

Health Reform 201

Impact of ACA Repeal & Replace in Utah

COMMITTEE PRINT

Budget Reconciliation Legislative Recommendations Relating
to Repeal and Replace of the Patient Protection and Afford-
able Care Act

1 **TITLE I—ENERGY AND**
2 **COMMERCE**

3 **Subtitle A—Patient Access to**
4 **Public Health Programs**

5 **SEC. 101. THE PREVENTION AND PUBLIC HEALTH FUND.**

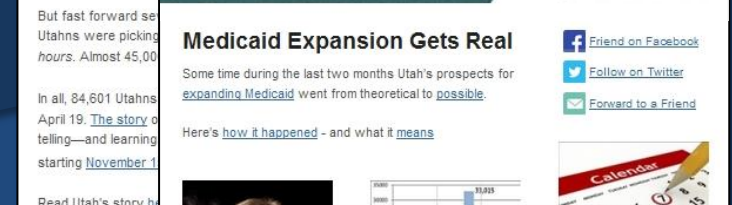
6 (a) IN GENERAL.—Subsection (b) of section 4002 of
7 the Patient Protection and Affordable Care Act (42
8 U.S.C. 300u–11), as amended by section 5009 of the 21st
9 Century Cures Act, is amended—



March 2017

Who is UHPP?

Utah Health Policy Project is a **non-profit, non-partisan** organization advancing sustainable health care solutions for underserved Utahns, through better access, education, and public policy



www.healthpolicyproject.org



@UHPP



www.facebook.com/uthpp

Key Terms

ACA or
Obamacare
Insurance

Private insurance plans
sold on *healthcare.gov*
with monthly premiums
subsidized for some people

Improving
HealthCare.gov


The Health Insurance Marketplace online application isn't available from approximately 1 a.m. to 5 a.m. EST daily while we make improvements. Additional down times may be possible as we work to make things better. The rest of the site and the Marketplace call center remain available during these hours.

Find health coverage
that works for you

Get quality coverage at a price you can afford.
Open enrollment in the Health Insurance Marketplace
continues until March 31, 2014.

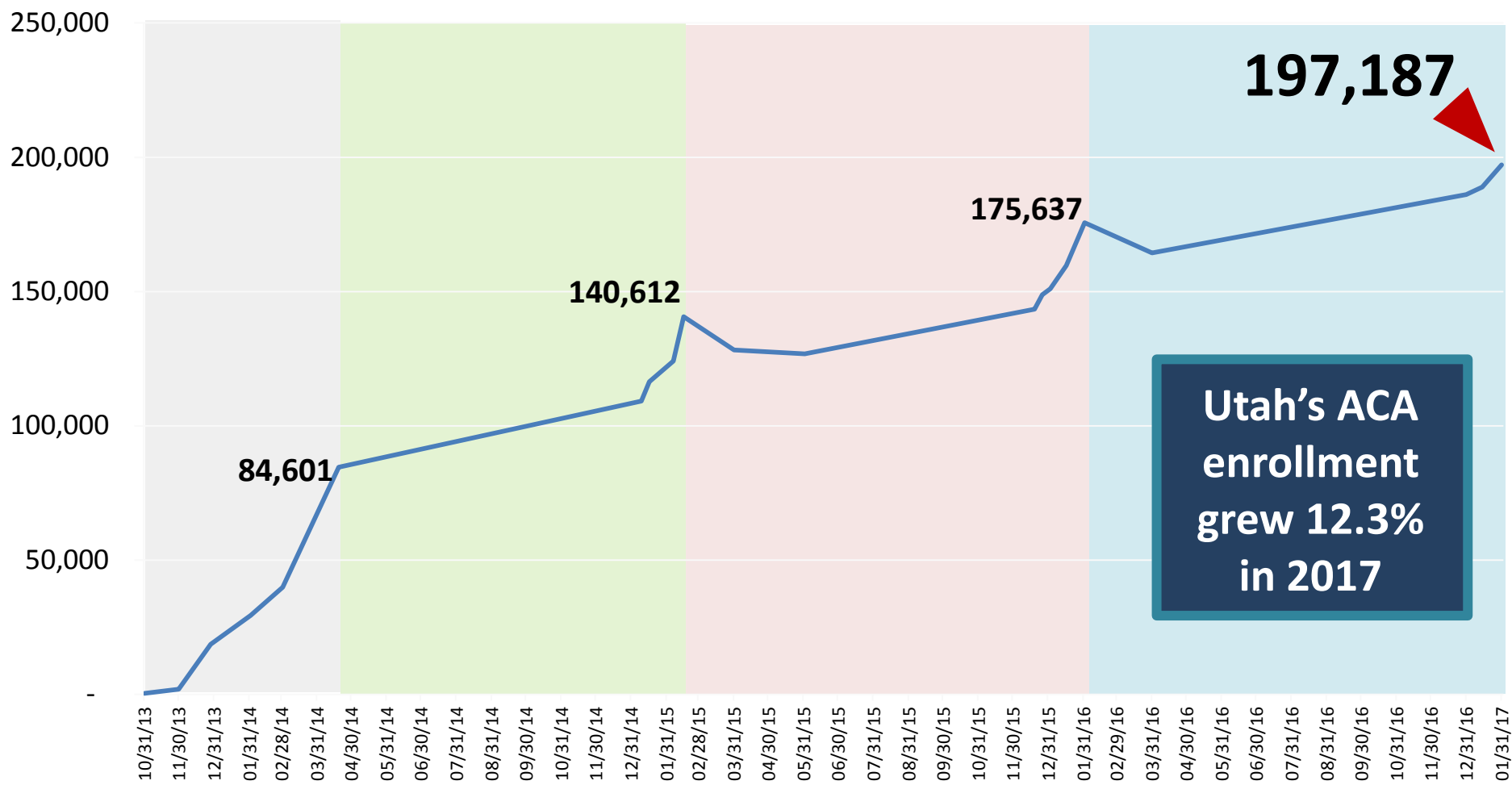
APPLY ONLINE **APPLY BY PHONE**

4 Ways to Get Marketplace Coverage



SEE PLANS AND PRICES IN YOUR AREA SEE PLANS NOW

Utah's sign-ups on healthcare.gov reached 197,187 in 2017



Utah's ACA enrollment grew 12.3% in 2017

[OE1-a] Health Insurance Marketplace: February Enrollment Report (Oct. 1, 2013-March 1, 2014), <http://aspe.hhs.gov/health/reports/2012/ACA-Research/index.cfm>; [OE1-b] Health Insurance Marketplace: November Enrollment Report (November 13, 2013), For the period: October 1, 2013 - November 2, 2013, https://aspe.hhs.gov/sites/default/files/pdf/180496/rpt_enrollment.pdf [OE1-c] Health Insurance Marketplace: January Enrollment Report (January 13, 2014), For the period: October 1, 2013 - December 28, 2013, https://aspe.hhs.gov/sites/default/files/pdf/177611/ib_2014jan_enrollment.pdf [OE1-d] Health Insurance Marketplace: February Enrollment Report (February 12, 2014), For the period: October 1, 2013 - February 1, 2014, https://aspe.hhs.gov/sites/default/files/pdf/177606/ib_2014feb_enrollment.pdf [OE1-e] Health Insurance Marketplace: March Enrollment Report (March 11, 2014), For the period: October 1, 2013 - March 1, 2014, https://aspe.hhs.gov/sites/default/files/pdf/76811/ib_2014Mar_enrollAddendum.pdf [OE1-f] Health Insurance Marketplace: Summary Enrollment Report: State Profile, (May 1, 2014), <https://aspe.hhs.gov/sites/default/files/pdf/93806/ut.pdf>

[OE2-a] Health Insurance Marketplace: December Enrollment Report, (December 30, 2014), For the period: November 15, 2014 - December 15, 2014, https://aspe.hhs.gov/sites/default/files/pdf/77201/ib_2014Dec_enrollment.pdf [OE2-b] Health Insurance Marketplace: January Enrollment Report, (January 27, 2015), For the period: November 15, 2014 - January 16, 2015, https://aspe.hhs.gov/sites/default/files/pdf/33826/ib_2015jan_enrollment.pdf [OE2-c] Health Insurance Marketplace: March Enrollment Report, (March 10, 2015), For the period: November 15, 2014 - February 22, 2015, https://aspe.hhs.gov/sites/default/files/pdf/83656/ib_2015mar_enrollment.pdf; [OE2-d] State-Level Data from the ASPE January Health Insurance Marketplace Enrollment Report For The 2016 Open Enrollment Period; March 31, 2015 Effectuated Enrollment Snapshot; 15-06-02; <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-06-02.html>

[OE3-a] Health Insurance Marketplace: January Enrollment Report, (January 7, 2016), For the period: November 1, 2015 - December 26, 2015, <https://aspe.hhs.gov/sites/default/files/pdf/167981/MarketPlaceEnrollJan2016.pdf>; [OE3-b] Health Insurance Marketplace Open Enrollment Snapshot - Week 11; January 10, 2016 - January 16, 2016 (Released: 1/20/16); Health Insurance Marketplace Open Enrollment Snapshot - Week 13 January 24, 2016-February 1, 2016; <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html>; [OE3-c] Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report (March 11, 2016), For the period: November 1, 2015 - February 1, 2016, <https://aspe.hhs.gov/sites/default/files/pdf/187866/Finalenrollment2016.pdf>; [OE3-d] March 31, 2016 Effectuated Enrollment Snapshot (Released: June 30, 2016), <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-06-30.html>

[OE4] - [2017 Final] Biweekly Enrollment Snapshot; Weeks 12 through 14; Date 2017-02-03; Weeks 12-14; 11/1/16 thru 1/31/17; Link: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-Items/2017-02-03.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>; [2017] Biweekly Enrollment Snapshot; Date 2017-01-18; Weeks 10-11; 11/1/16 - 1/14/17; Link: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-Items/2017-01-18.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>; [2016] Biweekly Enrollment Snapshot; Date 2017-01-04; Weeks 8-9; 11/1/16 - 12/31/16; Link: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-Items/2017-01-04.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>

Utah's marketplace enrollment **increased 12.3% this year**

Rank	State	2016 Open Enrollment 3 (Final)	2017 Open Enrollment 4 (Final)	Difference (#)	Difference (%)
1	Hawaii	14,564	18,938	4,374	30.0%
2	South Dakota	25,999	29,622	3,623	13.9%
3	Utah	175,637	197,187	21,550	12.3%
4	Oregon	147,109	155,430	8,321	5.7%
5	Wyoming	23,770	24,826	1,056	4.4%
6	New Jersey	288,573	295,067	6,494	2.3%
7	North Dakota	21,604	21,982	378	1.7%
8	Wisconsin	239,034	242,863	3,829	1.6%
9	Nevada	88,145	89,061	916	1.0%
10	Florida	1,742,819	1,760,025	17,206	1.0%

Sources: [2017 Final] Biweekly Enrollment Snapshot; Weeks 12 through 14; Date 2017-02-03; Weeks 12-14; 11/1/16 thru 1/31/17; Link: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-02-03.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending>; [2016 Final] Health Insurance Marketplace Open Enrollment Snapshot - Week 13; Date 2016-02-04; Week 13; 11/1/15 thru 1/31/16; <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-04.html>

Utah's Recent ACA Enrollment Growth Remains Concentrated in Utah County

ZIP CODE	City	2017	2016	# Change 2016-17	% Change 2016-17	2017 Rank
84043	Lehi	4,479	3,827	652	17.0%	1
84095/84009*	South Jordan	4,343	3,835	508	13.2%	2
84003	American Fork	3,538	3,291	247	7.5%	3
84062	Pleasant Grove	3,497	3,253	244	7.5%	4
84790	St. George	3,412	3,208	204	6.4%	5
84770	St. George	3,368	3,112	256	8.2%	6
84020	Draper	3,333	2,936	397	13.5%	7
84660	Spanish Fork	3,232	2,698	534	19.8%	8
84604	Provo	3,006	2,604	402	15.4%	9
84065	Riverton/Bluffdale	2,868	2,527	341	13.5%	10
84010	Bountiful	2,824	2,745	79	2.9%	11
84096	Herriman	2,818	2,521	297	11.8%	12
84119	West Valley City	2,788	2,901	-113	-3.9%	13
84058	Orem	2,783	2,479	304	12.3%	14
84404	Ogden	2,760	2,646	114	4.3%	15
84121	Cottonwood Heights	2,747	2,530	217	8.6%	16
84057	Orem	2,719	2,574	145	5.6%	17
84120	West Valley City	2,664	2,842	-178	-6.3%	18
84015	Clearfield	2,613	2,625	-12	-0.5%	19
84663	Springville	2,527	2,191	336	15.3%	20

(*) In 2015, the USPS split the 84095 ZIP code for South Jordan into two ZIP Codes. The new ZIP Code is 84009, which includes all of the Daybreak planned community. 84095 had 3,007 people enrolled in OE4; while 84009 had 1336 enrolled in OE4 - making a total of 4,343 for South Jordan. The OE3 data in this chart also accounts for the two ZIP Codes,. During OE3 the 841095 ZIP Code enrolled 3,669 people, while only 166 people were counted for enrollment in 84009. Source: https://about.usps.com/news/state-releases/ut/2015/ut_2015_0522.htm

Source: [2016] Addendum to the Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report; Date: 2016-03-11; For the period: November 1, 2015 – February 1, 2016; <https://aspe.hhs.gov/health-insurance-marketplaces-2016-open-enrollment-period-final-enrollment-report>; [2017] Health Insurance Marketplace Plan Selections by ZIP Code; 2017 Open Enrollment Period - Mid Open Enrollment Report; Nov. 1, 2016 — Dec. 24, 2016; https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/Plan_Selection_ZIP.html

Sliding-scale subsidies make insurance more affordable

If your income/family size is on this chart, you qualify for a subsidy

<u>Household Size</u>	<u>100%</u>	<u>139%</u>	<u>150%</u>	<u>200%</u>	<u>250%</u>	<u>300%</u>	<u>400%</u>
1	\$11,880	\$16,524	\$17,820	\$23,760	\$29,700	\$35,640	\$47,520
2	\$16,020	\$22,272	\$24,030	\$32,040	\$40,050	\$48,060	\$64,080
3	\$20,160	\$28,032	\$30,240	\$40,320	\$50,400	\$60,480	\$80,640
4	\$24,300	\$33,780	\$36,450	\$48,600	\$60,750	\$72,900	\$97,200
5	\$28,440	\$39,540	\$42,660	\$56,880	\$71,100	\$85,320	\$113,760
6	\$32,580	\$45,288	\$48,870	\$65,160	\$81,450	\$97,740	\$130,320
7	\$36,730	\$51,060	\$55,095	\$73,460	\$91,825	\$110,190	\$146,920
8	\$40,890	\$56,844	\$61,335	\$81,780	\$102,225	\$122,670	\$163,560

For 2017, a family of four can earn about **\$97,000 a year and receive a premium subsidy**

Jill

Residence: Provo, Utah

Age: 31

Child: 8

Child: 6



**How much does
Jill pay for
health
insurance?**

Annual income: \$32,000

% of poverty level: 156%

Monthly premium: \$282

Subsidy pays: \$160 per month

Jill pays: \$122 per month

ACA tax credit: \$1,920



Kids on CHIP



**Benchmark
Silver plan
(Molina)**



**SelectHealth Silver
plan costs
\$141/month with
\$300 deductible**

**Plan
Details**

Deductible: \$700

Out-of-pocket maximum: \$2,000

Primary doctor: \$10

Specialist doctor: \$25

Emergency room care: \$150

Generic drugs: \$5

The Shumway Family

Residence: Draper, UT

Ages:

Dad : 24

Mom: 23

Kid: Newborn



How much does the Shumway family pay for health insurance?

Annual income: **\$44,000**

% of poverty level: **220%**

Monthly premium: **\$612**

Subsidy pays: **\$348 per month**

The Shumway's pay: \$263 per month

ACA tax credit: \$4,176



Benchmark Silver plan

Could pay \$30/month more for plan with \$2,600 deductible



Could pay \$30/month more for plan with \$2,600 deductible

Plan Details

Deductible: \$6,000

Out-of-pocket maximum: \$11,400

Primary doctor: **\$30**

Specialist doctor: **\$65**

Emergency room care: **\$300**

Generic drugs: **\$10**

The Smiths

Residence: Santa Clara, UT

Ages: 62, 60



How much do the Smith's pay for health insurance?

Annual income: **\$42,000**

% of poverty level: **263%**

Monthly premium: **\$1,544**

Subsidy pays: **\$1,210 / month**

The Smith's pay: \$333 per month

ACA tax credit: \$14,520



Benchmark Silver plan



Subsidy increased by \$400 per month over 2016 amount

Plan Details

Deductible: \$3,000

Out-of-pocket maximum: \$14,300

Primary doctor: **\$35**

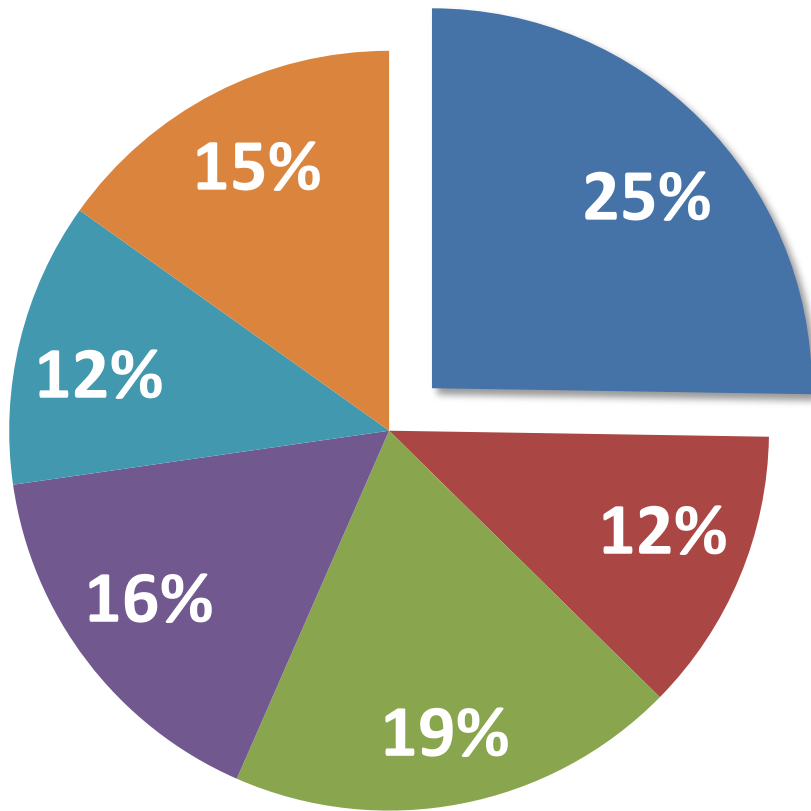
Specialist doctor: **\$60**

Emergency room care: **\$600**

Generic drugs: **\$15**

Utah has the **nation's highest percentage (25%) of children** enrolled in ACA coverage

Utah

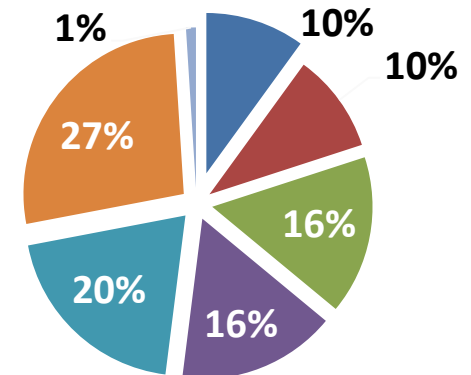


Age

- < 18
- Age 18-25
- Age 26-34
- Age 35-44
- Age 45-54
- Age 55-64
- Age 65+

56% of Utah enrollees are under age 34

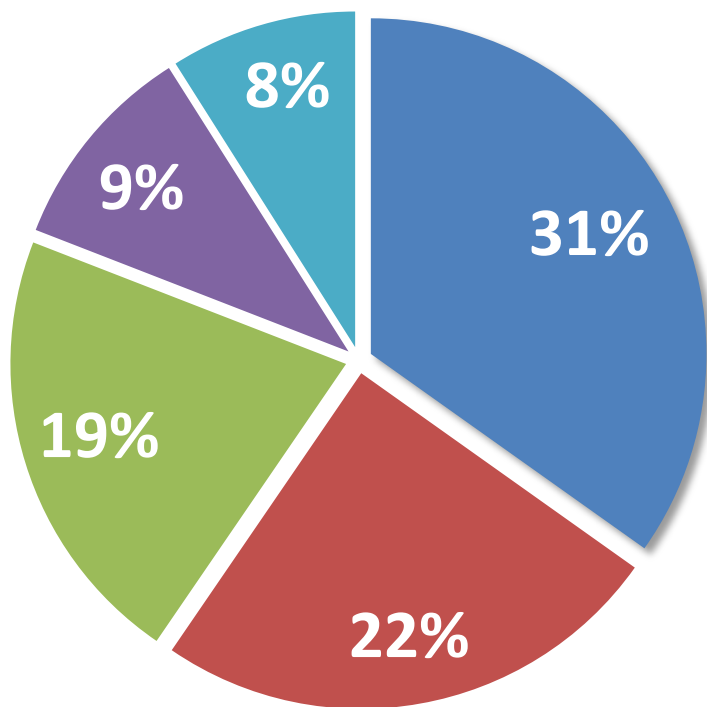
37 FFM* states



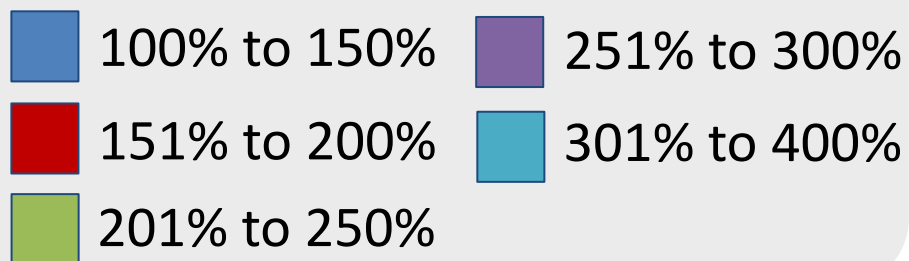
(* FFM stands for Federally-managed marketplace (healthcare.gov)

72% of Utah's ACA enrollment earns below 250% of the poverty level

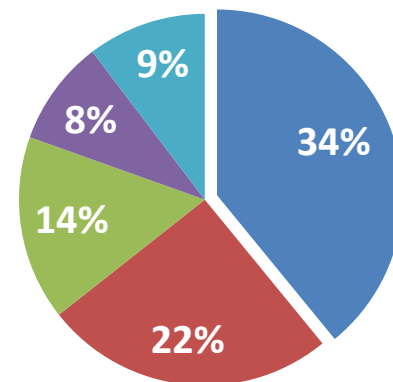
Utah



Poverty Level



37 FFM states



FACT

**Congress is going to try to
make dramatic changes to
the Affordable Care Act
(also called Obamacare)
this March and April**

“This is the Democrats. This is us. You can’t get any clearer. This is government. This is not.”



Introducing (the smaller) American Health Care Act (AHCA)

Previous GOP plans repealed more of the ACA



Speaker Paul Ryan
The Better Way Plan



Rep. Tom Price
H.R. 2300:
Empowering Patients
First Act

- ✓ Switched to age-based tax credits
- ✓ Repealed individual and employer mandates
- ✓ Eliminated Medicaid Expansion
- ✓ Eliminated ACA's essential health benefits
- ✓ Failure to maintain continuous coverage would result in 12/18-month 30% to 50% surcharge to cover pre-existing conditions
- ✓ Charged women more than men
- ✓ Changed age ratio to 5:1
- ✓ Capped pre-tax contributions of employer-based insurance
- ✓ Funded high-risk pools to help uninsurable

12 Things in the AHCA We Didn't Expect...

1. Protections for pre-existing conditions that match the ACA
2. Gender equality for insurance premiums
3. Increased dollar amount of age-based tax credits (2x gain)
4. Income ceiling for tax credits (\$75k single, \$150k family)
5. No lifetime or annual caps on insurance benefits
6. Advanceable & refundable tax credits for premium assistance
7. Continuation of ACA's essential health benefits thru 2019
8. Caps on out-of-pocket expenditures (deductibles, OPMs)
9. Preservation of tax protections for employer-based insurance
10. No mention of selling insurance across state lines
11. Extension of tax credits to off-exchange plans
12. Keeps Medicaid expansion thru 2019

10 Things in the AHCA We Did Expect...

1. The bill doesn't actually repeal or replace the ACA...
2. Repeal of employer and individual mandates
3. Repeal of cost-sharing reductions (CSRs) that limit out-of-pocket costs
4. Continuous coverage requirement to avoid 30% surcharge on insurance premiums for 12 months (63-day uninsured limit)
5. Switching from income/family size subsidies to age-based tax credits
6. Allowing states to expand age-ratio from 3:1 to 5:1
7. Repeal of ACA taxes on insurers, high-income earners, tanning salons, medical device makers, insurers (\$10T over ten years)
8. Creation of Patient and State Stability Funds to support high-risk pools (\$100B over eight years)
9. Cuts Medicaid by changing to a per-capita funding model for states
10. Increase allowable contributions to Health Savings Accounts (HSAs)—and allow HSA funds to purchase OTC medications

How can ACA insurance premiums vary?

CHANGE

- 1) Age (return to ratio of 5:1)
- 2) Tobacco use (ratio of 1.5:1)
- 3) Geography (by counties)
- ~~4) Health history (pre-existing)~~
- ~~5) Gender (women pay more)~~

Area 1: Cache and Rich

Area 2: Box Elder, Morgan, and Weber

Area 3: Davis, Salt Lake, Summit, Tooele, and Wasatch

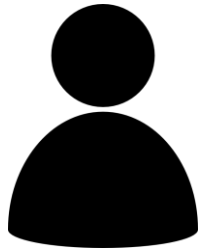
Area 4: Utah

Area 5: Iron and Washington

Area 6: Beaver, Carbon, Daggett, Duchesne, Emery, Garfield, Grand, Juab, Kane, Millard, Piute, San Juan, Sanpete, Sevier, Uintah, and Wayne

The ACHA repeals the individual mandate starting in 2018

Which-ever is higher...



\$695 per adult



\$347.50 per child



up to \$2,000 per household*

%

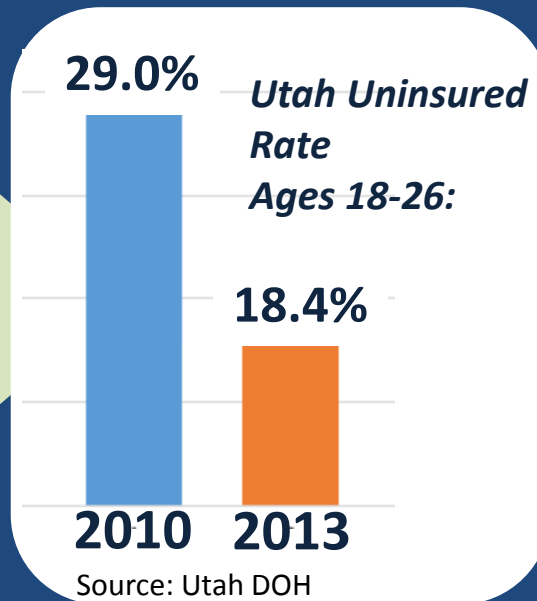
...or 2.5% of adjusted gross income**

() Gross income minus the filing threshold**

(*) Flat fee is adjusted for inflation after 2016

The ACHA kept these popular consumer protections created by the ACA

Adults under age 26 can stay on their parents insurance plan



No lifetime caps on insurance payments

Insurance offers free preventative care like blood pressure checks, flu shots, and health screenings

No one can be denied or priced out of coverage for a pre-existing condition

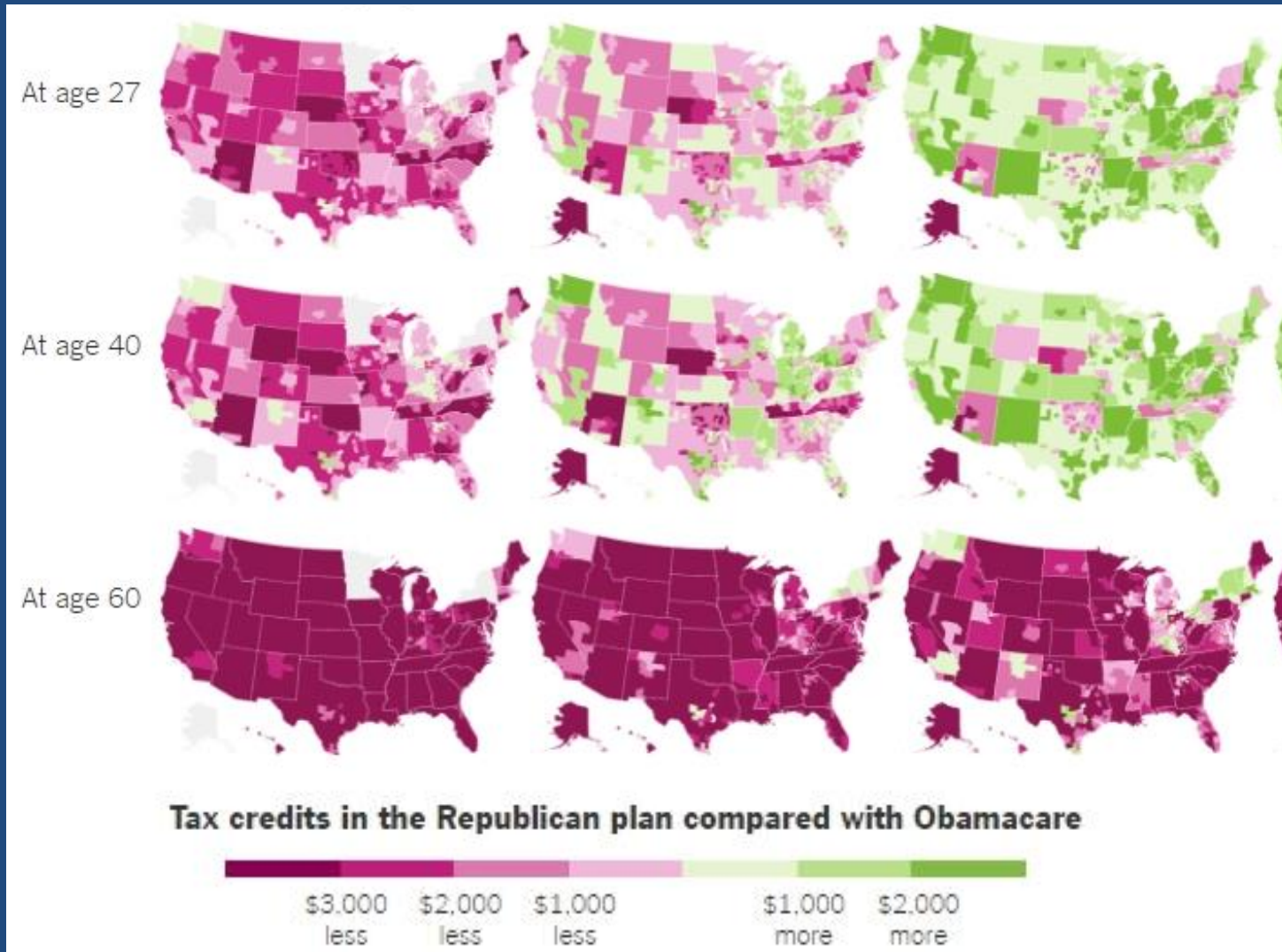
Men and women pay the same for coverage

All plans will have **10** essential benefits*

1. Ambulatory (ie. out-patient) services
2. **Emergency services**
3. Hospitalization
4. **Maternity and newborn care**
5. Mental health and substance use disorder services, including behavioral health treatment
6. **Prescription drugs**
7. Rehabilitative and habilitative services and devices
8. **Laboratory services**
9. Preventive and wellness services and chronic disease management
10. **Pediatric services, including dental and vision care**

(*) Maintained until states can remove them starting in 2020 and EHBs are repealed for Medicaid Expansion consumers sooner

The ACHA's age-based tax credits will make insurance unaffordable for rural, low-income and older Americans



ACHA age-based annual tax credits

\$2,000	age 0-30
\$2,500	30-39
\$3,000	40-49
\$3,500	50-59
\$4,000	60+

- Tax credits begin to phase-out at **\$75,000 for single filers**, and **\$150,000 for joint filers**, according to Modified Adjusted Gross Income (MAGI)
- Credit amount adjusted annual by CPI + 1% starting in 2021
- Phase-out is equal to 10% of excess of MAGI above limit, e.g. tax credit for 29 year old (\$2000) would zero out at \$95,000

Who Qualifies for the new Tax Credits?

- Those covered by state-approved individual health insurance (on or off-exchange) that does not cover non-excepted abortions
- Citizens or nationals of the United States or qualified aliens
- Those not incarcerated other than pending disposition of charges
- Note: Unclear if AHCA tax credits can be applied to health care sharing ministries, and those covered by short-term coverage or unsubsidized COBRA coverage

Who is Excluded from Coverage?

- Those covered by employer-based insurance
- Those covered by government-sponsored coverage (Medicaid, CHIP, Medicare, or Tricare)
- Those covered by grandfathered or grandmothers plans
- Undocumented immigrants

Comparing Monthly Tax Credits for Utah Families

The Pulsiphers

Ages: 37,35,12,10,8,6 (Kids on Medicaid)
Sevier County
Annual income: \$36,000
% of poverty level: 109%

ACA
\$652

AHCA
\$375



The Hernandez's

Ages: 32, 29,10,12 (Kids on Medicaid)
Salt Lake County
Annual income: \$26,000
% of poverty level: 109%

\$502

\$375



Jill Ages: 31,8,6 (Kids on Medicaid)
Utah County
Annual income: \$32,000
% of poverty level: 156%

\$160

\$208



The Shumways Ages: 24,23,1
Salt Lake County
Annual income: \$44,000
% of poverty level: 220%

\$348

\$500



The Smiths Ages: 62,60
Washington County
Annual income: \$42,000
% of poverty level: 263%

\$1,210

\$667





The Millers

Family of 4

Ages: 32, 32, 8, and 5

Income: \$30,000

Children on Medicaid

Repealing the ACA **will increase by 5x the health insurance exposure** for the Miller family...

**121%
FPL**

	Real Premium (annual)	Deductible (annual)	Premium + Deductible	P+D as % of income	Out-of-Pocket Max	Total (P+OPM)
ACA (Benchmark Silver Plan)	\$656*	\$500**	\$1,156	3.8%	\$2,500	\$3,156
AHCA (Latest plan)	\$1,000***	\$6,000	\$7,000	23%	\$10,000	\$11,000
Difference	+52%	+1100%	+506%	+506%	+300%	+249%

(*) ACA: \$54.67 monthly premium after \$494.67 monthly subsidy; [Unsubsidized monthly premium for two adults: \$549.38]

(**) ACA: Cost-sharing reductions (CSRs) decrease annual deductible from \$7,000 to \$500. CSRs not included in AHCA.

(***) ACHA: \$500 monthly premium (\$6,000 annual) offset by \$5,000 age-based tax credit (\$2,500 per parent); \$83 monthly premium



The Shumways

Family of 4

Ages: 32, 32, 12, and 10

Income: \$40,000

Children on CHIP

Repealing the ACA **will double the health insurance exposure** for the middle-class Shumway family....

**162%
FPL**

	Real Premium (annual)	Deductible (annual)	Premium + Deductible	P+D as % of income	Out-of-Pocket Max	Total (P+OPM)
ACA (Benchmark Silver Plan)	\$1,951*	\$1,400**	\$3,351	8.4%	\$4,000	\$5,951
AHCA (Latest plan)	\$1,000***	\$6,000	\$7,000	17.5%	\$10,000	\$11,000
Difference	-48%	+329%	+109%	+109%	+150%	+85%

(*) ACA: \$162.56 monthly premium after \$386.82 monthly subsidy; [Unsubsidized monthly premium for two adults: \$549.38]

(**) ACA: Cost-sharing reductions (CSRs) decreased deductible from \$7,000 to \$1,400 annual. CSRs not included in AHCA.

(***) ACHA: \$500 monthly premium (\$6,000 annual) offset by \$5,000 age-based tax credit (\$2,500 per parent); \$83 monthly premium



The Simonsens

Family of 4

Ages: 32, 32, 12, and 10

Income: \$120,000

Repealing the ACA **will decrease real premium costs by 9x** for the Simonsen family

**487%
FPL**

	Real premium (annual)	Deductible (annual)	Premium + Deductible	P+D as % of income	Out-of-Pocket Max	Total (P+OPM)
ACA (Benchmark Silver Plan)	\$10,354*	\$7,000	\$17,354	14.5%	\$14,300	\$24,654
AHCA (Latest plan)	\$600**	\$6,000	\$6,600	5.5%	\$10,000	\$10,600
Difference	-94%	-14%	-62%	-62%	-30%	-57%

(*) ACA: \$862.80 monthly premium. No subsidy

(**) ACHA: \$800 monthly premium (\$9,600 annual) offset by \$9,000 age-based tax credits (\$2,500 per parent; \$2,000 per child); \$50 month premium after tax credit

The next Open Enrollment period would be cut in half under proposed HHS regulations

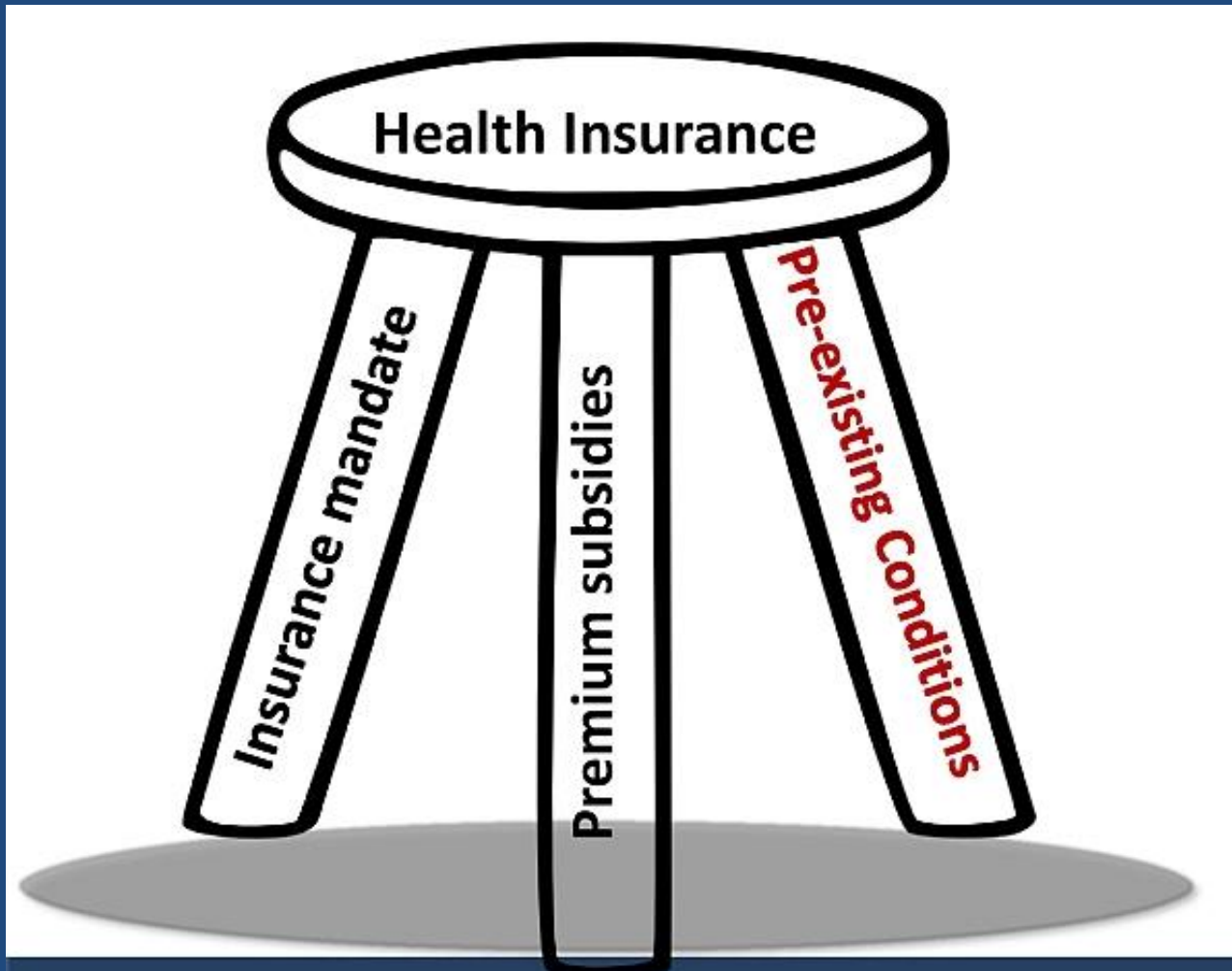


2018 (proposed)



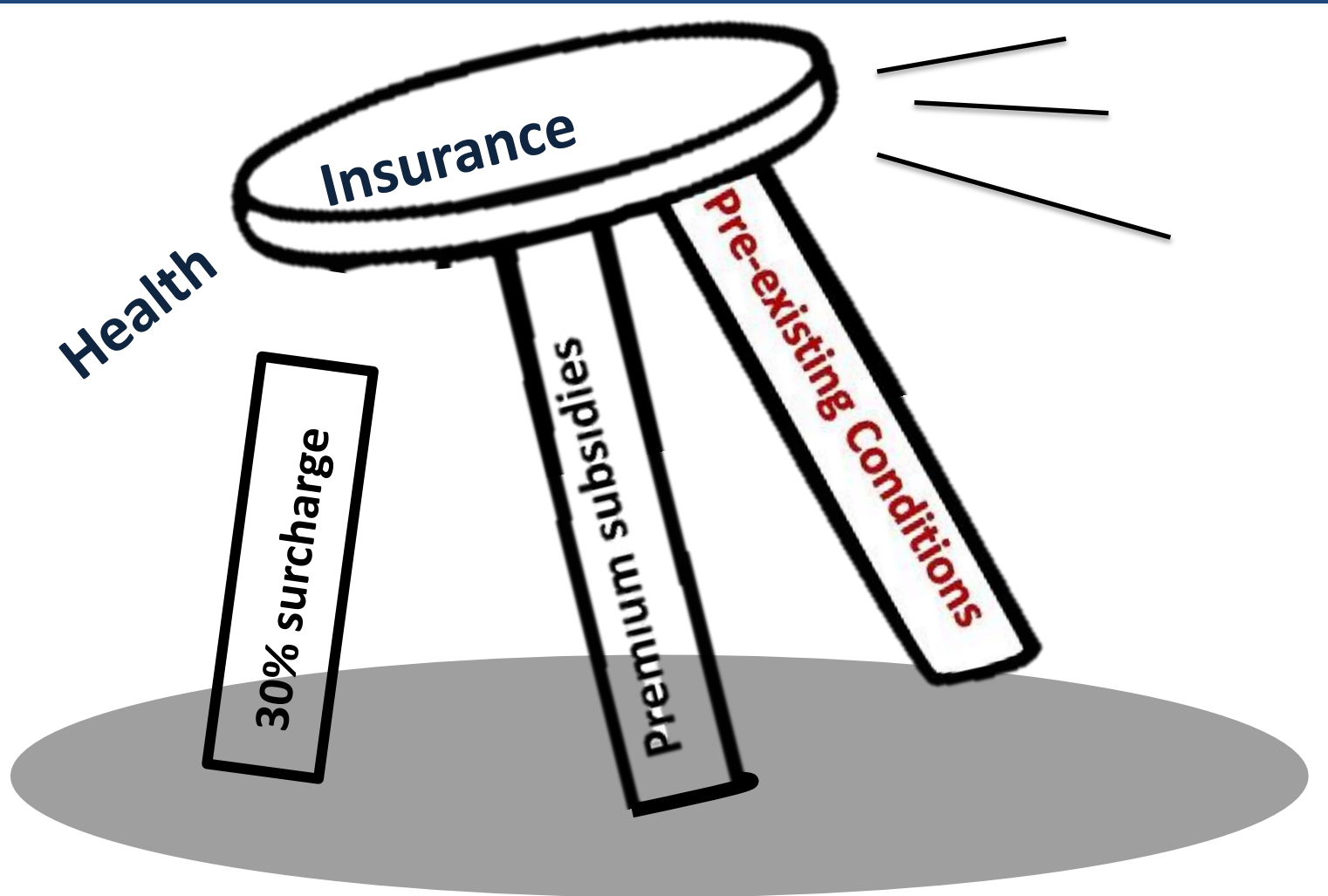
▶▶ **Next Open Enrollment: Nov. 1, 2017 -- Dec. 15, 2017**

Preventing discrimination against pre-existing conditions **requires an insurance mandate and premium subsidies**



After Repeal

Most insurers believe the 30% premium surcharge
won't be enough to stabilize risk pools



Summary: Impact of repealing the ACA on Utahns



Replaces income-flexible subsidies with age-limited tax credits that will reduce financial assistance for tens of thousands of Utah families



Cuts tax credits for families with children covered by Medicaid or CHIP



Dramatically increases insurance premiums for older Utahns [40+]



Allows a 12-month, 30% surcharge on insurance premiums for anyone who has a 63-day gap in coverage—essentially a “sick penalty” because only the desperately sick will pay the extra cost



Sets up Medicaid for deep benefit cuts by creating huge budget hole



Raises co-pays and deductibles for 72% of Utahns enrolled in marketplace insurance by eliminating cost-sharing assistance



Fines families for buying health insurance rather than penalizing them for remaining deliberately uninsured

Proposed Timeline for Passing the AHCA

HOUSE

Early January | Congress passed a budget resolution with instructions to develop the language for package.

March 6 | Ways & Means and Energy & Commerce committees released drafts of American Health Care Act (AHCA)

March 8 | The House Ways & Means and Energy & Commerce committees begin bill mark-up process

March 8-10 | Each committee will then vote on their bill and we expect each committee to pass their version.

March 13 | House Republicans send the approved language to the Budget Committee to combine into one bill.

March 13-16 | Budget Committee must confirm bill satisfies reconciliation instructions to reduce costs by \$2 billion dollars over the next 10 years. Budget Committee needs “score” from the Congressional Budget Office (“CBO”). CBO score is expected by March 15. CBO score will include the cost estimate, who receives tax cuts, how many people will lose coverage and the impact on federal Medicaid spending.

March 15-16 | If bill satisfies reconciliation requirements, Budget Committee approves bill and sends to the Rules Committee for a vote.

March 20-24 | Republicans send approved language from Rules committee to the floor of the House for debate, amendments, and a floor vote **Note:** We do not believe that the Republican leadership has the votes for passage and may not have the votes locked down even when the bill hits the House floor. They will be working the House members to vote in favor of the reconciliation legislation from now through the roll call vote on the floor.

SENATE

March 27 | If the House passes the bill, it will go to the Senate, bypass the committees and head straight to the floor.

March 27-28 | Senate Parliamentarian will certify which portions are sufficiently related to the federal budget. Any items that do not meet this test will be eliminated from the legislation (i.e. the so-called “Byrd Bath”)

March 27-30 | Senate rules require 20 hours of debate before a vote. Only 51 votes are required to pass budget reconciliation in the Senate. If the Senate does not pass the same bill as the House, the Senate will send the bill back to the House for one last vote.

April 3-7 | Likely week of Senate vote and conference committee to reconcile differences between bills. Sent to President Trump for signature.

April 10-21 | Scheduled April recess for Congress

Ways to Repair the ACA

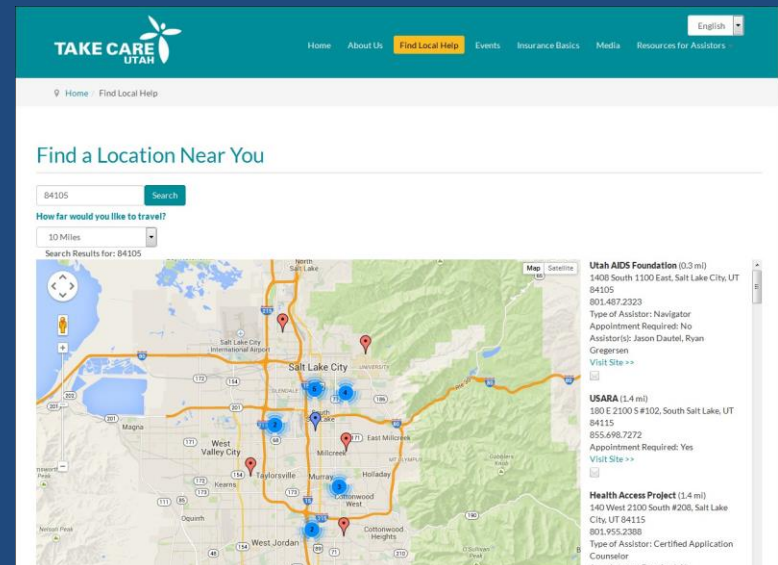
- Fix the “family glitch” so that family members priced out of employer-based coverage can get subsidies to purchase marketplace insurance
- Add tax credits for consumers on individual market earning above 400% of poverty level
- Increase contribution amounts to health savings accounts (HSAs)
- Create “Copper Plan” with high deductibles, low premiums, and open to all consumers regardless of age, income
- Allow more small business “association health plans” sponsored by business and professional organizations
- Allow Medicare to negotiate for prescription drugs
- Allow insurers to sell policies across state lines (mostly harmless)

Where can Utahns find help applying for health insurance?

www.takecareutah.org | call 2-1-1



The screenshot shows the homepage of the Take Care Utah website. At the top, there is a teal header with the logo and navigation links: Home, About Us, Find Local Help, Events, Insurance Basics, Media, and Resources for Assistors. A language dropdown menu is set to English. Below the header is a large orange banner with the text "Get Free Help Applying for Health Insurance". Underneath the banner are three main sections: "Upcoming Events" with a calendar icon, "Find Local Help" with a location pin icon, and "Insurance Basics" with a checkmark icon. The "Find Local Help" section includes a form to enter a zip code and a dropdown menu to select a travel distance (currently set to 10 Miles).



The screenshot shows the "Find a Location Near You" search results page. The search bar contains the zip code "84105" and the search button is highlighted. Below the search bar, there is a dropdown menu for "How far would you like to travel?" set to "10 Miles". The main content is a map of Salt Lake City with several location pins. To the right of the map, there is a list of search results for "84105". The results include:

- Utah AIDS Foundation (0.3 mi)**: 1406 South 1100 East, Salt Lake City, UT 84105. Type of Assistor: Navigator. Appointment Required: No. Assistor(s): Jason Dautel, Ryan Gregersen. Visit Site >>>
- USARA (1.4 mi)**: 180 E 2300 S #102, South Salt Lake, UT 84115. 855.698.7272. Appointment Required: Yes. Visit Site >>>
- Health Access Project (1.4 mi)**: 140 West 2100 South #208, Salt Lake City, UT 84115. 801.955.2308. Type of Assistor: Certified Application Counselor. Appointment Required: No.

TCU's trained counselors are ready to help you **understand your new options** to find affordable health care coverage **today**

How to reach UHPP policy staff



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