

The background of the page is a blue-tinted photograph of a protest. Several signs are visible, including one that says "Don't Fail Patients", another with "#PatientOverPolitics", and a large one that says "THE ACA SAVED". In the foreground, a sign with the word "PROTECT" is partially visible, along with a handwritten sign that says "my Healthcare".

THE AFFORDABLE CARE ACT ON TRIAL

*Why King v. Burwell Could
Deal a Major Setback to
Women and Families*

Policy Note by
Andrea Flynn
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ROOSEVELT
INSTITUTE

Andrea Flynn is a fellow at the Roosevelt Institute, where she researches and writes about health policy, access to reproductive health care, and inequality in the United States and globally. Her most recent work has explored connections between reproductive health care and poverty, state-level restrictions to family planning and abortion, inequality and maternal mortality, and the continued need for safety net programs as the Affordable Care Act is implemented. In 2014 Andrea presented her paper – *The Title X Factor: Why the Health of America’s Women Depends on More Funding for Family Planning* – at a briefing for members of Congress and their staffs. Andrea worked with the Open Society Foundations and the Namibia Women’s Health Network to examine human rights issues facing women living with HIV/AIDS and with the Council on Foreign Relations to propose greater investments in reproductive health care in U.S. foreign policy. Andrea also managed the Women Moving Millions campaign, an initiative that raised \$190M for women’s foundations globally. She was a chosen participant in the Women’s Media Center Progressive Women’s Voices training, the CoreAlign Generative Fellowship, and Civil Liberty and Public Policy’s New Leaders Networking Initiative. Andrea received her MPA and MPH from Columbia University, and her BA in journalism and women’s studies from Syracuse University. You can follow Andrea on twitter @dreaflynn.

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EXECUTIVE SUMMARY

This policy note argues that the Affordable Care Act (ACA) should not be weakened by court ruling or overturned by legislative action and instead should be expanded and strengthened. In the coming days the Supreme Court will decide yet another case that will determine the fate of that law and the health coverage it has made available to more than 6 million individuals through federal subsidies. As the justices consider *King v. Burwell*, a case that could undermine the largest expansion of health coverage in 50 years and reverse some of its greatest successes, we must remember the fractured health system from which it was born and acknowledge the health and economic toll that broken system levied on too many individuals, particularly on women. This paper demonstrates the intersections between health and economic security, describes how the pre-ACA health system routinely jeopardized the health and economic well-being of women and families, and illustrates how the health law has improved coverage and care for millions. It also identifies and proposes solutions for repairing the gaps in the law and describes how the proposals put forward by conservatives who have vowed to eliminate the ACA by any means necessary would be a dangerous step backward for women, families, and the country as a whole.

INTRODUCTION

In the coming days the Supreme Court will decide *King v. Burwell*, a case on which the health coverage of more than 6 million individuals—and in some ways the future of the Affordable Care Act (ACA)—hinges. The plaintiffs have called into question a section of the law that specifies that eligible individuals who purchase insurance on health exchanges “established by the state” should receive federal subsidies. However, in 34 states lawmakers did not establish their own exchanges and rely on the federal government’s exchange instead.¹ Millions of individuals across those states are now receiving subsidies that have enabled them to purchase insurance coverage on the federal health exchange, and the plaintiffs argue those individuals are not, by the letter of the law, actually eligible for subsidies. Even though members of both parties who wrote the law agree the confusion is the result of a simple drafting error and say they always intended for individuals in all states to be eligible for subsidies, the Supreme Court agreed to hear the case.²

A decision in favor of the plaintiffs would launch millions back to the pre-ACA days and would spell disaster for the health and economic security of affected families in the great majority of states. One recent study predicted that such a decision would decrease enrollment by 68 percent, increase premiums by 43.3 percent, and drive an estimated 11 million Americans



Supporters of the Affordable Care Act convene.

into the ranks of the uninsured.³ It would also bolster political opposition that has been unrelenting over the past five years. It seems we have quickly forgotten just how broken our health system was and have dismissed the health and economic toll that broken system levied on too many individuals, particularly on women. In 2010, the year President Obama signed the ACA into law, nearly 50 million individuals in the United States were uninsured—more than 16 percent of the total population. In 2013, before many of the ACA's key provisions kicked in, 18 percent of women overall were uninsured, with rates for women of color even higher than for white women (22 percent for Black women and 36 percent for Latina women, compared to 13

percent for white women).⁴ Women were far more likely than men to have to forgo care because of cost concerns, and for all women—but especially those without coverage—cost was a major barrier to care. Many women had difficulties paying their medical bills (52 percent of uninsured women and 44 percent of low-income women, compared to 28 percent of women overall), and other women reported that a shortage of time and the unavailability of time off, childcare, and transportation impeded their ability to access care (see chart 1).⁵

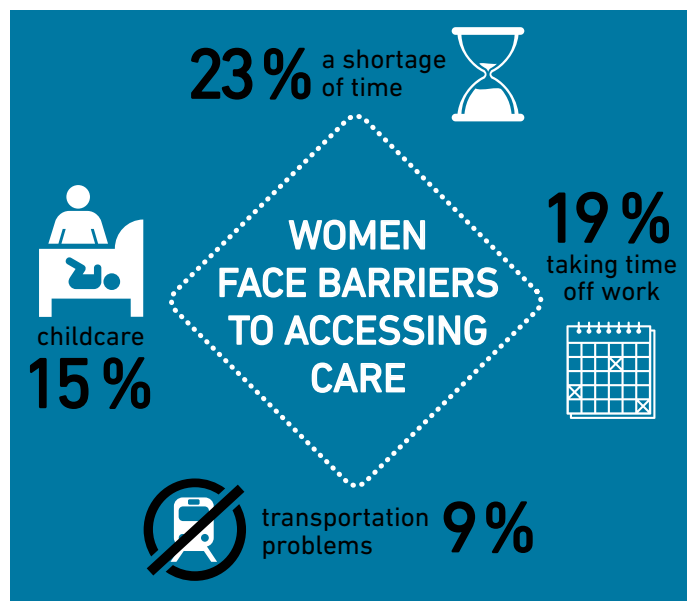


Chart 1

Source: <https://kaiserfamilyfoundation.files.wordpress.com/2014/05/8590-women-and-health-care-in-the-early-years-of-the-affordable-care-act.pdf>

The women who stand to lose most in the Supreme Court ruling are those who are already hurt by economic inequality and the revolving door between poverty, a lack of access to health care, and poor health. Women are more likely than men to live in poverty (13.8 percent compared to 11.1), and compared to white women and men of color, it is more likely that women of color will live below the poverty line (26.5 percent for Black women compared to 11.6 and 22.3 respectively). More than two-thirds of low-wage workers are women—half of them women of color—and many work long hours with no health benefits.⁶ Wage inequality is particularly harmful to women of color: Black and Latina women are paid only 64 and 56 cents, respectively, for every dollar paid to white, non-Hispanic men, which represents an annual loss of nearly \$19,000 for Black women and \$23,279 for Latinas.⁷ This economic insecurity and corresponding lack of health coverage contributes to higher rates of unplanned pregnancy, sexually transmitted infections, cancer mortality, and maternal mortality among women of color compared to white women.⁸ It's worth noting that the United States is only one of seven countries in the entire world whose maternal mortality rate has increased over the last decade, while other countries have seen marked reductions in the number of women dying as a result of pregnancy-related causes. Among certain U.S. communities of color, maternal mortality rates are as high as those in sub-Saharan Africa.⁹ Expanded coverage under the ACA is one important way to prevent these unnecessary deaths.

The ACA, despite significant gaps, has performed mostly as promised and has begun to decrease the persistent inequities that characterized the pre-ACA era. A record number of individuals have health coverage and the uninsured rate is lower today than at any point in the last 15 years. The law has expanded access to community health centers, guaranteed no-cost preventive care, eliminated gender discrimination in health care, and allowed young people to stay on their parents' insurance until they are 26. The majority of individuals who have benefitted are satisfied with their coverage and do not want to see it repealed.¹⁰ A recent poll showed that by a margin of 55 to 38 percent, people believe the Supreme Court should not rule against the ACA and block federal subsidies.¹¹

The ACA's myriad benefits were designed to level the playing field in terms of health access and outcomes, and also to help reduce the economic burdens on U.S. families. Health access impacts women's ability to participate in the workforce and to achieve economic mobility for themselves and for their families for generations to come. When individuals have affordable health coverage and quality, affordable, and accessible health care, they are better able to prevent illnesses that take them out of work and force them to lose a paycheck. They can make decisions about the timing and size of their families. They have healthier babies and children. They have fewer out-of-pocket medical costs and have more money for food, childcare, education, housing, transportation, and savings. For too long the basic right of health care has been disregarded and unfulfilled. The ACA has been a step to changing that.

The law's opponents have no concrete plan for how they will remedy the fallout of a Supreme Court decision in their favor, and even if the ACA survives this legal battle, its political battles are surely not over.

The health proposals recently put forth by conservatives, who have voted 56 times to repeal the law, would reverse the ACA's most important achievements, especially those that have benefitted women. They would eliminate the extensive consumer protections guaranteed by the ACA, turn Medicaid into a block grant and push millions off the insurance rolls, and likely do away with the essential benefits that all insurance providers are now required to cover at no-cost. Their health policies, in addition to the budget cuts they would make to critical social and economic programs, would further erode the already precarious floor of economic security upon

And pursuing health care reform wasn't about making good on a campaign promise for me. It was, remember, in the wake of an economic crisis with a very human toll and it was integral to restoring the basic promise of America – the notion that in this country, if you work hard and you take responsibility, you can get ahead. You can make it if you try. Everything we've done these past six and a half years to rebuild our economy on a new foundation – from rescuing and retooling our industries, to reforming our schools, to rethinking the way we produce and use energy, to reducing our deficits – all of that has been in pursuit of that one goal, creating opportunity for all people. And health reform was a critical part of that effort.¹²

*- President Barack Obama
June 9, 2015*

which too many U.S. families are standing.

This policy note argues that the ACA should not be overturned by court ruling or legislative action and instead should be expanded and fortified. It describes the intersections between health and economic security, locating the ACA in the economic context of soaring inequality in which it was passed, implemented, and through which it has been endlessly challenged. It also revisits the broken health system that preceded the ACA and describes how that system failed women and families. It then illustrates the improvements ushered in by the ACA and identifies and proposes solutions for strengthening it. Finally, it describes conservative proposals that would reverse the law's most significant successes and mark a dangerous step backward for women, families, and the country as a whole.

PRE-ACA: A FRACTURED AND FAILING HEALTH SYSTEM

At best, the U.S. health system of recent decades was a patchwork quilt tearing at the seams. Low-income Americans—particularly women—paid for it with their wallets and their health.

ECONOMIC COST

The ACA, signed into law in 2010 but not fully implemented until 2014, was established in part as a response to the financial hardships facing U.S. families before and after the 2008 economic crisis. Wages had been flat or falling for decades,¹³ many low-income families saw their financial assets plunge,¹⁴ and low-paying jobs and a lack of supports for working families kept many from escaping the revolving door of poverty. The 2008 crisis drove millions more families into a downward financial spiral from which many are still trying to recover. By 2011, 9 million Americans—more than 20 percent of those with private insurance—lost health coverage and the ranks of the uninsured reached 52 million.^{15,16} And at the same moment conservative lawmakers were busy attempting to dismantle the safety net on which millions of individuals—particularly low-income women and families—relied for some semblance of economic security.¹⁷ The economic foundation of millions of families had cracked and was only getting weaker.

Even before the 2008 economic crisis, families were reeling from a lack of insurance. One study showed that in 2013, before some of the key elements of the ACA were implemented, more than one in five American adults had trouble paying their medical bills. Three in five bankruptcies were due to medical expenses.¹⁸ Almost 40 percent of uninsured adults had outstanding medical bills¹⁹ and 61 percent of uninsured adults reported they lacked coverage because the cost was too high or because they had lost their job.²⁰ The Center for Disease Control reported that, as of 2012, nearly one in four children and one in five adults under the age of 64 were in families that had problems paying medical bills. The numbers varied greatly based on coverage status: 36.3 percent of the uninsured reported having problems paying medical bills in the past 12 months, compared to 14 percent of those with private insurance and 25.6 percent with public insurance.²¹ Another study estimated that in 2013, 15 million American adults used up all their savings, 11 million took on credit card debt to pay their medical bills, and that nearly 10 million

were unable to pay for basic necessities like heat, food, and rent because of medical debt.²²

HEALTH ACCESS

The broken health system took a toll not only on bank accounts but also on individuals' ability to access care. In 2013, cost barriers prevented more than 20 percent of uninsured adults from taking recommended prescription drugs and a third of uninsured adults from seeking needed care. Two-thirds of uninsured adults did not have a preventive visit with a physician, compared to 67 percent of adults with Medicaid and 74 percent of adults with employer coverage. As of 2013, older adults (ages 50–64) without health coverage were far less likely than those with insurance to have been screened for cancer in the five years prior.²³ The lack of access to physicians and preventive care is one important factor that accounts for the higher rates of diabetes, asthma, sexually transmitted infections, and infant and child mortality among low-income communities.²⁴ A lack of access to comprehensive and quality reproductive health care compounds this problem and contributes to higher rates of unintended pregnancy, abortion, and labor complications for low-income women in particular.²⁵

Before the ACA, the U.S. health system was rife with gender discrimination. It was perfectly legal—and commonplace—for insurers to charge women higher premiums than men for the same health coverage. The National Women's Law Center reported:

There is such wide variation in differences women are charged both within and across states—even with maternity care excluded—that it is difficult to see how actuarial justifications could explain the difference. For example, one plan examined in Arkansas charges 25-year-old women 81% more than men for coverage while a similar plan in the same state only charges women 10% more for coverage than men.²⁶

The organization estimated that the practice of gender rating cost women approximately \$1 billion a year.²⁷

Women who attempted to purchase coverage on the individual market often did not find plans with coverage they needed or could afford (see chart 2).

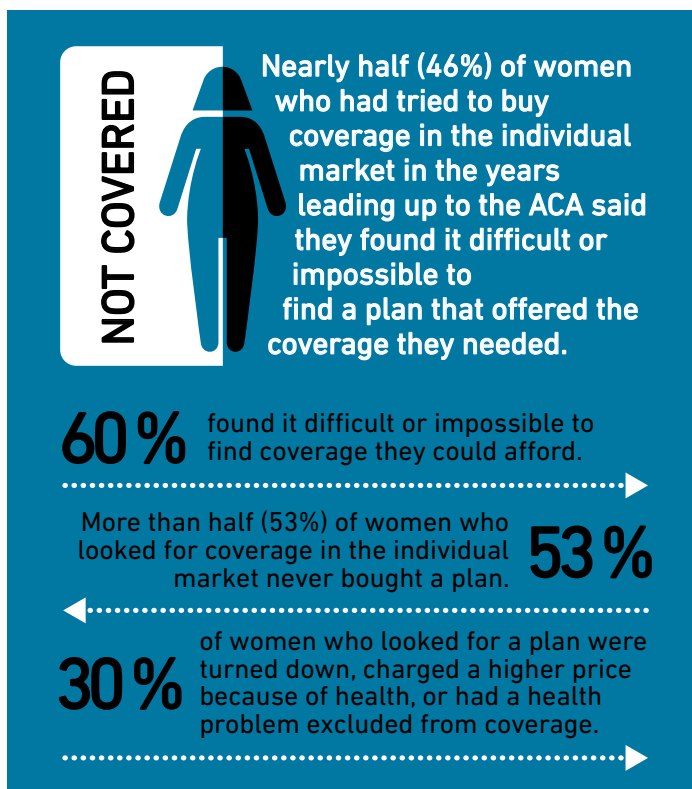


Chart 2

Source: http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2011/May/1502_Robertson_women_at_risk_reform_brief_v3.pdf

Pregnant women often found themselves without health coverage and with few options to obtain it. Under the 1978 Pregnancy Discrimination Act (PDA), employers with 15 or more employees were required to cover pregnancy, childbirth, and related medical conditions to the same extent they would cover other medical conditions. But the PDA left many women behind.²⁸ Pregnant women who did not have employer-based insurance and did not qualify for Medicaid were in particularly difficult situations. NWLC reported that, as of 2012, in states that did not mandate maternity coverage, only 6 percent of the individual market health plans available to a 30-year-old woman provided it. And even in states that did mandate maternity coverage, only 12 percent of plans offered it.²⁹ Some insurance companies allowed women to purchase a pregnancy rider, but given that deductibles could be as high as \$5,000, this was not feasible for the majority of people. Further, many insurance plans treated pregnancy itself or related conditions (such as a prior cesarean delivery, which accounts for roughly 30 percent of all births in the U.S.) as a pre-existing condition and as such charged higher premiums or denied coverage altogether.³⁰

THE ACA: AN EARLY SUCCESS STORY

By many measures the ACA has done what it set out to do. It has improved the quality of care, decreased the number of uninsured, reduced uncompensated care costs, and begun to slow the growth of health spending. It has also elevated the floor of health coverage guaranteed to all women who have insurance, and it has vastly expanded the ranks of women who are eligible for Medicaid or subsidies to more easily afford private insurance.

Today the rate of uninsured is at its lowest point in more than a decade. More than 16 million adults have gained insurance since the ACA became law, causing the rate of uninsured to drop from

20 percent in 2010 to 13.2 percent in the first quarter of 2015.^{31,32} For certain populations—particularly young people, people of color, and low-income individuals—the drop in the rate of uninsured was even more significant (see chart 3).³³ More than three in five adults who signed

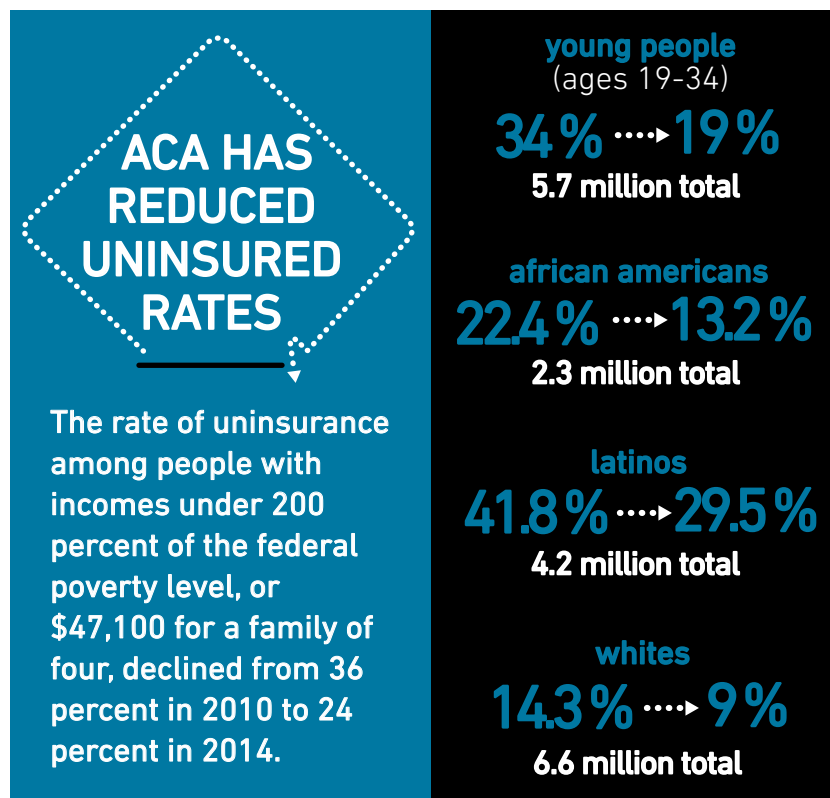


Chart 3
Source: http://www.commonwealthfund.org/~media/files/publications/issue-brief/2015/jan/1800_collins_biennial_survey_brief.pdf

up for a plan through the marketplace or enrolled in Medicaid were uninsured before gaining coverage under the ACA.³⁴ States that participated in Medicaid expansion saw a 52.5 percent reduction in their uninsured population compared to states that did not expand, where the uninsured rate has declined by 30.6 percent.³⁵

ACA GUARANTEES BETTER COVERAGE FOR WOMEN

- Under the ACA, private insurers are required to cover without cost-sharing all FDA-approved contraceptive methods, sterilization procedures, patient education, and counseling for all women of reproductive age, along with a host of other preventive health services. Previously, patients were usually required to pay a percentage of the cost of contraception, which made many methods—especially long-acting methods such as the IUD and the implant, which are often the most desirable and effective—inaccessible to most women.
- The ACA prohibits private plans from charging women higher premiums than men and prohibits all forms of gender discrimination in any program or activity that receives federal financial assistance (hospitals, clinics, employers, insurance companies, Medicare, Medicaid, etc.). This is the first time that federal law has prohibited sex discrimination in health care.
- The ACA prohibits denying coverage because of existing or pre-existing conditions.
- The ACA enables young people to stay on their family's health plan until they are 26.
- The ACA invests \$75 million annually in a state grant program to fund comprehensive approaches to sex education, including but not limited to sexual abstinence.
- The ACA mandates coverage without cost-sharing for the following preventive benefits:
 - » Coverage of Pap tests, testing for high-risk strains of HPV, and the HPV vaccination.
 - » Coverage of counseling on HIV and other sexually transmitted infections (STIs) for all sexually active women, and the coverage of screenings for four specific STIs: HIV, chlamydia, gonorrhea, and syphilis.
 - » Coverage of preconception and prenatal care visits (more than a dozen over the course of a pregnancy), including a daily folic acid supplement.
 - » Coverage of postpartum counseling and education and support for breastfeeding, including the cost of renting or purchasing breastfeeding equipment such as a breast pump.
 - » Coverage of at least one well visit per year so that women can gain access to the abovementioned services.

BENEFITS TO WOMEN AND FAMILIES

The ACA has been especially beneficial to women, who comprise more than half of all individuals who have signed up for coverage under the ACA.³⁶ Thanks to the law, 8.7 million women gained maternity coverage;³⁷ 48.5 million women with private insurance have benefited from the requirement that preventive services be covered with no cost-sharing (almost 30 million did not have access without cost-sharing before the ACA); and as many as 65 million women can no longer be charged higher premiums based on pre-existing conditions.³⁸ Additionally, more than 48 million women no longer face cost barriers to accessing birth control.³⁹ NWLC reported that in 2013, women saved more than \$483 million in out-of-pocket birth control costs, an average of \$269 per woman, and that this change was substantially impacting women's lives.

They are no longer choosing between birth control and paying for other necessities, like groceries, and are continuing their education and advancing their careers because of this landmark law. Indeed, access to birth control has benefits for the health of women and children, improves women's ability to control whether and when they will have a child, and fosters women's ability to participate in education and the workforce on an equal footing with men.⁴⁰

The number of women who filled their birth control prescriptions without co-pays grew from 1.3 million to 5.1 million, and in one year the share of women who had access to birth control with no out-of-pocket costs grew from 14 percent to 56 percent .⁴¹

There has also been research to suggest that because the ACA has decreased dependence on employers for insurance coverage, workers are now freer to change jobs, work part-time, or take time off when needed. They have greater ability to start small businesses and seek new and higher-paying employment. In some respects, the law has helped people better balance work and family obligations.⁴²

Medicaid expansion is particularly beneficial to women. According to the American Congress of Obstetricians and Gynecologists (ACOG), in 2013 Medicaid was the largest payer of pregnancy services, covering 40–50 percent of all births and family planning services.⁴³ Though in all states, women with pregnancy-related Medicaid coverage would often lose it 60 days after delivery. Medicaid expansion enables eligible women to have a better continuum of care and access services before, during, and after pregnancy.

FEWER INDIVIDUALS FORGOING CARE

The dramatic decline in the rate of uninsured has led to fewer individuals forgoing care because of cost concerns. The number of adults who did not get needed care because of cost declined from 43 percent (80 million people) in 2012 to 36 percent (66 million) in 2014 (see chart 4).⁴⁴

IMPROVEMENT, NOT REVERSAL

The ACA's performance to date has been promising, but like the early phases of most major social and economic programs, there is room for improvement. The gaps could be filled if lawmakers can muster up the resolve—and if the Supreme Court gives them the opportunity to do so.

One of the biggest gaps in the ACA is a result of lawmakers refusing to take the significant federal funding the ACA provides for expanding Medicaid eligibility. Before the ACA was enacted, Medicaid eligibility for adults was largely limited to low-income pregnant women, parents of dependent children, individuals

older than 65, and those with disabilities. But the ACA opened eligibility up to all individuals with incomes below 138 percent of the federal poverty level (FPL) regardless of whether or not they qualified under these traditional categories. However, in *National Federation of Independent Business v. Sebelius*, the Supreme Court determined that states could not be forced to expand Medicaid, basically making participation in that component of the ACA optional.⁴⁵ To date, 28 states and the District of Columbia have expanded Medicaid eligibility, providing coverage to 3 million additional women.⁴⁶ Currently 21 states are not expanding Medicaid, leaving uninsured more than 6 million individuals who could qualify, approximately half of whom are women.^{47,48}

Lawmakers argue they cannot afford expansion, but recent research shows that Medicaid expansion can have long-term benefits for states and for families. The law requires the federal government to pay 100 percent of expansion costs until 2016, with its share phasing down to a minimum of 90 percent by 2020. Allowing the federal government to pay any less than 90 percent would require a statutory change.⁴⁹ States that have expanded Medicaid eligibility have seen economic and budget benefits, such as job growth, an increase in GDP, and a reduction in uncompensated care costs.^{50,51} Additionally, a University of Wisconsin study showed that the Medicaid expansions of the 1980s and 1990s positively affected economic mobility by “both reducing the correlation between the income ranks of parents and children—greater overall mobility—and increasing the probability that low-income children experience absolute upward mobility in adulthood.”⁵² These findings corroborate previous studies that have demonstrated

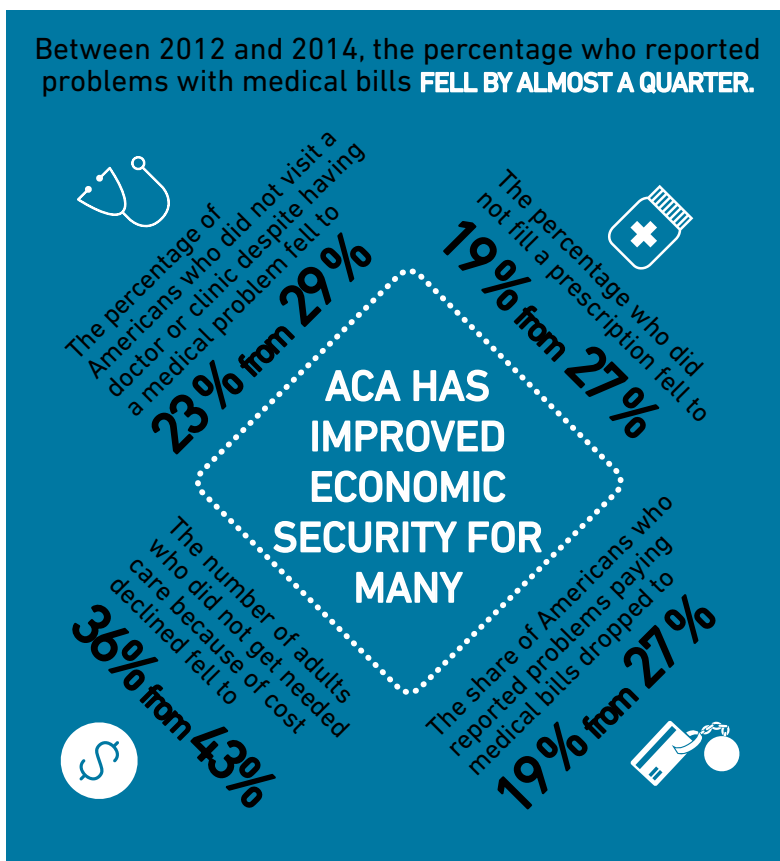


Chart 4

Source: http://www.commonwealthfund.org/~media/files/publications/issue-brief/2015/jan/1800_collins_biennial_survey_brief.pdf

links between Medicaid coverage and economic mobility, and have also shown that Medicaid coverage has a positive effect on individual health, educational attainment, and labor force participation. They “illustrate the role of health insurance in mitigating the transmission of economic disadvantage from parents to children.”⁵³ Medicaid has also been shown to improve the health of low-income children and has narrowed the gap in health outcomes between children from low- and high-income families.⁵⁴

Despite the ACA’s significant successes, other gaps remain. Beyond fully implementing Medicaid expansion, lawmakers should fix the family glitch,⁵⁵ improve subsidies, and provide stronger enforcement of the law’s coverage requirements, including nondiscrimination. Other problems have persisted under the law. Rising out-of-pocket costs are threatening the affordability of health care for individuals with all types of health coverage.⁵⁶ Pregnancy is not considered a “qualifying event,” and many individuals who are uninsured when they become pregnant are not able to get coverage.⁵⁷ Women report problems accessing birth control coverage required under the law,⁵⁸ and legal challenges to the contraceptive mandate have made it possible for employers who consider themselves religious to deny coverage to their employees.⁵⁹ At the same time, conservative lawmakers around the country are imposing onerous family planning and abortion restrictions that are making it more difficult for all women to access reproductive services.⁶⁰ All of these gaps threaten the health and economic security of those impacted, but these gaps can and should be filled, not exacerbated by the reversal of subsidies or repeal of the law.

LOSS OF SUBSIDIES AND GOP PROPOSALS: DISASTER FOR MILLIONS

There is currently no agreed upon “fix” should the Supreme Court rule in favor of the plaintiffs this month. The simple solution would be for Congress to modify the phrase in question to clarify that individuals in all states can receive subsidies, but Republican lawmakers have made clear they won’t allow that to happen.⁶¹ Conservatives are not unified in an approach to addressing the upheaval that a decision in their favor would create. The leading proposal would extend subsidies to existing recipients until 2017 while repealing the individual and employer coverage mandates.⁶² This would lead to what many have called a “death spiral” that would wreak havoc on insurance marketplaces in all states.⁶³ Senator Ben Sasse (R-NE) has proposed winding down subsidies over the next 18 months, and in March a team of Republican senators published an op-ed in *The Washington Post* that called for providing transitional financial assistance to help Americans keep their coverage and giving states more flexibility to create more competitive health insurance markets.⁶⁴ But as of publication Republicans have yet to officially rally around a plan, and the suggestions they have put forward would water down the ACA so significantly (or eliminate it altogether) that President Obama would likely veto them.

LOSS OF SUBSIDIES

A loss of subsidies would hurt millions of individuals, particularly low- and middle-income women who have benefitted most significantly from the ACA and would continue to benefit should the law prevail. More than 3 million women account for 55 percent of the enrollees on the federal exchange and have made good use of the benefits provided by the health coverage they gained.⁶⁵ A loss of subsidies would be especially harmful to women of color. In states that are using the federal exchange, women of color represent nearly half of uninsured women eligible for tax credits. Those subsidies are the only path to insurance for 1.1 million Black women, approximately 2 million Latinas, nearly a quarter-million Asian women, and more than 100,000 Native American women. Many of those women live in three states: Florida, Georgia, and Texas.⁶⁶

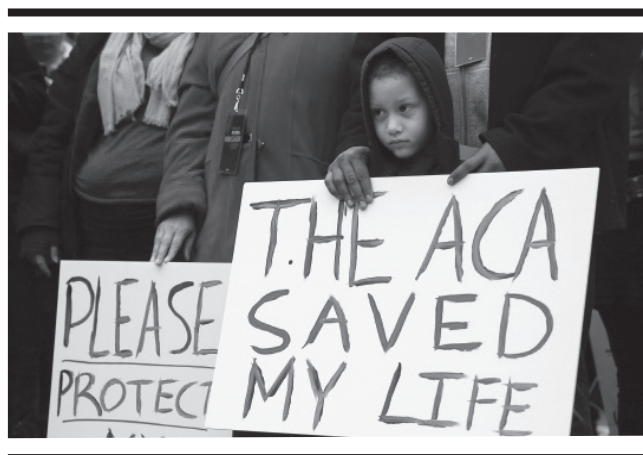
GOP HEALTH PLANS

Over the past six months, Republicans have offered a glimpse of what they would propose to replace the ACA, and their plans would thrust many Americans into the health and economic instability that characterized the pre-ACA decades. Senator Orrin Hatch (R-UT), Representative Fred Upton (R-MI), and Senator Richard Burr (R-NC) released a proposal in February that would immediately repeal the ACA and thrust millions of people back onto the ranks of the uninsured and jeopardize coverage for millions more. Their plan would eliminate all of the law's key components: Medicaid expansion, the health exchanges, tax credits, and cost-sharing reductions that have made purchasing coverage possible for so many. The Congressional Budget Office has estimated that eliminating these components of the law would leave 25 million more individuals uninsured than under the current law.⁶⁷ The Hatch-Upton-Burr plan would provide smaller tax credits only to those at 300 percent of FPL (lower than the ACA's threshold of 400 percent), which would cause many of the 9.5 million individuals who enrolled in marketplace plans to lose their coverage.⁶⁸ Eliminating Medicaid expansion would likely mean a loss of coverage for the 9 million additional individuals who enrolled in expansion states between 2013 and 2014. According to the Center for Budget and Policy Priorities (CBPP):

In its place, they would receive only the plan's relatively modest tax credit to help them purchase coverage in the individual market, where they generally would receive much less comprehensive coverage than under Medicaid. Given their limited incomes, most such people would have difficulty affording needed health care services that the narrower coverage in the individual market wouldn't provide. Moreover, they often would have difficulty using even the health services their new insurance did cover, since they would receive no assistance whatsoever with deductibles or cost-sharing charges despite their low incomes. Millions of additional people with coverage through either their employer or the individual market outside the marketplaces also would likely see their coverage disrupted as insurance companies -- no longer subject to most of the ACA's consumer protections and market reforms -- substantially altered their plans.⁶⁹

Few individuals would benefit under the GOP proposals.⁷⁰ Insurance reforms that have protected consumers would be significantly weaker. Elderly individuals could be charged more than five times more than younger people, and their tax credits would be much lower. Patients with pre-existing conditions would not be protected and patients would likely pay more for deductibles and co-payments. The comprehensive host of benefits guaranteed by the ACA would no longer exist. Additionally, the plan would likely leave states with inadequate funding for Medicaid, forcing them to increase their own spending or make cutbacks to programs on which low-income families rely.⁷¹ Given the recent history of conservative lawmakers dismantling the social safety net in their states, it seems unlikely that state lawmakers would increase health spending to compensate for the losses. Insurance companies could once again set annual coverage limits, lift caps on out-of-pocket expenses, and charge women more than men. States would have the freedom to determine whether or not young people under 26 could get coverage through their parents' health policies.

The budgets proposed by GOP lawmakers earlier this year would only worsen the health and economic circumstances of U.S. families. Their budgets would also repeal the ACA and slash funding for Medicaid, requiring states to contribute more of their own funding or cut eligibility, benefits, and payments to health care providers. As the CBPP has stated, "Many low-income Medicaid beneficiaries would end up uninsured or underinsured, on top of the tens of millions who would lose coverage or be unable to gain it due to health reform's repeal."⁷² The House Budget Committee plan would also cut \$5.3 trillion in non-defense spending, almost 70 percent of which would come from low-income discretionary and entitlement programs. It would cut one-third (\$125 billion) of the Supplemental Nutrition Assistance Program budget, as well as almost \$160 billion in tax credits for low- and middle-income families—increasing the number of people in poverty by nearly 2 million and pushing another 14.6 million even deeper into poverty—and an additional \$300 billion (perhaps more) from other social programs on which low-income families rely.⁷³ The Senate's budget includes many of those same cuts. While these budgets are unlikely to be realized under President Obama, they are indicative of how a change in political leadership would impact low-income individuals and families.



Supporters of the Affordable Care Act convene.

CONCLUSION

The ACA was originally envisioned as a path to insurance for all—a law that would enable millions of individuals to secure health coverage for the first time and improve coverage for millions more. For 16.5 million individuals, it has done just that. If the Supreme Court rules against the government this month, it would be a quick end to affordable coverage for many,

and would unravel many of the law's most significant components. It would jeopardize the significant health and economic benefits the law has already ushered in and those it promises to deliver for those who have yet to gain coverage.

As we anticipate a ruling that will have long-term implications for the law as well as the nation's health system, we must remember the insecurities and injustices that our broken pre-ACA health system levied on too many women. The political vitriol of the past five years has blurred our collective memory of just how badly we needed health reform before we got it. The law's opponents dismiss any acknowledgement of the ACA's successes as partisan pandering and continue to suggest that the law is a threat to the moral and economic fabric of our society. They say it won't work, even though it is already working. They argue that we cannot afford for the law to prevail. But we must ask: what is the cost of reversing or repealing the law? It is a cost too great for individuals, families, and our nation as a whole to bear.

Health care access is critical to addressing our nation's skyrocketing economic inequality, an issue that is now front and center for policymakers and average Americans alike. The solutions to growing inequality are numerous, and many will fall outside the scope of health care. Improving the circumstances of individuals and families across the country will require, as Roosevelt Institute Chief Economist Joseph Stiglitz argues, "rewriting the rules" and shifting the power dynamics that shape our daily lives. This includes sweeping socioeconomic changes such as fixing the financial sector, rebalancing the tax and transfer system, reforming the criminal justice system, subsidizing childcare and making pre-school universal, and legislating equal pay and paid sick and family leave, just to name a few.⁷⁴ But without the very basic ability to take care of our bodies, to see a physician when needed, to plan the timing and size of our families, and to make decisions about our reproductive health, we will never be able to take full advantage of these other economic benefits.

All Americans deserve a chance at health and economic well-being. In most other countries health is regarded as a right; families are not driven into poverty because they seek needed care, and they don't avoid seeking care out of fear that doing so will drive them into bankruptcy. The United States is unfortunately exceptional in this regard. In his recent remarks about the ACA, President Obama said:

What kind of country do we want to be? Are we a country that's defined by values that say access to health care is a fundamental right? Do we believe that where you start should determine how far you go, or do we believe that in the greatest nation on Earth, everybody deserves the opportunity to make it – to make of their lives what they will?⁷⁵

The ACA might not be solving all of our nation's problems, but it has vastly and unquestionably improved our health system and serves as a solid foundation that we can—and must—strengthen and expand. Going backward is not an option.

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