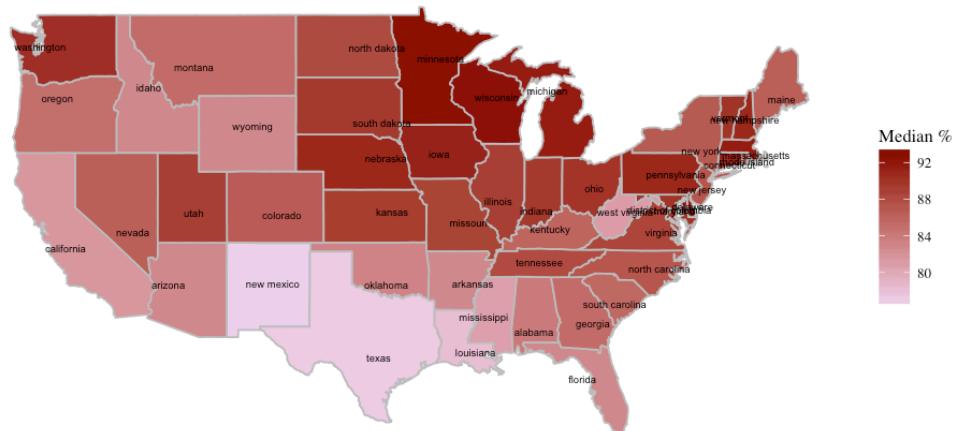


Evaluating the impact of the Affordable Care Act (ACA) on aspects of health care coverage

Considered Annual Survey Data collected under the Behavioral Risk Factor Surveillance System (BRFSS) for each year between the years 2000 and 2015. These datasets are provided at the Centers for Disease Control and Prevention (CDC.gov)

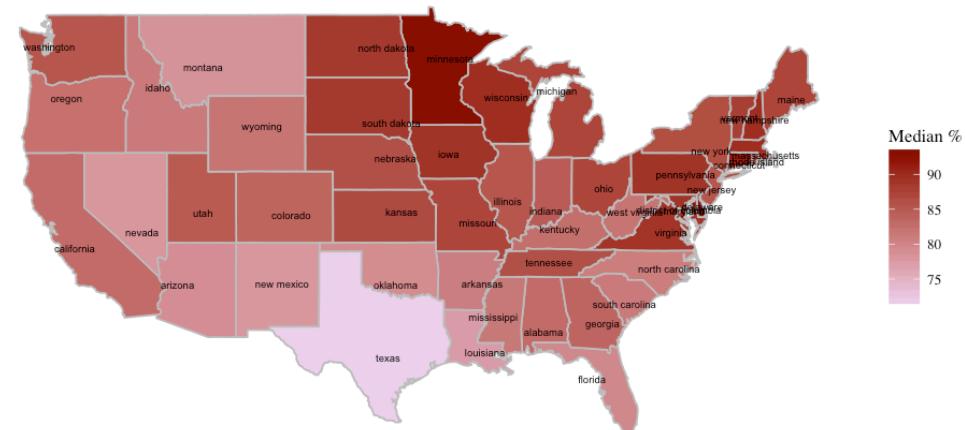
Year 2000 Pre-ACA

Median % with Access to Health Insurance



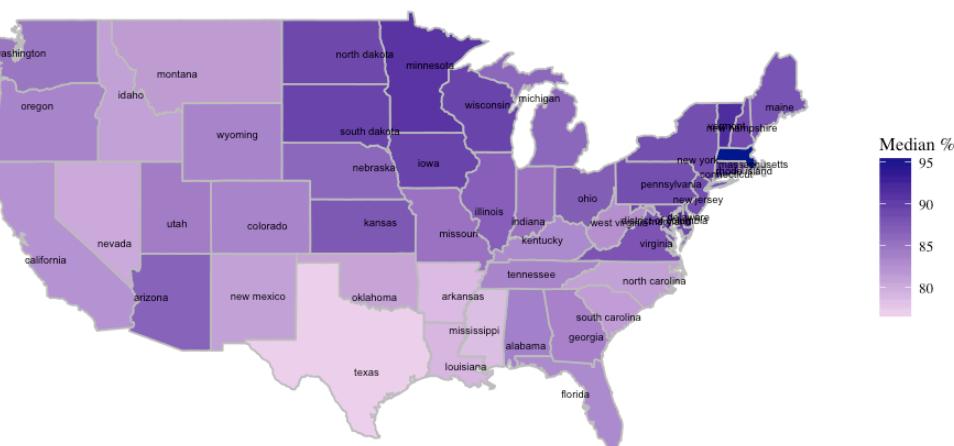
Year 2005 Pre-ACA

Median % with Access to Health Insurance



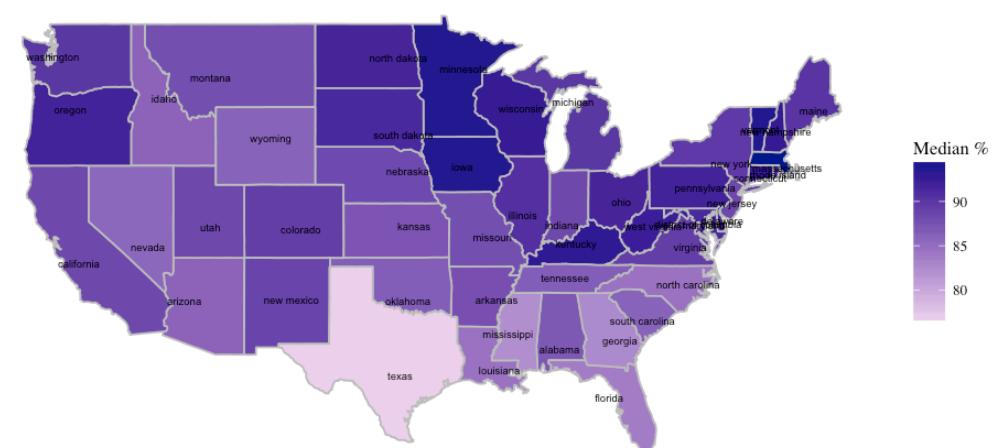
Year 2010 Post-ACA

Median % with Access to Health Insurance



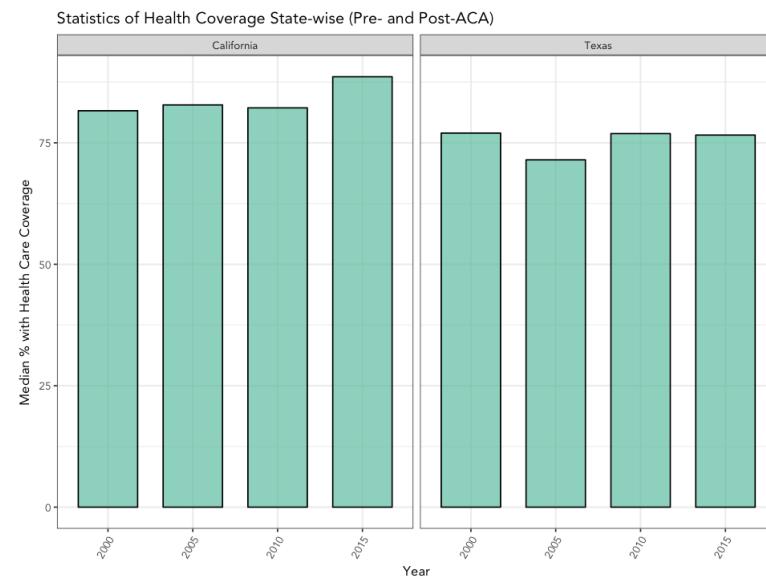
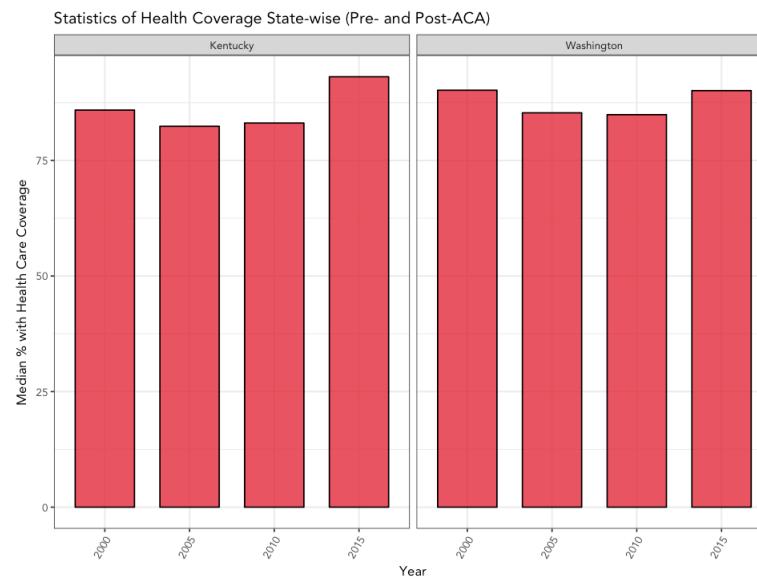
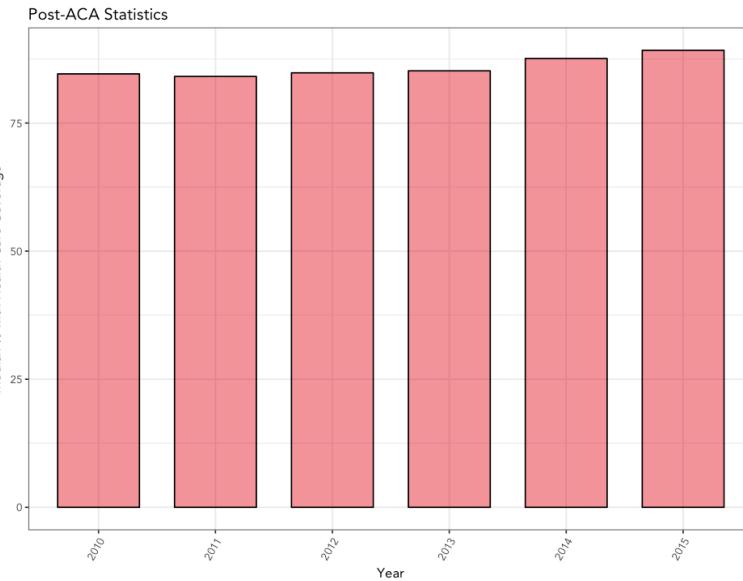
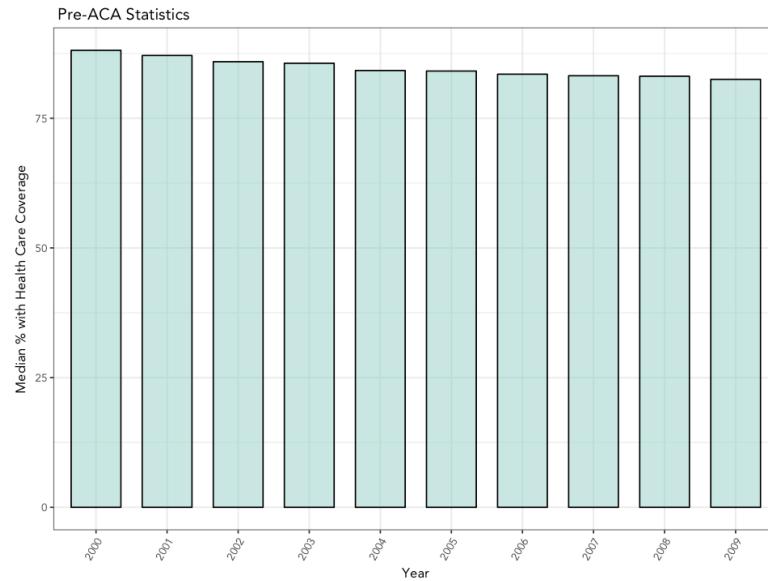
Year 2015 Post-ACA

Median % with Access to Health Insurance



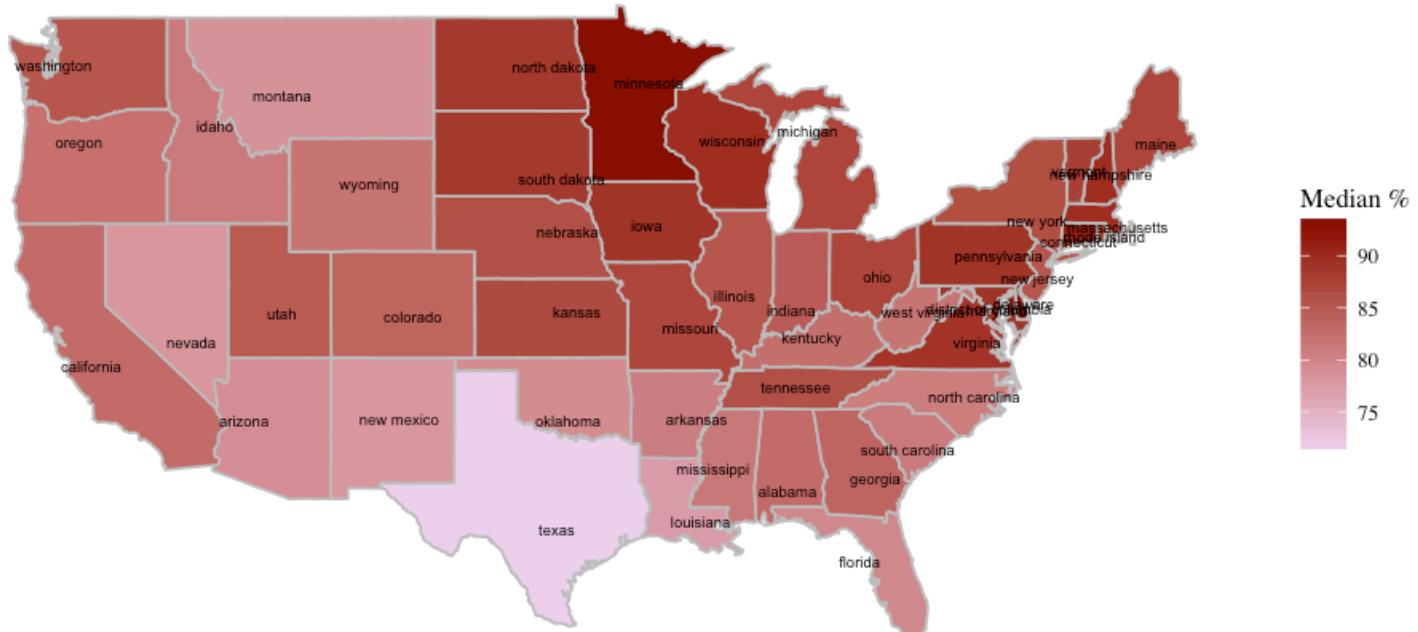
Prevalence/Trends in Health Coverage between 2000 and 2015

There is no discernible trend when we consider the median % of people with access to health Coverage in the entire United States between 2000 and 2015. Perhaps consider determining trend for each state individually.

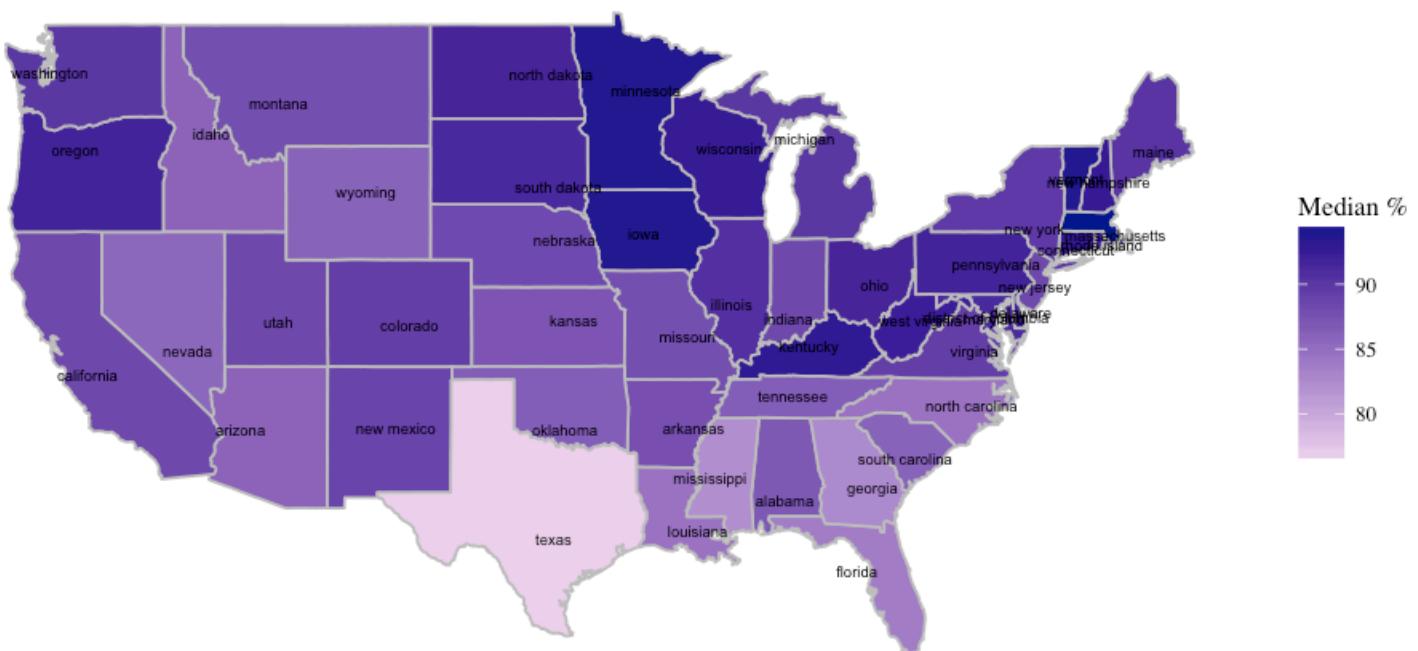


In the context of the repeal of the Affordable Care Act (ACA), it is important to determine the impact that ACA had on the Health Insurance Landscape

Year 2005 Pre-ACA Median % with Access to Health Insurance



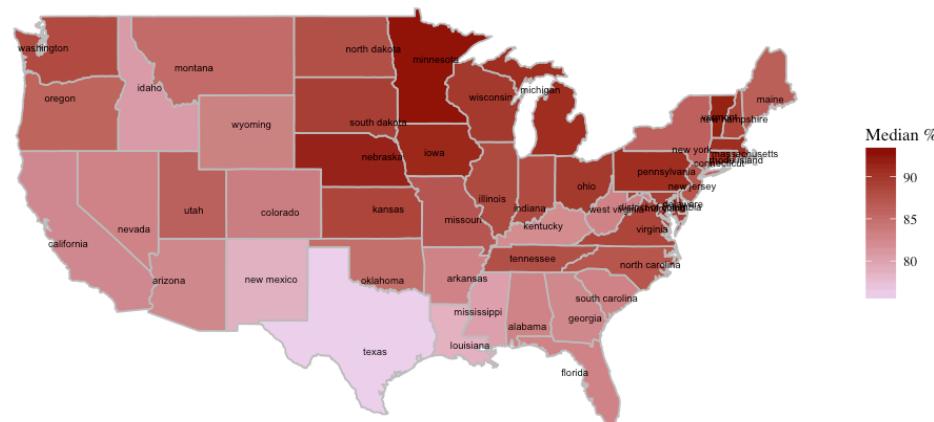
Year 2015 Post-ACA Median % with Access to Health Insurance



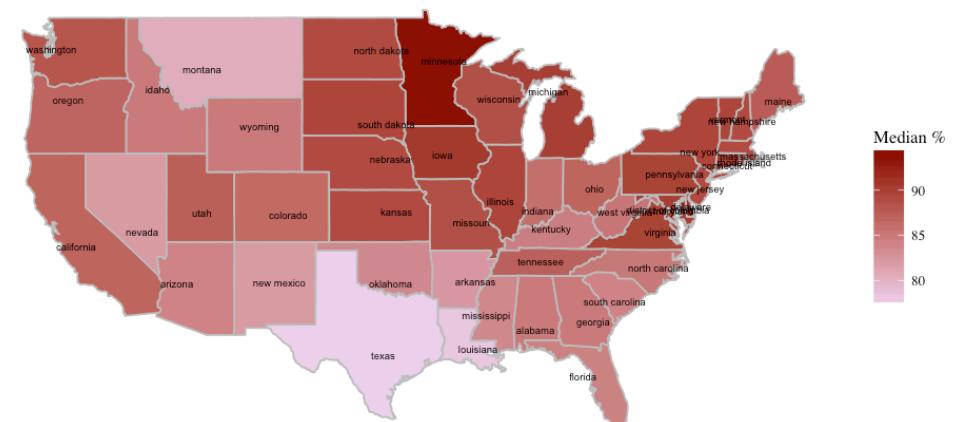
With the repeal of the Affordable Care Act, States now have the option to get out of two of ACA's insurance regulations.

- (1) Opt out of provisions that require insurers to cover a standard, minimum package of benefits, known as the **essential health benefits**.
- (2) And not follow the regulation that requires insurance companies to charge the same price to everyone who is the same age, a provision called **community rating**.

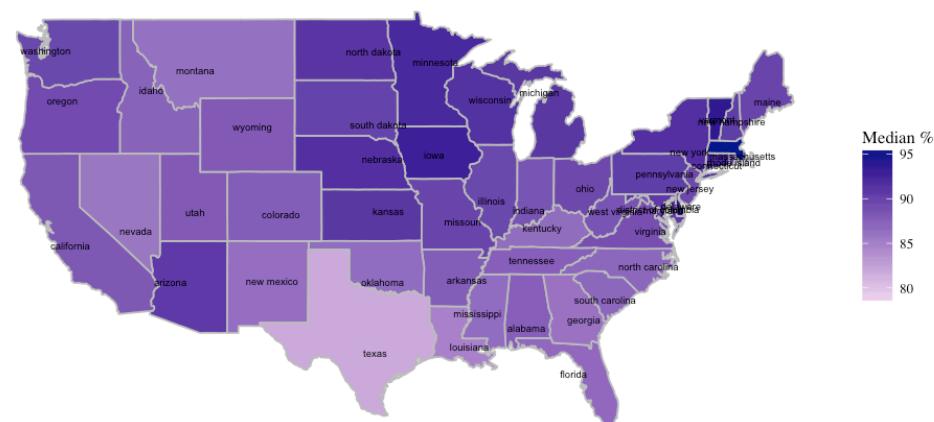
YEAR 2000 Pre-ACA
% Unemployed with Access to Health Insurance



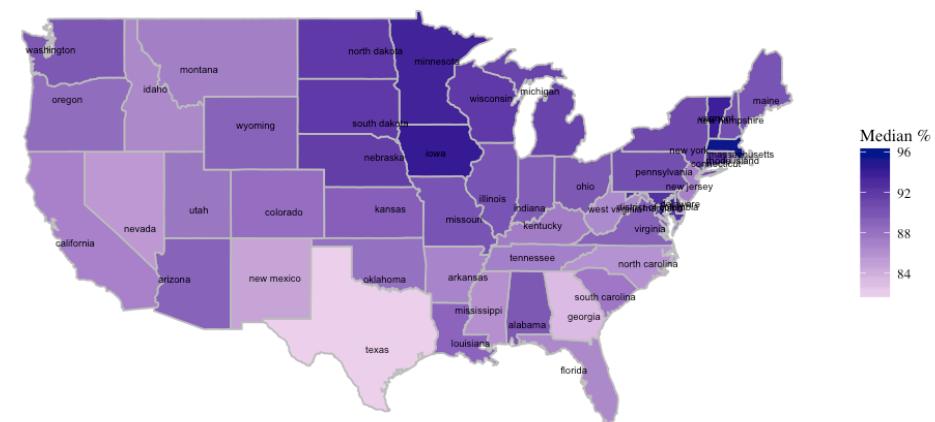
YEAR 2005 Pre-ACA
% Unemployed with Access to Health Insurance



YEAR 2010 Post-ACA
% Unemployed with Access to Health Insurance

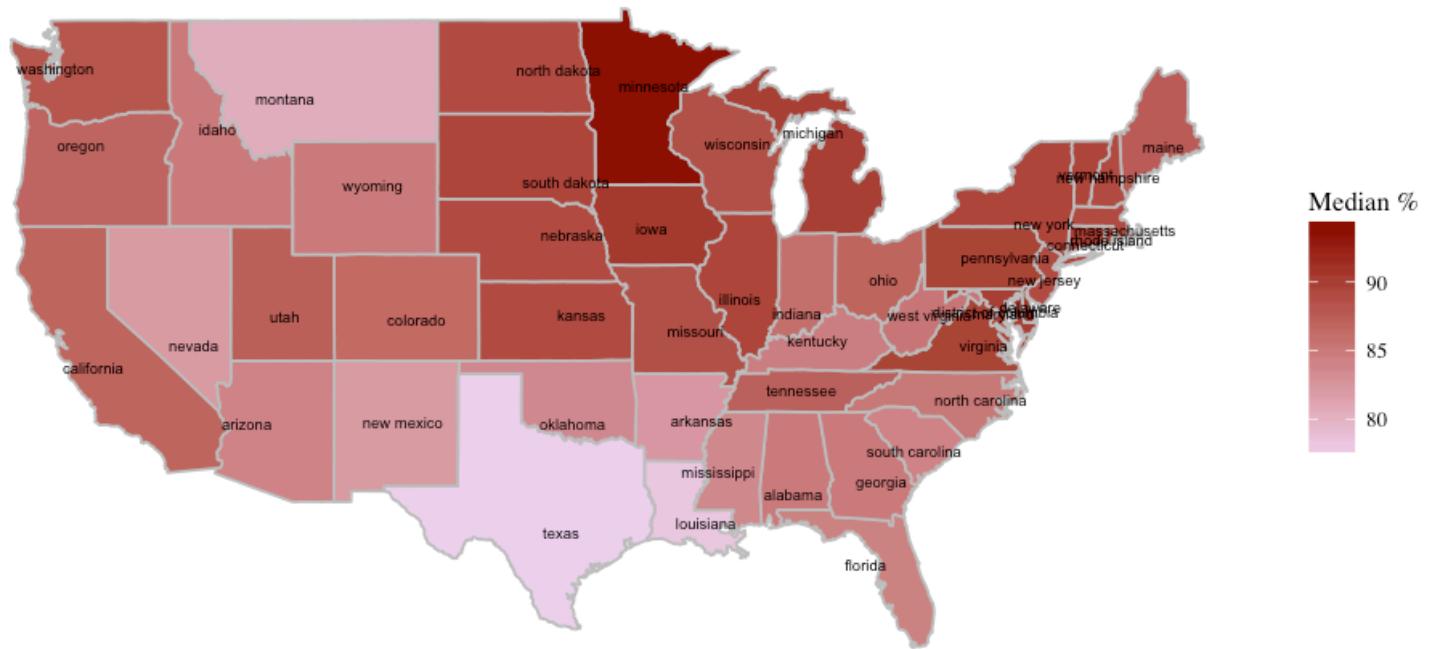


YEAR 2015 Post-ACA
% Unemployed with Access to Health Insurance



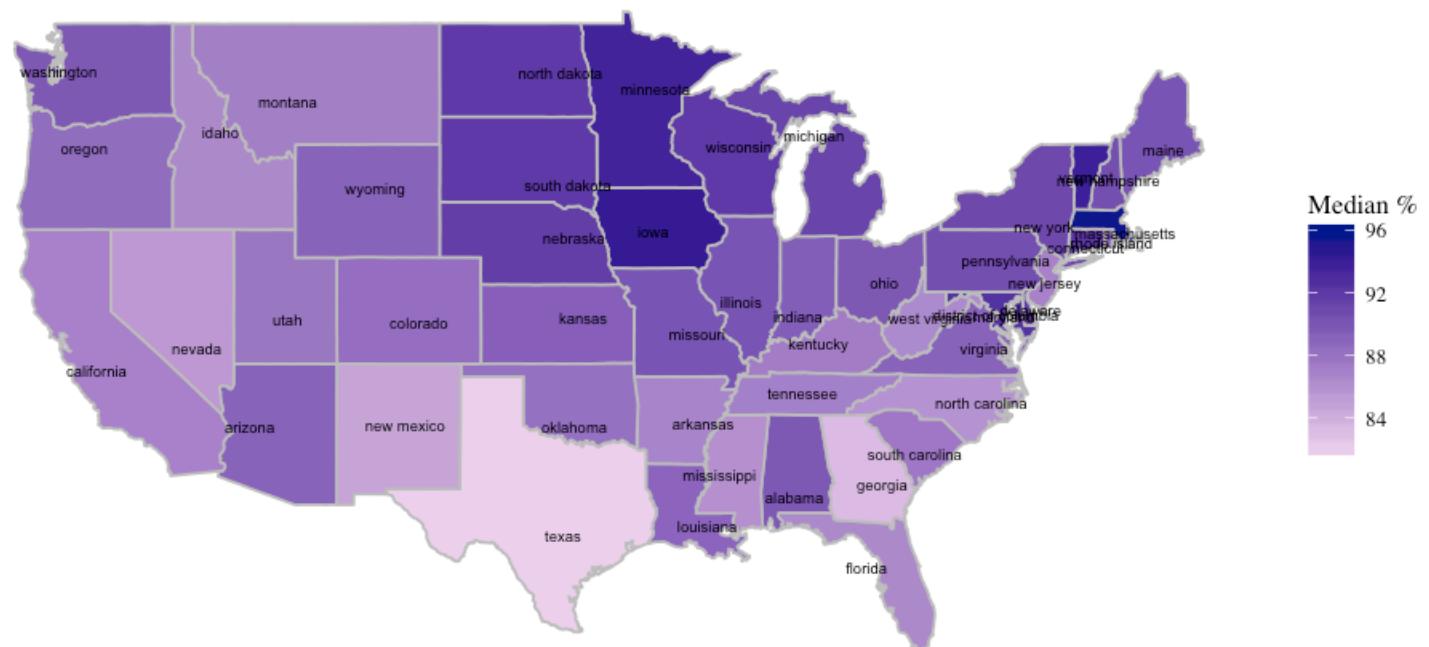
YEAR 2005 Pre-ACA

% Unemployed with Access to Health Insurance



YEAR 2015 Post-ACA

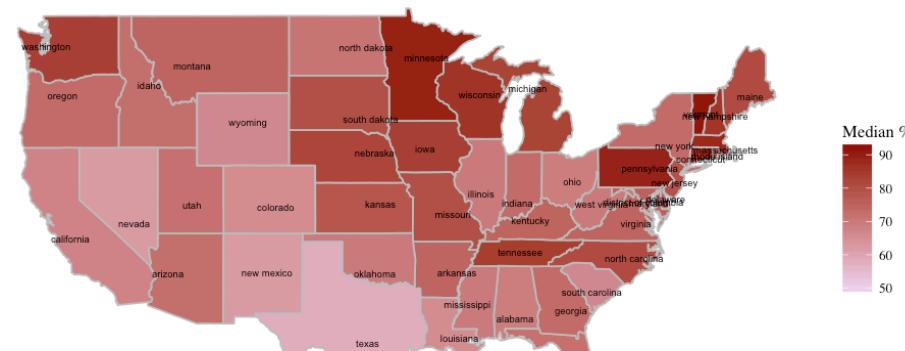
% Unemployed with Access to Health Insurance



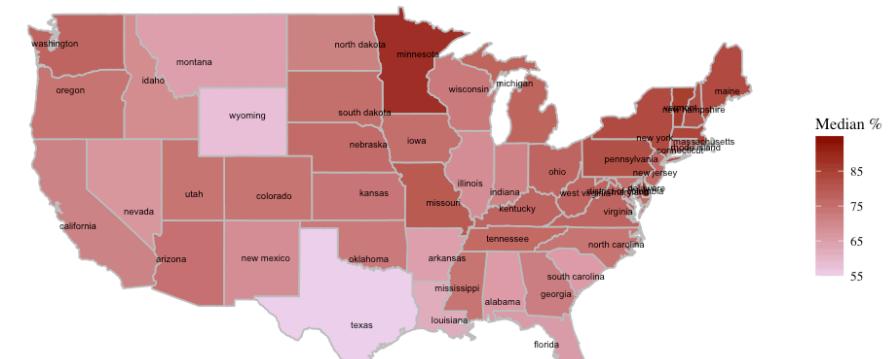
Imagine the scenario post Affordable Care Act (ACA) - New Republican Health Bill Would Undermine Coverage for Pre-existing Conditions

Without **community rating**, health plans would be free to charge cancer patients as much as they wanted. If both of the ACA provisions are removed, consider an insurance landscape where there is no health coverage for those who cannot afford it and neither for those who need it the most.

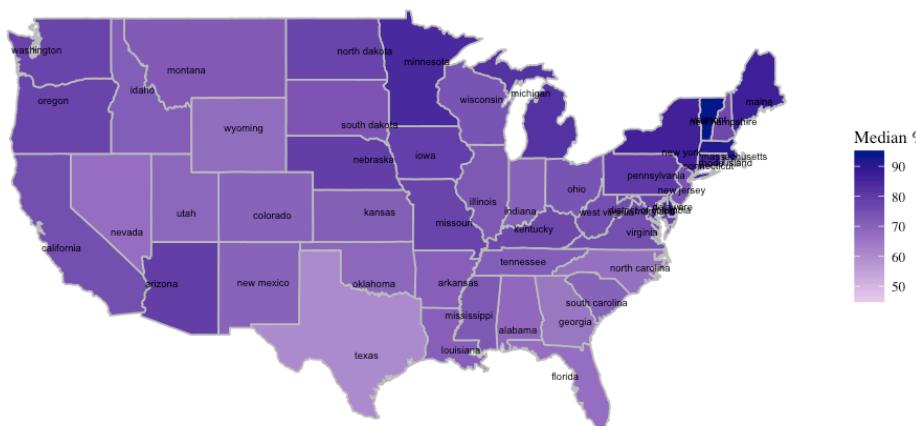
YEAR 2000 Pre-ACA
% Low-Income with Access to Health Insurance



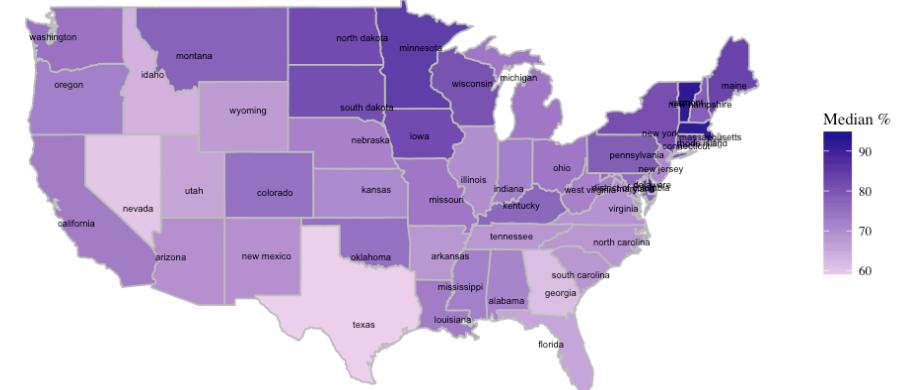
YEAR 2005 Pre-ACA
% Low-Income with Access to Health Insurance



YEAR 2010 Post-ACA
% Low-Income with Access to Health Insurance



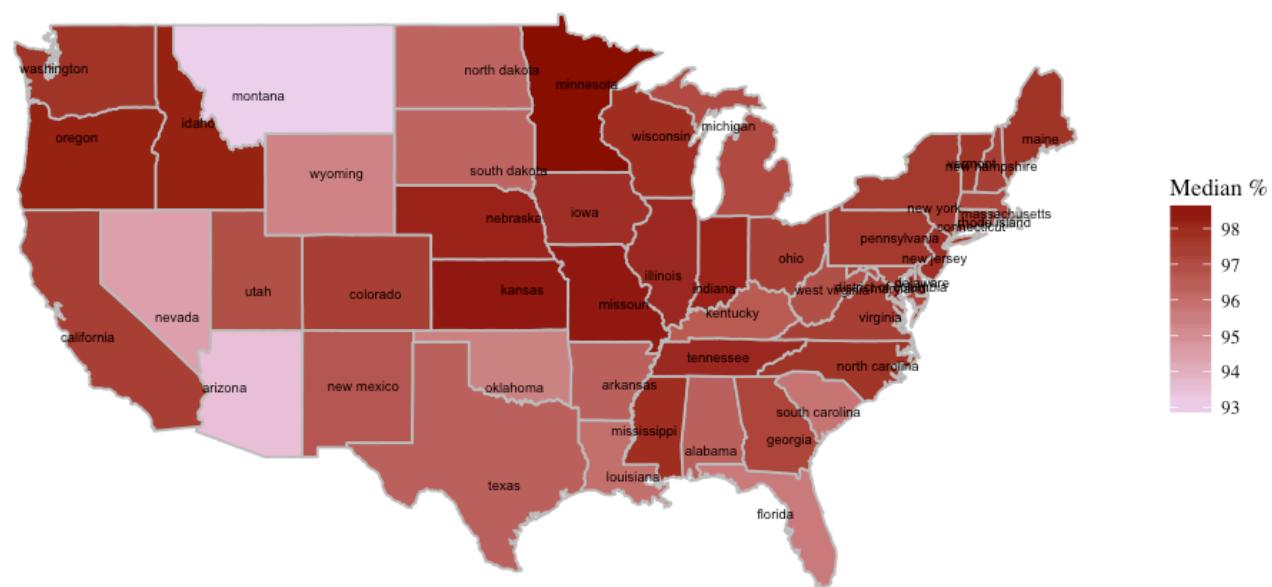
YEAR 2015 Post-ACA
% Low-Income with Access to Health Insurance



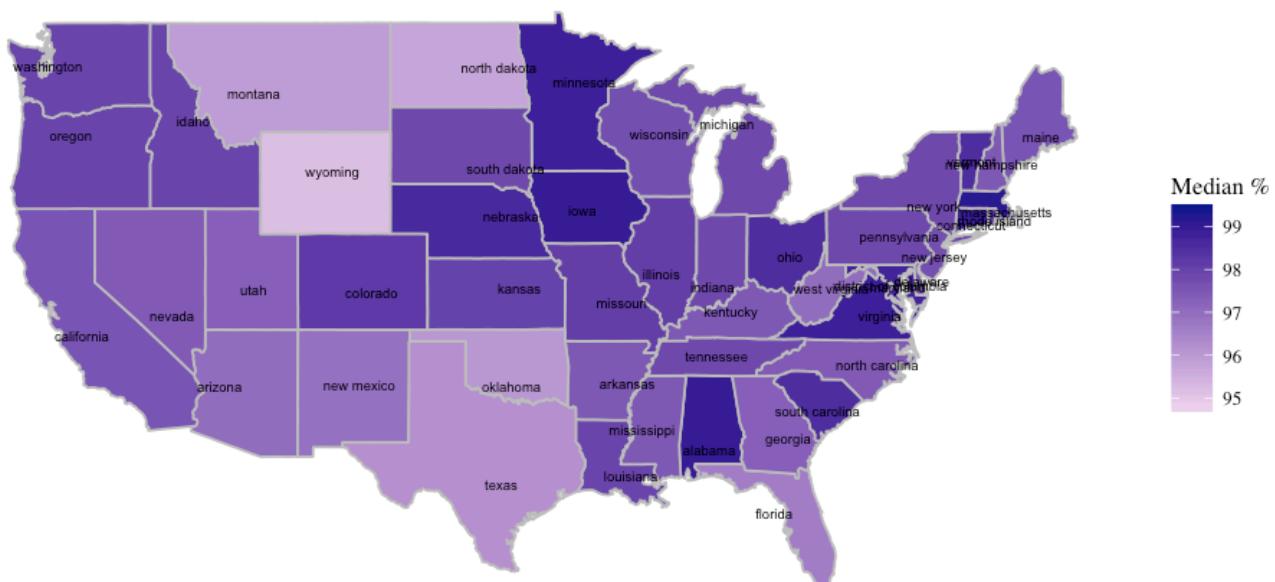
WHY speculate on what the world would look like post ACA?

Without **essential health benefits** and **community rating**, it would be how most state insurance markets worked before ACA! Back in 2009, most sick people who did not get insurance through work or a government program were excluded from coverage if they had a history of health problems.

YEAR 2005 Pre-ACA % High-Income with Access to Health Insurance



YEAR 2015 Post-ACA % High-Income with Access to Health Insurance

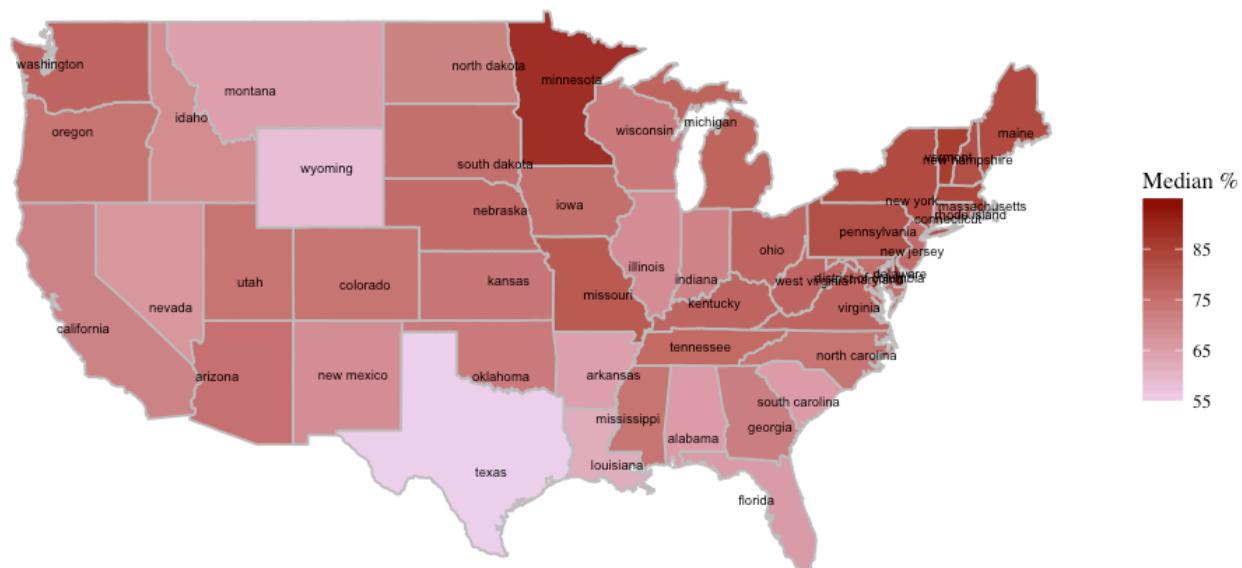


Before ACA, few states required community rating of health plans

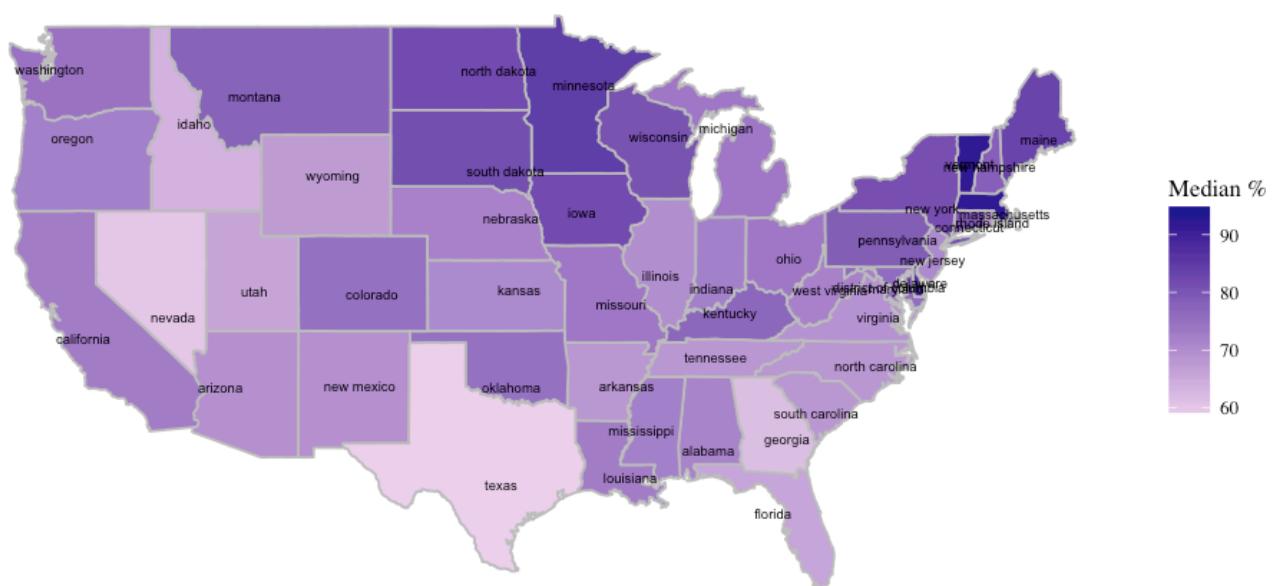
Post ACA, State governments face a difficult choice: either leave sick patients without insurance options, or keep them and see people unable to afford coverage under the new subsidy system (tax breaks to the young & healthy)

In the post-ACA landscape, impact on low-income groups, the unemployed and the sick is going to be most pronounced.

YEAR 2005 Pre-ACA % Low-Income with Access to Health Insurance

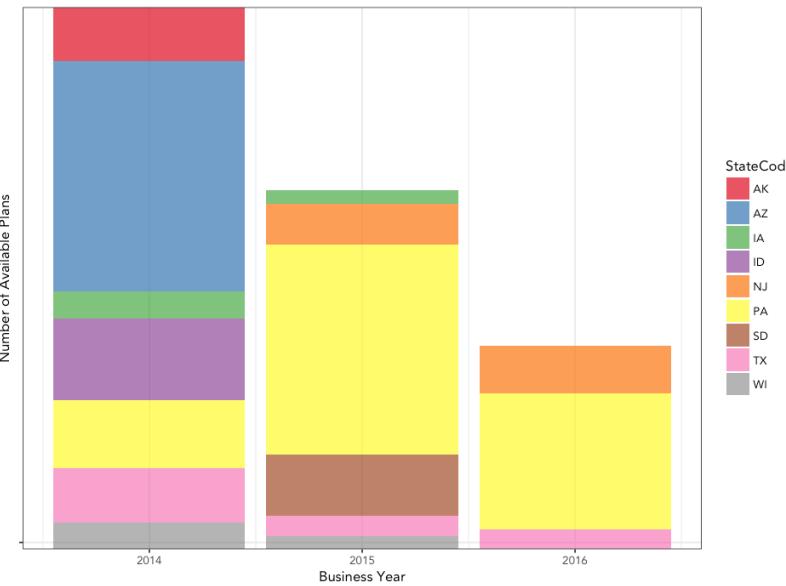


YEAR 2015 Post-ACA
% Low-Income with Access to Health Insurance

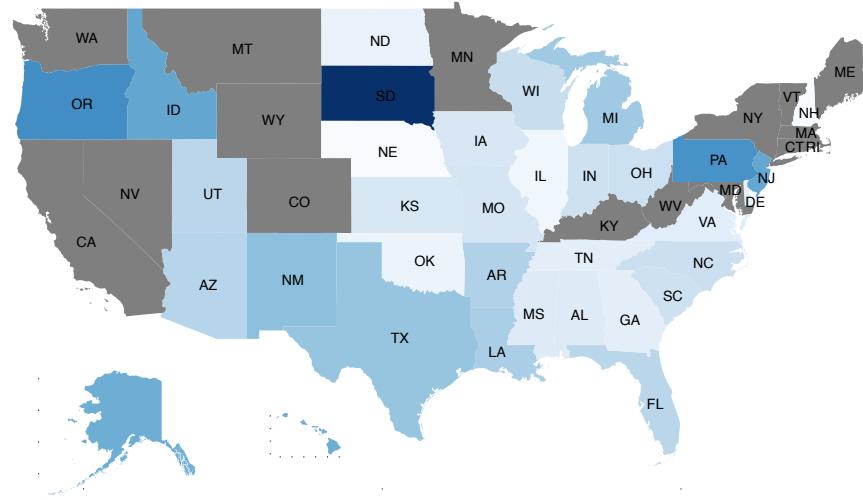


Distribution of Insurance Co-Pays for Cancer Treatments across US States

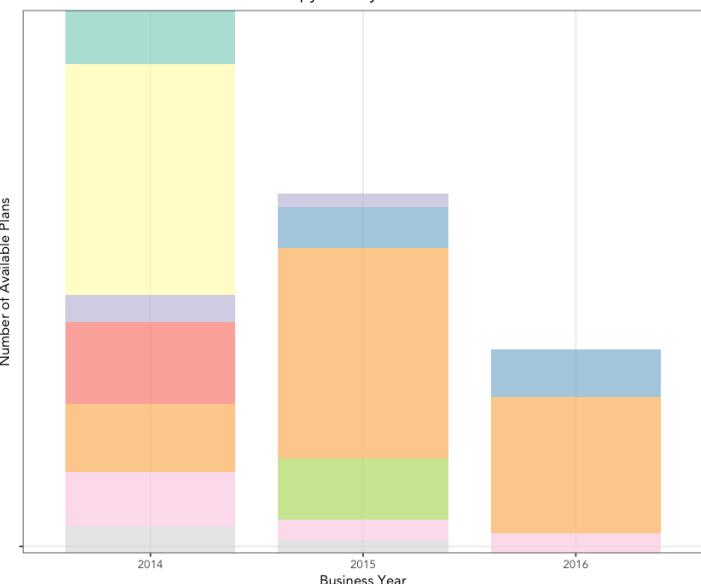
Health Insurers with Chemotherapy Co-Pays of 50% & above



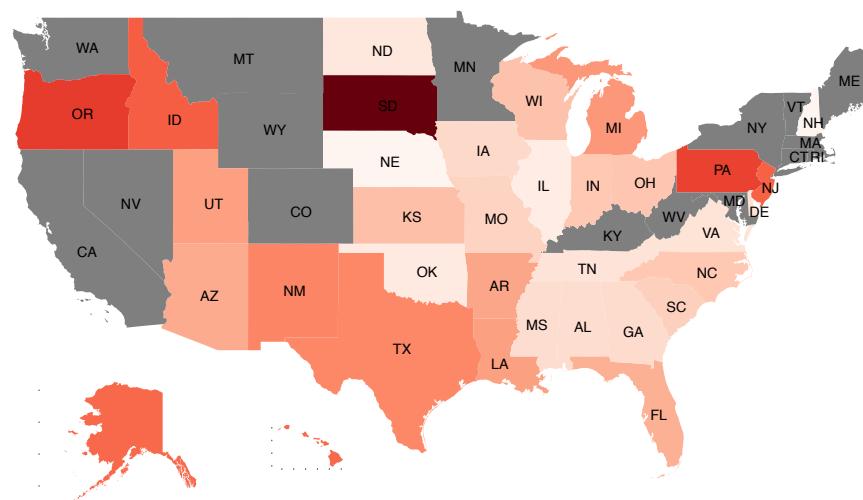
Average Co-Pay for Cancer Chemotherapy



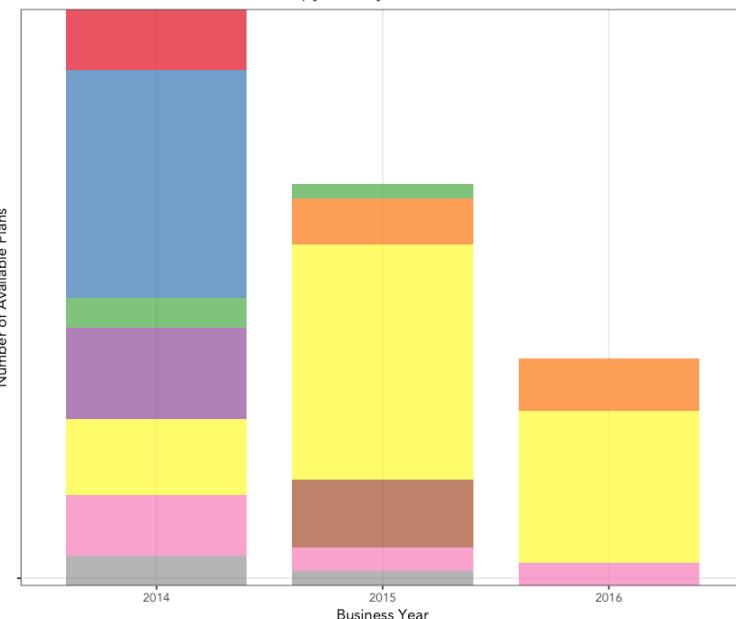
Health Insurers with Radiation Therapy Co-Pays of 50% & above



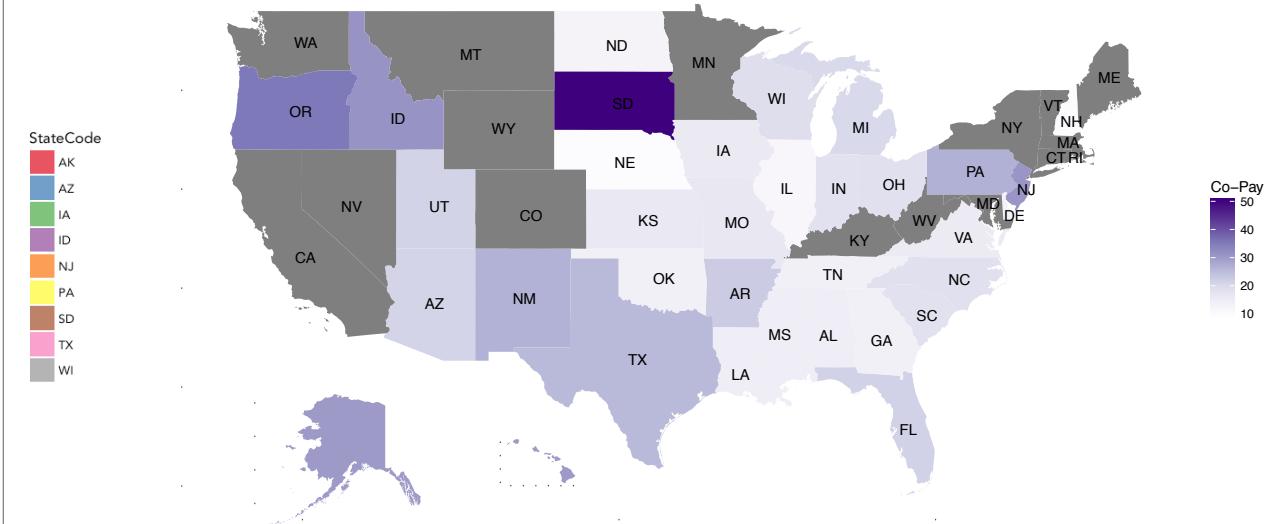
Average Co-Pay for Cancer Radiation Therapy



Health Insurers with Infusion Therapy Co-Pays of 50% & above



Average CoPay for Cancer Infusion Therapy

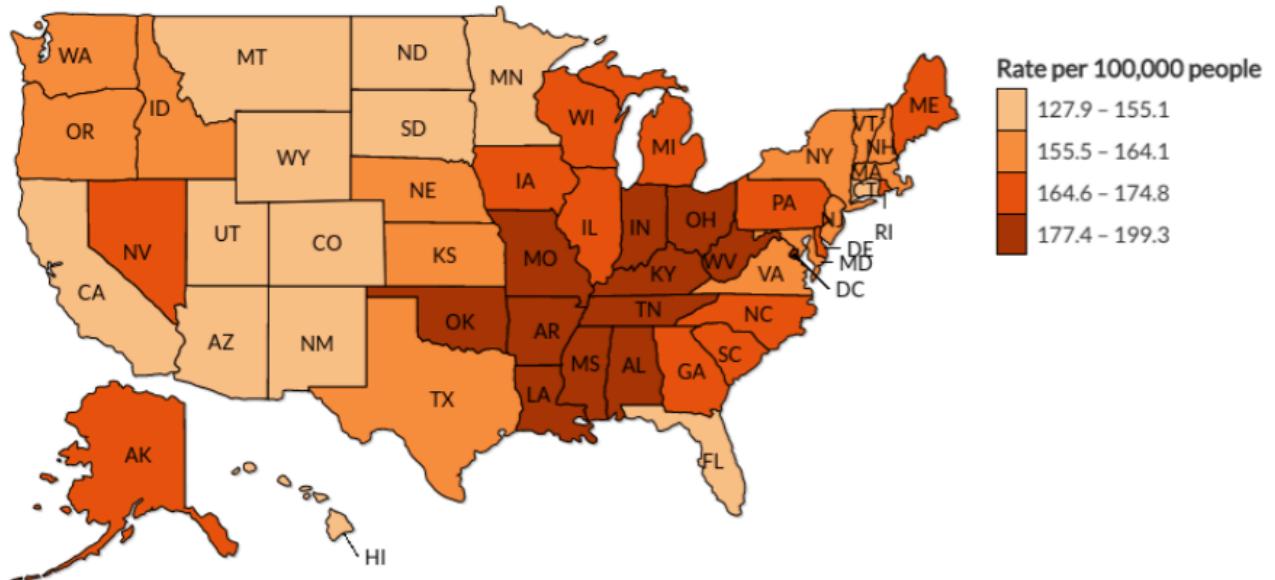


Distribution of State-wise Median Monthly Premium

State-wide Distribution of Median Insurance Payments for General Hospital Treatments

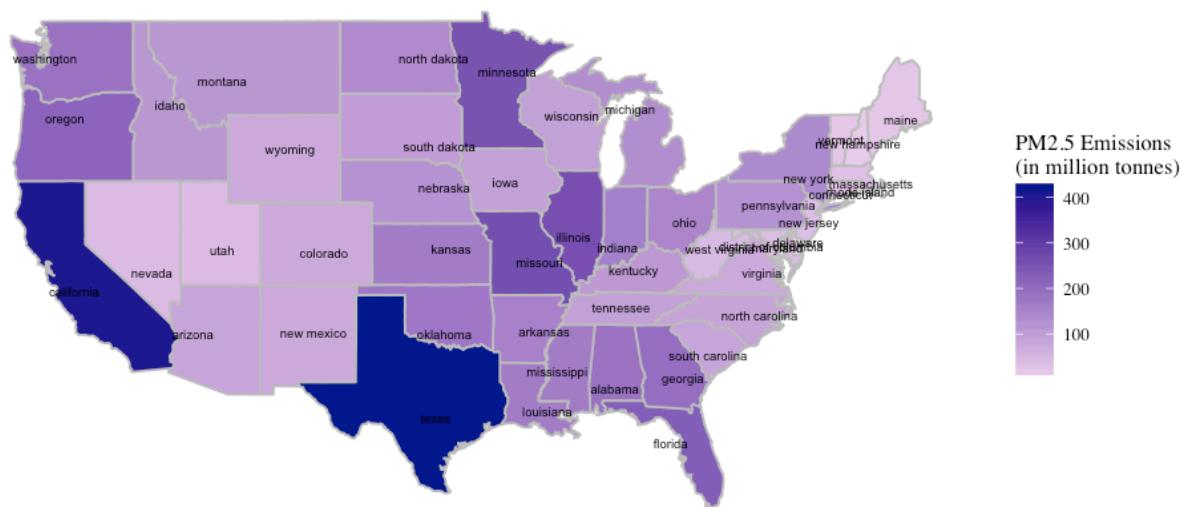
Rates of Cancer Deaths in the United States

All Types of Cancer, All Ages, All Races/Ethnicities, Both Sexes



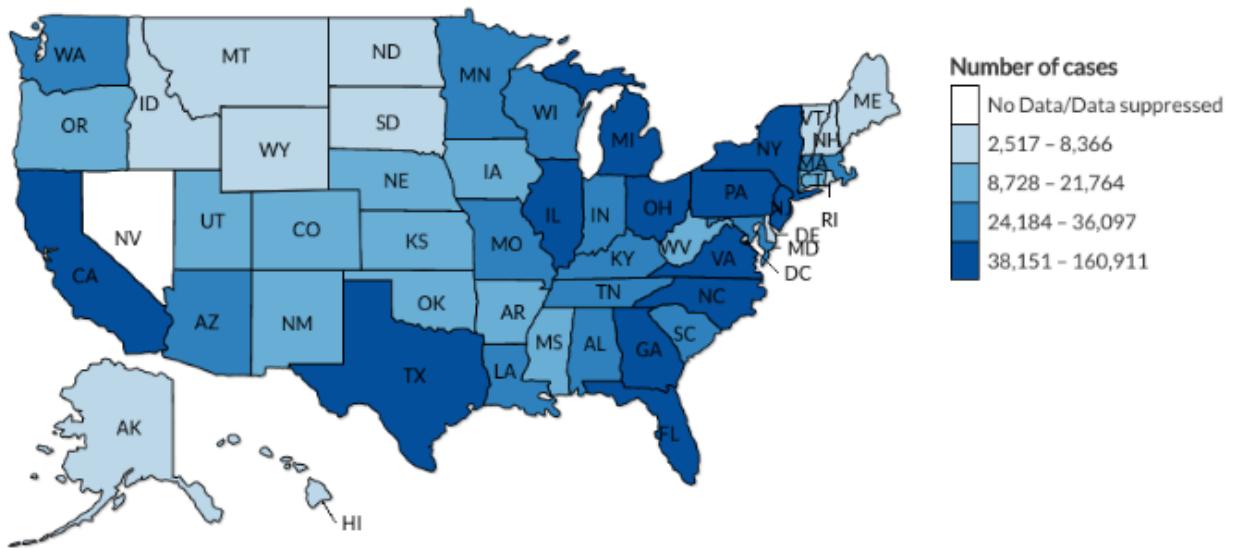
Using Air Pollution data from the NEI (National Emissions Inventory) database, provided by the (Environmental Protection Agency) EPA for the year 2013, the PM2.5 emission levels are mapped for the entire United States. This data shows a disturbing trend, particularly in the heavily populated states like California and Texas.

State-wide Distribution of Total PM_{2.5} Emissions in 2014

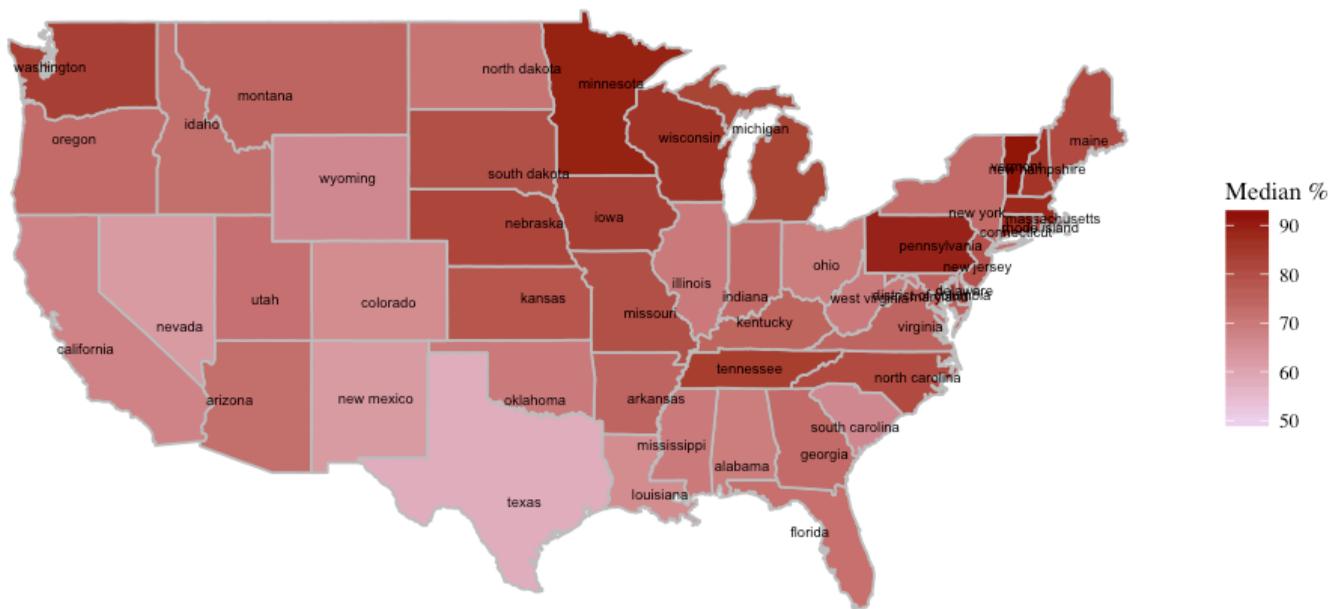


Number of New Cancer Cases in the United States

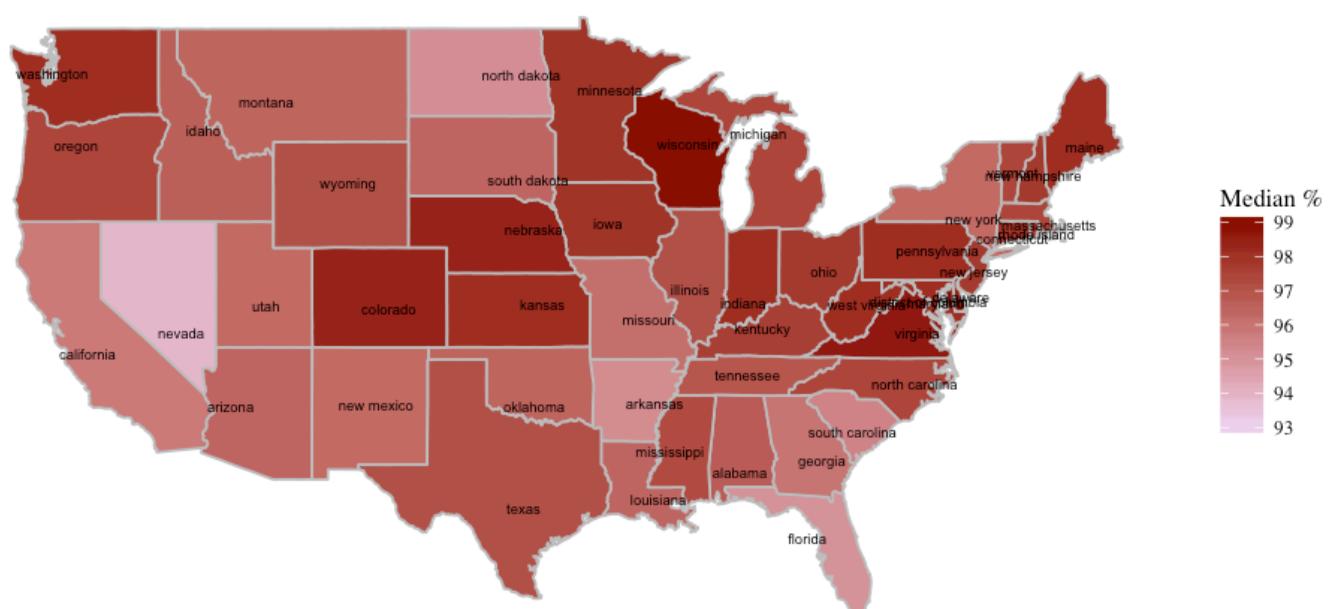
All Types of Cancer, All Ages, All Races/Ethnicities, Both Sexes



YEAR 2000 Pre-ACA
% Low-Income with Access to Health Insurance

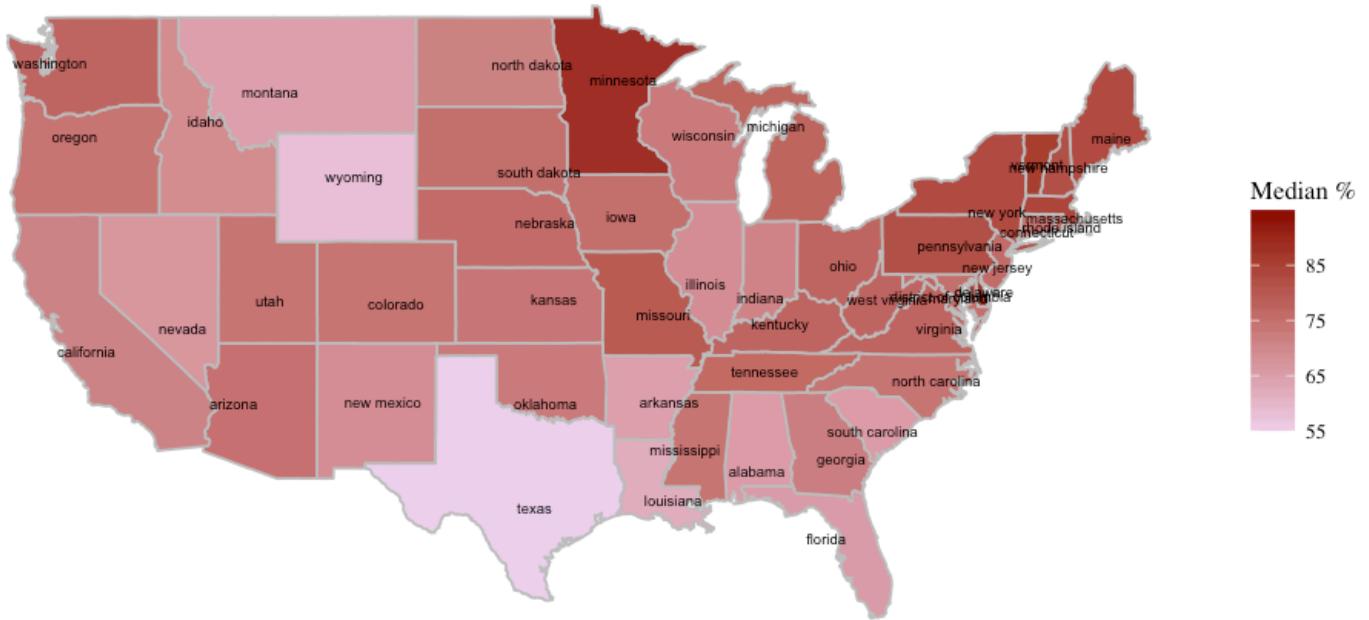


YEAR 2000 Pre-ACA
% High-Income with Access to Health Insurance



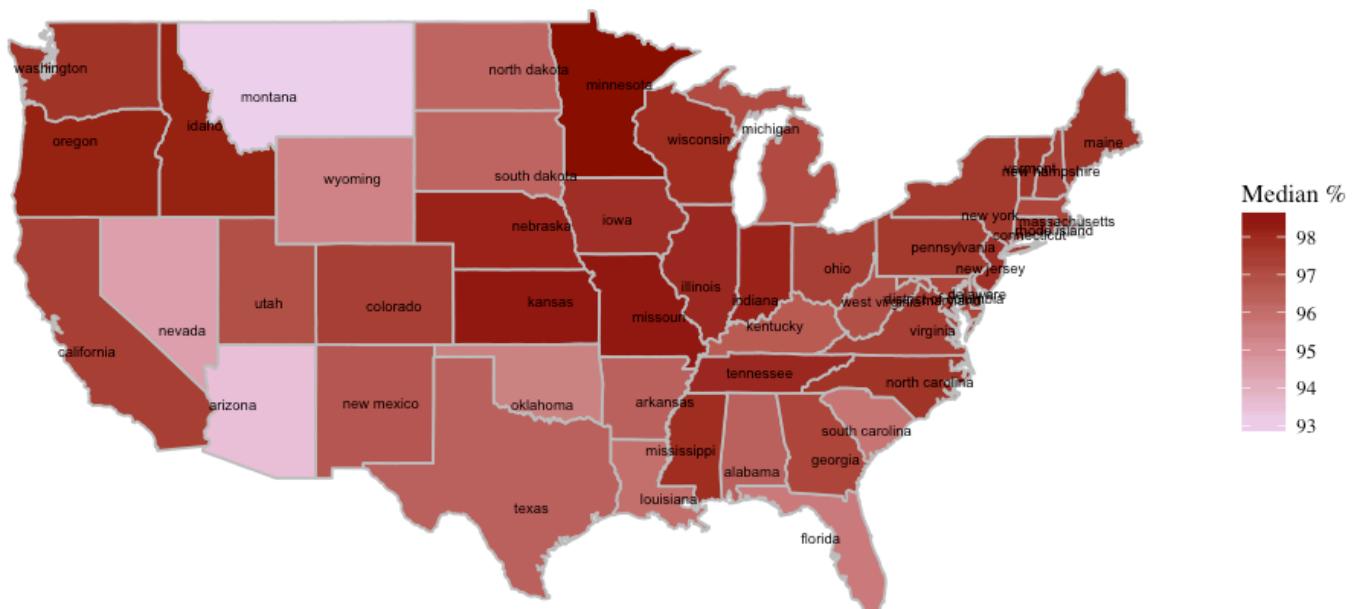
YEAR 2005 Pre-ACA

% Low-Income with Access to Health Insurance



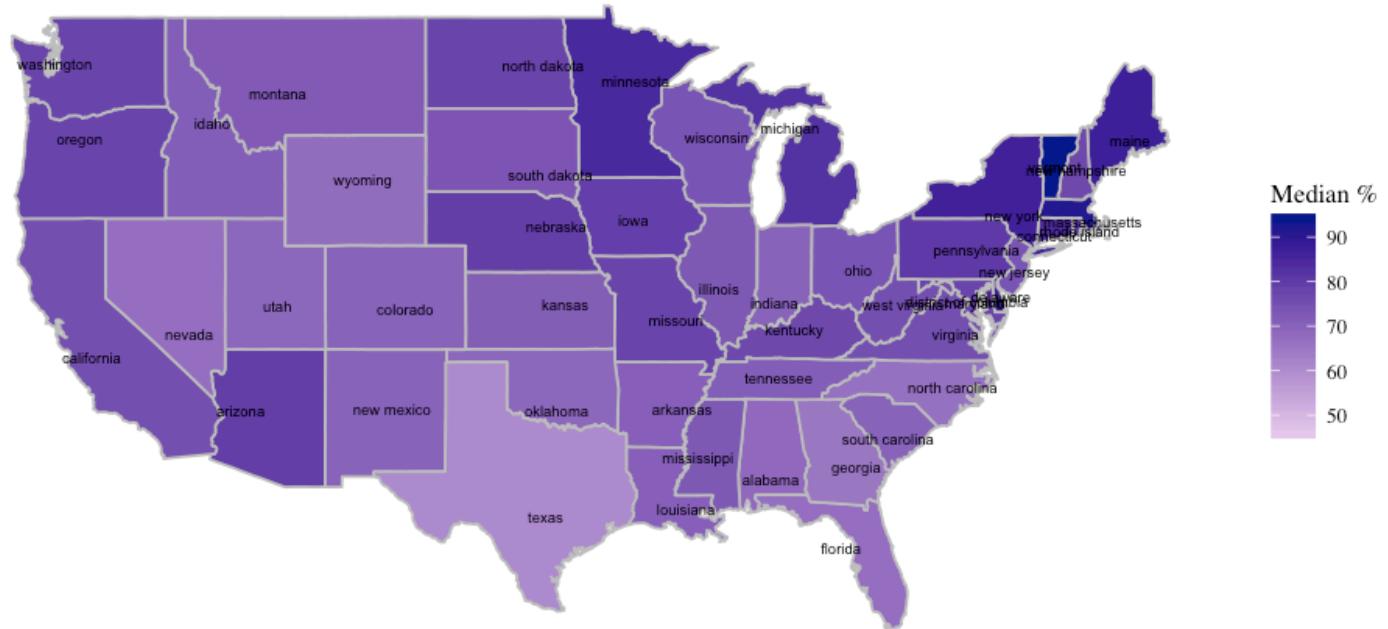
YEAR 2005 Pre-ACA

% High-Income with Access to Health Insurance



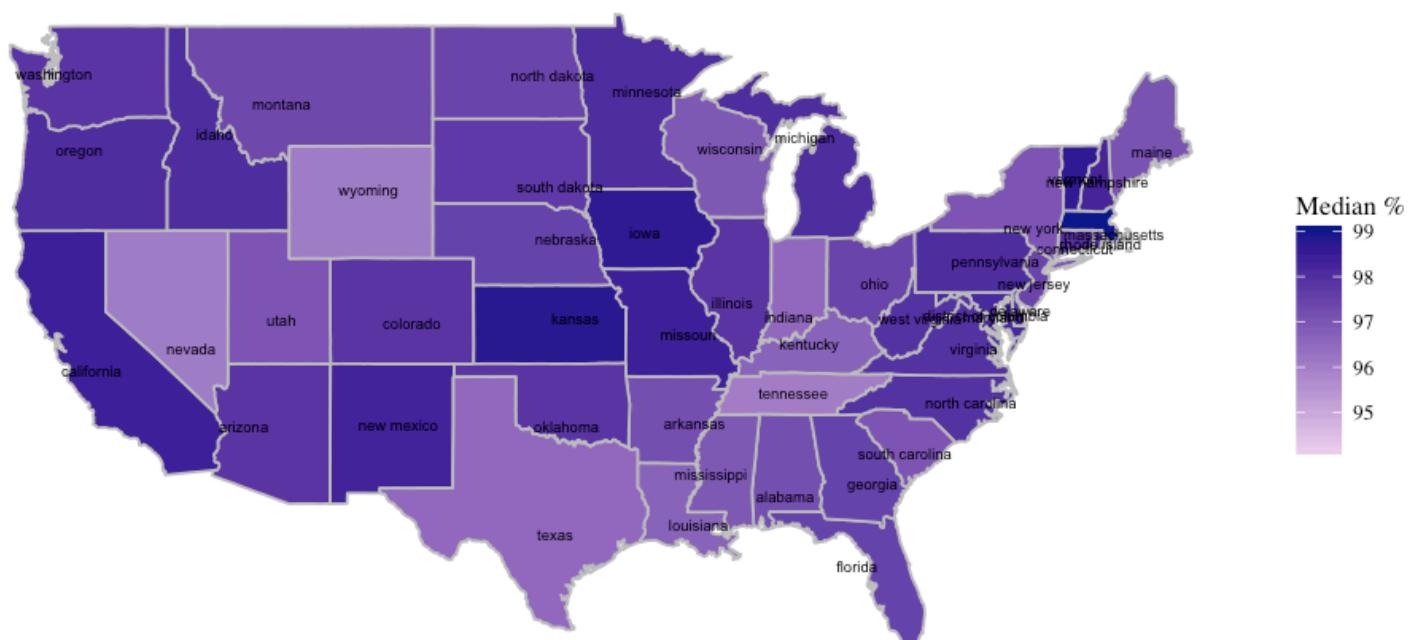
YEAR 2010 Post-ACA

% Low-Income with Access to Health Insurance

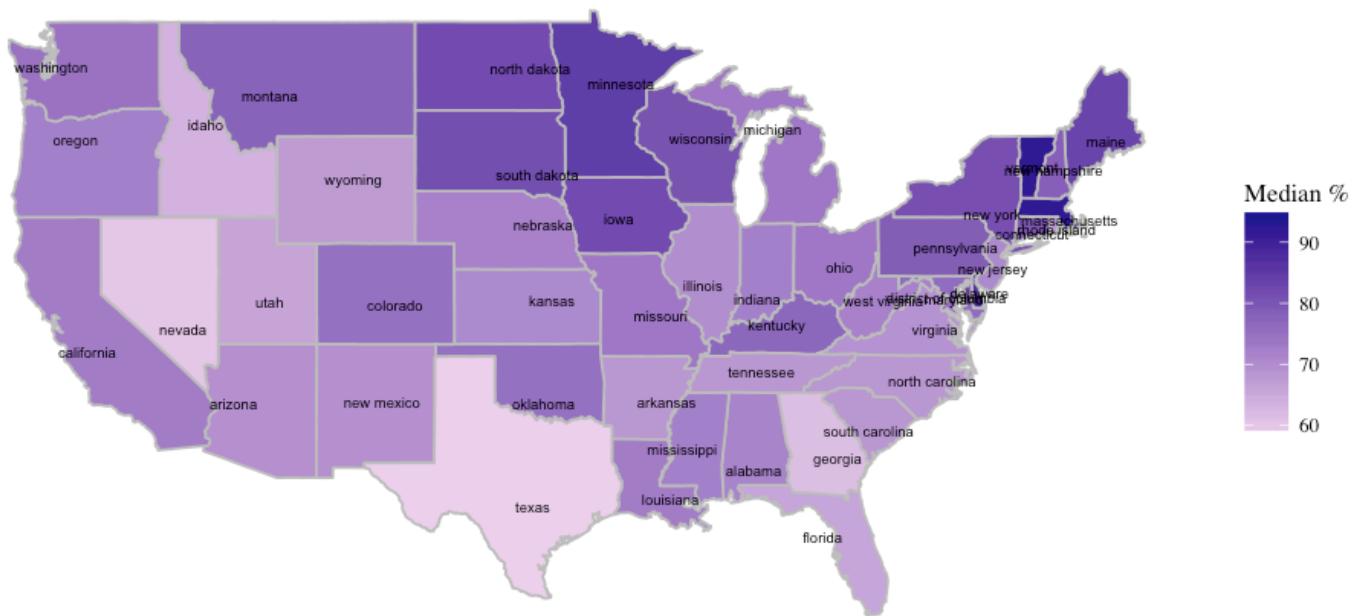


YEAR 2010 Post-ACA

% High-Income with Access to Health Insurance



YEAR 2015 Post-ACA % Low-Income with Access to Health Insurance



YEAR 2015 Post-ACA % High-Income with Access to Health Insurance

