

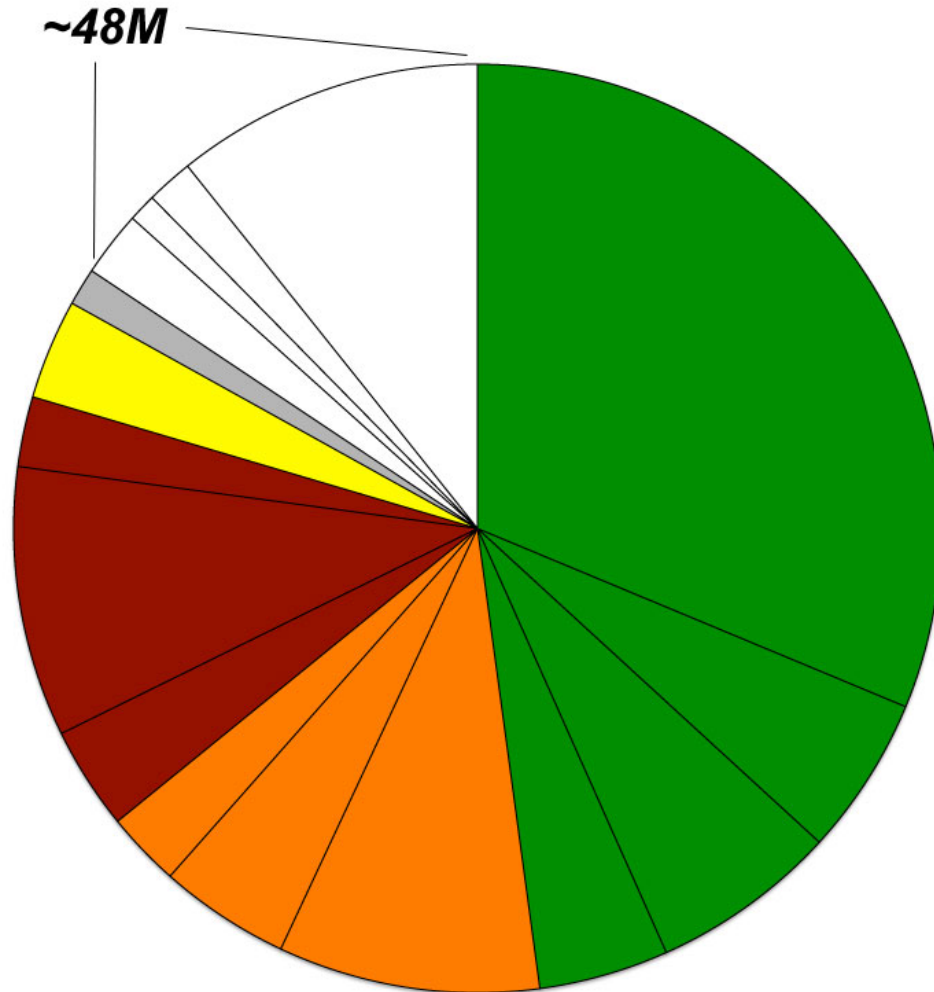
The Affordable Care Act (aka Obamacare) and Repeal/Replace: Where Things Stand

Charles Gaba

ACASignups.net

Revised: 3/15/17

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%
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 Three-Legged Stool



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) and whether they smoke (50% surcharge)
- **Qualified Health Plans (QHP):** All plans sold have to meet ACA standards, including at least 60% AV, all 10 Essential Health Benefits, etc. (i.e., they have to be real healthcare policies)

The Three-Legged Stool: Leg 1

- **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: 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)

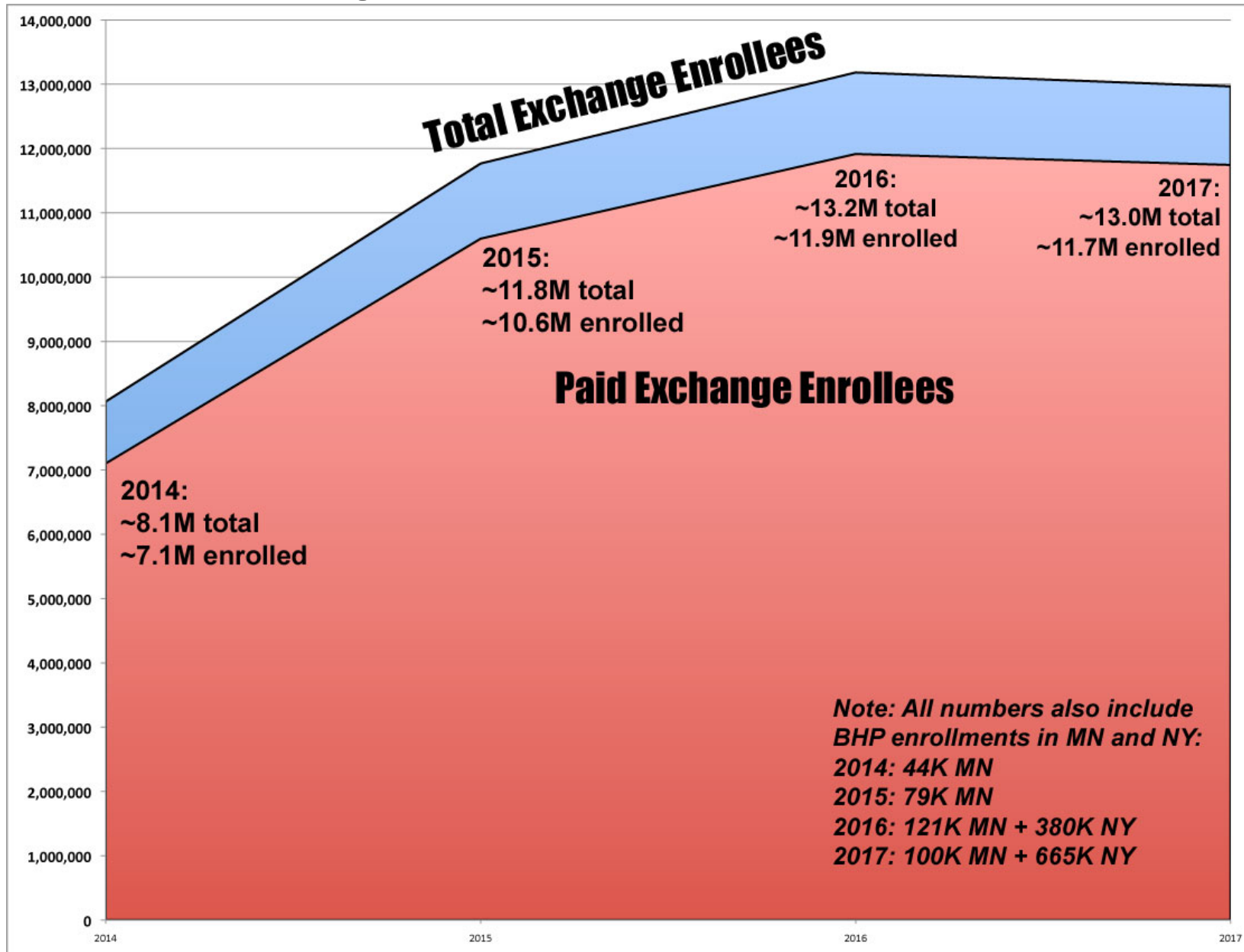
The Three-Legged Stool: Leg 3

- **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: 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

ACA Open Enrollment Periods



Medicaid Expansion

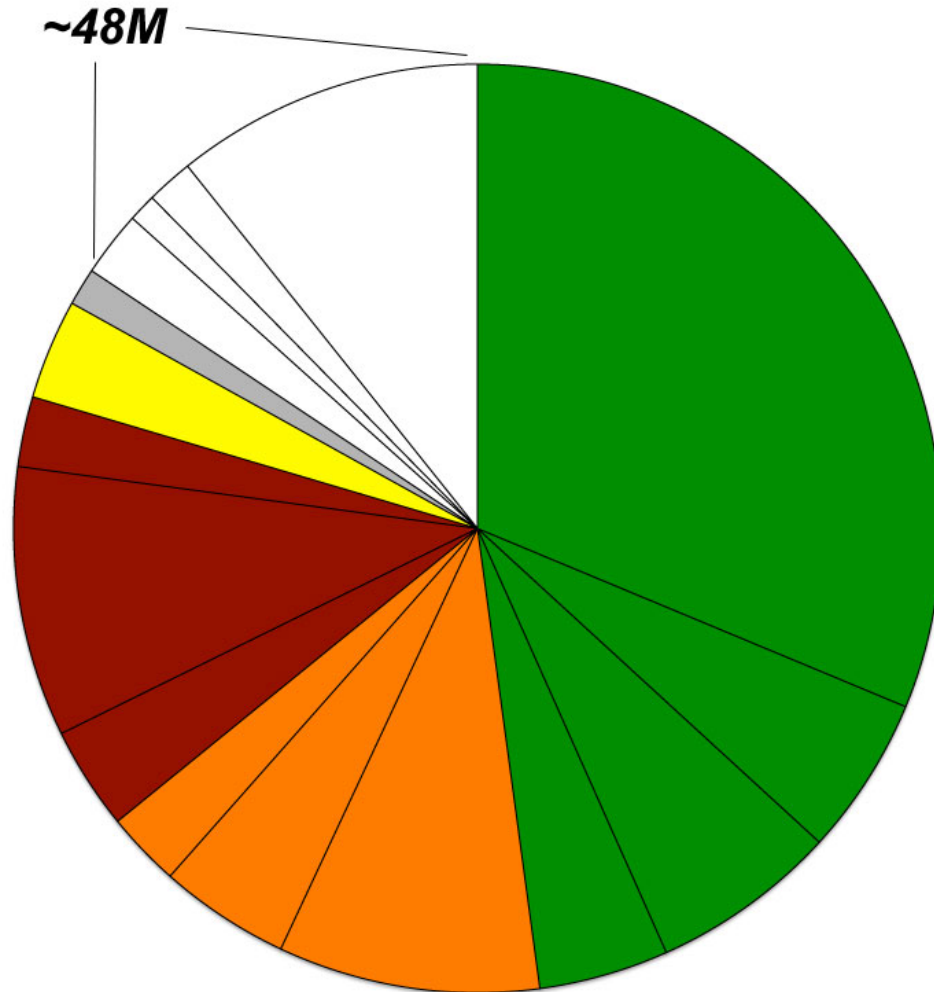
- **Expands Medicaid eligibility to EVERYONE up to 138% FPL** (\$16.6K/yr for individual) regardless of pre-ACA eligibility
- 31 states + DC expanded; **19 states (all GOP held) still refusing**
- **~2.6 MILLION** people caught in **Medicaid Gap**: Don't qualify for Medicaid, but earn **too little**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

Other ACA Stuff (see list at end):

- NO Annual or Lifetime limits on coverage for ANYONE (individual market AND group market)
- ALL PLANS (group & indy) must meet minimum coverage requirements
- YOUNG ADULTS can stay on parents' plans until 26 (indy & group)
- CLOSES MEDICARE PART D DONUT HOLE
- A whole mess of other stuff

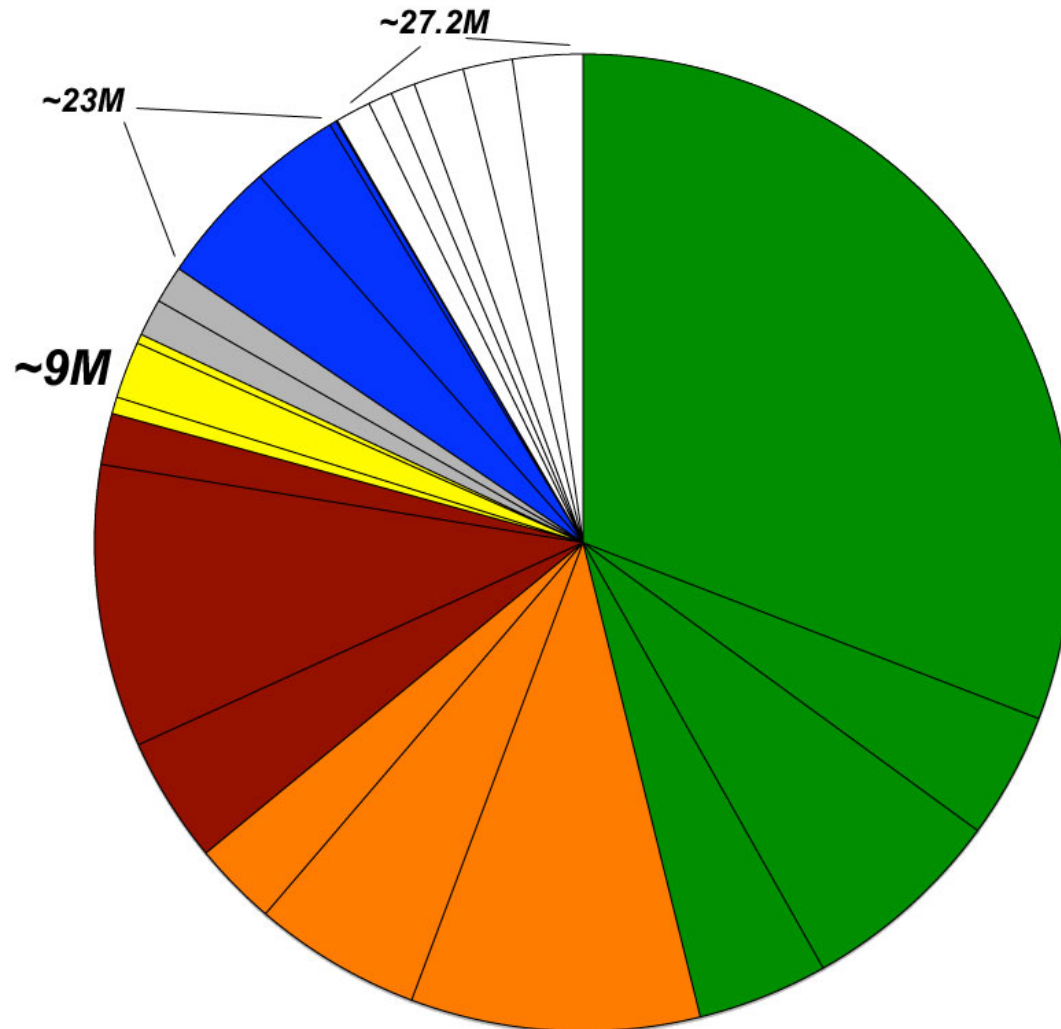
The Healthcare Coverage Landscape as of 2009



**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%
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

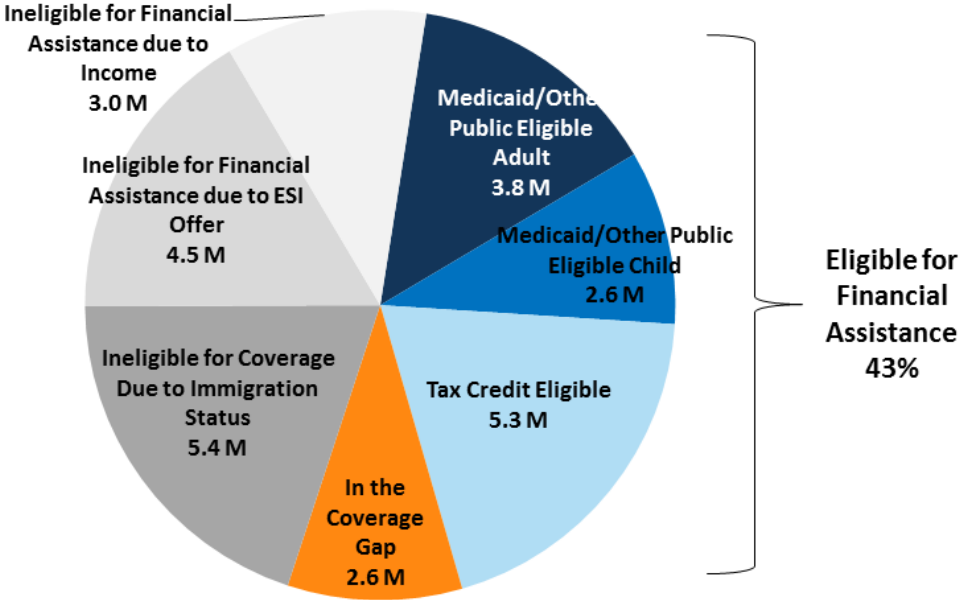


2017: ~27.2M uninsured

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%

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									

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!!

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)

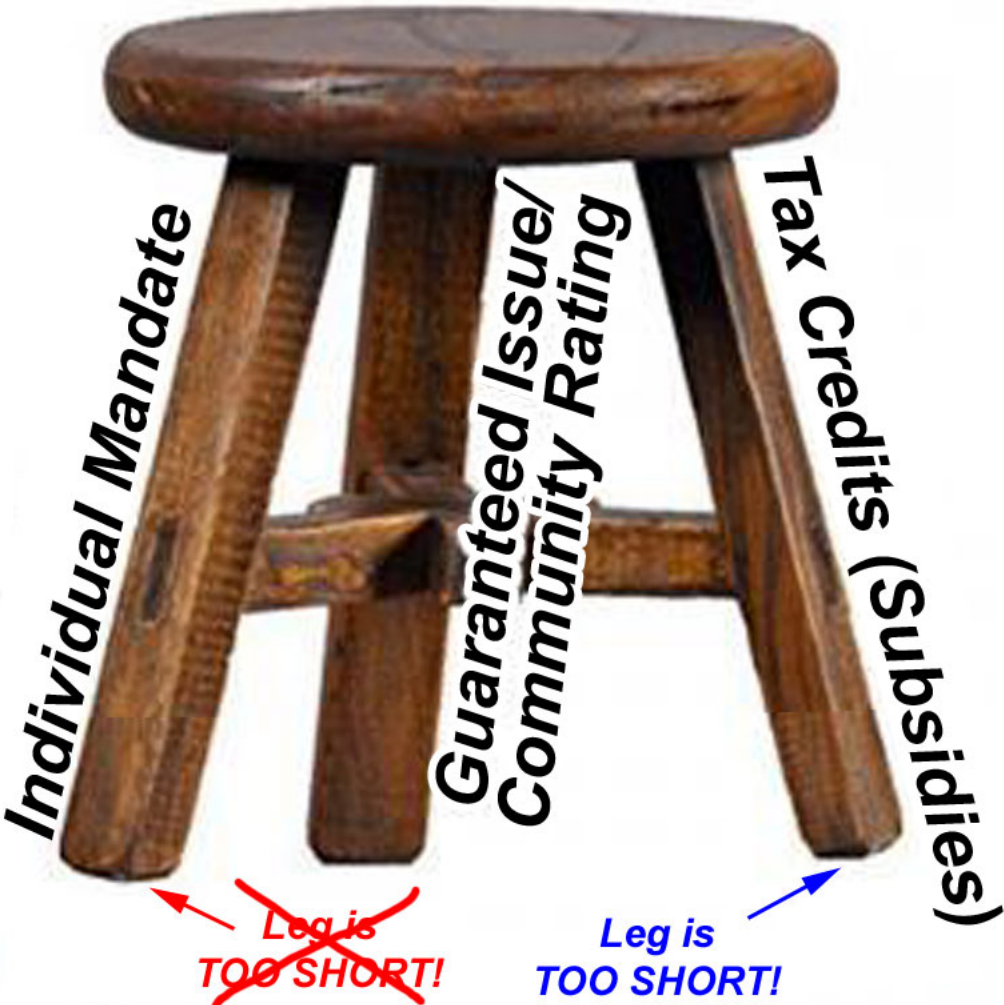
How I'd Fix the ACA's Problems:

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



Three-Legged Stool Fixes



How would I fix the ACA tax credits?

- Raise the cap on APTC from 400% to 500%, beef 'em up below that.
- Raise the cap on CSR from 250% to 500% (still tapering off towards top)
- About \$10B - \$12B/year should do it. Change APTC structure as follows
- (something similar w/CSR structure)

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)	400-500%	8%
		> 500%	No Cap (credits not available) or 9%

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.
- **CHANGES** non-ACA Medicaid to BLOCK GRANTS (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)
- **ELIMINATES** the minimum 60% AV (Bronze) requirement; **HELLO JUNK PLANS!**
- **\$100 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.**

So, what's in Trumpcare?

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

- **DEFUNDS** Planned Parenthood
- **DEFUNDS** Medicaid Expansion (starting in 2020, via attrition)
- **DEFUNDS** Cost Sharing Reductions (CSR)
- **CHANGES** non-ACA Medicaid to BLOCK GRANTS (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)
- **ELIMINATES** the minimum 60% AV (Bronze) requirement; **HELLO JUNK PLANS!**
- **\$100 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 \$695 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.**

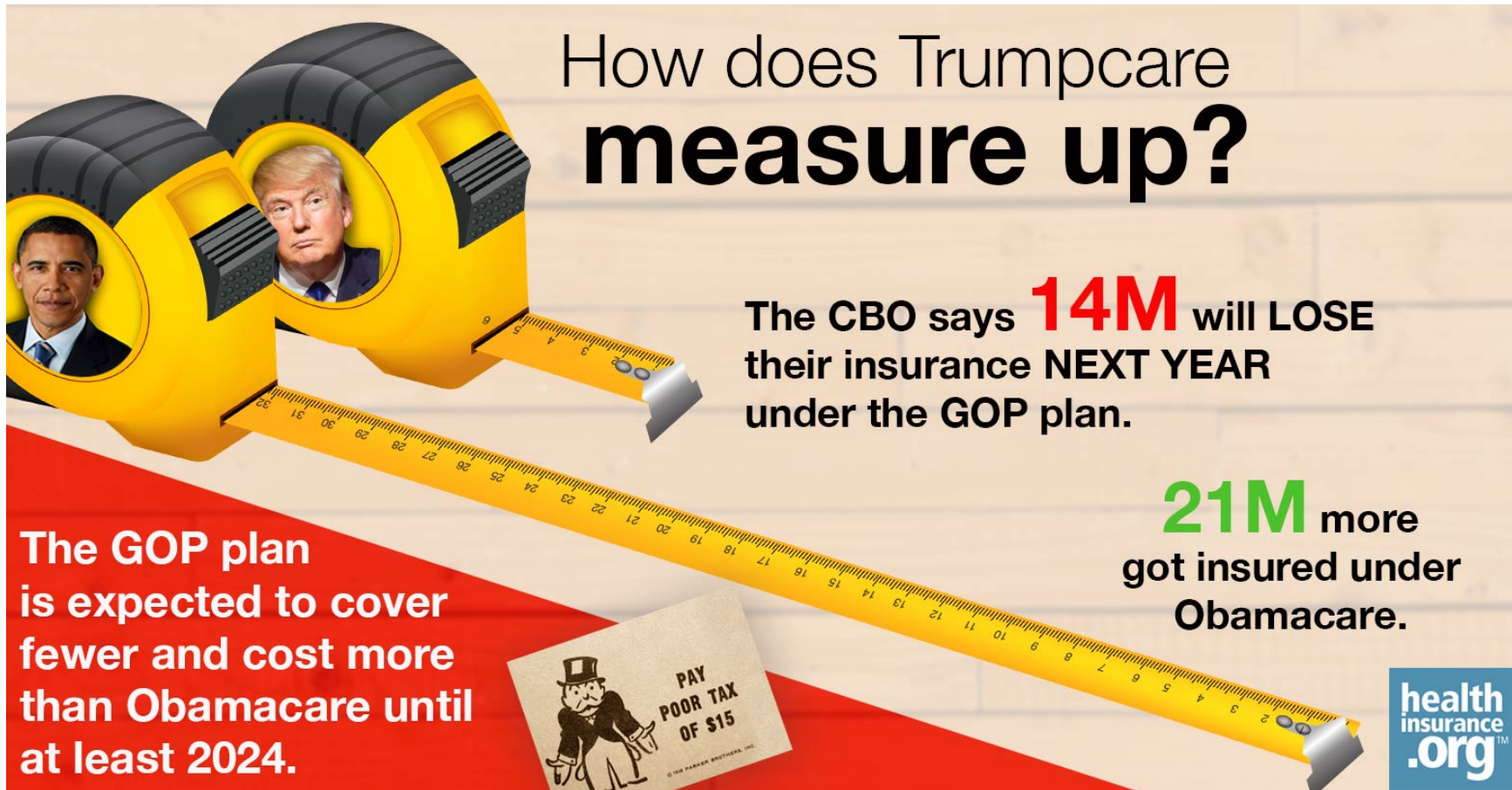
How does Trumpcare change tax credits?

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)	<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	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

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									

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 10 million** lose coverage by 2026 (24 million total)
- Just about all losing coverage would be low-income (Medicaid/elderly/ etc)
- By 2026, total uninsured would be ~52 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

CBO Score?

Table 4 - ILLUSTRATIVE EXAMPLE OF SUBSIDIES FOR NONGROUP HEALTH INSURANCE UNDER CURRENT LAW AND THE AHCA, 2026

(Dollars)

	Premium ^a	Premium Tax Credit ^b	Net Premium Paid	Actuarial Value of Plan After Cost-Sharing Subsidies (Percent) ^c
Single Individual With Annual Income of \$26,500 (175 percent of FPL)^d				
Current Law				
21 years old	5,100	3,400	1,700	87
40 years old	6,500	4,800	1,700	
64 years old	15,300	13,600	1,700	
AHCA				
21 years old	3,900	2,450	1,450	65
40 years old	6,050	3,650	2,400	
64 years old	19,500	4,900	14,600	
Single Individual With Annual Income of \$68,200 (450 percent of FPL)^d				
Current Law				
21 years old	5,100	0	5,100	70
40 years old	6,500	0	6,500	
64 years old	15,300	0	15,300	
AHCA				
21 years old	3,900	2,450	1,450	65
40 years old	6,050	3,650	2,400	
64 years old	19,500	4,900	14,600	

CBO Score?

Table 4 - ILLUSTRATIVE EXAMPLE OF SUBSIDIES FOR NONGROUP HEALTH INSURANCE UNDER CURRENT LAW AND THE AHCA, 2026

(Dollars)

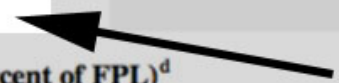
	Premium ^a	Premium Tax Credit ^b	Net Premium Paid	Actuarial Value of Plan After Cost-Sharing Subsidies (Percent) ^c
Single Individual With Annual Income of \$26,500 (175 percent of FPL)^d				
Current Law				
21 years old	5,100	3,400	1,700	87
40 years old	6,500	4,800	1,700	
64 years old	15,300	13,600	1,700	
AHCA				
21 years old	3,900	2,450	1,450	65
40 years old	6,050	3,650	2,400	
64 years old	19,500	4,900	14,600	
Single Individual With Annual Income of \$68,200 (450 percent of FPL)^d				
Current Law				
21 years old	5,100	0	5,100	70
40 years old	6,500	0	6,500	
64 years old	15,300	0	15,300	
AHCA				
21 years old	3,900	2,450	1,450	65
40 years old	6,050	3,650	2,400	
64 years old	19,500	4,900	14,600	

CBO Score?

Table 4 - ILLUSTRATIVE EXAMPLE OF SUBSIDIES FOR NONGROUP HEALTH INSURANCE UNDER CURRENT LAW AND THE AHCA, 2026

(Dollars)

	Premium ^a	Premium Tax Credit ^b	Net Premium Paid	Actuarial Value of Plan After Cost-Sharing Subsidies (Percent) ^c
Single Individual With Annual Income of \$26,500 (175 percent of FPL)^d				
Current Law				
21 years old	5,100	3,400	1,700	87
40 years old	6,500	4,800	1,700	
64 years old	15,300	13,600	1,700	
AHCA				
21 years old	3,900	2,450	1,450	65
40 years old	6,050	3,650	2,400	
64 years old	19,500	4,900	14,600	
Single Individual With Annual Income of \$68,200 (450 percent of FPL)^d				
Current Law				
21 years old	5,100	0	5,100	70
40 years old	6,500	0	6,500	
64 years old	15,300	0	15,300	
AHCA				
21 years old	3,900	2,450	1,450	65
40 years old	6,050	3,650	2,400	
64 years old	19,500	4,900	14,600	



**Estimate of How Many Would Lose Healthcare Coverage in the event of full, immediate repeal of the Affordable Care Act
Effective Spring 2017 • ACA Signups / Charles Gaba**

State	Total Exchange QHP Selections thru 1/31/17	Total State Population July 2015	LOW END ESTIMATE					Assume Sub26ers Removed			HIGH-END		Senators up for reelection in 2018
			Estimated High-Subsidy Exchange Enrollees	ACA Medicaid Expansion	Basic Health Plan Enrollees	Estimated to LOSE Coverage	% of Pop	Young Adults on Parents' Plan	Total with Young Adults Included	% of Pop	Urban Institute Estimate (PARTIAL Repeal)	% of Pop	
Alabama	178,414	4,858,000	129,000	0		129,000	2.7%	49,000	178,000	3.7%	357,000	7.3%	
Alaska	19,145	738,000	13,000	24,000		37,000	5.0%	9,000	46,000	6.2%	62,000	8.4%	
Arizona	196,291	6,828,000	125,000	398,000		523,000	7.7%	69,000	592,000	8.7%	709,000	10.4%	Jeff Flake (R)
Arkansas	70,404	2,978,000	47,000	331,000		378,000	12.7%	35,000	413,000	13.9%	361,000	12.1%	
California	1,556,676	39,144,000	1,083,000	3,842,000		4,925,000	12.6%	435,000	5,360,000	13.7%	4,887,000	12.5%	Dianne Feinstein (D)
Colorado	161,568	5,456,000	83,000	446,000		529,000	9.7%	7,000	536,000	9.8%	588,000	10.8%	
Connecticut	111,542	3,590,000	69,000	213,000		282,000	7.9%	1,000	283,000	7.9%	248,000	6.9%	Chris Murphy (D)
Delaware	27,584	945,000	18,000	10,000		28,000	3.0%	2,000	30,000	3.2%	52,000	5.5%	Tom Carper (D)
District of Columbia	21,248	672,000	1,000	15,000		16,000	2.4%	3,000	19,000	2.8%	32,000	4.8%	
Florida	1,760,025	20,271,000	1,283,000	0		1,283,000	6.3%	0	1,283,000	6.3%	2,230,000	11.0%	Bill Nelson (D)
Georgia	493,880	10,214,000	348,000	0		348,000	3.4%	10,000	358,000	3.5%	1,006,000	9.8%	
Hawaii	18,938	1,431,000	12,000	35,000		47,000	3.3%	6,000	53,000	3.7%	86,000	6.0%	Mazie Hirono (D)
Idaho	100,082	1,654,000	66,000	0		66,000	4.0%	9,000	75,000	4.5%	184,000	11.1%	
Illinois	356,403	12,859,000	227,000	643,000		870,000	6.8%	0	870,000	6.8%	1,150,000	8.9%	
Indiana	174,611	6,619,000	103,000	424,000		527,000	8.0%	44,000	571,000	8.6%	566,000	8.6%	Joe Donnelly (D)
Iowa	51,573	3,123,000	35,000	150,000		185,000	5.9%	4,000	189,000	6.1%	230,000	7.4%	
Kansas	98,780	2,911,000	67,000	0		67,000	2.3%	25,000	92,000	3.2%	219,000	7.5%	
Kentucky	81,155	4,425,000	51,000	443,000		494,000	11.2%	10,000	504,000	11.4%	486,000	11.0%	
Louisiana	143,577	4,670,000	100,000	406,000		506,000	10.8%	16,000	522,000	11.2%	558,000	11.9%	
Maine	79,407	1,329,000	55,000	0		55,000	4.1%	1,000	56,000	4.2%	95,000	7.1%	Angus King (I)
Maryland	157,832	6,006,000	96,000	274,000		370,000	6.2%	7,000	377,000	6.3%	476,000	7.9%	Ben Cardin (D)
Massachusetts	266,664	6,794,000	167,000	190,000		357,000	5.3%	0	357,000	5.3%	369,000	5.4%	Elizabeth Warren (D)
Michigan	321,451	9,922,000	210,000	666,000		876,000	8.8%	94,000	970,000	9.8%	887,000	8.9%	Debbie Stabenow (D)
Minnesota	109,974	5,489,000	57,000	189,000	99,000	345,000	6.3%	6,000	351,000	6.4%	380,000	6.9%	Amy Klobuchar (D)
Mississippi	88,483	2,992,000	64,000	0		64,000	2.1%	37,000	101,000	3.4%	229,000	7.7%	Roger Wicker (R)
Missouri	244,382	6,083,000	171,000	0		171,000	2.8%	5,000	176,000	2.9%	504,000	8.3%	Claire McCaskill (D)
Montana	52,473	1,032,000	35,000	61,000		96,000	9.3%	2,000	98,000	9.5%	142,000	13.8%	Jon Tester (D)
Nebraska	84,371	1,896,000	62,000	0		62,000	3.3%	18,000	80,000	4.2%	165,000	8.7%	Deb Fischer (R)
Nevada	89,061	2,890,000	59,000	320,000		379,000	13.1%	10,000	389,000	13.5%	371,000	12.8%	Dean Heller (R)
New Hampshire	53,024	1,330,000	27,000	50,000		77,000	5.8%	1,000	78,000	5.9%	118,000	8.9%	
New Jersey	295,067	8,958,000	186,000	537,000		723,000	8.1%	0	723,000	8.1%	799,000	8.9%	Bob Menendez (D)
New Mexico	54,653	2,085,000	31,000	260,000		291,000	14.0%	3,000	294,000	14.1%	266,000	12.8%	Martin Heinrich (D)
New York	242,880	19,795,000	115,000	2,332,000	665,000	3,112,000	15.7%	0	3,112,000	15.7%	1,139,000	5.8%	Kirsten Gillibrand (D)
North Carolina	549,158	10,042,000	402,000	0		402,000	4.0%	95,000	497,000	4.9%	1,025,000	10.2%	
North Dakota	21,982	756,000	14,000	19,000		33,000	4.4%	3,000	36,000	4.8%	69,000	9.1%	Heidi Heitkamp (D)
Ohio	238,843	11,613,000	144,000	691,000		835,000	7.2%	97,000	932,000	8.0%	964,000	8.3%	Sherrrod Brown (D)
Oklahoma	146,286	3,911,000	105,000	0		105,000	2.7%	49,000	154,000	3.9%	313,000	8.0%	
Oregon	155,430	4,028,000	92,000	452,000		544,000	13.5%	25,000	569,000	14.1%	475,000	11.8%	
Pennsylvania	426,059	12,802,000	276,000	716,000		992,000	7.7%	0	992,000	7.7%	956,000	7.5%	Bob Casey, Jr. (D)
Rhode Island	29,456	1,056,000	19,000	59,000		78,000	7.4%	7,000	85,000	8.0%	96,000	9.1%	Sheldon Whitehouse (D)
South Carolina	230,211	4,896,000	165,000	0		165,000	3.4%	40,000	205,000	4.2%	353,000	7.2%	
South Dakota	29,622	858,000	21,000	0		21,000	2.4%	0	21,000	2.4%	74,000	8.6%	
Tennessee	234,125	6,600,000	161,000	0		161,000	2.4%	17,000	178,000	2.7%	526,000	8.0%	Bob Corker (R)
Texas	1,227,290	27,469,000	828,000	0		828,000	3.0%	60,000	888,000	3.2%	2,550,000	9.3%	Ted Cruz (R)
Utah	197,187	2,995,000	136,000	0		136,000	4.5%	5,000	141,000	4.7%	273,000	9.1%	Orrin Hatch (R)
Vermont (thru 12/25)	30,682	626,000	19,000	15,000		34,000	5.4%	5,000	39,000	6.2%	35,000	5.6%	Bernie Sanders (I)
Virginia	410,726	8,382,000	271,000	0		271,000	3.2%	52,000	323,000	3.9%	685,000	8.2%	Tim Kaine (D)
Washington	225,594	7,170,000	113,000	608,000		721,000	10.1%	10,000	731,000	10.2%	775,000	10.8%	Maria Cantwell (D)
West Virginia	34,045	1,844,000	23,000	169,000		192,000	10.4%	2,000	194,000	10.5%	184,000	10.0%	Joe Manchin (D)
Wisconsin	242,863	5,771,000	160,000	0		160,000	2.8%	0	160,000	2.8%	431,000	7.5%	Tammy Baldwin (D)
Wyoming	24,826	586,000	17,000	0		17,000	2.9%	3,000	20,000	3.4%	47,000	8.0%	John Barrasso (R)
TOTAL:	12,216,003	321,392,000	8,161,000	14,988,000	764,000	23,913,000	7.4%	1,388,000	25,301,000	7.9%	29,782,000	9.3%	

**How many are
at risk post-
repeal
nationally?

Up to
24 MILLION.**

- = State never expanded Medicaid in first place
- = Includes special/bulk transfers into Medicaid pre-2013
- = Pre-ACA state law already allows for young adults on parents' plan past 25 years old anyway
- = Pre-ACA state law already allows for young adults on parents' plan anywhere between ages 19-25 w/certain limitations
- = New York and New Jersey also partly expanded Medicaid pre-ACA via waivers which have since expired

LAST MODIFIED: 03/15/17

Details (full repeal): <http://acasignups.net/aca-repeal-lose-coverage-your-state>
 Urban Institute Analysis (partial repeal): <http://www.urban.org/research/publication/implications-partial-repeal-aca-through-reconciliation>

How many are at risk post-repeal?

MICHIGAN: ~210K exchange*, ~658K Medicaid = ~868K Total

*(*out of ~321K total exchange enrollees)*

OAKLAND COUNTY: ~30K exchange, ~55K Medicaid = ~85K Total (7.0% pop)

Number of Michiganders Projected to Lose Healthcare Coverage in event of full ACA repeal w/immediate effect Charles Gaba / ACASignups.net							
Michigan County	High-APTC Exchange Enrollees	Medicaid Expansion as of 3/13/17	Total projected to lose coverage if ACA is repealed	Michigan County	High-APTC Exchange Enrollees	Medicaid Expansion as of 3/13/17	Total projected to lose coverage if ACA is repealed
Alcona County	281	728	1,009	Lapeer County	2,199	4,999	7,198
Alger County	300	516	816	Leelanau County	1,164	858	2,022
Allegan County	3,070	4,980	8,050	Lenawee County	1,980	5,337	7,317
Alpena County	785	2,170	2,955	Livingston County	5,213	5,738	10,951
Antrim County	805	1,502	2,307	Luce County	117	420	537
Arenac County	350	1,132	1,482	Mackinac County	370	674	1,044
Baraga County	191	643	834	Macomb County	22,618	55,306	77,924
Barry County	1,331	2,589	3,920	Manistee County	649	1,697	2,346
Bay County	2,000	7,105	9,105	Marquette County	1,830	4,238	6,068
Benzie County	676	1,173	1,849	Mason County	832	2,023	2,855
Berrien County	3,762	10,319	14,081	Mecosta County	752	2,845	3,597
Branch County	950	2,538	3,488	Menominee County	919	1,345	2,264
Calhoun County	1,957	9,298	11,255	Midland County	1,594	4,647	6,241
Cass County	1,189	2,967	4,156	Missaukee County	518	1,000	1,518
Charlevoix County	974	1,391	2,365	Monroe County	2,636	7,516	10,152
Cheboygan County	817	2,196	3,013	Montcalm County	1,358	4,124	5,482
Chippewa County	663	2,226	2,889	Montmorency County	247	645	892
Clare County	558	2,698	3,256	Muskegon County	3,259	13,556	16,815
Clinton County	1,338	2,567	3,905	Newaygo County	1,030	3,441	4,471
Crawford County	338	1,094	1,432	Oakland County	29,716	55,076	84,792
Delta County	1,414	2,416	3,830	Oceana County	598	1,889	2,487
Dickinson County	1,000	1,450	2,450	Ogemaw County	593	1,882	2,475
Eaton County	1,894	4,665	6,559	Ontonagon County	232	438	670
Emmet County	1,469	1,986	3,455	Osceola County	522	1,535	2,057
Genesee County	6,132	35,859	41,991	Oscoda County	225	658	883
Gladwin County	518	1,817	2,335	Otsego County	783	1,765	2,548
Gogebic County	566	1,169	1,735	Ottawa County	6,498	8,217	14,715
Grand Traverse County	3,229	4,805	8,034	Presque Isle County	479	969	1,448
Griott County	804	2,346	3,150	Roscommon County	611	2,069	2,680
Hillsdale County	1,230	2,824	4,054	Saginaw County	3,428	14,712	18,140
Houghton County	1,089	2,340	3,429	St. Clair County	4,211	10,546	14,757
Huron County	1,007	1,790	2,797	St. Joseph County	1,142	3,941	5,083
Ingham County	4,303	20,064	24,367	Sanilac County	1,324	2,477	3,801
Ionia County	1,119	3,203	4,322	Schoolcraft County	298	590	888
Iosco County	612	2,118	2,730	Shiawassee County	1,371	4,085	5,456
Iron County	494	776	1,270	Tuscola County	1,213	3,796	5,009
Isabella County	1,107	4,166	5,273	Van Buren County	1,657	5,251	6,908
Jackson County	2,857	10,538	13,395	Washtenaw County	7,533	17,353	24,886
Kalamazoo County	4,898	14,995	19,893	Wayne County (excluding Detroit)	13,811	93,304	107,115
Kalkaska County	457	1,362	1,819	Wayne County (City of Detroit)	13,138	88,746	101,884
Kent County	12,144	33,406	45,550	Wexford County	919	2,531	3,450
Keweenaw County	94	160	254	Unknown (Medicaid only)	0	409	409
Lake County	281	1,053	1,334	Total	210,637	657,788	868,425

How many are at risk post-repeal?

MICHIGAN: ~210K exchange*, ~658K Medicaid = ~868K Total

*(*out of ~321K total exchange enrollees)*

ST. CLAIR COUNTY: ~4,200 exchange, ~10.5K Medicaid = ~14.7K Total (9.4% pop)

Number of Michiganders Projected to Lose Healthcare Coverage in event of full ACA repeal w/immediate effect Charles Gaba / ACASignups.net							
Michigan County	High-APTC Exchange Enrollees	Medicaid Expansion as of 3/13/17	Total projected to lose coverage if ACA is repealed	Michigan County	High-APTC Exchange Enrollees	Medicaid Expansion as of 3/13/17	Total projected to lose coverage if ACA is repealed
Alcona County	281	728	1,009	Lapeer County	2,199	4,999	7,198
Alger County	300	516	816	Leelanau County	1,164	858	2,022
Allegan County	3,070	4,980	8,050	Lenawee County	1,980	5,337	7,317
Alpena County	785	2,170	2,955	Livingston County	5,213	5,738	10,951
Antrim County	805	1,502	2,307	Luce County	117	420	537
Arenac County	350	1,132	1,482	Mackinac County	370	674	1,044
Baraga County	191	643	834	Macomb County	22,618	55,306	77,924
Barry County	1,331	2,589	3,920	Manistee County	649	1,697	2,346
Bay County	2,000	7,105	9,105	Marquette County	1,830	4,238	6,068
Benzie County	676	1,173	1,849	Mason County	832	2,023	2,855
Berrien County	3,762	10,319	14,081	Mecosta County	752	2,845	3,597
Branch County	950	2,538	3,488	Menominee County	919	1,345	2,264
Calhoun County	1,957	9,298	11,255	Midland County	1,594	4,647	6,241
Cass County	1,189	2,967	4,156	Missaukee County	518	1,000	1,518
Charlevoix County	974	1,391	2,365	Monroe County	2,636	7,516	10,152
Cheboygan County	817	2,196	3,013	Montcalm County	1,358	4,124	5,482
Chippewa County	663	2,226	2,889	Montmorency County	247	645	892
Clare County	558	2,698	3,256	Muskegon County	3,259	13,556	16,815
Clinton County	1,338	2,567	3,905	Newaygo County	1,030	3,441	4,471
Crawford County	338	1,094	1,432	Oakland County	29,716	55,076	84,792
Delta County	1,414	2,416	3,830	Oceana County	598	1,889	2,487
Dickinson County	1,000	1,450	2,450	Ogemaw County	593	1,882	2,475
Eaton County	1,894	4,665	6,559	Ontonagon County	232	438	670
Emmet County	1,469	1,986	3,455	Osceola County	522	1,535	2,057
Genesee County	6,132	35,859	41,991	Oscoda County	225	658	883
Gladwin County	518	1,817	2,335	Otsego County	783	1,765	2,548
Gogebic County	566	1,169	1,735	Ottawa County	6,498	8,217	14,715
Grand Traverse County	3,229	4,805	8,034	Presque Isle County	479	969	1,448
Gratiot County	804	2,346	3,150	Roscommon County	611	2,069	2,680
Hillsdale County	1,230	2,824	4,054	Saginaw County	3,428	14,712	18,140
Houghton County	1,089	2,340	3,429	St. Clair County	4,211	10,546	14,757
Huron County	1,007	1,790	2,797	St. Joseph County	1,142	3,941	5,083
Ingham County	4,303	20,064	24,367	Sanilac County	1,324	2,477	3,801
Ionia County	1,119	3,203	4,322	Schoolcraft County	298	590	888
Iosco County	612	2,118	2,730	Shiawassee County	1,371	4,085	5,456
Iron County	494	776	1,270	Tuscola County	1,213	3,796	5,009
Isabella County	1,107	4,166	5,273	Van Buren County	1,657	5,251	6,908
Jackson County	2,857	10,538	13,395	Washtenaw County	7,533	17,353	24,886
Kalamazoo County	4,898	14,995	19,893	Wayne County (excluding Detroit)	13,811	93,304	107,115
Kalkaska County	457	1,362	1,819	Wayne County (City of Detroit)	13,138	88,746	101,884
Kent County	12,144	33,406	45,550	Wexford County	919	2,531	3,450
Keweenaw County	94	160	254	Unknown (Medicaid only)	0	409	409
Lake County	281	1,053	1,334	Total	210,637	657,788	868,425

How many are at risk post-repeal?

MI-11 (Trott): ~16K exchange ~59K Medicaid = ~75K Total

MI-14 (Lawrence): ~14K exchange + ~59K Medicaid = ~73K Total

Projected to Lose Healthcare Coverage by Congressional District in event of full ACA repeal w/immediate effect - UPDATED 3/15/17 Charles Gaba / ACASignups.net					
Total Exchange Enrollees 1/31/17	Michigan		High-APTC Exchange Enrollees	Medicaid Expansion	Total Projected to Lose Coverage
31,724	MI-01	Jack Bergman (R)	20,788	45,506	66,294
22,484	MI-02	Bill Huizenga (R)	14,733	48,587	63,320
21,046	MI-03	Justin Amash (R)	13,791	34,172	47,963
20,021	MI-04	John Moolenaar (R)	13,119	43,568	56,687
17,658	MI-05	Dan Kildee (D)	11,571	55,726	67,297
23,305	MI-06	Fred Upton (R)	15,271	39,939	55,210
20,123	MI-07	Tim Walberg (R)	13,186	42,318	55,504
24,640	MI-08	Mike Bishop (R)	16,146	39,324	55,470
28,951	MI-09	Sander Levin (D)	18,971	41,334	60,305
27,412	MI-10	Paul Mitchell (R)	17,962	49,365	67,327
24,949	MI-11	David Trott (R)	16,348	59,132	75,480
20,021	MI-12	Debbie Dingell (D)	13,119	54,257	67,376
16,837	MI-13	John Conyers (D)	11,033	45,425	56,458
22,280	MI-14	Brenda Lawrence (D)	14,599	59,132	73,731
321,451	Total		210,637	657,785	868,422

*Statewide High-Subsidy Exchange Estimate assumes 67% of ACA exchange QHP selections as of 1/31/17
Congressional District breakout based on Kaiser Family Foundation analysis
of 3/31/16 effectuated enrollment report from ASPE office of CMS*

*Statewide Medicaid Expansion Total via State Health Dept. Report
Congressional District Medicaid Expansion estimates based on proportion of
county-level enrollment; actual enrollment varies depending on income demographics*

How many are at risk post-repeal?

**MI-10 (Mitchell): ~18K exchange ~49K Medicaid = ~67K Total
(9.5% of population)**

Projected to Lose Healthcare Coverage by Congressional District in event of full ACA repeal w/immediate effect - UPDATED 3/15/17 Charles Gaba / ACASignups.net					
Total Exchange Enrollees 1/31/17	Michigan		High-APTC Exchange Enrollees	Medicaid Expansion	Total Projected to Lose Coverage
31,724	MI-01	Jack Bergman (R)	20,788	45,506	66,294
22,484	MI-02	Bill Huizenga (R)	14,733	48,587	63,320
21,046	MI-03	Justin Amash (R)	13,791	34,172	47,963
20,021	MI-04	John Moolenaar (R)	13,119	43,568	56,687
17,658	MI-05	Dan Kildee (D)	11,571	55,726	67,297
23,305	MI-06	Fred Upton (R)	15,271	39,939	55,210
20,123	MI-07	Tim Walberg (R)	13,186	42,318	55,504
24,640	MI-08	Mike Bishop (R)	16,146	39,324	55,470
28,951	MI-09	Sander Levin (D)	18,971	41,334	60,305
27,412	MI-10	Paul Mitchell (R)	17,962	49,365	67,327
24,949	MI-11	David Trott (R)	16,348	59,132	75,480
20,021	MI-12	Debbie Dingell (D)	13,119	54,257	67,376
16,837	MI-13	John Conyers (D)	11,033	45,425	56,458
22,280	MI-14	Brenda Lawrence (D)	14,599	59,132	73,731
321,451	Total		210,637	657,785	868,422

*Statewide High-Subsidy Exchange Estimate assumes 67% of ACA exchange QHP selections as of 1/31/17
Congressional District breakout based on Kaiser Family Foundation analysis
of 3/31/16 effectuated enrollment report from ASPE office of CMS*

*Statewide Medicaid Expansion Total via State Health Dept. Report
Congressional District Medicaid Expansion estimates based on proportion of
county-level enrollment; actual enrollment varies depending on income demographics*

What Else Would Be Lost if “Phase 3” goes through?

- 80/20 Medical Loss Ratio
- **COVERAGE OF PRE-EXISTING CONDITIONS**
- No Pre-Existing Waiting Period for Indy mkt.
- No more than 90-day waiting period for ESI
- **COVERAGE OF ESSENTIAL SERVICES**
- No more pricy COBRA
- Escape from Job Lock
- Coal Miner benefits for Black Lung Disease/survivors
- **ELIMINATION OF ANNUAL / LIFETIME LIMITS**
- **Level playing field for women**
- Free colonoscopies, cholesterol checks, blood pressure checks, general physicals
- **MEDICARE PART D DONUT HOLE FILLED**
- Option to leave Medicare Advantage & Sign up for Part D annually
- Prescription drug coverage (mandatory)
- Maternity care, free birth control, free breastfeeding supplies & breastfeeding privacy

What Else Would Be Lost if “Phase 3” goes through?

- Protection from LGBT discrimination
- Free routine vaccinations
- Free gestational diabetes screenings
- Free pap smears & HPV tests
- Free HIV, Gonorrhea & Herpes screenings
- Free Tobacco cessation programs
- Substance abuse treatment
- **Mandatory Mental Health coverage**
- **RECORD LOW UNINSURED RATE**
- PREMIUM SUBSIDIES
- Improved College Student plans
- Ease of Claims Appeals
- Easier to understand benefit descriptions
- **EFFECTIVE RATE REVIEW**
- **CAPS ON OUT OF POCKET COSTS**
- Health plan options for small businesses (150K)
- Pediatric dental insurance

GOP Obstruction/Sabotage?

- **Risk Corridor Massacre (R.I.P. Co-Ops)**
 - Changed law in middle of 2015 OEP, announced August 2015; 12.6¢ on the dollar, \$300M / \$2.5B paid; up to \$10B+ now
- **Navigator Obstruction/Blockades**

“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.