary food/vitamins
- Nursing facilities
- Acupuncture
- Digital health therapeutics
- Telehealth
- Non-emergency medical transportation
- Care coordination
- Palliative care
- Anything else covered by any State plan

“Medicare for America”

LONG-TERM SUPPORT & SERVICES

- **Home health aides & homemakers**
- **Direct support professionals** and personal attendant care services
- **Hospice**
- **Nursing care**
- **Medical Social Services**
- **Care coordination**, including case management, fiscal intermediary, and support brokerage services
- **Short-term inpatient care**, including respite care and care for pain control;
- **Behavioral health home and community based long-term services and supports**, including assertive community treatment; peer support services
- **Intensive care coordination**, including case management; supported employment; and supported housing wraparound
- **Private-duty nursing**
- **Respite services** provided in the individual’s home or broader community
- **Transitional services** to support an individual’s transition from an institutional setting to the community.

“Medicare for America”

introduced by Reps. DeLauro & Schakowsky

Estimated "Medicare for America" Premiums & Cost Sharing based on proposed sliding scale via ACASignups.net			
Household Income (FPL)	Premiums (% of income)	Maximum Out of Pocket Costs	
		(individual)	(family)
0 - 50%	0	\$0	\$0
50 - 100%	0	\$0	\$0
100 - 150%	0	\$0	\$0
150 - 200%	0	\$0	\$0
200 - 250%	0 - 1%	\$0 - \$400	\$0 - \$500
250 - 300%	1 - 2%	\$400 - \$800	\$500 - \$1,000
300 - 350%	2 - 3%	\$800 - \$1,200	\$1,000 - \$1,500
350 - 400%	3 - 4%	\$1,200 - \$1,600	\$1,500 - \$2,000
400 - 450%	4 - 5%	\$1,600 - \$2,000	\$2,000 - \$2,500
450 - 500%	5 - 6%	\$2,000 - \$2,400	\$2,500 - \$3,000
500 - 550%	6 - 7%	\$2,400 - \$2,800	\$2,500 - \$3,500
550 - 600%	7 - 8%	\$2,800 - \$3,500	\$3,500 - \$5,000
over 600%	8%	\$3,500	\$5,000

“Medicare for America”

introduced by Reps. DeLauro & Schakowsky

Single 30-Year Old Adult, \$25,000/year income

System	Monthly Premium	Annual Premium	Deductible	Maximum Out of Pocket	Worst-Case Scenario	Caveats?
Current ACA:	\$140	\$1,680	\$3,500	\$5,000	\$6,680*	*(only if in network)
Medicare for America:	\$5	\$60	n/a	\$100	\$160	no matter what

Single 40-Year Old Adult, \$40,000/year income

System	Monthly Premium	Annual Premium	Deductible	Maximum Out of Pocket	Worst-Case Scenario	Caveats?
Current ACA:	\$328	\$3,936	\$4,000	\$7,900	\$11,836*	*(only if in network)
Medicare for America:	\$81	\$972	n/a	\$1,200	\$2,172	no matter what

Single 50-Year Old Adult, \$60,000/year income

System	Monthly Premium	Annual Premium	Deductible	Maximum Out of Pocket	Worst-Case Scenario	Caveats?
Current ACA:	\$592	\$7,104	\$4,000	\$7,900	\$15,004*	*(only if in network)
Medicare for America:	\$280	\$3,360	n/a	\$2,800	\$6,160	no matter what

Single 60-Year Old Adult, \$90,000/year income

System	Monthly Premium	Annual Premium	Deductible	Maximum Out of Pocket	Worst-Case Scenario	Caveats?
Current ACA:	\$898	\$10,776	\$4,000	\$7,900	\$18,676*	*(only if in network)
Medicare for America:	\$600	\$7,200	n/a	\$3,500	\$10,700	no matter what

ACA costs based on avg. 2019 ACA-compliant Individual Market Premiums & Deductibles via HealthPocket data.

“Medicare for America”

WHAT ABOUT EMPLOYER-SPONSORED INSURANCE?

- **LARGE EMPLOYERS (>100 employees) HAVE A CHOICE:**
 - A. Provide **QUALITY PRIVATE INSURANCE** for their employees (must be Gold-level or higher w/vision, dental & hearing: 80% AV w/employer covering at least 70% of premiums, including for their family); **OR**
 - B. **Shift employees** over to Medicare for America & pay a **flat 8% payroll tax**
- **SMALL EMPLOYERS (<100 employees) HAVE A CHOICE:**
 - A. Provide **QUALITY** health insurance for their employees (must be Gold-level or higher w/vision, dental & hearing: 80% AV w/employer covering at least 70% of premiums, including for their family); or
 - B. Shift employees over to Medicare for America
 - *If an individual employee wants to move to Med4America, they can do so & their employer has to continue to pay the same amount they were before; employee pays LESSER of what they were or Med4America rates*

“Medicare for America”

WHAT ABOUT MEDICARE ADVANTAGE?

- Individuals **will have the option to enroll in a Medicare Advantage for America plan**
- These plans **will need to charge a separate premium if they cover additional benefits.**
- Medicare Advantage plans would also pay **Medicare for America rates** for benefits and services.
- Includes **Medicare Advantage Bill of Rights**, which would **prohibit plans from dropping providers during the middle of the plan year w/out cause & improves notice to plan enrollees** about annual changes to provider networks
- **Federal gov’t pays MA admin 95% of costs**; it’s up to MA admin to decide what additional benefits to offer & how much more to charge.

“Medicare for America”

HOW IS IT PAID FOR?

- **Sunset the 2017 Tax Bill**
- **Add a 5% surtax on AGI over \$500K/yr**
- **Increase Medicare payroll tax on income over \$200K (\$250K)/yr (from 0.9% to 4.0% over those amounts)**
- **Increase Net Investment tax on income over \$200K (\$250K)/year (from 3.8% to 6.9% over those amounts)**
- **Increase excise taxes on all tobacco, alcohol & sugary drink products**
- **States would continue to make maintenance of effort payments equal to their existing Medicaid/CHIP funding, adjusted to account for whether they’ve expanded Medicaid under the ACA or not**

“Medicare for America”

OTHER IMPORTANT STUFF

- **ABORTION WOULD BE COVERED** (along w/complete reproductive/maternity care). The Hyde Amendment “shall not apply”.
- **UNDOCUMENTED IMMIGRANTS** are covered (“a resident of the United States or a territory of the United States”)
- **PROHIBITION AGAINST STEP THERAPY & Prior Authorization**
- **CURRENT MEDICARE ENROLLEES WOULD PAY CURRENT PREMIUMS** (i.e., they pay the lesser of Med4Am rates or existing Medicare rates)
- **MEDICAL STUDENT LOAN FORGIVENESS:** Doctors, nurses, direct care workers, therapists, PAs, pharmacists, dentists etc. will have 10% of their student loan debt forgiven for each year they participate in Medicare for America

“Medicare for America”

OTHER IMPORTANT STUFF

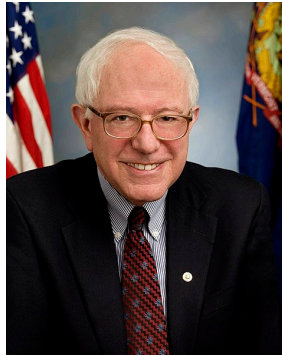
- **HEALTHCARE PROVIDER REIMBURSEMENT RATES:** Based on existing Medicare/Medicaid but higher for some services (at least 110% for hospital inpatient/outpatient; higher for underserved areas; at least 130% for primary care, mental & behavioral health services)
- **ALLOWS HHS TO NEGOTIATE PRESCRIPTION DRUG PRICES**
- **No Balance Billing/Surprise Billing**
- **No Private Contracting**
- **Mental Health Parity Requirement**
- **SAFE STAFFING REQUIREMENTS** for hospitals (must have a strictly-defined adequate number of nurses, orderlies, etc. per patient)
- **Eliminates State Medicaid waiting lists**
- **Eliminates 2-year SSDI Medicare waiting list**



MEDICARE
for
ALL
HEALTH CARE IS A RIGHT

Medicare For All

Sen. Sanders



14 Co-sponsors for **S. 1129**

Warren	Merkley
Harris	Leahy
Gillibrand	Markey
Booker	Schatz
Baldwin	Whitehouse
Blumenthal	Udall
Heinrich	Hirono

Rep. Jayapal



114 Co-sponsors for **HR. 1384**

- 48% of House Dems (and growing)
- Some differences but **LOTS** of overlap

Medicare For All

- Covers all US residents
- Transitions current Medicare, Medicaid/CHIP, FEHB into MFA.
 - VA & IHS continue as is.
- HR.1384 timeline:
 - Year 1: enroll everyone under 19 and over 55
 - Year 2: everyone else
- S.1129 timeline:
 - Year 1: Medicare eligibility age lowered to 55
 - everyone under age 19 can also enroll.
 - workers can buy in.
 - Year 2: eligibility age = 45
 - Year 3: eligibility age = 35
 - Year 4: every US resident auto-enrolled

Medicare For All

- Upgrades Medicare to cover comprehensive benefits:
 - all of the ACA's essential benefits
 - abortion & repro health
 - dental, vision, & hearing
 - long-term services & supports (home and community-based)
 - states can add benefits
- Paying hospitals & doctors:
 - HR.1384 sets global budgets
 - S.1129 sets payment rates
- Medicare would negotiate prices for drugs & devices.
- Eliminates nearly all out-of-pocket expenses
 - No deductibles or copays for medical services.
 - Limited copays for rx drugs to encourage use of generics.

INDIVIDUAL MARKET:

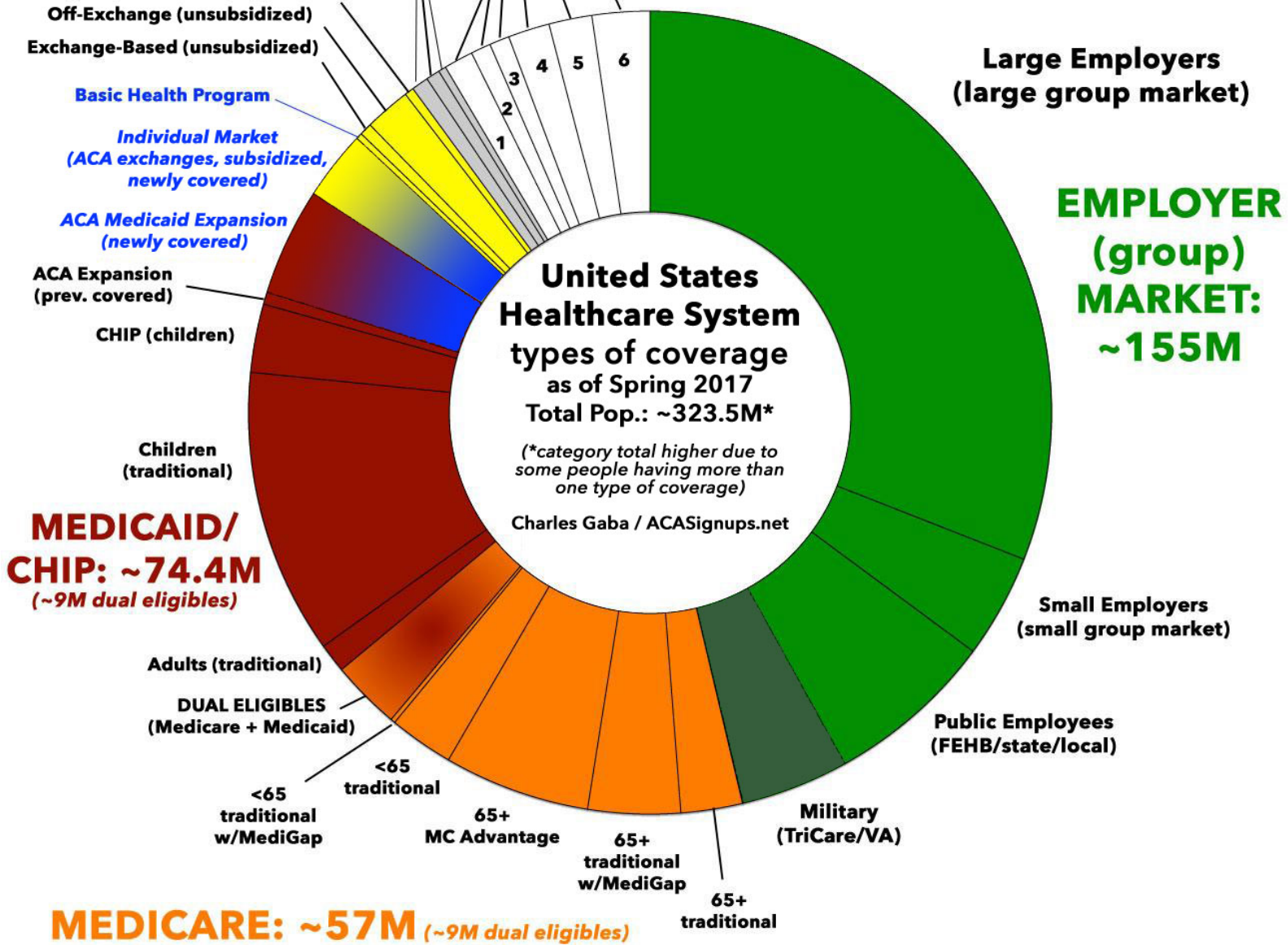
~17.6M
(+ 800K BHPs)

Miscellaneous: ~5M

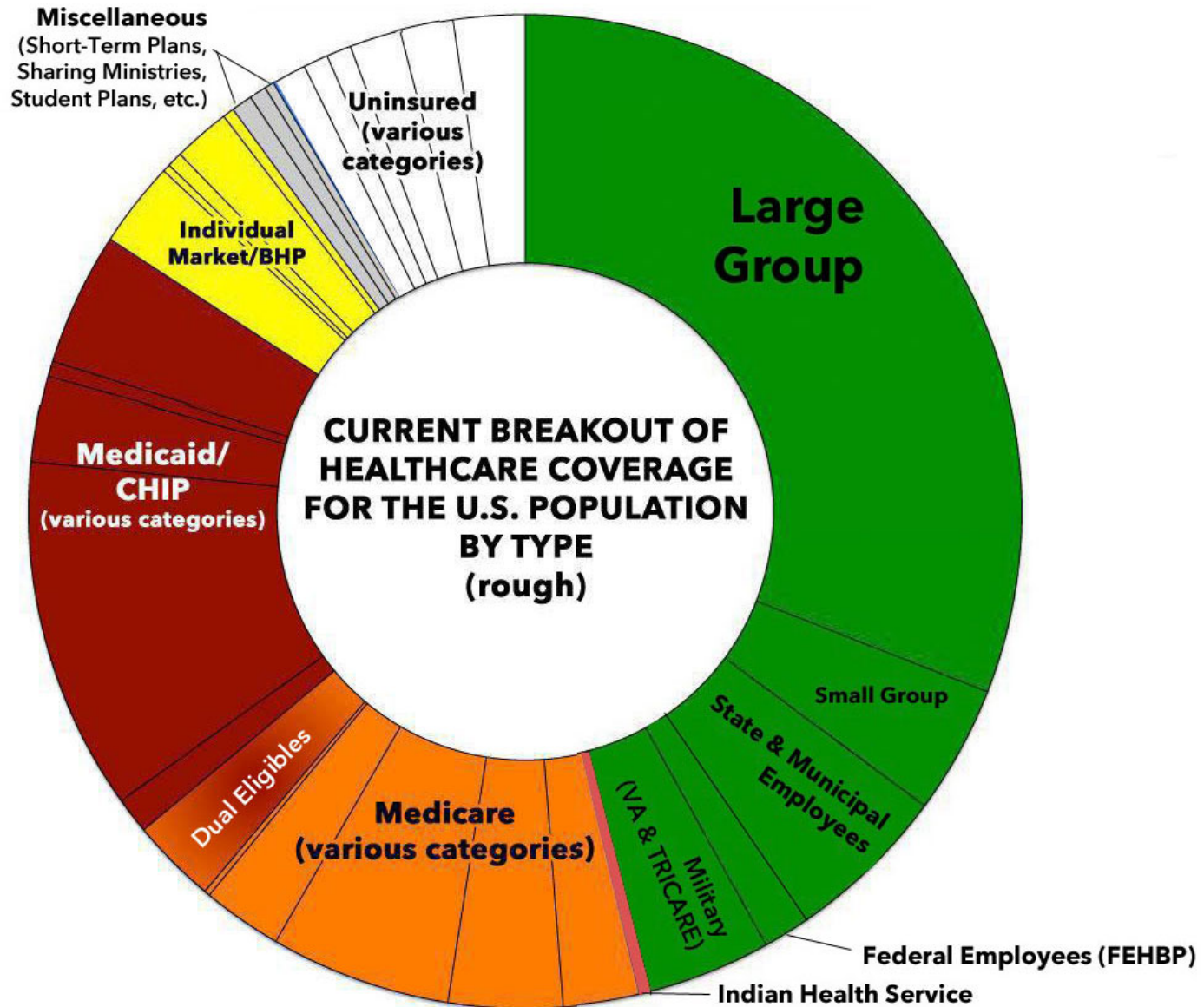
(Indian Health Service, Student Plans, Christian Sharing Ministries)

UNINSURED: ~27.5M

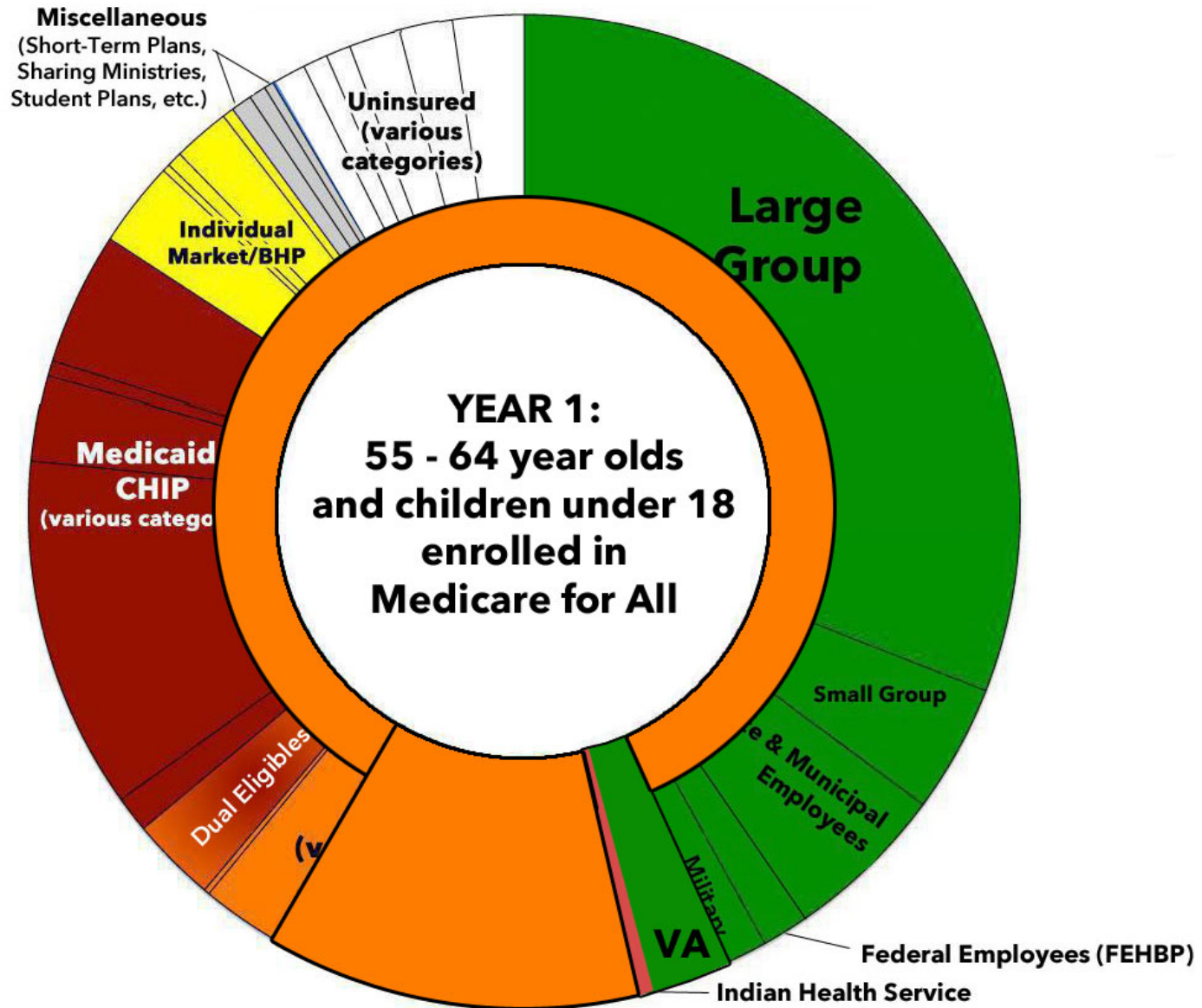
- 1 eligible for Medicaid
- 2 eligible for CHIP
- 3 caught in Medicaid Gap
- 4 undocumented immigrants
- 5 eligible for some tax credits
- 6 ineligible for any tax credits



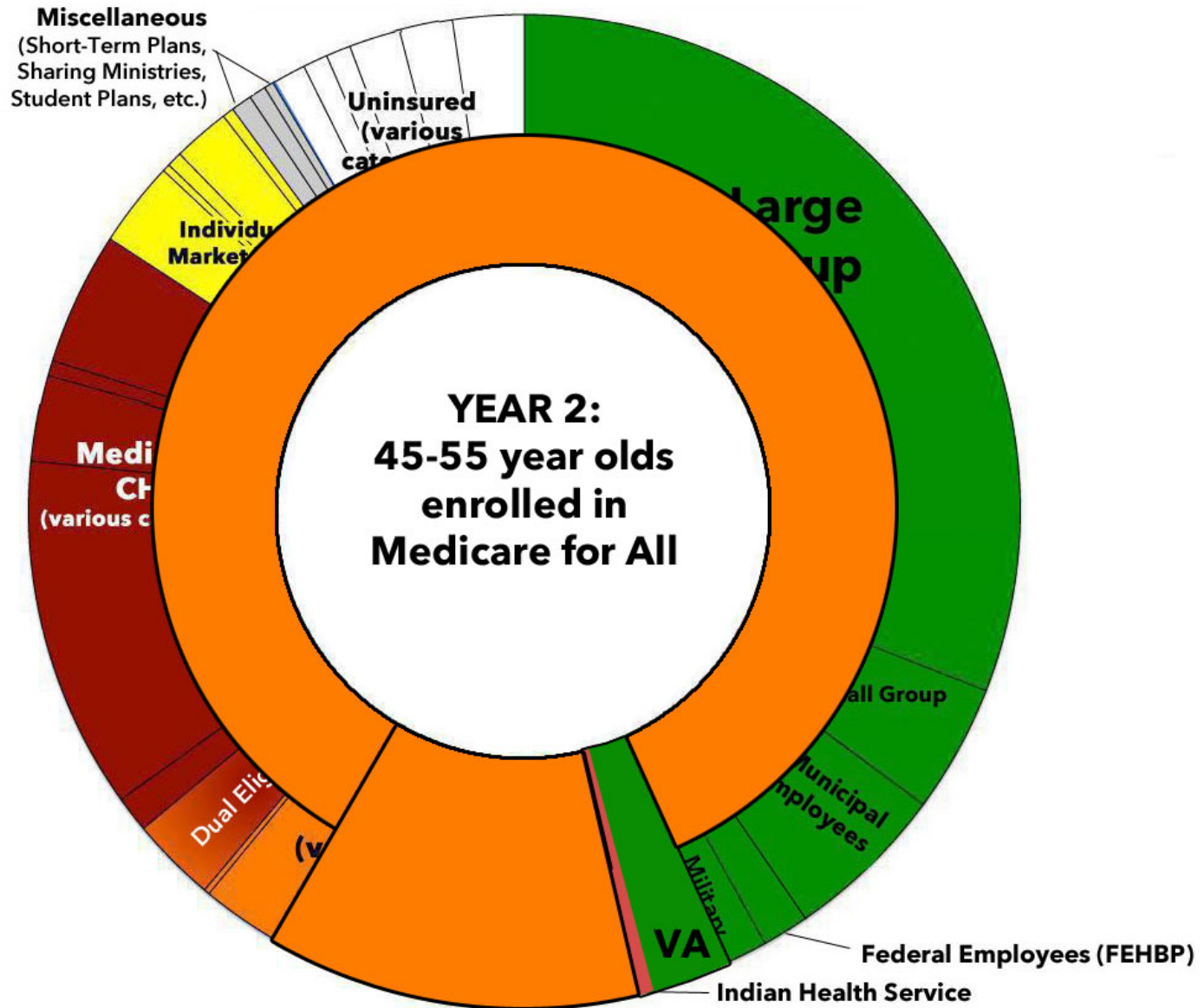
TRANSITION TIMELINE UNDER BERNIE SANDERS' "MEDICARE FOR ALL" PROPOSAL



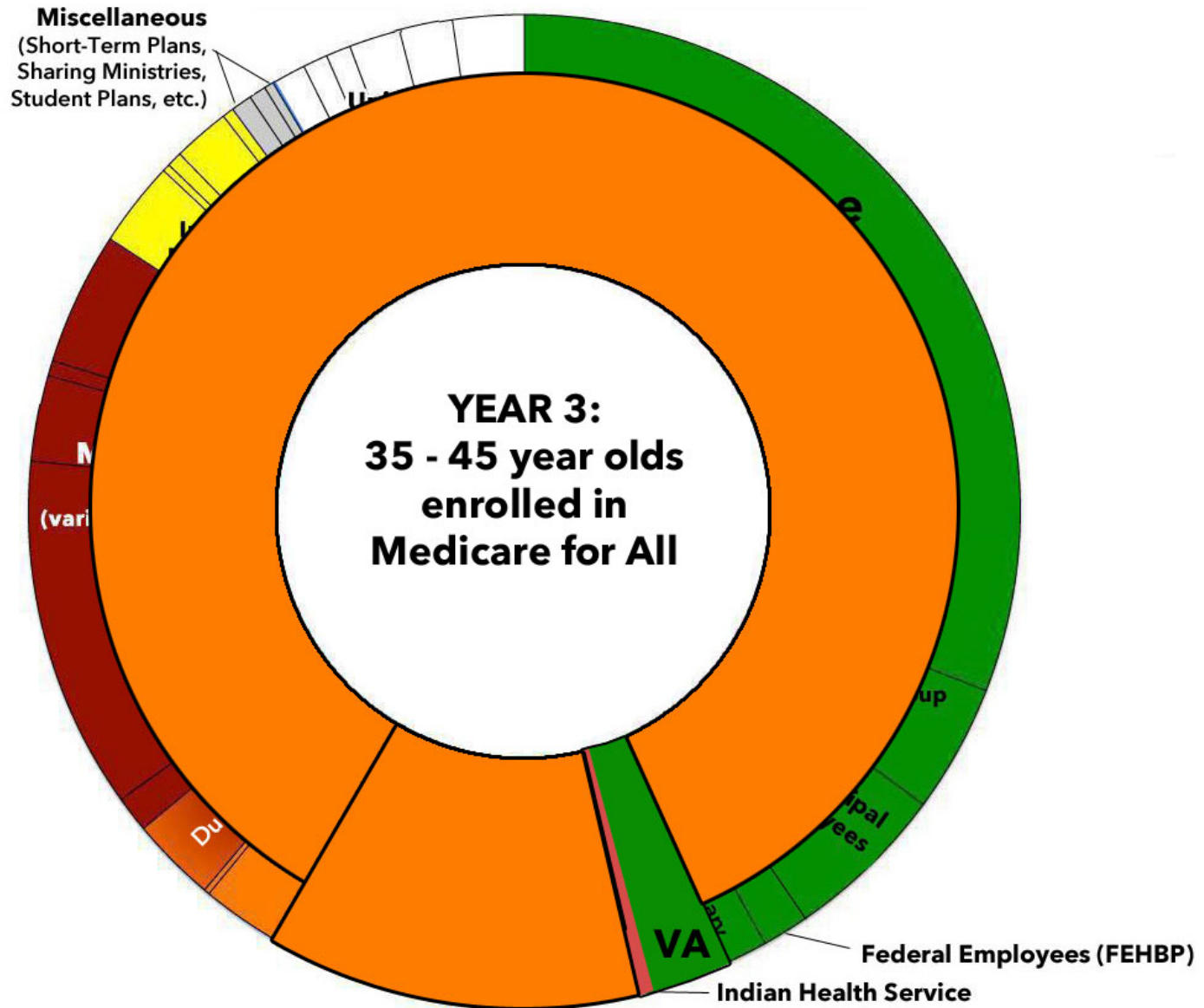
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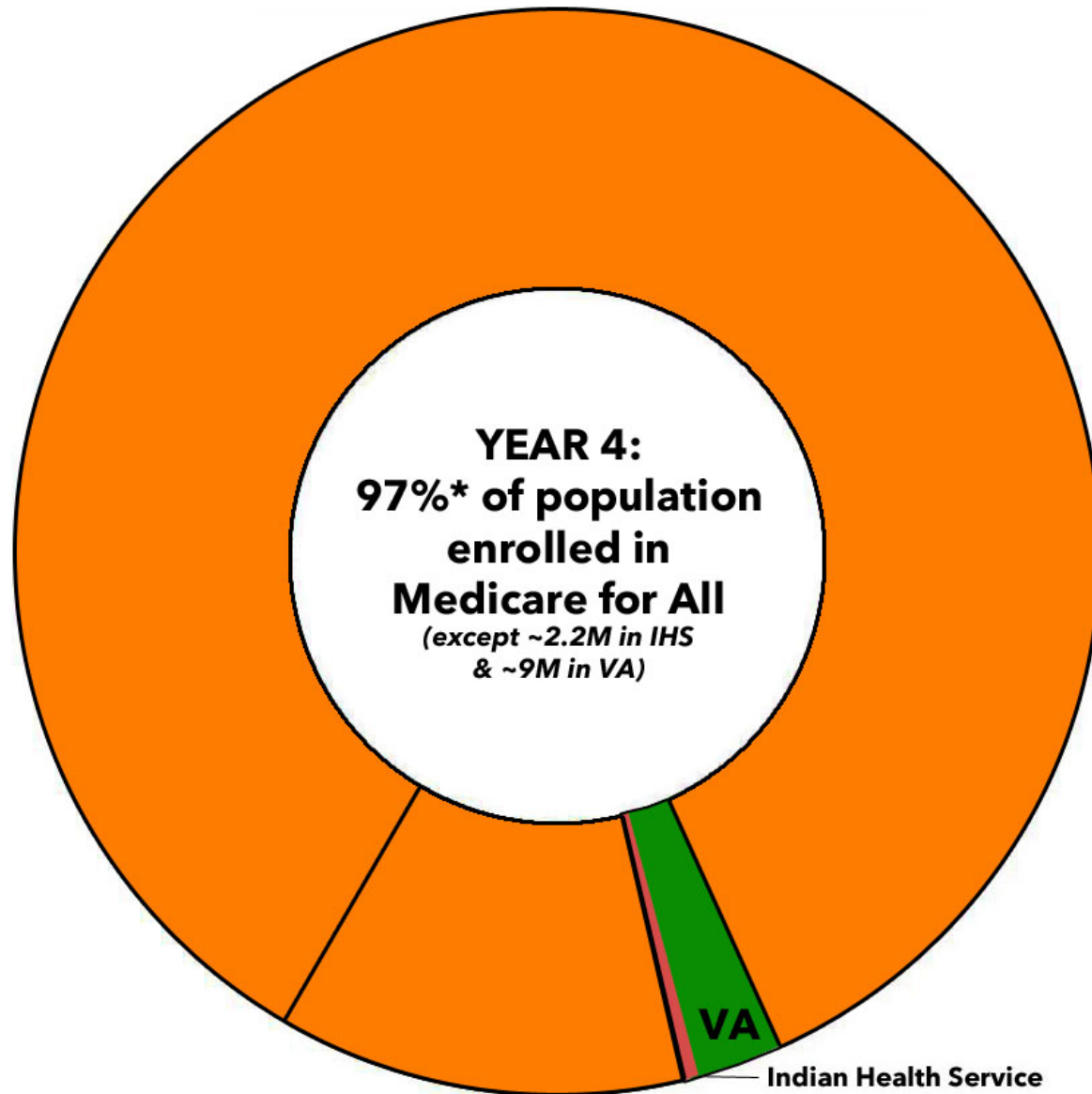
TRANSITION TIMELINE UNDER BERNIE SANDERS' "MEDICARE FOR ALL" PROPOSAL

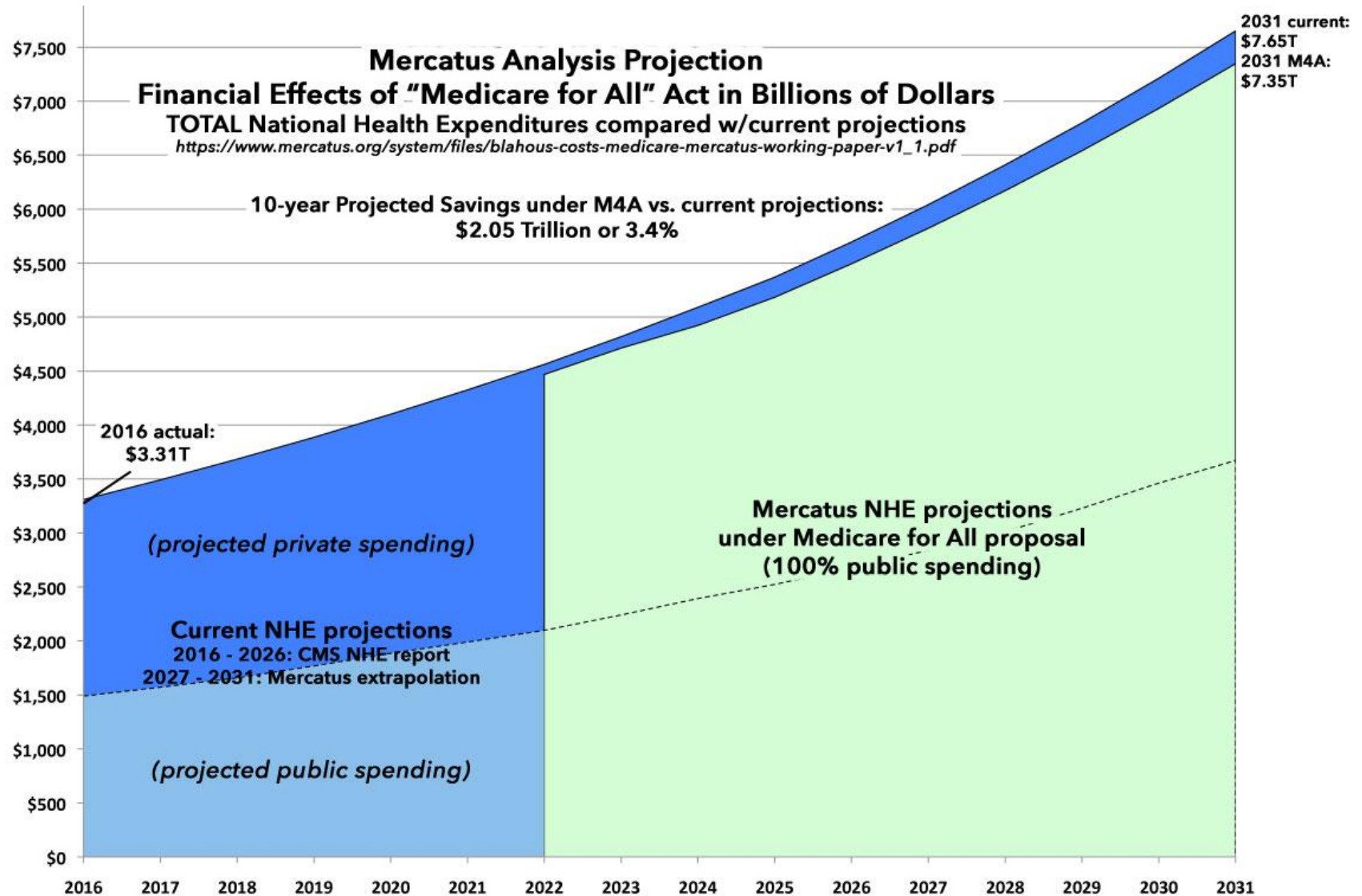


TRANSITION TIMELINE UNDER BERNIE SANDERS' "MEDICARE FOR ALL" PROPOSAL



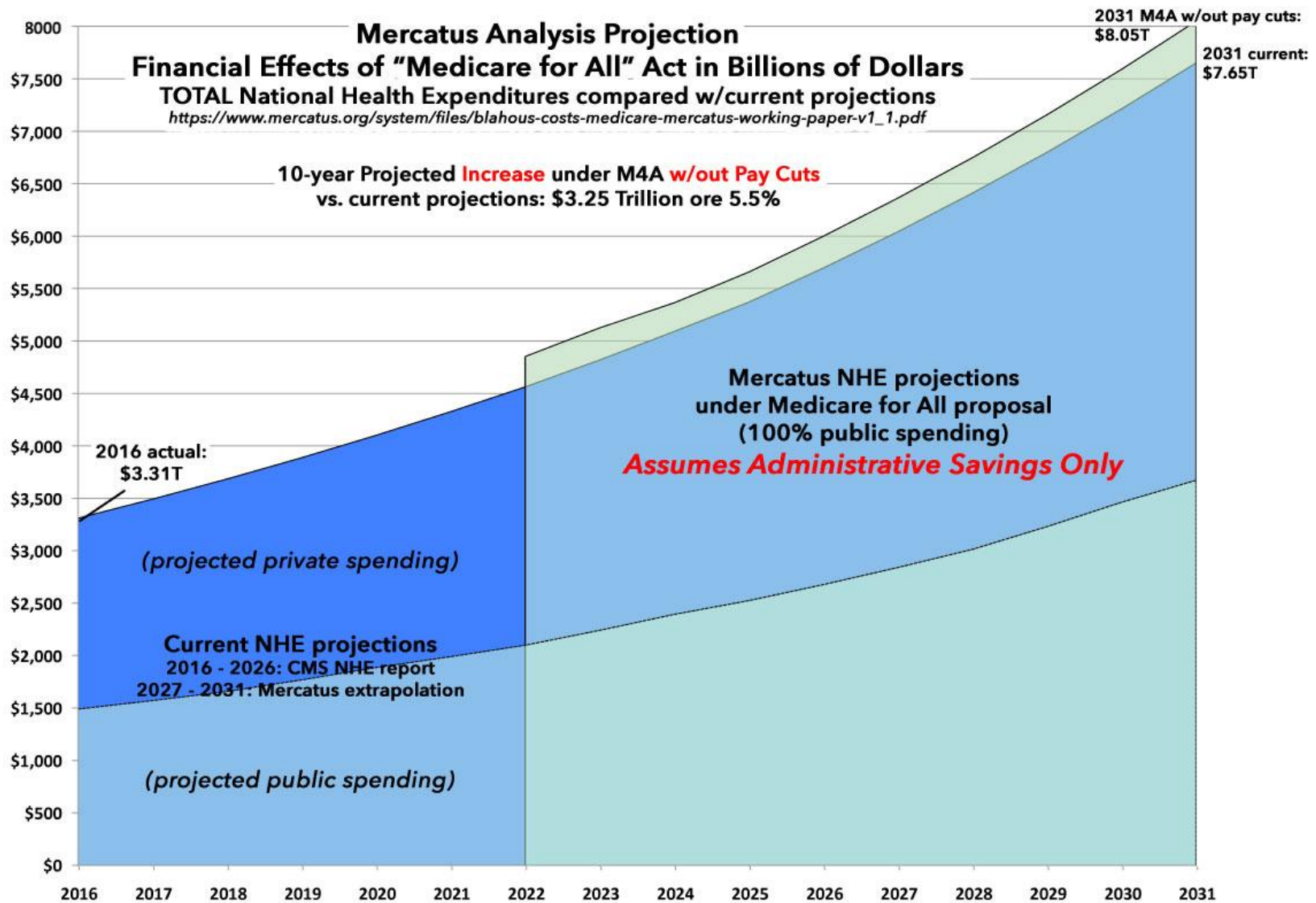
TRANSITION TIMELINE UNDER BERNIE SANDERS' "MEDICARE FOR ALL" PROPOSAL





Graph by Charles Gaba / ACASignups.net

Year:	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
Public Spending (total)	\$1,490	\$1,571	\$1,658	\$1,768	\$1,886	\$1,990	\$2,099	\$2,241	\$2,393	\$2,524	\$2,677	\$2,840	\$3,013	\$3,230	\$3,462	\$3,672
Private Spending (total)	\$1,821	\$1,921	\$2,026	\$2,118	\$2,214	\$2,336	\$2,463	\$2,578	\$2,698	\$2,846	\$3,019	\$3,202	\$3,397	\$3,569	\$3,751	\$3,979
Total Projected NHE (current):	\$3,310	\$3,492	\$3,684	\$3,887	\$4,101	\$4,326	\$4,562	\$4,819	\$5,091	\$5,370	\$5,696	\$6,042	\$6,410	\$6,799	\$7,213	\$7,651
Total Projected NHE (M4A):	\$4,469	\$4,713	\$4,923	\$5,184	\$5,494	\$5,823	\$6,171	\$6,541	\$6,933	\$7,348						
Projected NHE Savings under M4A:	\$93	\$106	\$168	\$186	\$202	\$219	\$239	\$258	\$280	\$303						
Total 10-Year Projected NHE Savings under M4A (\$):											\$2,054					
Total 10-Year Projected NHE Savings under M4A (%):											3.44%					



Graph by Charles Gaba / ACASignups.net

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Total Projected NHE (M4A):							\$4,852	\$5,125	\$5,364	\$5,657	\$5,999	\$6,363	\$6,748	\$7,157	\$7,590	\$8,050
Projected NHE Savings under M4A:							(\$290)	(\$306)	(\$273)	(\$287)	(\$303)	(\$321)	(\$338)	(\$358)	(\$377)	(\$399)
Total 10-Year Projected NHE Savings under M4A (\$):																(\$3,252)
Total 10-Year Projected NHE Savings under M4A (%):																-5.45%

THE AFFORDABLE CARE ACT'S THREE-LEGGED STOOL

(Additional Ongoing Sabotage Efforts)

Charles Gaba / ACASignups.net

Minimum Network Width
("network adequacy rule")

Attempting to require insurance carriers to send out SEPARATE INVOICES of \$1.00/month to cover abortion services portion of premium

CAR
RESPON

VERNMENT
ILITIES

Texas vs. Azar
aka #TexasFoldEm

20 GOP AGs & Govs; supported by Trump Admin
if successful,
ENTIRE ACA could be struck down.

Trump Admin
1332 waivers
which would
weaken E
AVs, &
subsidies
to go to
junk plans

Admin trying to
SPL formula,
lower
holds,
ACA

Cut off CSR
nts, causing
premiums
to increase

marketing &
each budget 90%

anges
(ACA, etc.)

Maxim

No-Cost Preventa

Can Stay on Parents Plan until 26

ing Protection
(7/20 MLR Rule)

Repealed Individual Mandate
Penalty, causing premiums
to increase \$580/yr
per enrollee

~~Shared Responsibility Provision
(aka "Individual Mandate Penalty")~~

Open Enrollment
Period

Trump Admin allowing
expanded HRAs to allow
ACA subsidies to be used for
junk plans

\$580/ea x ~9M = ~\$5.2 Billion/yr
"world's most expensive shim"

Slashed Open Enrollment
down from 3 months to 7 weeks

ENROLLEE RESPONSIBILITIES

If Texas vs. Azar (TXvUS) is ultimately successful & the ACA is completely struck down...

Medicaid expansion for over 16 million people?

GONE.

Premium subsidies for over 9 million people?

GONE.

Cost Sharing subsidies for over 7 million people?

GONE.

Basic Health Plan coverage for 800,000 in Minnesota & New York?

GONE.

Discrimination against up to 130 million w/pre-existing conditions?

BACK.

Charging women more for the same policy due to their gender?

BACK.

If Texas vs. Azar (TXvUS) is ultimately successful & the ACA is completely struck down...

Charging older people 5 to 6 times as much as younger people?

BACK.

Policies required to cover a minimum of 60% of medical expenses?

GONE.

Policies required to cover maternity care & mental health services?

GONE.

Adult children allowed to stay on their parents plans until age 26?

GONE.

Annual and lifetime limits on healthcare coverage claims?

BACK.

Policies required to cover preventative services at no out-of-pocket cost?

GONE.

If Texas vs. Azar (TXvUS) is ultimately successful & the ACA is completely struck down...

Tax credits to reduce premiums for low/moderate-income enrollees?

GONE.

Financial help to reduce out-of-pocket expenses for low-income enrollees?

GONE.

Hard maximum cap on in-network out-of-pocket expenses?

GONE.

Closure of Medicare Part D prescription drug “donut hole”?

REOPENED.

AND MUCH, MUCH MORE.

Texas vs. Azar CALL TO ACTION:

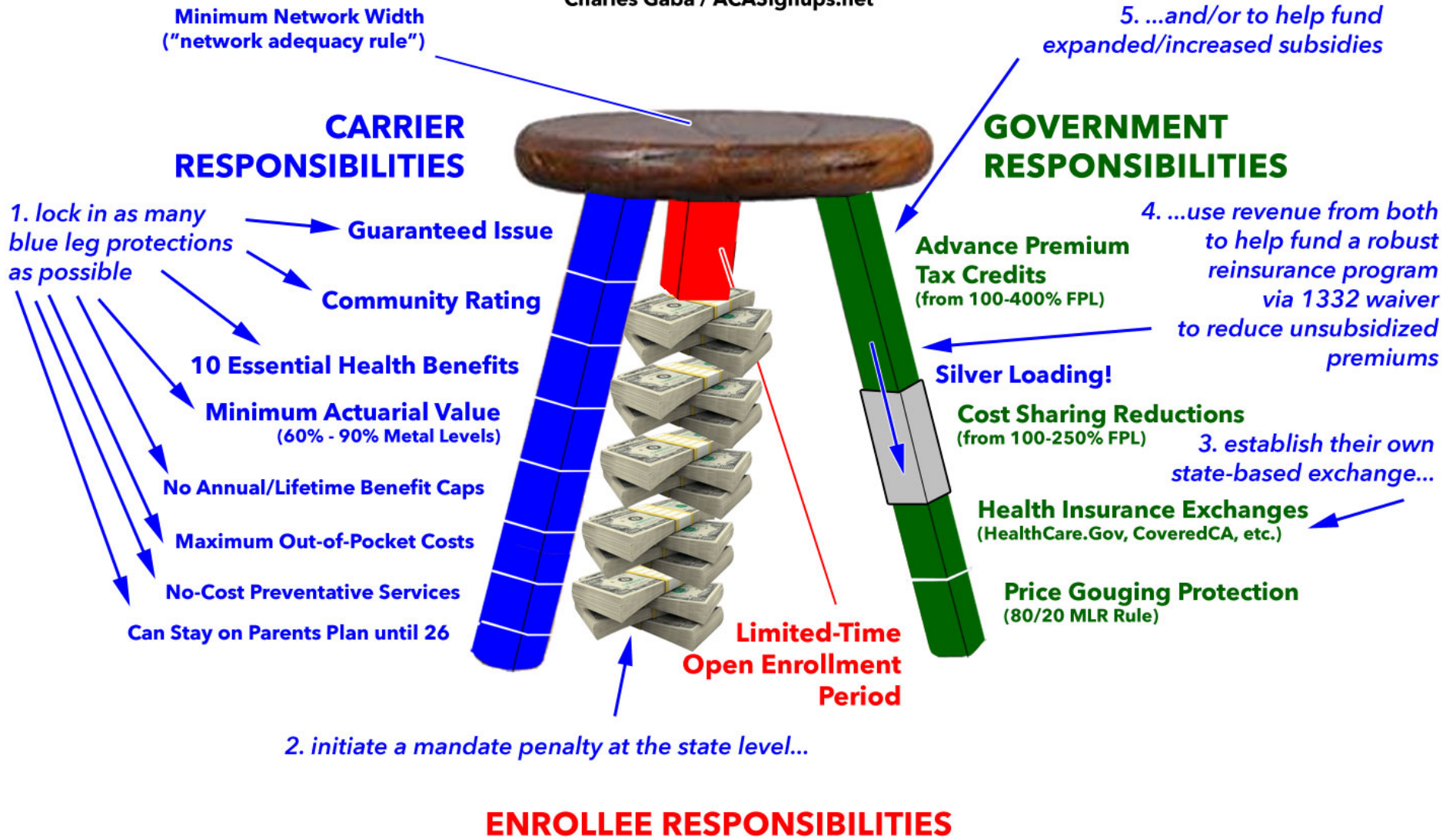
What can YOU do, NOW?

- You can't do much about how the courts rule. HOWEVER, there's two things you CAN do:
- 1. DO EVERYTHING POSSIBLE to **elect Democrats up & down the ticket** in 2019 & 2020 (duh!)
- 2. **LOBBY YOUR STATE REPRESENTATIVES, STATE SENATORS & GOVERNORS to REPLICATE** as many of the ACA's protections/provisions at the state level as possible, including...

THE AFFORDABLE CARE ACT'S THREE-LEGGED STOOL

(WHAT CAN STATES DO?)

Charles Gaba / ACASignups.net



How much has YOUR state done to protect/improve the ACA?

- • [California](#): 12 measures enacted
- • [New Jersey](#): 9 measures enacted
- • [Massachusetts](#): 17 measures enacted
- • [Rhode Island](#): 7 measures enacted
- • [Connecticut](#): 12 measures enacted
- • [New York](#): 16 measures enacted
- • [Washington State](#): 18 measures enacted
- • [Colorado](#): 13 measures enacted
- • [Vermont](#): 14 measures enacted
- • [New Mexico](#): 10 measures enacted
- • [Washington, DC](#): 11 measures enacted
- • [Maryland](#): 11 measures enacted
- • [Minnesota](#): 11 measures enacted
- • [Nevada](#): 10 measures enacted



Fix the Damn Healthcare



Sorting Out ACA 2.0, MFA, MED4AM & More!

Where: Room 118c

When: Friday, July 12th, 4:30 PM

Who: Laura Packard

Matthew Cortland

Charles Gaba

Elena Hung

Germán Parodi

Sanjeev Sriram

NETROOTS
★ **NATION**