SPECIAL ISSUE

Affordable Care Act (ACA)
Affordable Care Act (ACA) 2010

In 2014, the State redirected $8M from PHD 1991 Health Realignment to other State needs. PHD responded by:

• Enrolling uninsured patients into Medi-Cal: reducing “self-pay” patients seen from 28% to 11%.
• Increasing CenCal Membership (Medi-Cal patients that choose our Health Centers as their Medical Home) by 80%: 13,500 to 24,000.
• Redefining the Medically Indigent Adult (MIA) program to cover only those not covered by Exchange plans or Medi-Cal (because of Individual Mandate).
• Focusing on the “safety net”, not those on private Exchange Marketplace Plans.
American Health Care Act (AHCA) 2017

- Medi-Cal expansion in place until 2020, would revert to 50/50 Fed/State split for new enrollees and for those who lapse in coverage, and;
  - Per-capita cap of federal share (based on 2016 spending), through block grants

Individual Mandate “effectively” repealed: would stay in place, but penalties would be repealed.

- Subsidies for Exchange/private insurance plans based on age, not income.

*Bill was pull from consideration on March 24, but healthcare policy changes remain likely.*
What’s Next: Post AHCA

- States may be allowed more flexibility in Medicaid through the use of “waivers” to implement changes:
  - Work requirements; premiums, etc.
  - Fewer covered services
- Exchanges may be de-stabilized unless changes are made to keep adequate enrollment for insurance plan viability.
- Other possible legislative actions, such as expanded health savings accounts and/or tax credits.