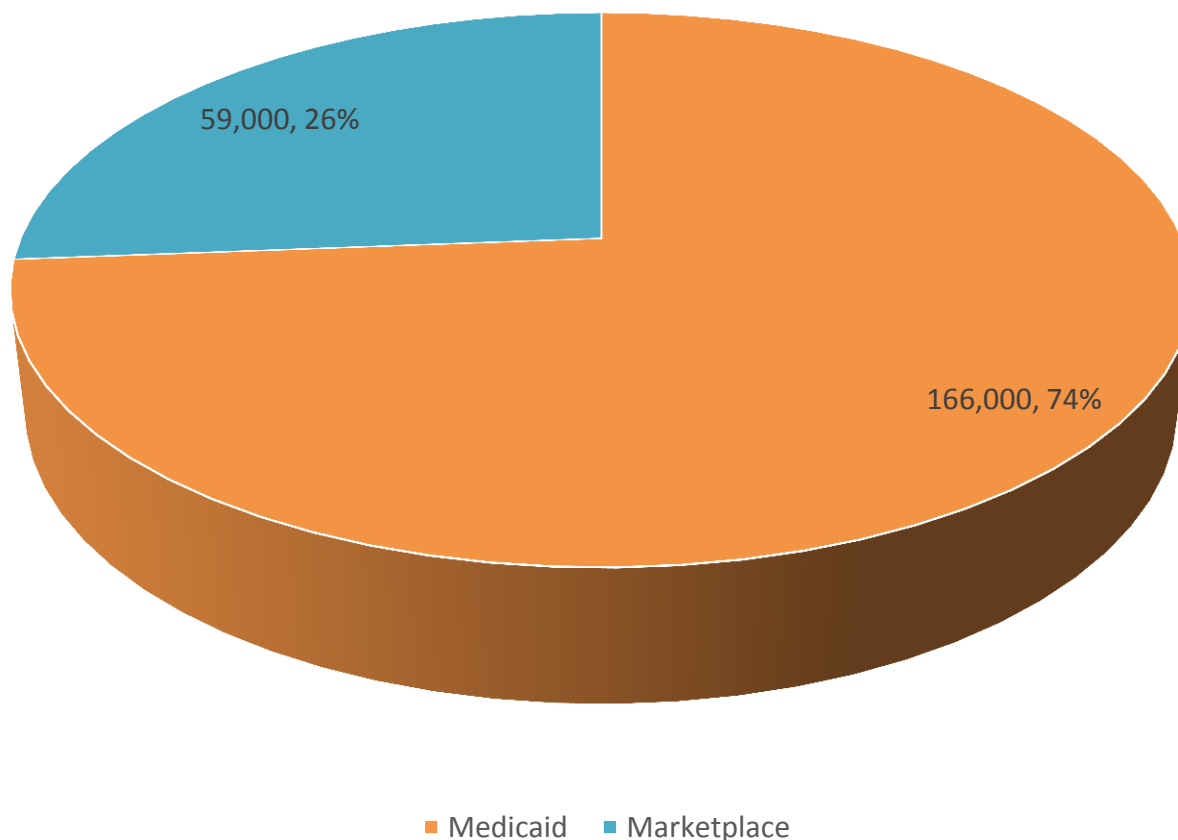
A light blue map of Philadelphia is centered on a teal background. The map shows the city's irregular shape, including its coastline and major landmasses. The text "Potential ACA Repeal: Philadelphia Impacts" is overlaid on the map in a large, bold, black font.

Potential ACA Repeal: Philadelphia Impacts

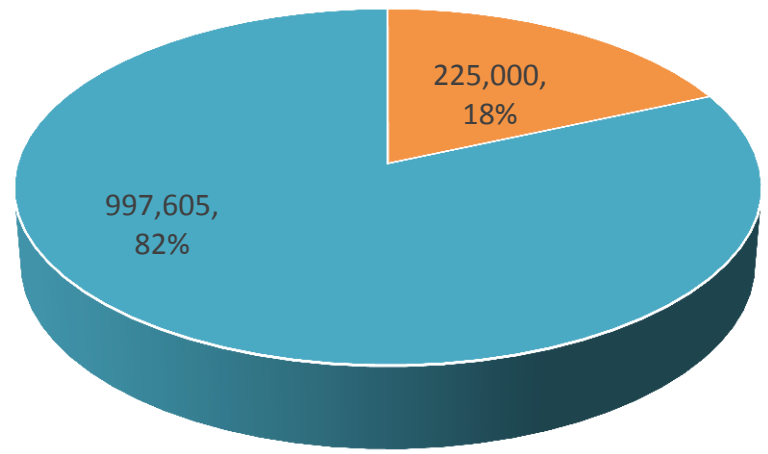
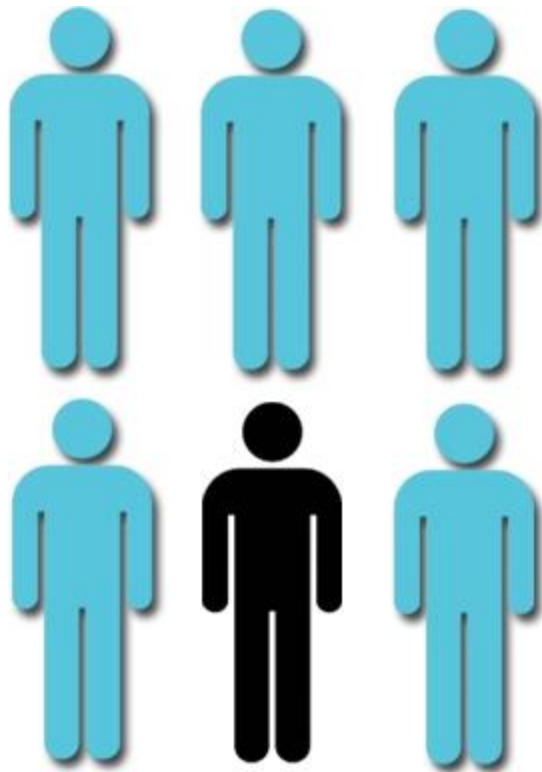


The ACA covers 225,000 Philadelphians, mostly through Medicaid





That's one in every six adults in Philadelphia who get their coverage through the ACA

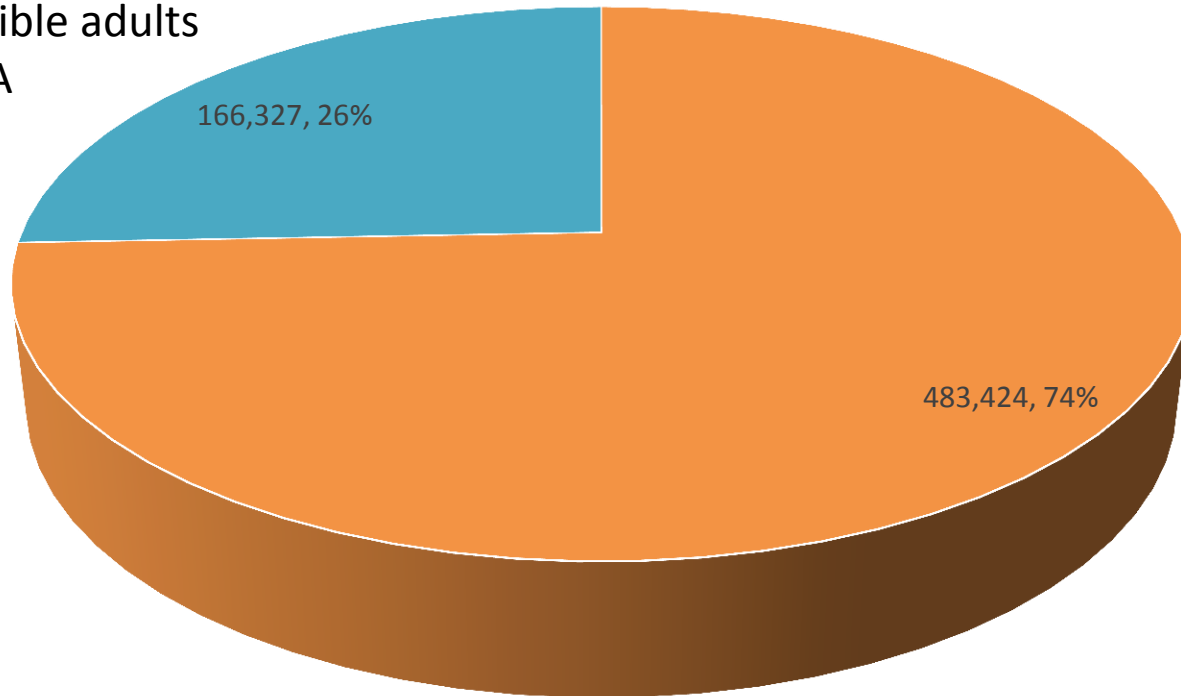


■ Coverage Through ACA ■ Other Coverage/Uninsured



Medicaid covers about 650,000 Philadelphians—children and adults

About **one in four** Medicaid beneficiaries in Philadelphia are newly eligible adults under the ACA



■ Prior Eligible ■ Newly Eligible



Philadelphia has as much at stake as many states

Total Medicaid Enrollees

STATE	Enrollees
New Mexico	772,084
Connecticut	750,009
Mississippi	677,630
Philadelphia	650,000
Iowa	624,062
Nevada	620,757
West Virginia	569,492
Kansas	416,379
Hawaii	345,085
Utah	304,178
Idaho	298,332
Rhode Island	290,809
Maine	269,051

19 states have state
Medicaid programs
that are smaller
than Philadelphia
county's Medicaid
enrollment



Benefits of Medicaid expansion to those covered:

Medicaid expansion under the ACA associated with:

- significantly increased **access to primary care** (12.1 percentage points),
- **fewer skipped medications** due to cost (−11.6 percentage points),
- **reduced out-of-pocket** spending (−29.5%),
- **reduced emergency department** visits (−6.0 percentage points), and
- **increased outpatient visits** (0.69 visits per year).*

Earlier Medicaid expansions associated with a **significant reduction in adjusted all-cause mortality** (by 19.6 deaths per 100,000 adults, for a relative reduction of 6.1%).

- Mortality reductions were greatest among older adults, nonwhites, and residents of poorer counties.**

*Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance JAMA October 2016

**Mortality and Access to Care among Adults after State Medicaid Expansions NEJM September 2012

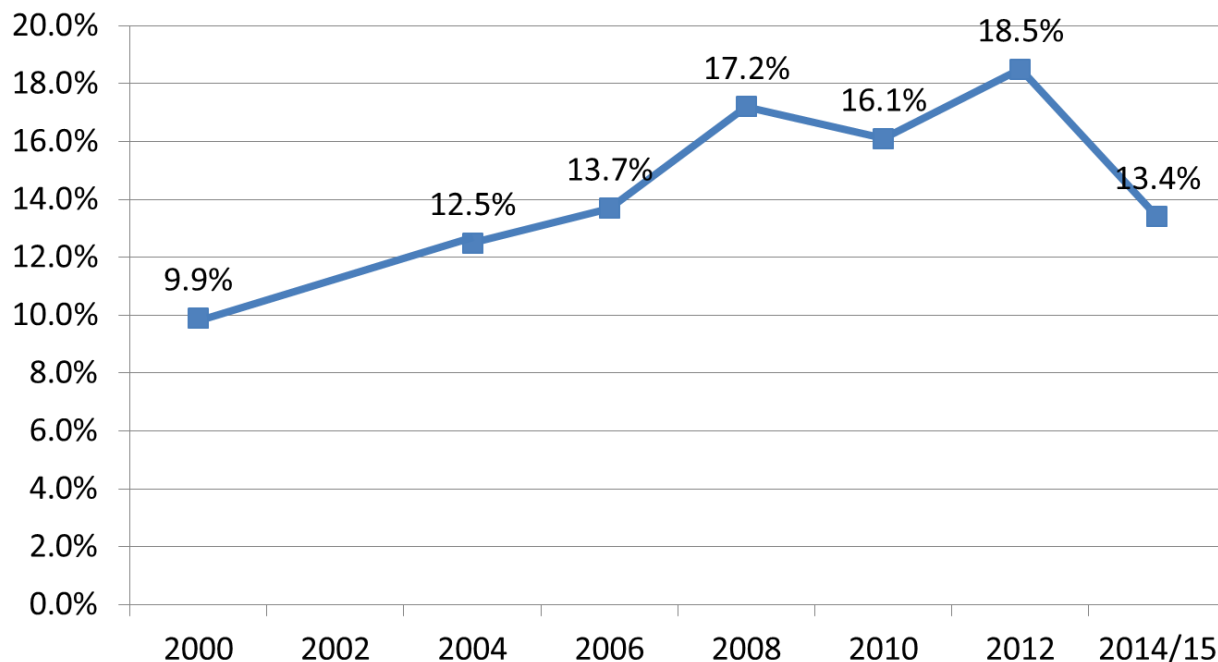


Benefits to Individuals with Private Insurance and Medicare

- No out of pocket costs for all preventive care (**6.1M** people statewide)
- No annual or lifetime limits on coverage (**4.6M** people statewide)
- No bans on pre-existing conditions (**5.5M** people statewide)
- Children can remain covered by their parents policies until 26 (**89,000** people statewide)



In Philadelphia fewer people are avoiding care due to cost



Source: Public Health Management Corporation (PHMC) Household Health Survey, 2000-2014/15



City Budget Impacts

- ACA has brought **\$150M** in capitation payments to CBH for new eligibles (FY2016)
- The City Health Centers have gone from
 - Pre ACA 40% insured/60% uninsured to
 - Post ACA 60% insured/**40% uninsured**



American Health Care Act (AHCA) Makes Major Changes to the Medicaid Program:

Changes to Medicaid Expansion

- Repeals enhanced federal support for expansion on December 31, 2019.
 - Already enrolled retain eligibility, but due to churn, est. most will lose coverage within 2 yrs
- Repeals requirement to cover Essential Health Benefits (which includes mental health and substance use treatment)



The AHCA Makes Major Changes to the Medicaid Program: *Changes to the Entire Medicaid Program*

- Eliminates federal commitment to match state expenditures for the actual cost of care
- States would receive capped amount for each enrollee (a “per capita cap”), indexed for inflation
- Would force states to spend less than projected
 - Cuts in eligibility and services
- Other changes to eligibility that limit coverage



Comparison of ACA and AHCA Individual Market Provisions (1 of 2)

Issue	ACA	AHCA
Individual Mandate and Employer Mandate	Requires individuals to insurance or face tax penalties. Large companies must provide insurance to employees.	Eliminates; but penalty (increase in premium of 30%) if an individual does not keep continuous coverage
Tax Credits	Tax credits to individuals 100-400% FPL on sliding scale to help offset the cost of premiums	Subsidies by age, instead of income; flat amount per age for everyone under \$75,000 (\$150,000 family), sliding scale above that
Cost Sharing Subsidies	Provides tax credits to help some people pay deductibles and co-payments	Eliminates
Age Rating by Insurers	Plans may only charge three times more to oldest	Plans may charge five times more to oldest



Comparison of ACA and AHCA Individual Market Provisions (2 of 2)

Issue	ACA	AHCA
Dependent coverage until 26	Children can stay on their parents' policies until age 26	Retains
Pre-existing conditions policy	Requires insurers to cover people regardless of pre-existing medical conditions and bars charging more based on health history	Retains
Essential health benefits	Requires that all plans include a minimum set of benefits	Retains
Prohibition on annual and lifetime limits	Prohibits insurers from limiting how much they will pay for an individual's care on an annual or lifetime basis	Retains

Coverage comprehensive, but with much less financial subsidy for the lowest income people.



AHCA Other Impacts

- Eliminates the Prevention and Public Health Fund
 - Cut funding for immunizations, epidemic response, health promotion (\$7.7m for Philadelphia)
- Defunds Planned Parenthood



Potential Effects of AHCA in Philadelphia

ACA Repeal

- Tens of thousands just above poverty level likely unable to afford coverage
- Less preventive and primary care
- More visits to emergency departments
- Financial strain on providers serving uninsured

Medicaid Changes

- 160,000 newly eligible may lose coverage beginning in 2020
- 480,000 previously eligible, including 270,000 children, may see dramatic reduction in services offered

Health Groups Denounce G.O.P. Bill as Its Backers Scramble

By ABBY GOODNOUGH, ROBERT PEAR and THOMAS KAPLAN MARCH 8, 2017



Why Republicans Are Battling Republicans on Obamacare Repeal

By JEREMY W. PETERS MARCH 9, 2017



President Trump, flanked by Representatives Steve Scalise, left, of Louisiana and Kevin Brady of Texas, discussed the repeal and replacement of the Affordable Care Act in a meeting with House Republican leaders at the White House on Tuesday.

The Trump White Hou

Stories about President Trump's ad

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[Russia Has Deployed Missile U.S. General Tells Congress](#)

[Health Groups Denounce G.O Backers Scramble](#)

[Activists Urge Democrats to S to Gorsuch Nomination](#)

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Process: What will happen next and when?

- Markup of “American Healthcare Act” begins this week
- Congressional Budget Office “score” on cost and coverage in the next week (?)
- Bill goes to Rules Committee -> House floor week of 3/20
- The Senate may skip committee and bring to floor week of 3/27
 - Requires only a simple majority vote