NEVADANS TOGETHER FOR MEDICAID

NEVADANS WILL LOSE BIG UNDER HEALTH BILLS IN CONGRESS

July 2017

Policy Brief

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POLICY BRIEF

Repeal of the Affordable Care Act – What does it mean for Nevada?

The American Health Care Act (AHCA), which was passed by the House on May 4 and the Senate's Better Care Reconciliation Act (BCRA), would have vast negative impacts on everyday Nevadans. The nonpartisan Congressional Budget Office (CBO) estimates that under the BCRA 22 million fewer Americans would have health coverage in 2026 as compared to current law, and 15 million people would lose coverage *next year*.[1] The BCRA would also reduce the ACA's tax credits that help people with low- and moderate-incomes purchase coverage in the marketplace. This would dramatically increase out-of-pocket health costs for thousands of Nevadans. In total, the BCRA would cause 328,000 Nevadans to lose their health insurance by 2022, according to Urban Institute projections.[2]

According to the RAND Research Report, *The Effects of the American Health Care Act on Healthcare Insurance Coverage and Federal Spending in 2020 and 2026*, the impacts put some of our most vulnerable communities at greatest risk and include "older individuals, poorer individuals, and those with worse self-reported heath" (p 15).[2] Most adults from ages 50 to 64 and most of those who fall under 200 percent of the federal poverty level (FPL) would pay more in the individual market insurance.[3] For instance, those who live 200 percent below the FPL are expected to see uninsured rates go up by 80 percent, comparatively those who self-report poor or fair health will experience a 99 percent increase in the rate of uninsured.[3] It is anticipated that by 2020, the number of uninsured for those under the age of 50 will increase by 42 percent, compared to a 119 percent increase in uninsured among the 50 to 64 age group.[3] However, the most vulnerable are not the only ones who will be severely impacted. According to the Center on Budget and Policy Priorities middle income families will be drastically affected by having to choose between purchasing insurance plans with higher deductibles or higher premiums for the same quality plans.[4]

Under the Senate's Better Care Reconciliation Act

The percentage of Nevadans with health insurance would decrease

Medicaid cuts would lead to the end of the Medicaid expansion and jeopardize coverage for seniors, kids, and people with disabilities

Older individuals, poorer individuals, and those with worse self-reported health would be disproportionately affected

Below is a summary of some of the key components of the BCRA that could impact the availability, affordability, and access to health care for Nevadans:

- **Ends the Medicaid expansion**
  Under the ACA, states that expanded Medicaid coverage could enroll adults with incomes at or below 138 percent of the federal poverty line (about $16,600 a year for an individual).[3] The federal government paid the entire cost of covering this new group through 2016, and will pay no less than 90 percent in 2020 and in the years after. The BCRA would change this arrangement such that the federal government would pay 85 percent of the cost of expansion in 2021, 80 percent in 2022, and 75 percent in 2023. In 2024 and every year after the federal government would pay the state's regular, lower rate which in Nevada is about 66 percent. This would represent a huge cost shift to Nevada: this change would increase expansion's cost to Nevada by $343 million in 2024 alone, a 243 percent increase as compared to the ACA.[5] The state would likely soon find it cannot afford to maintain coverage for this group. The elimination of the Medicaid expansion means millions will lose health insurance coverage, including children. In Nevada, 203,000 may lose coverage.[6]
- **Imposes deep cuts in the core Medicaid program.** The BCRA would also change the financing structure of the overall Medicaid program. Today, the federal government pays a fixed percentage of state Medicaid costs. The BCRA would institute a "per capita cap" under which the federal government would pay an arbitrary fixed amount for each person enrolled.[3] The growth of the cap amount would be set lower than the expected growth in Medicaid costs, which will reduce the federal government's responsibility to fund the program, but increase the responsibility of states. This threatens the health coverage of some of Nevada's most vulnerable residents, including kids, seniors, and people with disabilities.
- **Cost-shift to states will lead to coverage losses.** The nonpartisan Urban Institute projects that the combined changes to Medicaid financing (lowering the expansion match rate and converting the program to a per capita cap) under the houses repeal bill would reduce federal Medicaid financing in Nevada by $4.5 billion over 10 years.[7] The state would find it nearly impossible to raise the funds necessary to maintain the same level of coverage, which is why the Urban Institute also projects 264,000 fewer Nevadans will have Medicaid coverage in 2022 under the Senate bill than they would under current law.[7]
- **Changes to tax credits**
  Under the BCRA marketplace enrollees would face significantly higher premiums and out-of-pocket costs. The premium credit for a family would be set based on the cost of a skimpy plan with high deductibles. Many people who want to purchase better coverage equivalent to the plans they have now would need to spend much more in premiums and would still face high deductibles. For example, in Nevada a 60-year-old earning about $19,000 per year (150 percent of the poverty line) would pay about $1,600 more in premiums alone and potentially thousands more in cost-sharing.[8] It also ends eligibility at a lower income, meaning that people with income of $44,000 to $50,000 would no longer qualify for any help and would need to bear the full cost of coverage, increasing their costs by thousands.
- **Cost-sharing reductions (CSRs)**
  While the BCRA would lead to higher deductibles by subsidizing skimpier plans, it also eliminates the cost-sharing reductions that help defray costs for low-income people. Under the ACA, cost-sharing reductions help reduce copayment and deductible related costs for households earning between 100 percent and 250 percent of the FPL.[3,9] The loss of the CSRs would make it hard for people to afford care, even if they could afford premiums.

- **Changes to age rating bands**
  Older adults enrolled in individual and small-group plans could be charged up to 5 times as much as younger adults. Under the current health care system the cap is 3 times as much.[3] This means older adults WILL pay higher premiums.
- **No guarantee of protection for key health services**
  Under current law, an insurance company must cover certain basic categories of care. But the BCRA would create an expedited process that allows states to eliminate or weaken the essential health benefits. Denying coverage for certain core benefits could force people, both in the poor and middle-class, to pay thousands more out-of-pocket, for things like maternity care, mental health and substance use disorder treatment, rehabilitation and habilitation services, and pediatric dental care.[4] The Congressional Budget Office predicts that states with half the nation's populations would use this "flexibility."
- **Ending the ACA's mandates**
  The BCRA eliminates the requirements for individuals to maintain coverage and for large employers to offer coverage to their full-time employees. Under current law individuals are required to have health insurance coverage or qualify or an exemption from the coverage requirement, or must pay a penalty. The CBO estimates this would lead to a sudden 20 percent increase in premium costs and is the biggest reason why the number of uninsured Americans would increase by 15 million people in 2018.[10]
- **Instituting a continuous coverage requirement**
  Individuals who experience a coverage gap would need to wait six months to enroll in coverage, even if they try to enroll during open enrollment. However, the continuous coverage requirement doesn't go far enough to encourage healthier people to keep their health insurance coverage and would likely promote adverse selection and destabilize the market.[11] The *National Association of Insurance Commissioners* describes indicates that "an environment that allows adverse selection to occur unchecked, the insurance-buying public, will in large part, delay the decision to purchase health insurance until, in their estimation, coverage is needed: If I am allowed to get a homeowner's policy while my house is burning, why should I pay for one earlier?. Therefore, instead of a large number of individuals purchasing and paying for health insurance to cover the claims of a relatively small number who incur substantial health care costs, far fewer individuals are paying premiums to cover those same health insurance contingencies. Most high-risk consumers remain in the insurance pool to collect benefits, while younger and healthier consumers might leave the pool and stop paying premiums, thereby raising the unit cost of health insurance considerably (p 1)."[12]

The Affordable Care Act improved access to health insurance coverage in Nevada

The implementation of the Affordable Care Act (ACA), has helped thousands of Nevadans gain access to health care. In 2010, Nevada had one of the largest uninsured rates nationally at 19%, six percentage points above the national average, accounting for 621,000 uninsured Nevadans.[11] Nevada experienced one of the largest declines in uninsured rates across the nation. Statewide, the percent of persons without insurance declined from 19% to 11% from 2013 to 2015 (Table 1).[13] Over 190,000 Nevadans obtained insurance through public programs, another 88,000 through private health insurance coverage, and 36,000 through a combination of public and private health insurance coverage.

The ACA provided the opportunity to improve access to care across all age groups. The ACA extended health insurance benefits for young adults by allowing them to remain on their parents' health insurance plans until

the age of 26. While this age category is typically less expensive to insure, they are also more likely to be in school, have limited financial resources, and to be employed without benefits.[14]

TABLE 1AFFORDABLE CARE ACT REDUCED THE NUMBER OF UNINSURED IN NEVADA

Health insurance coverage in Nevada by type of Coverage: 2013 and 2015

			Change 2013 to 2015	
	2013	2015	Number	Percent
Type of Health Insurance Coverage				
With private health insurance only	1,459,907	1,548,835	88,928	6.1
With public coverage only	469,716	662,482	192,766	41
With both private and public coverage	257,505	293,973	36,468	14.7
Total with coverage	2,187,128	2,505,290	318,162	14.5
Total without coverage	570,079	350,684	(219,395)	-38.5
Percent uninsured	19%	11%	8%	-42.10%

Source: American Housing Survey, 1-year estimates, 2013 and 2015

In Nevada, the biggest gain in the number of individuals who obtained coverage was among the 35 to 64-year old age group with over 137,000 gaining insurance between 2013 and 2015.[13] However, young adults from 18 to 34-years of age had the biggest percent change of over 200% increase in the number covered from 2013 to 2015.[13] After implementation of the ACA the percent change in the number of uninsured across all age cohorts under 64 decreased significantly (Table 2).

TABLE 2 AFFORDABLE CARE ACT REDUCED THE NUMBER OF UNINSURED IN NEVADA FOR ALL AGE GROUPS

Health insurance coverage in Nevada by age group: 2013 and 2015

			Change 2013 to 2015	
	2013	2015	Number	Percent
Under 18 years:				
With private health insurance only	374,292	375,906	1,614	0.43
With public coverage only	168,919	217,375	48,456	28.69
With both private and public coverage	19,377	23,871	4,494	23.19
No health insurance coverage	98,509	50,450	-48,059	-48.79
18 to 34 years:				
With private health insurance only	376,839	402,121	25,282	6.71
With public coverage only	42,992	96,391	53,399	124.21
With both private and public coverage	10,010	17,430	7,420	74.13
No health insurance coverage	208,731	133,154	-75,577	-36.21
35 to 64 years:				
With private health insurance only	694,922	756,462	61,540	8.86
With public coverage only	92,285	161,271	68,986	74.75
With both private and public coverage	39,300	46,494	7,194	18.31
No health insurance coverage	254,806	157,311	-97,495	-38.26
65 years and over:				
With private health insurance only	13,854	14,346	492	3.55
With public coverage only	165,520	187,445	21,925	13.25
With both private and public coverage	188,818	206,178	17,360	9.19
No health insurance coverage	8,033	9,769	1,736	21.61

Source: American Housing Survey, 1-year estimates, 2013 and 2015

One of the most expensive cohorts to insure are those that fall into the 55-64 age group. Typically, because this age group are more likely to be have chronic health conditions and consequently utilize more health care services. Prior to implementation of the ACA this group would most likely go uninsured.[11] According to an analysis, of those who gained access to health care under the ACA, conducted by Garrett and Gangopadhyaya (2016) there was a decrease in the number of uninsured by nearly 40% between 2010 and 2015.[15]

How has the Affordable Care Act Impacted Nevadans?

"I have seen great improvement in the number of individuals that are now Medicaid eligible. Individuals that in the past would not have been eligible to access health care services here in Nevada"

~ Nevada Health Care Specialist

Employed Nevadans get access to care

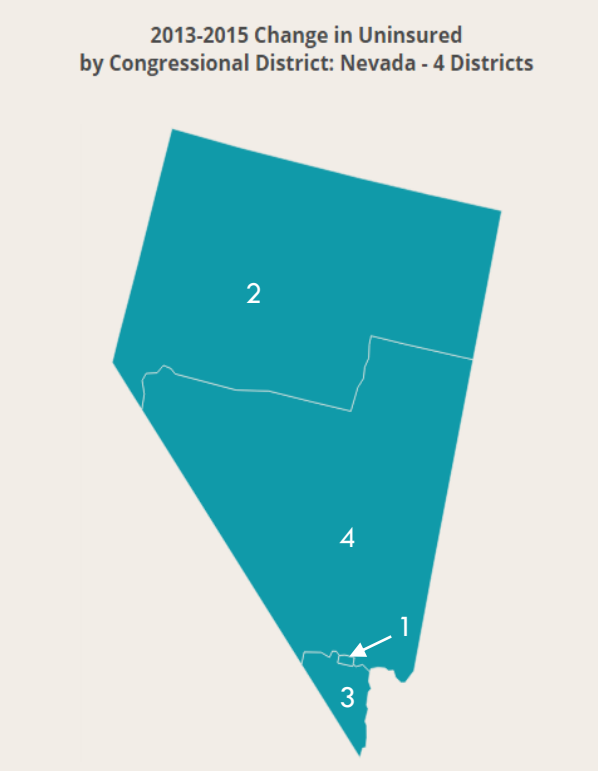
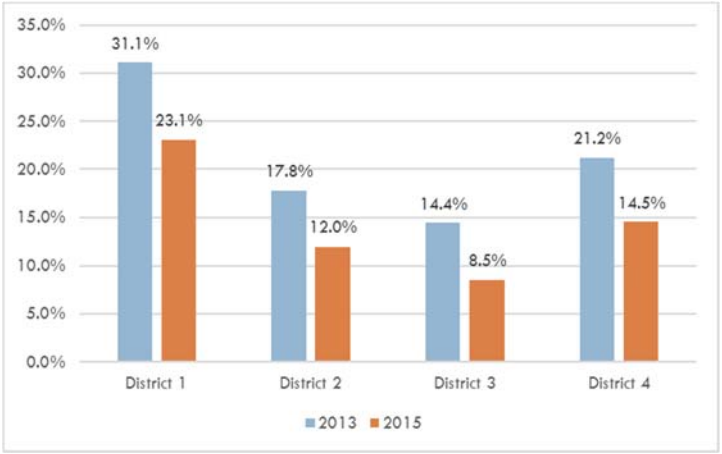


Figure 1 shows significant decreases in the uninsured rate among employed Nevadans. A comparison of the 4 Congressional Districts in Nevada show the biggest percentage decrease in District 1 by 8%, followed by a decrease of 6.7% in District 4, and a decrease of 5.9% and 5.8% in District 3 and 2, respectively.[16]

FIGURE 1 AFFORDABLE CARE ACT REDUCED THE NUMBER OF EMPLOYED NEVADANS THAT ARE UNINSURED BY CONGRESSIONAL DISTRICT

Health insurance coverage in Nevada of those employed: 2013 and 2015



Source: SHADAC analysis of U.S. Census Bureau 2013 and 2015 American Community Survey's Table S2701 and S2716 downloaded from American FactFinder; http://factfinder2.census.gov; March 2017.

> *"The Affordable Care Act and the Medicaid Expansion has helped people go through transitional periods in their lives. These aren't individuals that spent a lifetime uninsured or not working. Life just happened and put them in a bad situation financially and health wise. The ACA and Medicaid Expansion allowed them to get back to work and have a better quality of life by accessing care."*
>
> ~ *Nevada Health Care Specialist*

Efforts to repeal the ACA endanger Nevadans with pre-exiting conditions

The ACA created important consumer protections for people with pre-existing health conditions by ensuring that people could no longer be "denied coverage, charged more, or denied treatment based on health status."[17] According to 2009 data, over 1 million Nevadans have a pre-existing condition.[18] The ACA also allowed for considerable protections for those based on age – existing policies limit insurer premiums to not exceed more than three times the amount of what a young member would pay. Capping how much can be charged in premiums has allowed for some of our most vulnerable populations to be able to gain and maintain insurance. Provisions that provide premium subsidies and cost-sharing reductions also provide a considerable support for states to extend coverage.[19] Repealing the ACA would remove valuable protections for everyday Nevadans and risk destabilizing the insurance market.

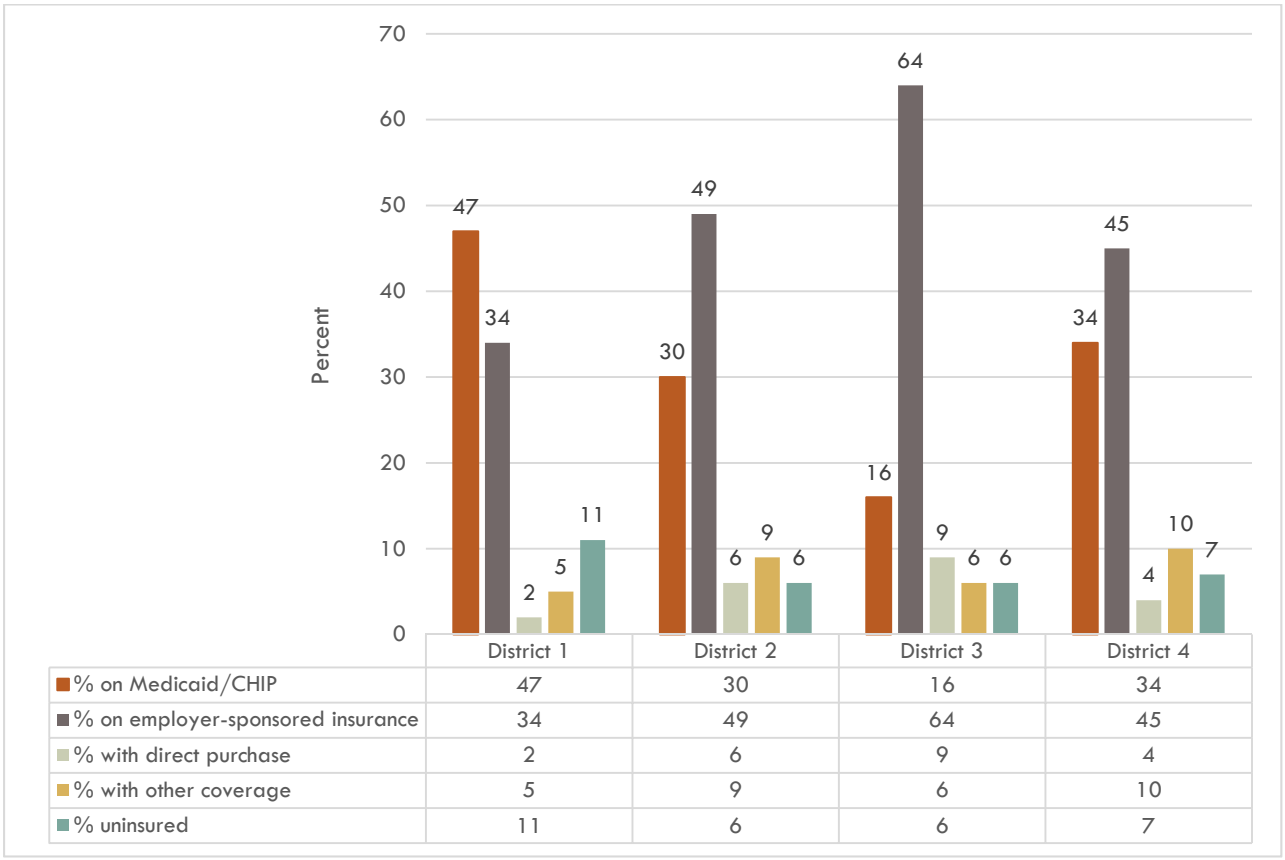
1,157,045 Nevadans have a pre-existing condition

Children get access to care

Medicaid and the Children's Health Insurance Program (CHIP) have provided a vital resource for children to access health insurance coverage across the U.S. In 2013, over 28 million children were enrolled in Medicaid and 5.7 million were enrolled in CHIP.[20] Nevada has made significant progress in reducing both the number and rate of uninsured children. The number of uninsured children in Nevada declined by 48.8 percent (48,000 uninsured children), from 99,000 in 2013 to 50,000 in 2015. This represents a 7.3 percent decline in the percentage of uninsured children, from 14.9 in 2013 to 7.6 in 2015, the largest decline in the rate of uninsured children in the country. [21] The ACA allowed for further support by expanding the eligibility requirement for children up to the age of 19 (previous 18) and living in household 138-percent of the FPL.[20]

The House and Senate bills would reverse the recent progress in covering children. According to a recent report by the Center on Budget and Policy Priorities, nearly 3 million children across the country would lose coverage under the House bill, therefore increasing the uninsured rate among kids by almost 50 percent.[22] This will be a result of proposed provisions that "cap and cut Medicaid funding (including for children) and slash tax credits that help moderate-income families afford coverage in the individual market" (p 2).[22] In Nevada, 1 in 3 children are enrolled in Medicaid and CHIP.[23] Figure 2 shows the percent of children covered by each of the four Congressional Districts in Nevada by type of insurance.[24] Changes to the current health care structure could significantly impact access to health care for children across all districts.

FIGURE 2 HEALTH INSURANCE COVERAGE OF CHILDREN UNDER 18 IN NEVADA BY CONGRESSIONAL DISTRICT, 2015



	District 1	District 2	District 3	District 4
% on Medicaid/CHIP	47	30	16	34
% on employer-sponsored insurance	34	49	64	45
% with direct purchase	2	6	9	4
% with other coverage	5	9	6	10
% uninsured	11	6	6	7

Source: Georgetown University Center for Children and Families analysis of the single-year estimates of summary data from the 2015 American Community Survey (ACS). The U.S. Census Bureau publishes ACS summary data on American Fact Finder. Percent estimates were computed. https://ccf.georgetown.edu/state-childrens-health-facts/percent-of-children-covered-by-medicaidchip-by-congressional-district-2015/

ACA has increased access to care for people of diverse backgrounds

A comparison of race/ethnicity by Congressional Districts in Nevada show a decrease of those uninsured across all categories (Table 3).[16] Blacks had the biggest percent difference in District 1 and 4, while Asians had the highest percent difference in Districts 2, 3, and 4. Caucasians had the highest percent difference in District 3. Although those who identified as Hispanic had the lowest percent difference across all race/ethnic categories, a decrease in the rate of uninsured for this group occurred in all districts.

TABLE 3 AFFORDABLE CARE ACT REDUCED THE NUMBER NEVADANS THAT ARE UNINSURED BY ALL RACIAL/ETHNIC CATEGORIES
Health insurance coverage in Nevada by race and ethnicity: 2013 and 2015

	District 1				District 2				District 3				District 4			
	Percent		PP Difference	Percent Difference	Percent		PP Difference	Percent Difference	Percent		PP Difference	Percent Difference	Percent		PP Difference	Percent Difference
	2013	2015			2013	2015			2013	2015			2013	2015		
White	28.1	18.8	-9.3	-33.1	16.4	9.1	-7.3	-44.5	13.8	7.1	-6.7	-48.6	18.0	12.1	-5.9	-32.8
Black	26.6	12.5	-14.1	-53.0	26.0	19.6	-6.4	-24.6	18.5	11.0	-7.5	-40.5	20.3	9.1	-11.2	-55.2
Asian	24.2	15.1	-9.1	-37.6	18.5	5.2	-13.3	-71.9	15.3	7.8	-7.5	-49.0	17.1	12.1	-5.0	-29.2
Other	35.1	26.0	-9.1	-25.9	27.9	14.5	-13.4	-48.0	20.2	11.9	-8.3	-41.1	31.9	14.3	-17.6	-55.2
Hispanic Any Race	37.0	28.3	-8.7	-23.5	30.7	18.1	-12.6	-41.0	21.1	15.0	-6.1	-28.9	33.5	22.5	-11.0	-32.8

Source: SHADAC analysis of U.S. Census Bureau 2013 and 2015 American Community Survey's Table S2701 and S2716 downloaded from American FactFinder; http://factfinder2.census.gov; March 2017.

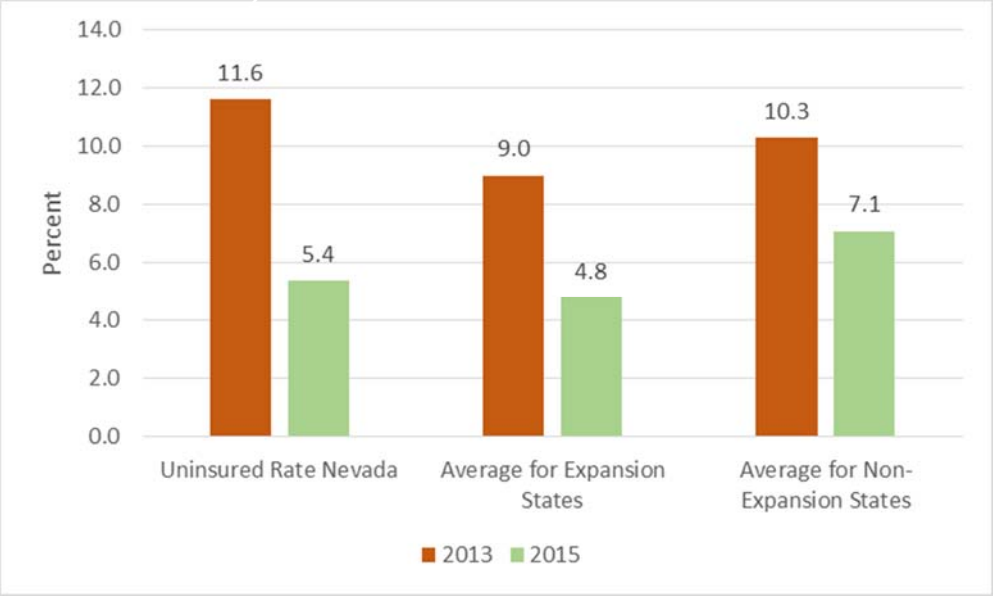
ACA has helped increase health coverage among Nevada's veterans

Under the ACA, the percentage of uninsured Nevada residents was cut in half, from 11.6 percent in 2013 to 5.4 percent in 2015.[25,26] This is because the ACA helped plug gaps in veterans' health coverage. Not all service members are able to obtain health care coverage through the Veteran's Administration (VA) since eligibility requirements are not always met (i.e. minimum service requirements, and disability and discharge status).[27] In 2014, the Veterans Administration reported that only 40 percent of veterans across the U.S. were enrolled in the VA for health care services.[28] The ACA expanded opportunities for veterans to obtain coverage through Medicaid enrollment and the expansion of Medicaid.[29] In 2015, it estimated that nearly 1.75 million veterans utilized Medicaid coverage. According to the American Community Survey, uninsured rates for nonelderly veterans dropped nearly 40 percent from 2013 to 2015.[25] The biggest drops in uninsured rates among veterans experienced in states that expanded Medicaid (Figure 3). By cutting Medicaid and the tax credits to purchase marketplace coverage, the BCRA and the AHCA would make it

harder for low- and moderate-income veterans to access affordable health coverage, and the uninsured rate would likely increase.

Nearly 1 in 10 Veterans rely on Medicaid for their health insurance.

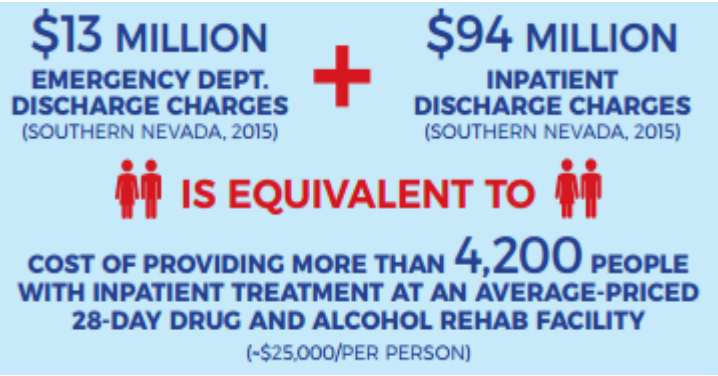
FIGURE 3 COMPARSION OF UNINSURED RATE OF VETERANS IN NEVADA, EXPANSION STATES, & NON-EXAPANSION STATES FOR 2013 AND 2015



Source: Cross-Call, J. (2017). Medicaid expansion states made largest veterans' health coverage gains. Center on Budget and Policy Priorities. http://www.cbpp.org/blog/medicaid-expansion-states-made-largest-veterans-health-coverage-gains

ACA provides resources to battle the opioid epidemic in Nevada

Nationwide over 52,000 people die due to drug related overdoses with more than 63% a result of opioid usage.[30] The opioid epidemic across the nation has been unable to keep up with the need for treatment – causing a health care crisis. The ACA allowed for millions to gain access to treatment they would not otherwise have access to. Threats to cut the funding streams to support Medicaid will seriously endanger the delivery of health care services for those who suffer from substance abuse problems. According to the Center on Budget and Policy Priorities, it is estimated that Nevada could lose $7 billion dollars which translates to a 14.6 percent cut in Nevada's Medicaid budget over the next ten years.[30] The opioid epidemic has placed a significant burden on the health care system. In



Nevada, there are 20.4 drug-related deaths per 100,000 residents.[30] In Clark County alone, opioid use and misuse accounts for over 1,700 emergency room visits and another 1,700 inpatient hospitalizations.[31] The estimated costs include $13 million for emergency department discharge expenses and $94 million in inpatient discharge expenses.[31] The combined total of expenditures is equivalent to the cost of providing more than 4,200 Nevadans with inpatient treatment.[31] The ACA allows for preventives and intervention services to be provided to those with substance abuse problems by considering substance abuse a disabling condition. The proposed cuts to Medicaid funding and changes what is considered a "disabling condition" will significantly impact services for those who seek help for substance abuse concerns.[32]

ACA repeal means a BIG loss for Nevada

The ACA has drastically impacted the ability for Nevadans to gain access to health care by dropping the uninsured rate to unprecedented levels. Current proposals to repeal and replace the ACA translate to 328-371thousand Nevadans losing health insurance coverage.[2,33] Medicaid provides access to essential health care services for children and families across the U.S. and in Nevada.[34] It also serves as a means of economic security to families by protecting them from financial hardships and keeping their families healthy.[35] This is an issue that will have far reaching impacts for Nevadans beyond just reducing the number of people covered by health insurance. Proposed changes will have impacts on the cost of healthcare for everyone and puts Nevada's economy at risk.

Why is Health Care so Important?

"It effects everything from income, education, and the ability to obtain jobs. If individuals aren't healthy it's difficult to be a qualified applicant."

~ Nevada Health Care Specialist

References

1Congressional Budget Office Cost Estimate. H.R. 1628 Better Care Reconciliation Act 2017. https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/52849-hr1628senate.pdf

2 Blumberg, L., Buettgens, M., Holahan, J., Garrett, B., & Wang, R. (2017). State-by-state coverage and government spending implications of the better care reconciliation act. Urban Institute.

3 Eibner, C., Liu, J., & Nowak, S. (2017). The effects of the american health care act on health insurance coverage and federal spending in 2020 and 2026. Santa Monica, CA: RAND Corporation, 2017. https://www.rand.org/pubs/research_reports/RR2003.html.

4 Leibenluft, J. & Aron-Dine, A. (2017). Middle-class families would face higher costs, worse coverage under senate health bill. Center on Budget and Policy Priorities. http://www.cbpp.org/sites/default/files/atoms/files/6-27-17health.pdf

5 Broaddus, M. & Park, E. (2017). Senate bill would effectively eliminate Medicaid expansion by shifting hundreds of billions in expansion costs to states. Center on Budget and Policy Priorities. http://www.cbpp.org/sites/default/files/atoms/files/6-23-17health2.pdf

6 Medicaid expansion enrollment. (2016). The Henry J. Kaiser Family Foundation. http://www.kff.org/health-reform/state-indicator/medicaid-expansion-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

7 Holahan, J., Blumberg, L., Buettgens, M., & Pan, C. (2017). The impact of the AHCA on federal and state Medicaid spending and Medicaid coverage: An update. Urban Institute. http://www.urban.org/sites/default/files/publication/90991/2001313-the_impact_of_the_ahca_on_federal_and_state_medicaid_spending_and_coverage_update.pdf

8 Aron-Dine, A. & Straw, T. (2017). Senate bill still cuts tax credits, increases premiums and deductibles for marketplace consumers. Center on Budget and Policy Priorities. http://www.cbpp.org/sites/default/files/atoms/files/6-23-17health3.pdf

9 Essential Facts About Health Reform Alternatives: Eliminating Cost-Sharing Reductions, The Commonwealth Fund, April 2017.

10 Repeal the individual health insurance mandate. (2016). Congressional Budget Office Nonpartisan Analysis for the U.S. Congress. https://www.cbo.gov/budget-options/2016/52232

11 Lueck, S. (2017). Commentary: House GOP proposed penalty for non-coverage fails on several fronts. Center on Budget and Policy Priorities. http://www.cbpp.org/health/commentary-house-gop-proposed-penalty-for-non-coverage-fails-on-several-fronts

12 Adverse selection issues and health insurance exchanges under the affordable care act. (2011). National Association of Insurance Commissioners. Washington, DC. ISBN: 978-1-59917-49-2. http://www.naic.org/store/free/ASE-OP.pdf

13 American Housing Survey, 1-year estimates, 2013 and 2015

14 Affordable Care Act Repeal would be a Disaster for Maine, Maine Center for Economic Policy, January 2017.

15 Garret, B. & Gangopadhyaya, A. (2016). Who gained health insurance coverage under the ACA, and where do they 6ive? Urban Institute, December 2016. http://www.urban.org/sites/default/files/publication/86761/2001041-who-gained-health-insurance-coverage-under-the-aca-and-where-do-they-live.pdf

16 SHADAC analysis of U.S. Census Bureau 2013 and 2015 American Community Survey's Table S2701 and S2716 downloaded from American FactFinder; http://factfinder2.census.gov; March 2017.

17 Obamacare Facts. ObamaCare pre-existing conditions. https://obamacarefacts.com/pre-existing-conditions/

18 Compilation of state data on the affordable care act. U.S. Department of Health and Human Services. Pre-existing date from 2009. https://aspe.hhs.gov/compilation-state-data-affordable-care-act

19 Fiedler, M. (2017). New amendment to GOP health bill effectively allows full elimination of community rating, exposing sick to higher premiums. Bookings Institute. https://www.brookings.edu/blog/up-front/2017/04/27/new-amendment-to-gop-health-bill-effectively-allows-full-elimination-of-community-rating-exposing-sick-to-higher-premiums/

20 Rudowitz, R. & Arugello, R. (2014). Children's health coverage: Medicaid, CHIP and ACA. The Henry J. Kaiser Family Foundation. http://www.kff.org/health-reform/issue-brief/childrens-health-coverage-medicaid-chip-and-the-aca/

21 Alker, J. & Chester, A. (2016). Children's health coverage rate now at historic high of 95 percent. Georgetown University Health Policy Institute Center for Children and Families. https://ccf.georgetown.edu/wp-content/uploads/2016/11/Kids-ACS-update-11-02-1.pdf

22 Aron-Dine, A. (2017). People of all ages and incomes would lose coverage under house bill, CBO data show. Center on Budget and Policy Priorities.

23 Medicaid in Nevada. January 2017. Kaiser Family Foundation.

24 Georgetown University Center for Children and Families analysis of the single-year estimates of summary data from the 2015 American Community Survey (ACS). The U.S. Census Bureau publishes ACS summary data on American Fact Finder. Percent estimates were computed. https://ccf.georgetown.edu/state-childrens-health-facts/percent-of-children-covered-by-medicaidchip-by-congressional-district-2015/

25 Haley, J., Kenny, G., & Gates, J. (2017). Veterans saw broad coverage gains between 2013 and 2015. Urban Institute.

26 Cross-Call, J. (2017). Medicaid expansion states made largest veterans' health coverage gains. Center on Budget and Policy Priorities. http://www.cbpp.org/blog/medicaid-expansion-states-made-largest-veterans-health-coverage-gains

27 Sidath Viranga Panangala, Health Care for Veterans: Answers to Frequently Asked Questions (Washington, D.C.: Congressional Research Service, 2016), available at https://fas.org/sgp/crs/misc/R42747.pdf.

28 Erin Bagalman, The Number of Veterans That Use VA Health Care Services: A Fact Sheet (Washington, D.C.: The Congressional Research Service, 2014) available at https://fas.org/sgp/crs/misc/R43579.pdf.

29 Callow, A. (2017). Fact sheet: Cutting Medicaid would hurt veterans. Families USA. http://familiesusa.org/product/cutting-medicaid-would-hurt-veterans

30 Bailey, P. (2017). Building on ACA's success would help millions with substance abuse disorders. Center on Budget and Policy Priorities. April 2017. http://www.cbpp.org/sites/default/files/atoms/files/4-11-17healthr4.pdf

31 Johnson, J. (2017). Fact sheet: Opioid epidemic in Southern Nevada. Southern Nevada Health District. http://www.jtnn.org/wp-content/uploads/2017/03/2017NVLeg_OpioidFactSheet.pdf

32 Bailey, P. (2017). ACA repeal would jeopardize treatment for millions with substance use disorders, including opioid addiction. Center on Budget and Policy Priorities. February, 2017.

33 Defending health care in 2017: What is at stake for Nevada. Families USA. December 2016. http://familiesusa.org/sites/default/files/product_documents/FUSA_ACA-Def_NV_Factsheet_0.pdf

34 Wagnerman, K. (2017). Medicaid provides needed access to care for children and families. Georgetown University Health Policy Institute Center for Children and Families.

35 Wagnerman, K. (2017). Medicaid: How does it provide economic security for families. Georgetown University Health Policy Institute Center for Children and Families.

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