Medicaid Expansion and Access to Care

NATIONAL ACADEMIES WORKSHOP - IMPACT OF THE ACA ON CANCER PREVENTION & CARE
MARCH 1-2, 2021

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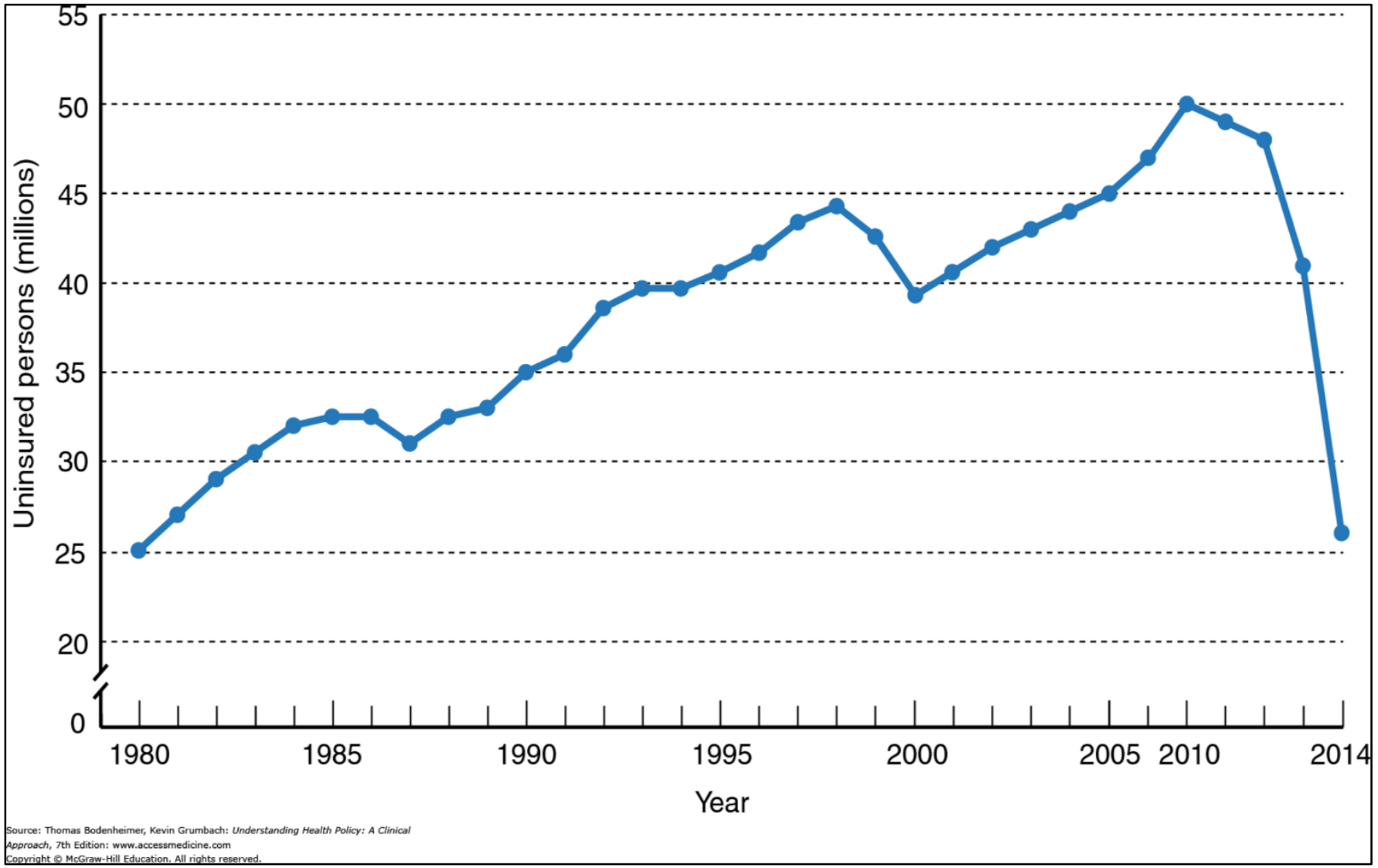
Why the ACA?

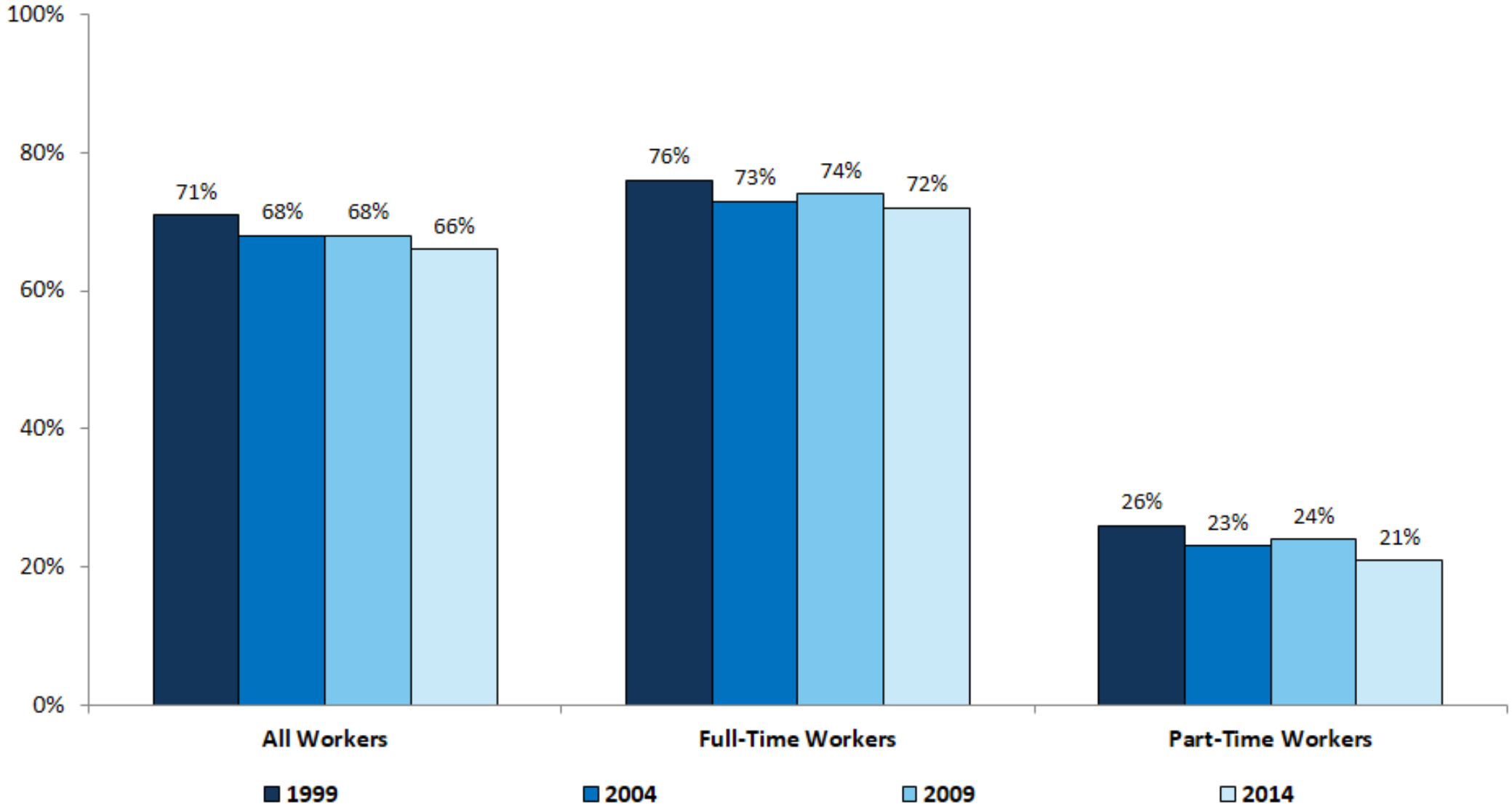
"I am not the first President to take up this cause, but I am determined to be the last." 9/9/09

Number of uninsured persons in the United States, 1980 to 2014 (U.S. Census Bureau, 2014)

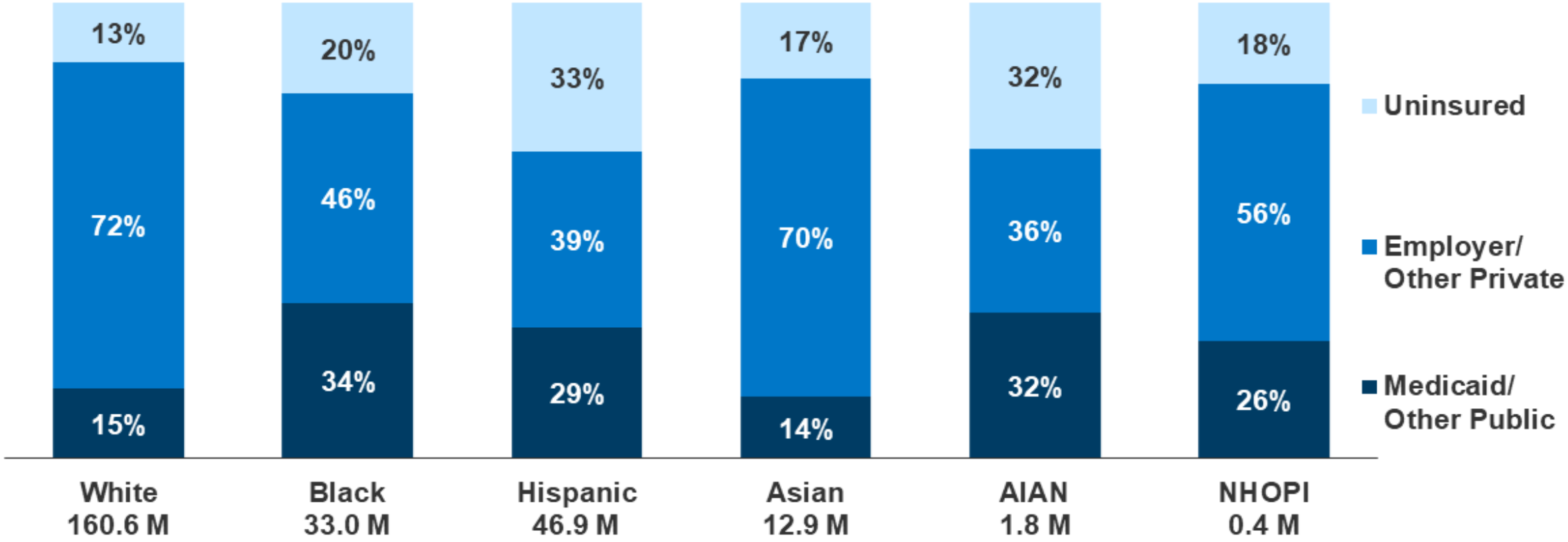


Source: Thomas Bodenheimer, Kevin Grumbach: *Understanding Health Policy: A Clinical Approach*, 7th Edition: www.accessmedicine.com

Percent of Nonelderly Workers Offered Employer-Sponsored Coverage, by Full-Time Status, 1999-2014



Health Coverage of Nonelderly Individuals by Race/Ethnicity, 2010

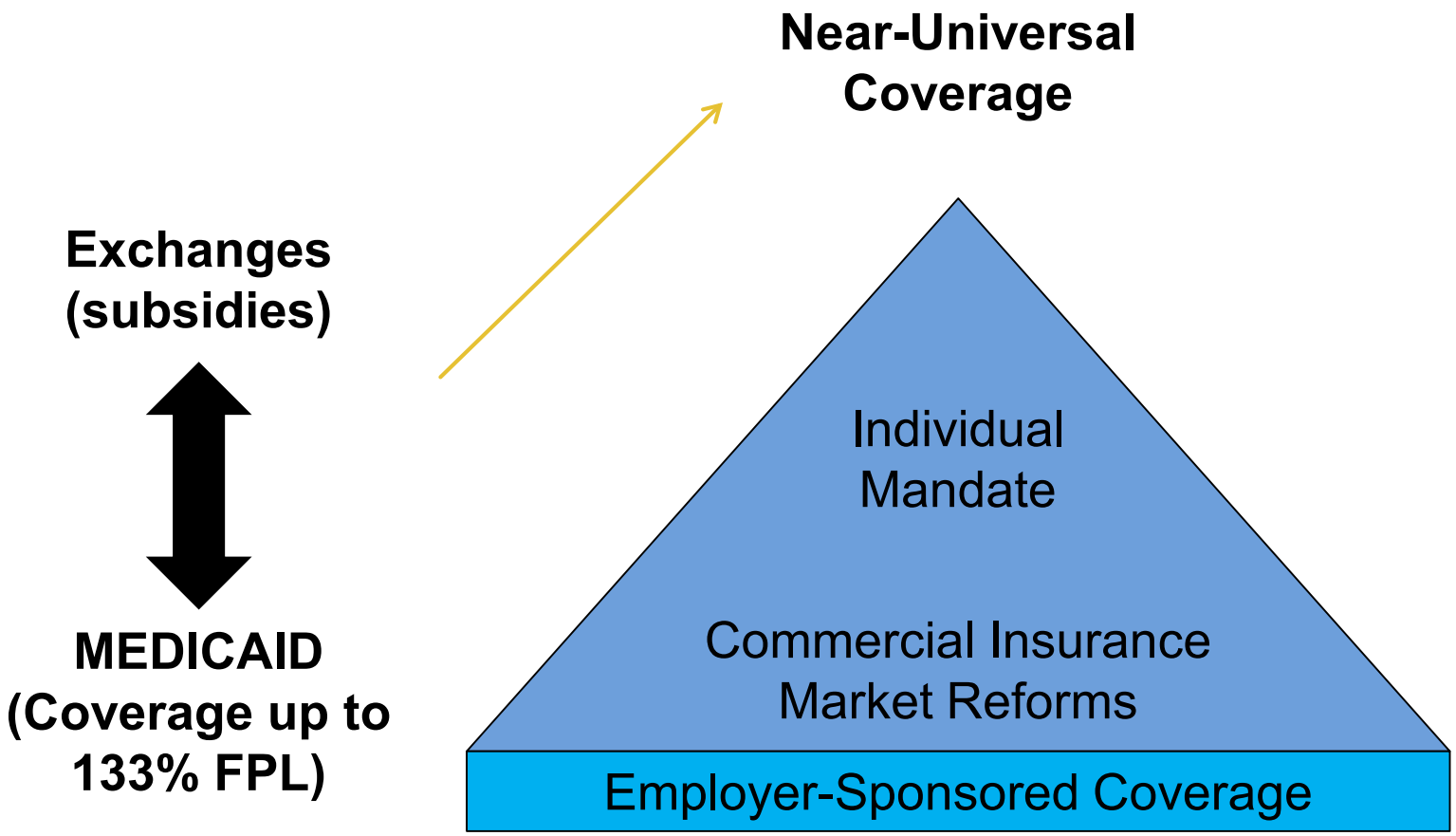


Note: Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Includes nonelderly individuals 0-64 years of age. NHOPI refers to Native Hawaiians and Other Pacific Islanders. AIAN refers to American Indians and Alaska Natives. All values have a statistically significant difference from the White population at the $p<0.05$ level.

Source: KFF analysis of 2010 American Community Survey, 1-Year Estimates.

KFF
HENRY J KAISER FAMILY FOUNDATION

ACA

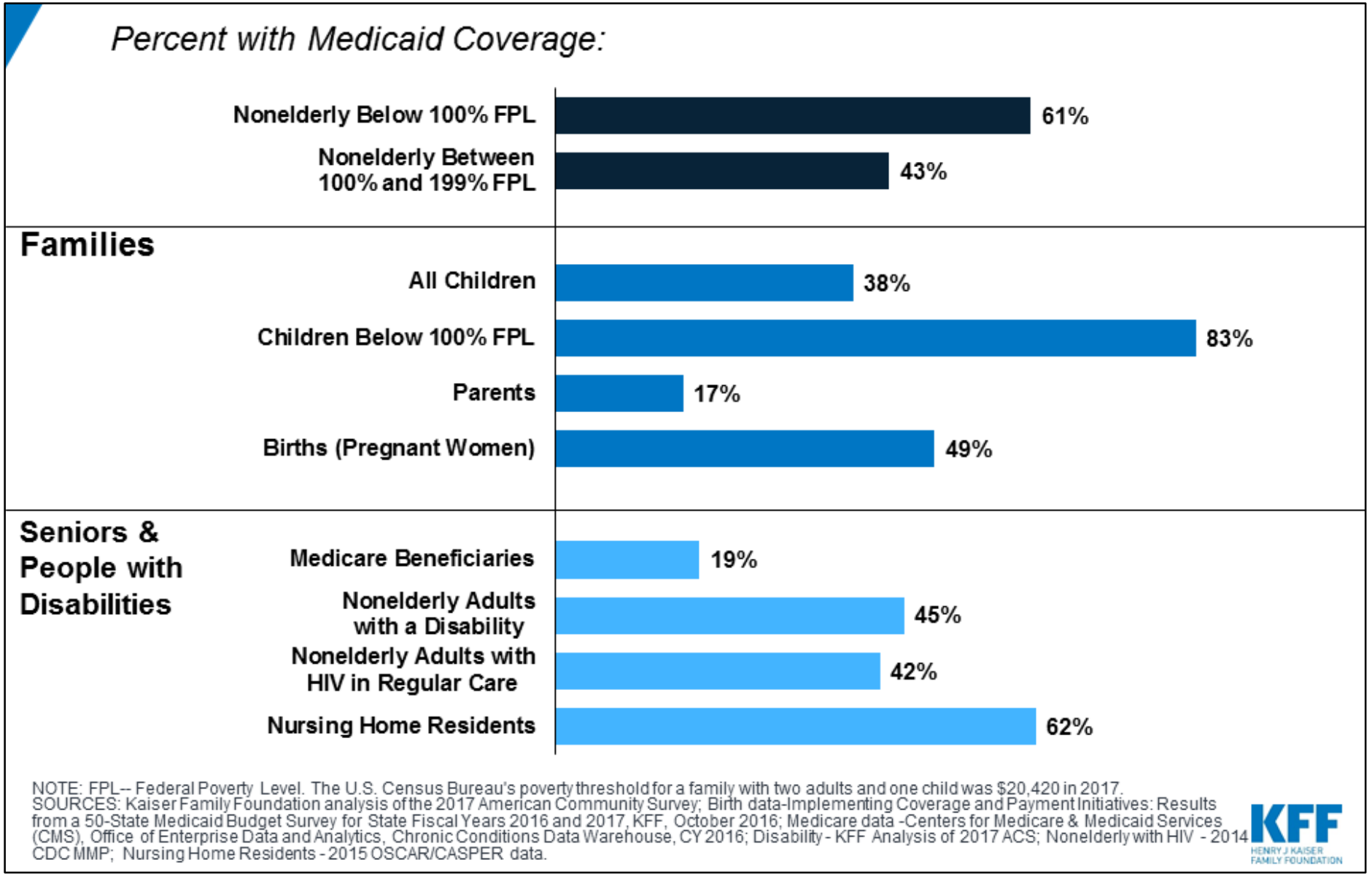

Near-Universal Coverage
Exchanges (subsidies)
MEDICAID (Coverage up to 133% FPL)
Individual Mandate
Commercial Insurance Market Reforms
Employer-Sponsored Coverage

Mandatory Eligibility

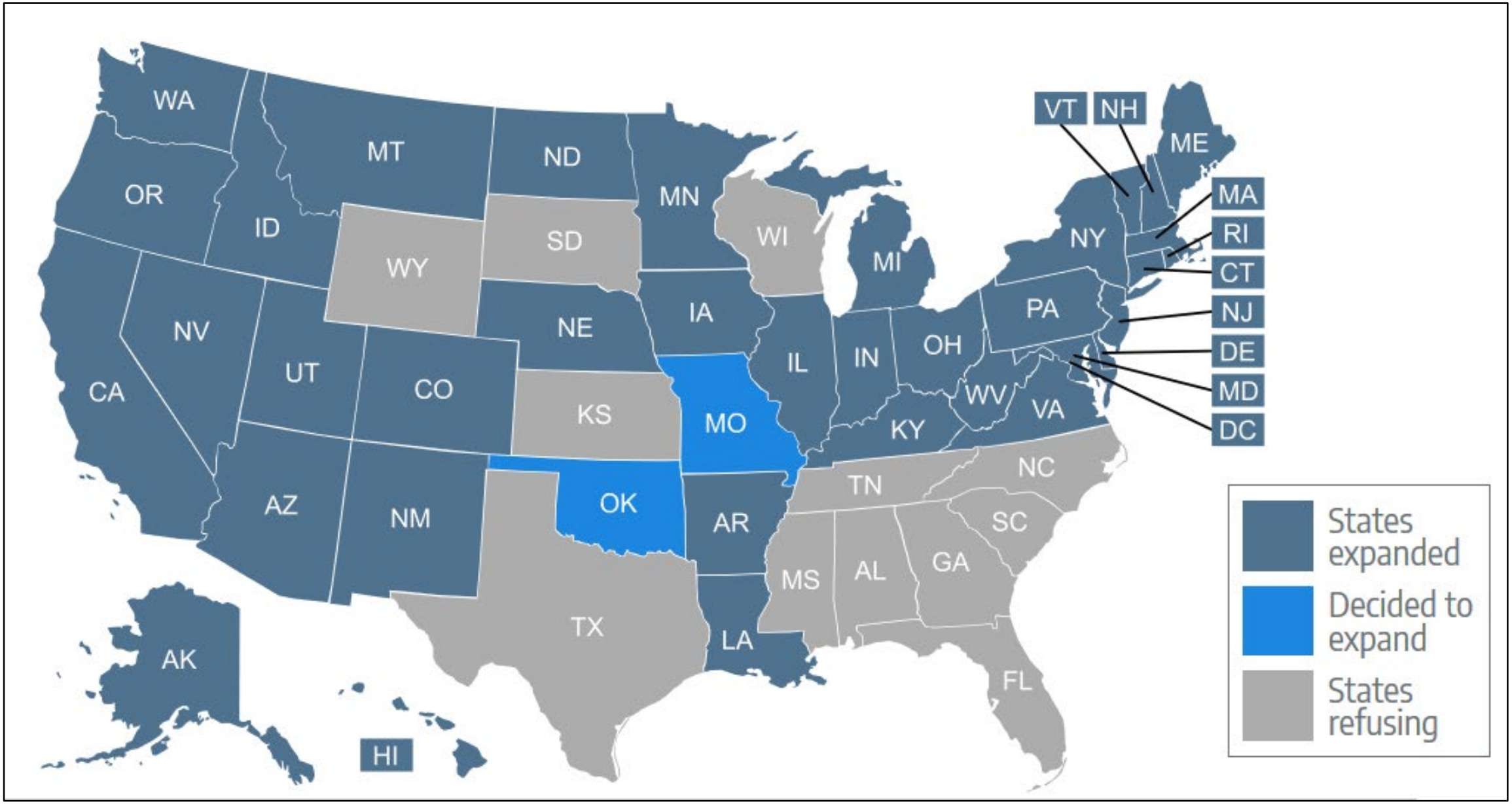
- low-income children and their parents
- pregnant women
- people with disabilities
- people age 65 and older

+

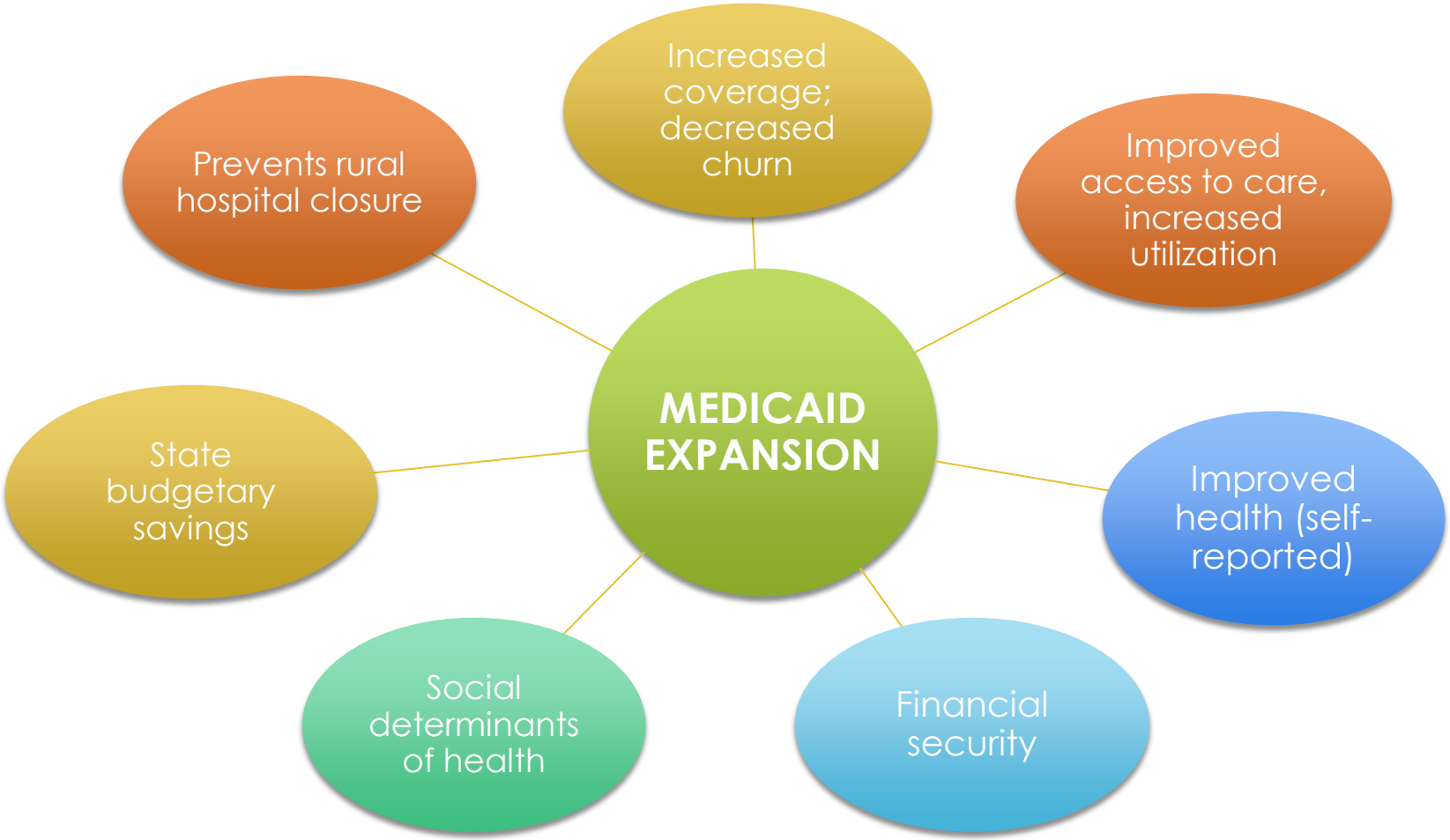
- nonelderly, childless adults



Medicaid Expansion Status as of March 1, 2021



400+ studies show Medicaid expansion improves multiple dimensions of individual and public health + supports providers and states

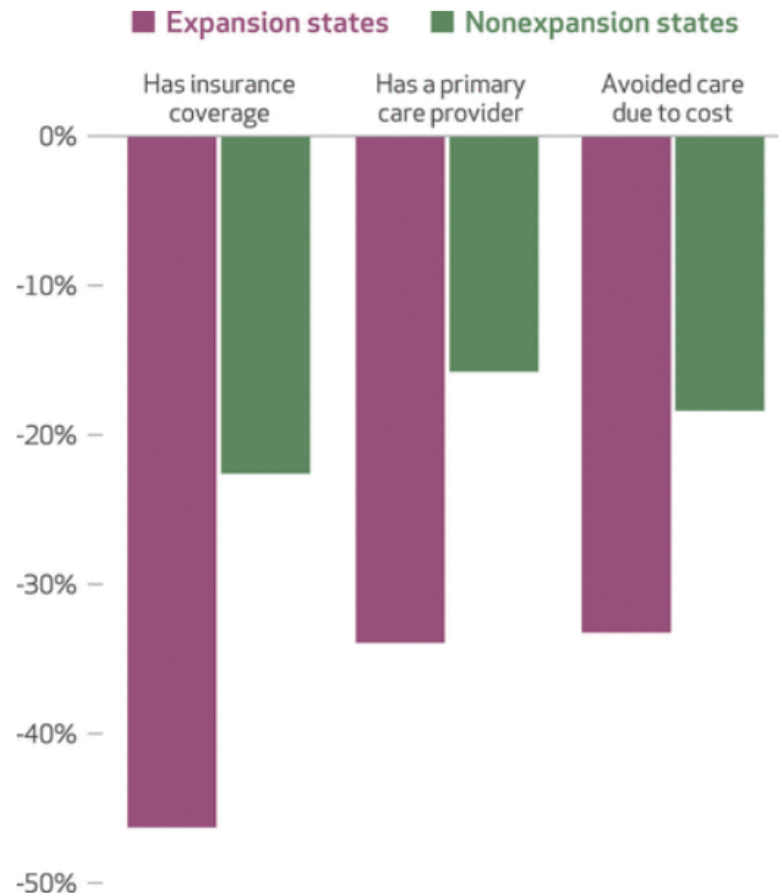


HEALTH AFFAIRS > VOL. 36, NO. 8: CONSUMERISM, COMPETITION, DRUG APPROVAL & MORE

The Affordable Care Act Reduced Socioeconomic Disparities In Health Care Access

Kevin Griffith, Leigh Evans, and Jacob Bor

Exhibit 4 Percent changes in health care access gaps between low- and high-income US adults, 2013 to 2015

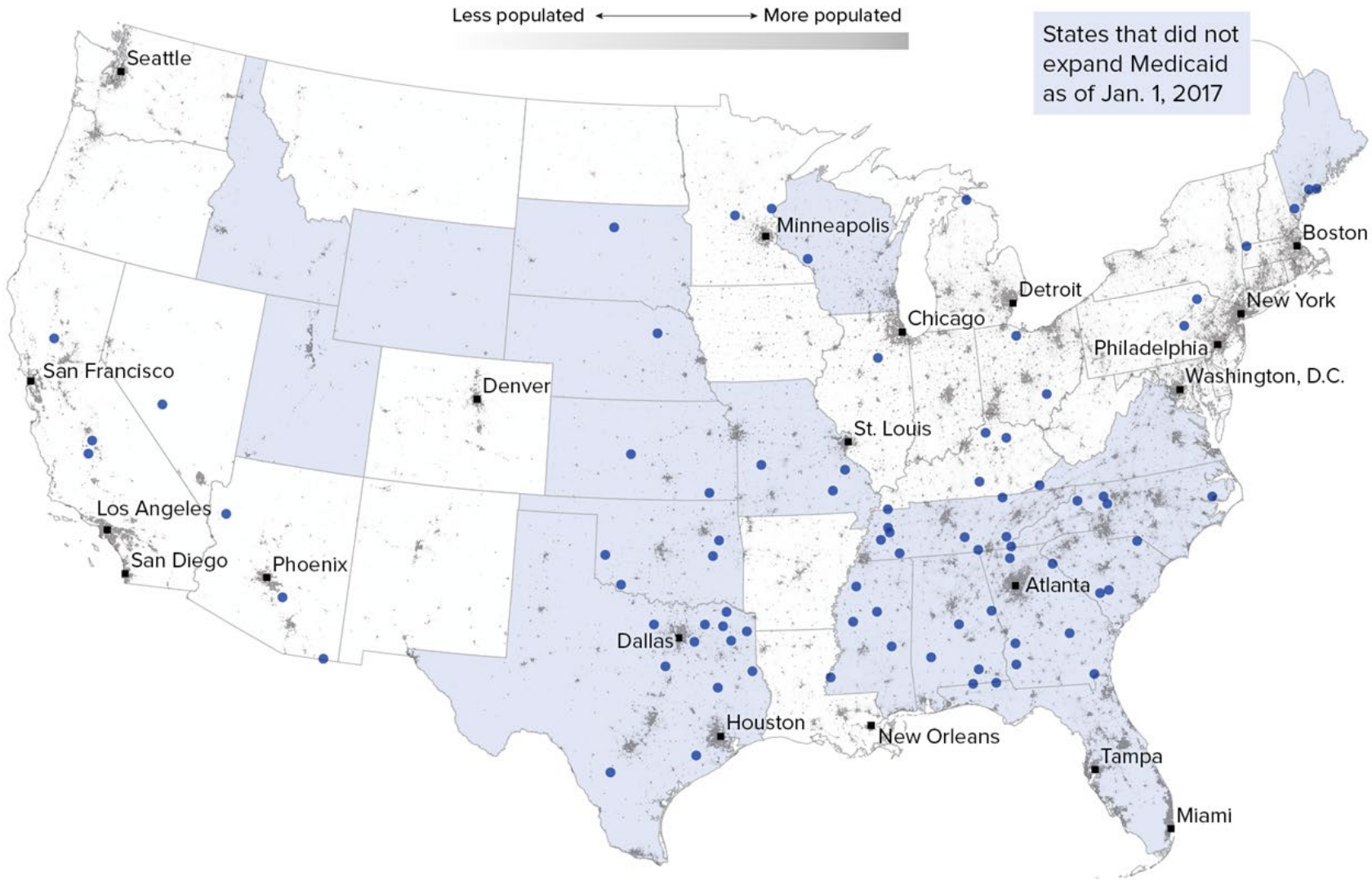


SOURCE Authors' analysis of data for 2011–15 from the Behavioral Risk Factor Surveillance System. NOTES The exhibit displays percent changes from 2013 to 2015 in health care access gaps between low- and high-income noninstitutionalized US adults ages 18–64. The data are stratified by whether the state expanded Medicaid. Percent changes were calculated as the access gap in 2015 divided by

Rural Hospital Closures Concentrated In The South

Rural hospitals that have closed since 2010

As of September 2017

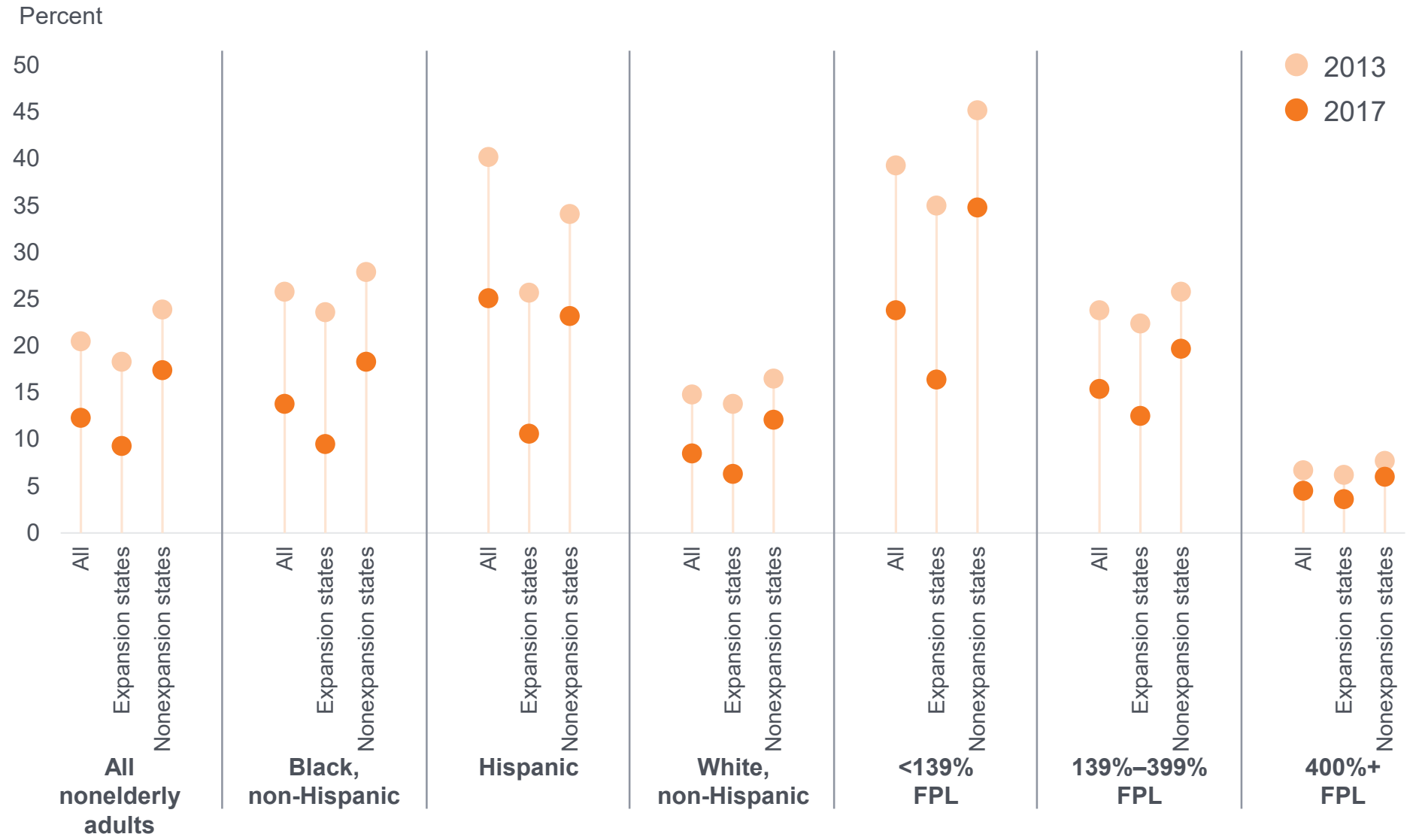


Note: No rural hospitals closed in Alaska or Hawaii during this time period.

Source: Cecil G. Sheps Center for Health Services Research at UNC, Center for International Earth Science Information Network

Alissa Scheller/HuffPost

Changes in Uninsured Rates Among Groups, by Medicaid Expansion Status

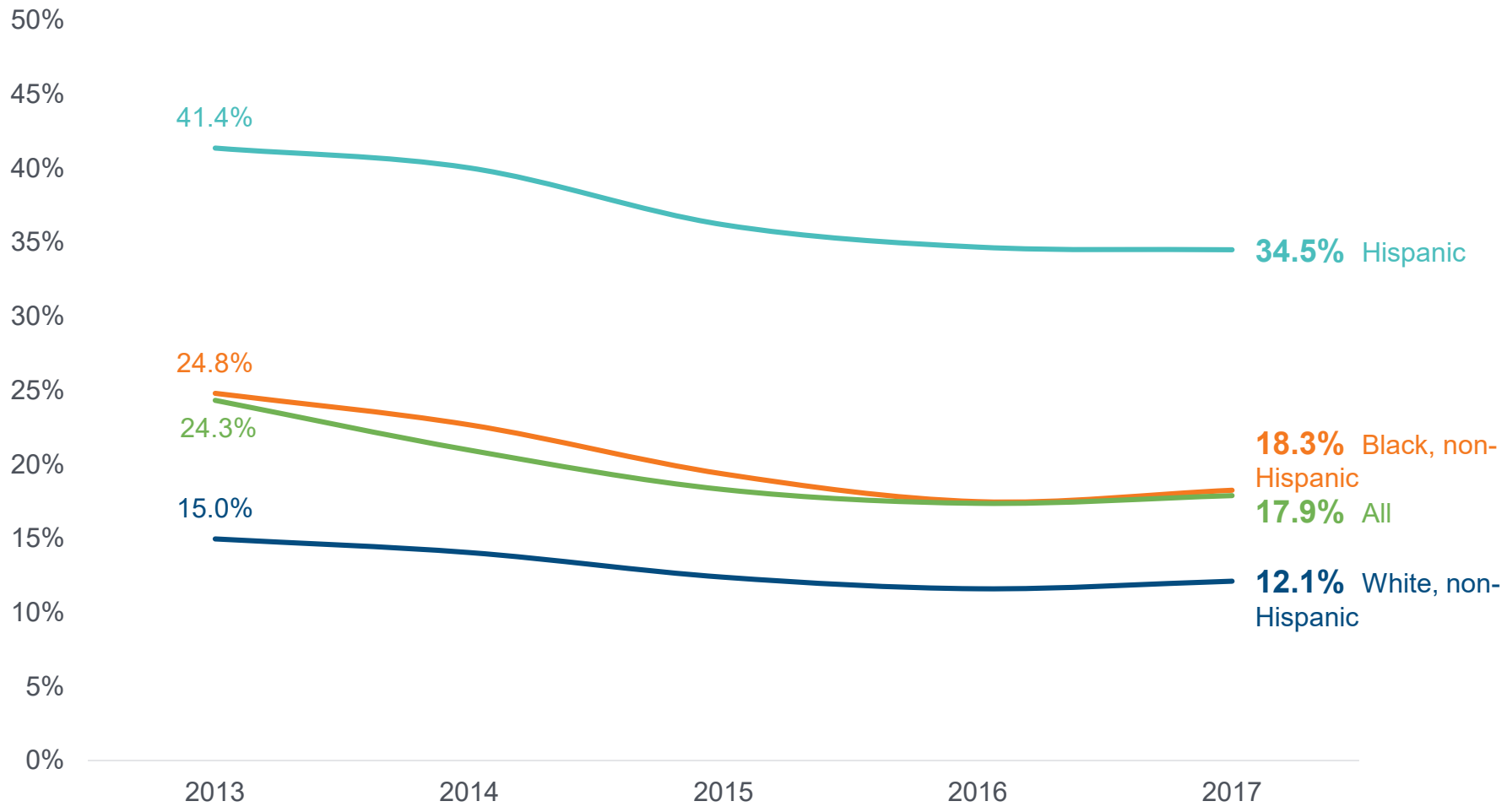


Data: Authors' analysis of U.S. Census Bureau's American Community Survey, 2013–2017.

The Commonwealth Fund

Source: Ajay Chaudry, Adlan Jackson, and Sherry A. Glied, *Did the Affordable Care Act Reduce Racial and Ethnic Disparities in Health Insurance Coverage?* (Commonwealth Fund, Aug. 2019).

Percentage of Uninsured Adults Ages 19 to 64 in States Not Expanding Medicaid, by Race and Ethnicity



Data: Authors' analysis of U.S. Census Bureau's American Community Survey, 2013–2017.

The Commonwealth Fund

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"...INSURANCE FOR EVERYBODY"

DONALD TRUMP, JAN. 2017

Minimizing the Economic Burden of the Patient Protection and Affordable Care Act Pending Repeal

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

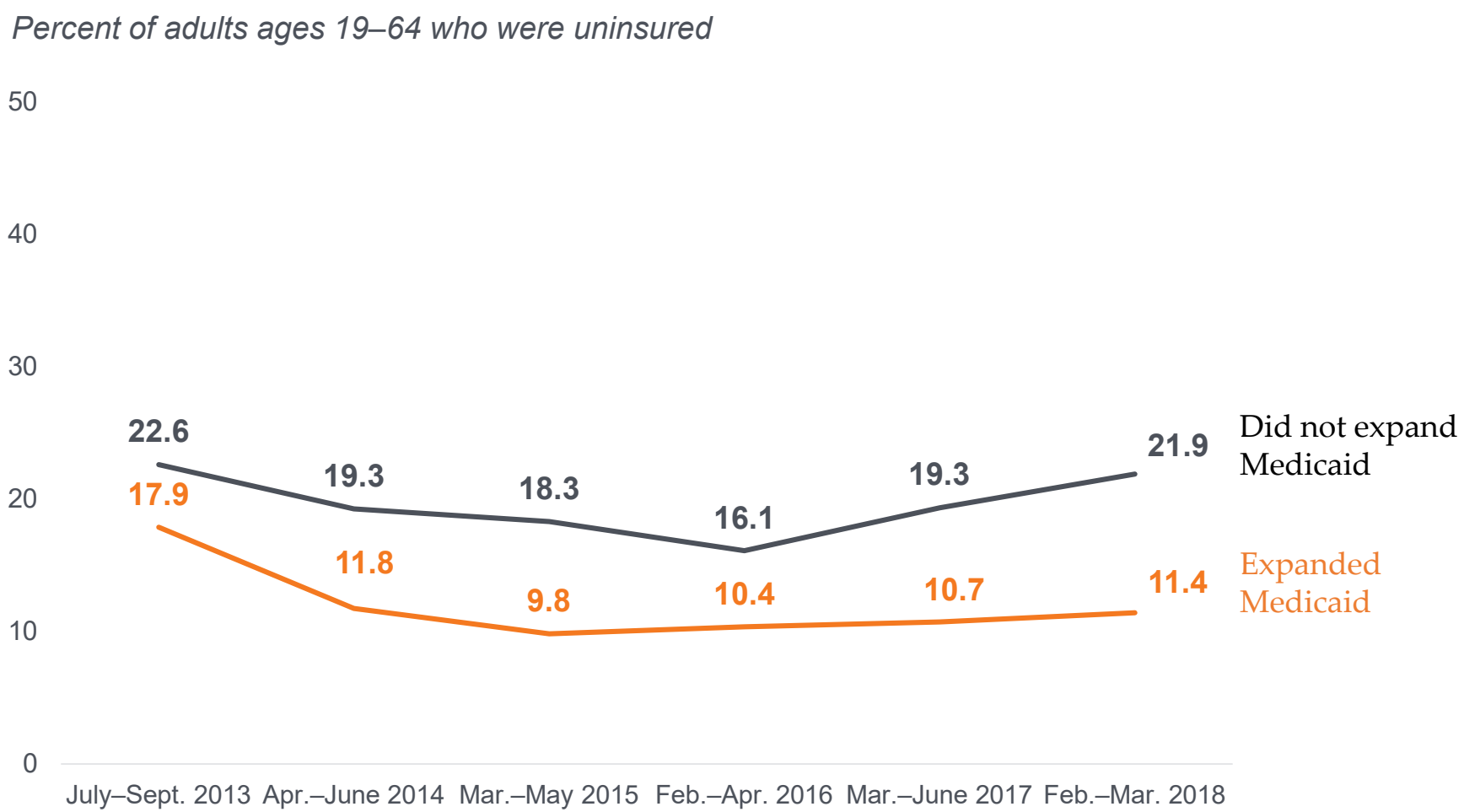
Section 1. It is the policy of my Administration to seek the prompt repeal of the Patient Protection and Affordable Care Act (Public Law 111–148), as amended (the "Act"). In the meantime, pending such repeal, it is imperative for the executive branch to ensure that the law is being efficiently implemented, take all actions consistent with law to minimize the unwarranted economic and regulatory burdens of the Act, and prepare to afford the States more flexibility and control to create a more free and open

by law, the Secretary of Health
ads of all other executive depart-
rities and responsibilities under
discretion available to them to
elay the implementation of any
would impose a fiscal burden
egulatory burden on individuals,
nsurers, patients, recipients of
nsurance, or makers of medical

by law, the Secretary and the
nd agencies with authorities and
ise all authority and discretion
lity to States and cooperate with

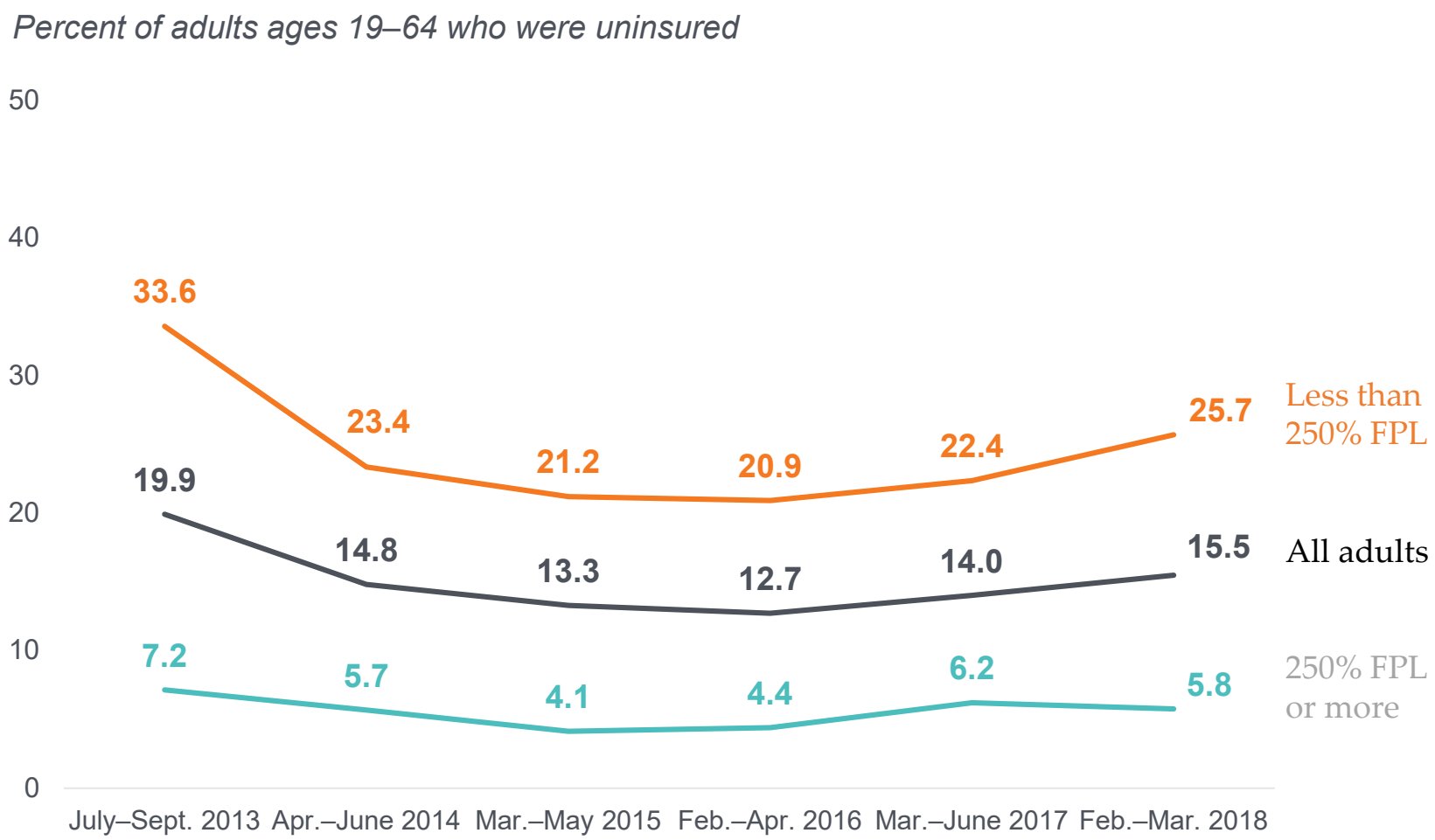
Trump Administration Action	ACA Correlate
Supporting Texas in ACA challenge (Texas v. California)	Individual mandate; universal coverage
Medicaid Waivers (work requirements; frequent eligibility redetermination; block grants)	Medicaid expansion; universal coverage
Cost Sharing Reduction Non-payment (Moda Health Plan v. US)	Insurance accessibility; risk corridor payments; universal coverage
Also… limited money and advertising for open enrollment; allowed Planned Parenthood to be excluded as Medicaid provider; HHS Conscience and Religious Freedom Division and new provider conscience rules; expanded contraceptive coverage exceptions; etc.	Universal coverage; women's contraceptive coverage; Section 1557 antidiscrimination

Uninsured rate among adults in states that did not expand Medicaid rose to 21.9 percent



Data: The Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013, Apr.–June 2014, Mar.–May 2015, Feb.–Apr. 2016, Mar.–June 2017, Feb.–Mar. 2018.

Uninsured rate among working-age adults increased to 15.5 percent



Note: FPL refers to federal poverty level; 250% FPL is about $31,150 for an individual and $61,500 for a family of four.

Data: The Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013, Apr.–June 2014, Mar.–May 2015, Feb.–Apr. 2016, Mar.–June 2017, Feb.–Mar. 2018.

BRIEFING ROOM

Executive Order on Strengthening Medicaid and the Affordable Care Act

JANUARY 28, 2021 • PRESIDENTIAL ACTIONS

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

Section 1. Policy. In the 10 years since its enactment, the Affordable Care Act (ACA) has reduced the number of uninsured Americans by more than 20 million, extended critical consumer protections to more than 100 million people, and strengthened and improved the Nation's healthcare system. At the same time, millions of people who are potentially eligible for coverage under the ACA or other laws remain uninsured, and obtaining insurance benefits is more difficult than necessary. For these reasons, it is the policy of my Administration to protect and strengthen Medicaid and the ACA and to make high-quality healthcare accessible and affordable for every American.

Sec. 2. Special Enrollment Period. The coronavirus disease 2019 (COVID-19) pandemic has triggered a historic public health and economic crisis. In January of 2020, as the COVID-19 pandemic was spreading, the Secretary of Health and Human Services declared a public health emergency. In March of 2020, the President declared a national emergency. Although almost a year has passed, the emergency continues — over 5 million Americans have contracted the disease in January 2021, and thousands are dying every week. Over 30 million Americans remain uninsured, preventing many from obtaining necessary health services and treatment. Black, Latino, and Native American persons are more likely to be uninsured, and communities of color have been especially hard hit by both the COVID-19 pandemic and the economic downturn. In light of the exceptional circumstances caused by the ongoing COVID-19 pandemic, the Secretary of Health and Human Services shall consider establishing a Special Enrollment Period for uninsured and under-insured Americans to seek coverage through the Federally Facilitated Marketplace, pursuant to existing authorities, including sections 18031 and 18041 of title 42, United States Code, and section

Sec. 3. Immediate Review of Agency Actions. (a) The Secretary of the Treasury, the Secretary of Labor, the Secretary of Health and Human Services, and the heads of all other executive departments and agencies with authorities and responsibilities related to Medicaid and the ACA (collectively, heads of agencies) shall, as soon as practicable, review all existing regulations, orders, guidance documents, policies, and any other similar agency actions (collectively, agency actions) to determine whether such agency actions are inconsistent with the policy set forth in section 1 of this order. As part of this review, the heads of agencies shall examine the following:

(i) policies or practices that may undermine protections for people with pre-existing conditions, including complications related to COVID-19, under the ACA;

(ii) demonstrations and waivers, as well as demonstration and waiver policies, that may reduce coverage under or otherwise undermine Medicaid or the ACA;

(iii) policies or practices that may undermine the Health Insurance Marketplace or the individual, small group, or large group markets for health insurance in the United States;

(iv) policies or practices that may present unnecessary barriers to individuals and families attempting to access Medicaid or ACA coverage, including for mid-year enrollment; and

(v) policies or practices that may reduce the affordability of coverage or financial assistance for coverage, including for dependents.

(b) Heads of agencies shall, as soon as practicable and as appropriate and consistent with applicable law, consider whether to suspend, revise, or rescind — and, as applicable, publish for notice and comment proposed rules suspending, revising, or rescinding — those agency actions identified as inconsistent with the policy set forth in section 1 of this order.

(c) Heads of agencies shall, as soon as practicable and as appropriate and consistent with applicable law, consider whether to take any additional agency actions to more fully enforce the policy set forth in section 1 of this order.

Sec. 4. Revocation of Certain Presidential Actions and Review of Associated Agency Actions. (a) Executive Order 13765 of January 20, 2017 (Minimizing the Economic Burden of the Patient Protection and Affordable Care Act Pending Repeal), and Executive Order 13813 of October 12, 2017