

ACA bill to improve protections
DOJ supports invalidation of ACA
The cost of invalidation

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Affordable Care Act Updates

Legislation was introduced in the U.S. House of Representatives to amend the Affordable Care Act (ACA) to improve access to coverage and make health care more affordable. *The Protecting Pre-Existing Conditions and Making Health Care More Affordable Act of 2019* aims to help individuals and families afford health care and improve protections for people with pre-existing conditions, including mental health conditions. The bill would:

- Provide more financial help to families who buy their own insurance and lower premiums for 13 million Americans;
- Protect people with preexisting conditions by repealing policies like the expansion of Short-Term, Limited Duration (STLD) plans; and
- Increase support to help millions of Americans understand insurance options and sign up for coverage.

NAMI joined 25 other patient advocacy groups in support of this bill. Read our joint statement [here](#). You can learn more about this bill in [this analysis](#) from the Center for Budget and Policy Priorities.

This bill comes after the Department of Justice (DoJ) announced on Monday that they support a recent court ruling that would invalidate the entire Affordable Care Act (ACA). In December, a U.S. District Court Judge ruled in *Texas v. United States* that the entire ACA is unconstitutional.

Fortunately, because the ruling is being appealed, no one has lost their coverage or had any protections stripped away due to the ruling.

The case is now with the 5th Circuit Court of Appeals and could go to the Supreme Court. If the decision is upheld, it would touch nearly every corner of the health care system and affect virtually every American.

The Urban Institute has issued a [report](#) - *State by State Estimates of the Coverage and Funding Consequences of Full Repeal of the Affordable Care Act*. In 2019, the following changes would take place:

- √ The number of uninsured people in the US would increase by 19.9 million, or 65 percent.
 - √ Federal spending on health care would fall by \$134.7 billion, a decrease of 35 percent compared with ACA-level spending on Marketplace subsidies and Medicaid/Children's Health Insurance Program (CHIP) acute care for the non-elderly.
 - √ State spending on Medicaid/CHIP would fall by \$9.6 billion, a decrease of 6 percent compared with ACA-level spending on acute care for the non-elderly.
 - √ Demand for uncompensated care would increase by \$50.2 billion, an increase of 82 percent compared with ACA levels.
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TABLE 2

The Uninsured Nonelderly in 2019 under Current Law and Full ACA Repeal
with Renewed Pre-ACA Medicaid Coverage Expansion Waivers by State

State	CURRENT LAW		FULL REPEAL WITH RENEWED PRE-ACA EXPANSIONS		Difference from Current law	
	1,000s of people	%	1,000s of people	%	1,000s of people	%
Alabama	504	12.3	647	15.8	143	28.4
Alaska	75	10.5	143	20.1	68	91.4
Arizona	768	12.8	1,064	17.7	297	38.6
Arkansas	206	8.1	505	19.9	299	145.1
California	3,421	10.0	7,210	21.0	3,789	110.7
Colorado	396	8.4	796	17.0	400	101.2
Connecticut	171	5.8	394	13.2	223	130.0
Delaware	66	8.4	94	12.0	28	41.8
District of Columbia	35	6.1	69	12.1	34	97.2
Florida	2,327	14.4	3,887	24.1	1,560	67.0
Georgia	1,594	16.9	2,055	21.8	461	28.9
Hawaii	132	10.4	143	11.2	11	8.1
Idaho	202	13.8	281	19.3	79	39.4
Illinois	1,297	11.6	1,902	17.0	605	46.6
Indiana	600	10.6	1,097	19.3	497	82.7
Iowa	149	5.7	336	12.9	187	125.7
Kansas	342	13.7	404	16.1	62	18.0
Kentucky	252	6.8	630	17.1	379	150.5
Louisiana	335	8.7	830	21.5	494	147.4
Maine	51	4.9	134	13.0	83	164.8
Maryland	374	7.1	719	13.6	345	92.2
Massachusetts	137	2.5	239	4.3	102	74.0
Michigan	627	7.7	1,347	16.6	720	114.8
Minnesota	331	7.0	596	12.6	265	80.0
Mississippi	404	16.2	504	20.2	100	24.9
Missouri	639	12.5	808	15.8	169	26.4
Montana	63	7.5	175	20.9	112	176.8
Nebraska	182	11.4	234	14.7	52	28.7
Nevada	376	13.8	658	24.1	282	75.1
New Hampshire	66	6.0	155	14.3	89	136.0
New Jersey	732	9.7	1,327	17.6	595	81.3
New Mexico	207	11.3	434	23.7	226	109.0
New York	1,488	8.9	2,095	12.6	607	40.8
North Carolina	1,168	13.3	1,672	19.1	503	43.1
North Dakota	56	9.6	81	14.0	25	45.6
Ohio	704	7.4	1,445	15.2	741	105.3
Oklahoma	617	18.2	763	22.5	146	23.7
Oregon	304	9.1	676	20.3	372	122.2
Pennsylvania	644	6.2	1,502	14.4	858	133.2
Rhode Island	57	6.6	124	14.3	67	116.3
South Carolina	536	13.3	778	19.3	242	45.0
South Dakota	101	14.0	114	15.7	12	11.9
Tennessee	738	13.2	905	16.3	168	22.7
Texas	4,678	19.2	6,411	26.3	1,733	37.0
Utah	383	13.6	484	17.2	102	26.5
Vermont	32	6.5	45	9.1	13	39.9
Virginia	670	8.9	1,312	17.4	642	95.7
Washington	538	8.8	1,102	18.1	565	105.0
West Virginia	92	6.4	254	17.6	162	175.6
Wisconsin	436	9.0	589	12.2	153	35.2
Wyoming	74	14.8	85	17.1	12	16.0
Total	30,377	11.1	50,253	18.3	19,877	65.4

Source: Urban Institute analysis, Health Insurance Policy Simulation Model 2019.

Note: Reform simulated in 2019.

The loss of coverage would lead to considerable increases in uncompensated care for hospitals. Urban Institute estimated the amount at \$50.2 billion, which would be an 82% increase compared to ACA levels. See the report [here](#).



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