



HEALTH REFORM AFTER **KING v. BURWELL**





**VICTORY**  
— — — — — AT THE — — — — —  
**SUPREME COURT**



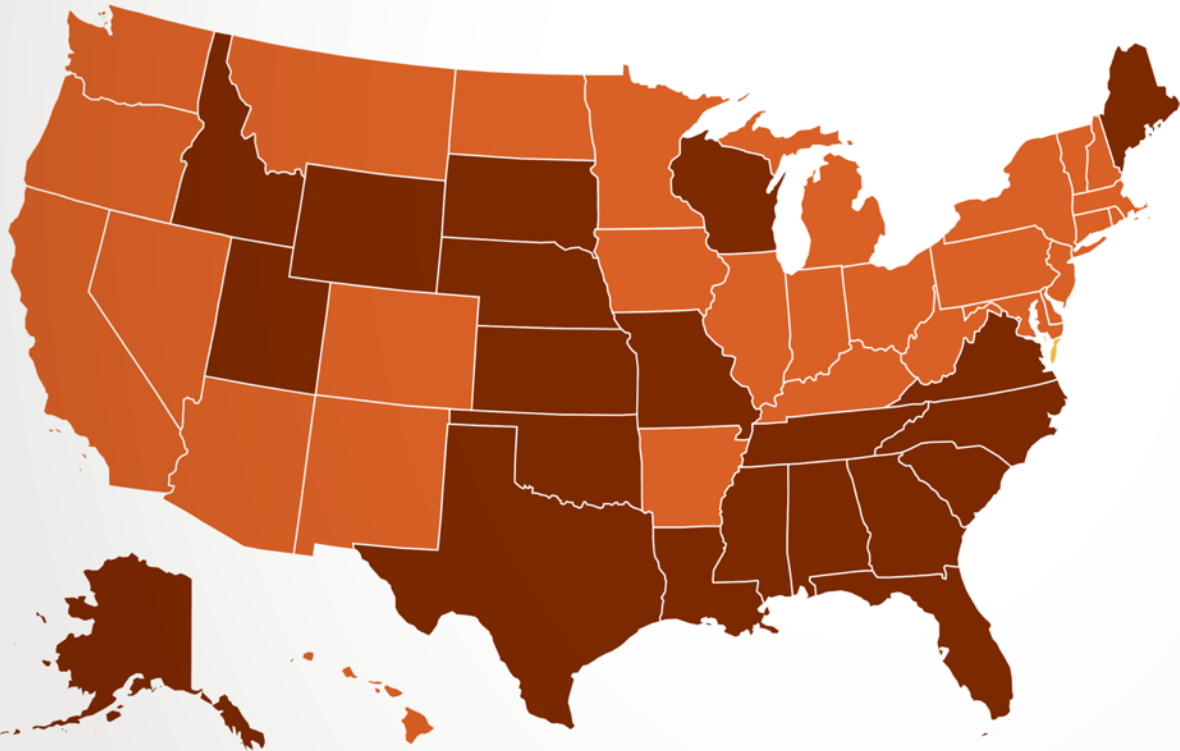
**The ACA is a stable part  
of America's health care system**



# What's next?

- Work is not done
- Must redouble efforts to implement and improve on what we have

# Expanding Medicaid and Covering the Uninsured



**STATES  
EXPANDING  
MEDICAID  
TO DATE**

**30**

**STATES  
NOT  
CURRENTLY  
EXPANDING  
MEDICAID**

**21**

# Affordability and Quality



1 in 4 adults with non-group coverage **went without some needed health care** because they could not afford the cost.

# Ensure health and health care equity across all populations

## African American Health Disparities Compared to Non-Hispanic Whites

depression

20%

less likely to receive treatment for depression<sup>1</sup>

stroke

40%

more likely to die from stroke<sup>2</sup>

breast cancer

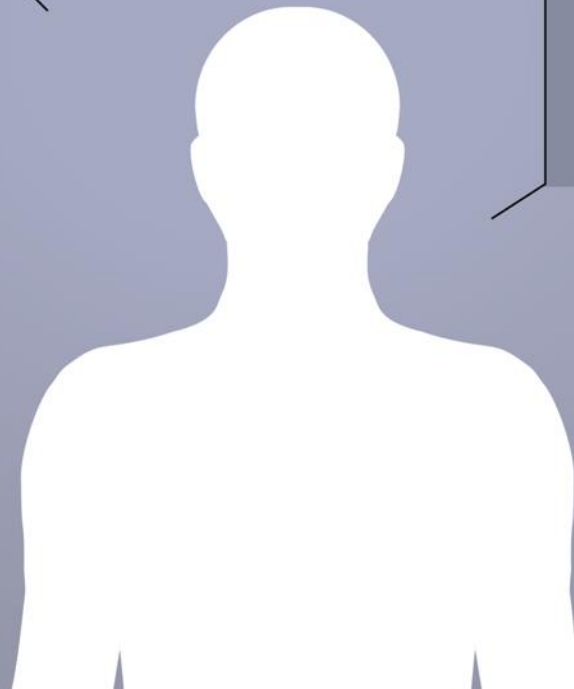
40%

more likely to die from breast cancer<sup>2</sup>

heart disease

30%

more likely to die of heart disease<sup>2</sup>





# Action in Congress





What's your story?



**How to Create a Successful Story Banking Program**

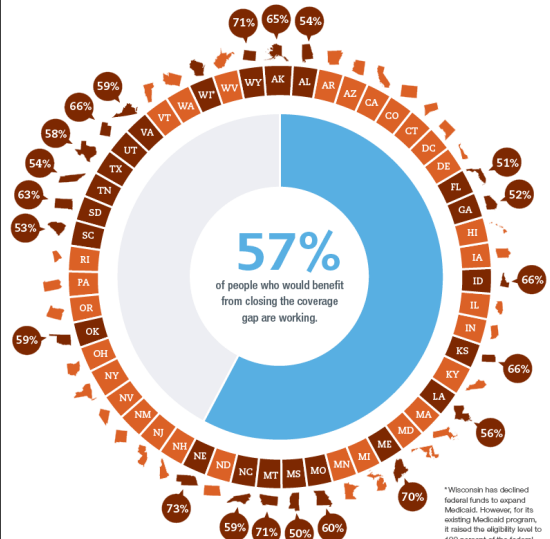
ISSUE BRIEF / JANUARY 2015

**Percent of working but uninsured adults who would benefit from Medicaid expansion**

In all states that have not expanded health coverage to low-income populations, the majority of adults who would benefit from access to health insurance have jobs but are uninsured. This graphic shows which states have not yet closed the coverage gap and what percent of those who could benefit are working.

**HAVE NOT EXPANDED** 22 states have not yet closed the coverage gap. **HAVE EXPANDED** 28 states and DC have closed the coverage gap.

Percent of uninsured adults in each state that would benefit from closing the coverage gap who are working



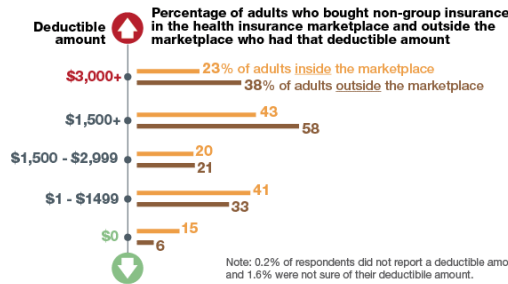
Source: Families USA, "Expanding Health Coverage to Working Individuals and Families," <http://familiesusa.org/product/expanding-health-coverage-working-individuals-and-families>.

**Many Insured Consumers with Non-Group Coverage Still Go without Needed Health Care**

Simply having health insurance is no guarantee that consumers can afford to pay for health care. Insurance involves different costs that consumers must pay out of pocket, and these expenses add up. New data show that, among Americans who bought non-group insurance in 2014 (that is, insurance they purchased without the help of an employer), many consumers still had deductibles and other out-of-pocket costs that were so high that they went without needed health care.

**MARKETPLACES ARE MAKING STRIDES IN IMPROVING AFFORDABILITY**

People have lower deductibles in the marketplace.



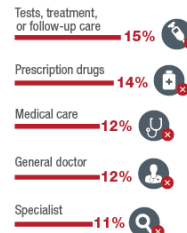
**BUT HIGH OUT-OF-POCKET COSTS STILL PREVENT MANY PEOPLE FROM GETTING NECESSARY CARE**

Unaffordable out-of-pocket costs are causing many adults with non-group coverage to go without some needed medical care.

**1 in 4 adults with non-group coverage went without some needed health care because they could not afford the cost.\***



**Types of health care that adults with non-group coverage went without\* (by percent of adults)\*\***



\*\*Adults who purchased non-group health insurance in 2014 and who were insured for the past 12 months.

**Who is most likely to go without care because**

**A significant number of adults**

**HEALTH REFORM 2.0**  
A CALL TO ACTION

SPECIAL REPORT / JANUARY 2015

WWW.FAMILIESUSA.ORG

**7 Questions to Ask When Buying Health Insurance in the Marketplace**

Starting **November 15, 2014**, you'll be able to sign up for **health insurance** in the marketplace.



And whether you're **renewing** your plan or buying one for the **first time**, it pays to shop around. Use these questions to help you choose the plan that's right for you.



**ARE YOU BUYING HEALTH INSURANCE IN THE MARKETPLACE FOR THE FIRST TIME?**

**Think about what's important to you.** These seven questions will help you choose the plan that's right for you.

1. What is important to you (costs, keeping a certain provider in your network, nearby hospital and urgent care, prescription coverage, specific health care services)?
2. How important is your monthly payment (premium) versus how much you pay when going to the doctor?
3. How much will you pay out of your pocket before the plan begins paying for your health care services?
4. Do you have a specific provider you want to see? Is the provider included in the plan's network?
5. Is there a certain medical facility in which you want to receive health care services? Is it included in the plan's network?
6. Does the plan cover any medications that you are taking?



**FAMILIESUSA**   
THE VOICE FOR HEALTH CARE CONSUMERS



FOR MORE INFORMATION VISIT:

[www.FamiliesUSA.org](http://www.FamiliesUSA.org)