



# Affordable Care Act (ACA): Before, After & What Might Come Next

*How the ACA shaped health, how recent developments are impacting it,  
and what we might see moving ahead.*

 **impact**

# Summary Slide: Affordable Care Act (ACA)

## Overall Impact

- **Expanded access to coverage**
  - **Before:** ~ 50 million uninsured including ~6 million in California.
  - **After:** Uninsured rate was cut in half from 16% to 7.7%
  - **Total enrollment:** > **44 million people** were enrolled in health coverage via ACA Medicaid expansion or ACA Marketplace coverage as of 2024
- **Improved access to care**
- **Reduced uncompensated care** for providers; reduced medical debt for patients
- **Increased federal investment** (now at risk)

## Medicaid Expansion

- > **20 million** people are enrolled in coverage through Medicaid expansion nationwide including > **3.5-4.96 million** via in Medi-Cal in CA.
- New requirements and options for Medicaid benefits
- 90% federally funded

## ACA Marketplaces with Subsidies

- **24.3 million** people enrolled in health coverage through ACA marketplaces at the height of enrollment in 2025 including **1.97 million** through Covered California.
- **Premium and cost-sharing subsidies** have been key to affordability with more than **22 million** marketplace enrollees receiving premium subsidies nationwide in 2025.
- Enrollment nearly doubled when **enhanced premium subsidies** were added in 2020 and 2022.

## Coverage Requirements

- Mandatory coverage of **Essential Health Benefits**
- **No annual or lifetime limits**
- **Free preventive services** when recommended by USPSTF, HRSA, or ACIP
- **Guaranteed issue:** coverage cannot be denied for preexisting conditions.
- **Patient protections:** higher premiums cannot be charged based on health status or gender; they can be charged based on age and four other factors such as family size and location.
- **Young adult coverage:** dependents can remain on parents plans until age 26

## Expanded Access to Insurance Coverage

- Before: ~ **50 million** uninsured nationwide; ~**6 million** in CA
- After: The ACA cut the incidence of uninsured individuals in half from a nationwide uninsured rate of **16%** to **7.7%**
- **Total Coverage Impact**: > **44 million** enrolled in coverage through ACA Medicaid expansion or marketplace plans in 2024
- **Medicaid Expansion**: > **20 million** people gained Medicaid coverage including **3.5-4.9 million** via Medi-Cal in CA
- **ACA Marketplaces with Premium & Cost-sharing Subsidies**: > **24 million** people enrolled in health coverage through ACA marketplaces at the height of enrollment in 2025 including >**1.97 million** through Covered California. Subsidies were key to affordability and enrollment nearly doubled when enhanced subsidies were added.
- **Guaranteed Issue**: Insurance companies can no longer refuse to cover preexisting conditions nor charge individuals higher premiums based on health status, gender or other factors.
- **Coverage Up to Age 26**: Dependents can remain on their parents' insurance through age 25.

### The US uninsured rate has plummeted since the Affordable Care Act became law

US uninsured rate, based on the CDC's National Health Interview Survey

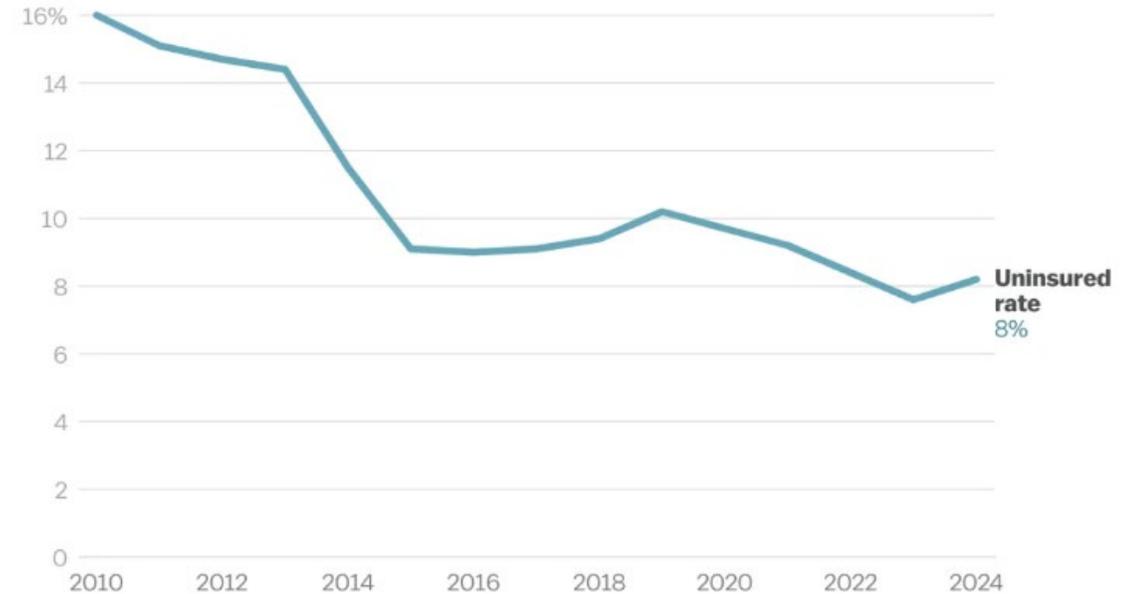
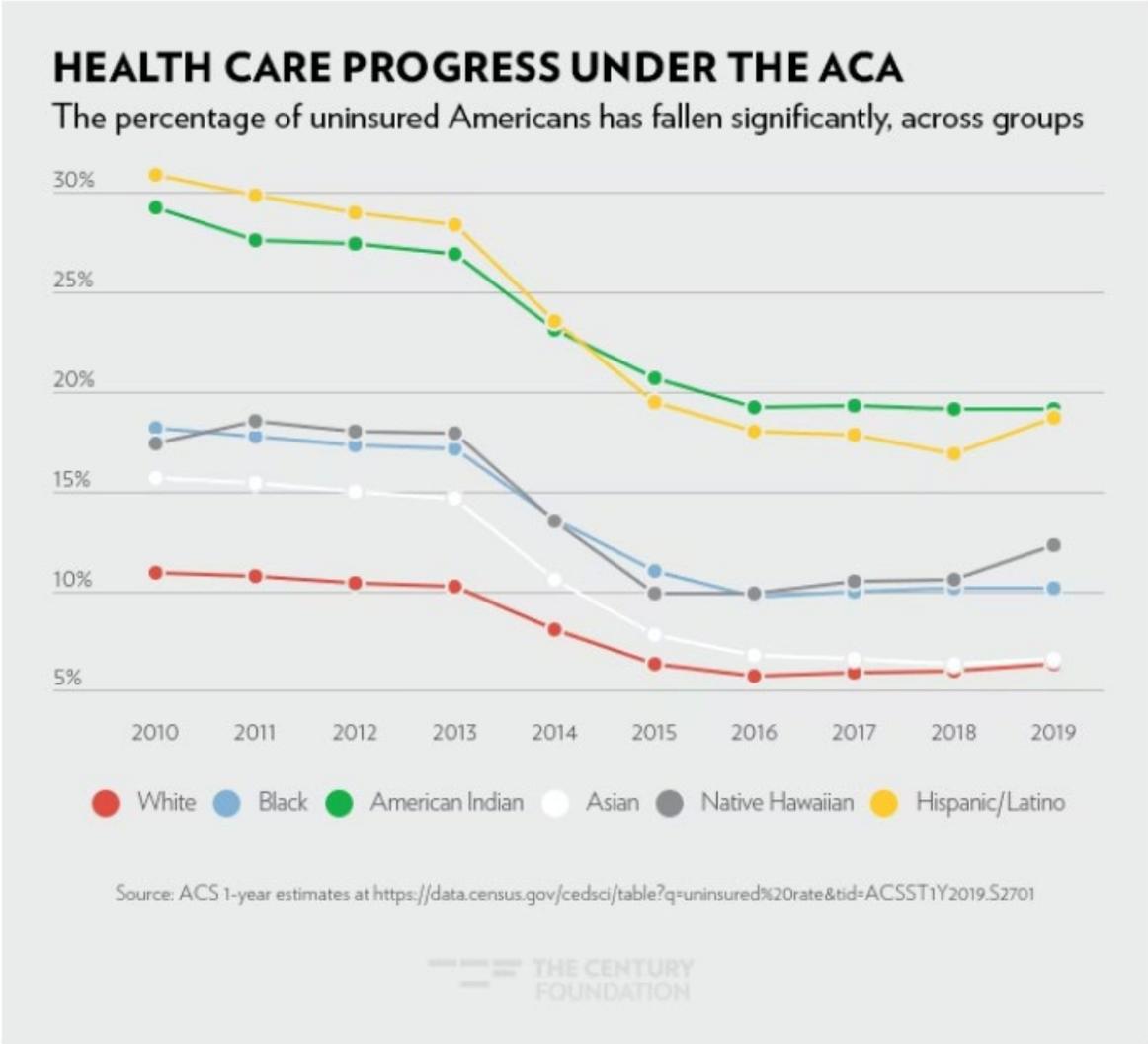


Chart: Dylan Scott/Vox • Source: CDC NHIS

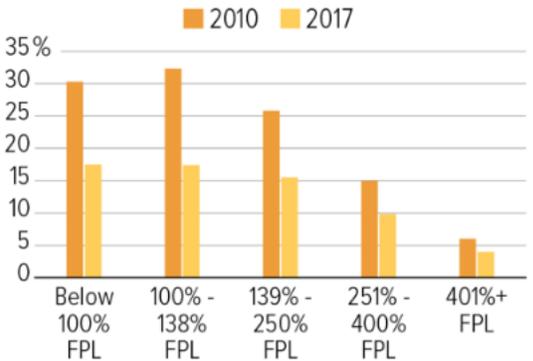
# Expanded Access to Coverage Across Groups



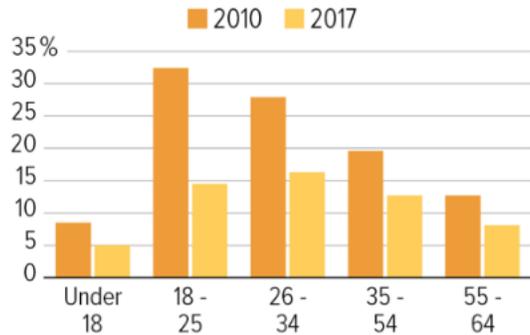
### Uninsured Rates Fell Dramatically for Almost All Demographic Groups As the ACA Took Effect

Non-elderly uninsured rates

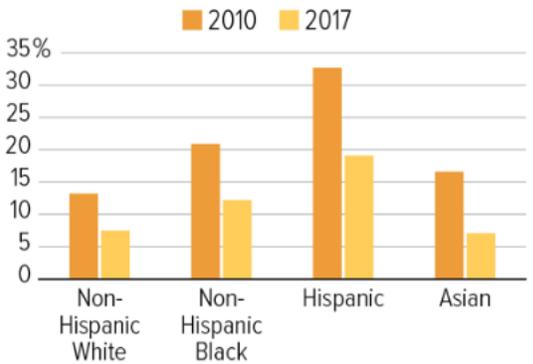
#### Income as Share of Federal Poverty Level (FPL)



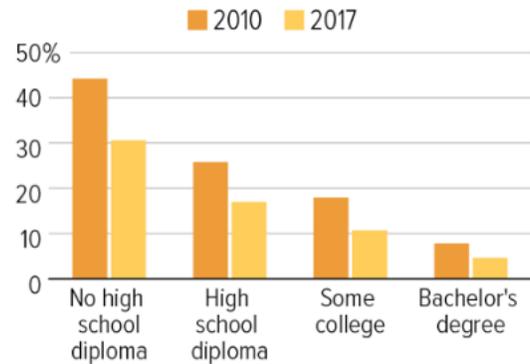
#### Age



#### Race/Ethnicity



#### Education



Note: The federal poverty line for a single person is \$12,490.

Source: CBPP calculations based on the Census Bureau's American Community Survey data

# The ACA Made Health Coverage More Meaningful

- **Essential Health Benefits:** Mandatory coverage of certain benefits for ACA-compliant plans
- **Access to Free Preventive Services:** Mandatory coverage of recommended preventive services without cost-sharing
- **Consumer Protections:** No Annual or Lifetime Limits; Limitation on Cost-Sharing

Before the ACA's **Essential Health Benefits**, millions of people buying coverage on their own couldn't get critical benefits:

- More than 3 in 5 people didn't have **maternity coverage**.
- 1 in 3 people didn't have coverage for **substance use treatment**.
- Close to 1 in 5 people didn't have coverage for **mental health care**.
- Almost 1 in 10 people didn't have any coverage for **prescription drugs** (despite 60 percent of people in this country needing at least one medication each year).

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## 10 ESSENTIAL HEALTH BENEFITS



Preventative Care



Emergency Services



Ambulatory Patient and Outpatient Care



Hospitalization



Prescription Drugs



Pediatric Services



Mental Health and Substance Use Disorder Care



Pregnancy, Maternal and Newborn Care Services



Rehabilitative and Habilitative Services



Laboratory Services



COVERED CALIFORNIA



LONG BEACH HEALTH & HUMAN SERVICES

# 10 Essential Health Benefits

All Marketplace health insurance plans cover 10 categories of health services.



**Ambulatory patient services**



**Emergency services**



**Hospitalization**



**Pregnancy, maternity & newborn care**



**Prescription drugs**



**Mental health & substance use disorder services**



**Rehabilitative & habilitative services**



**Laboratory services**



**Preventive services & chronic disease management**



**Pediatric services, like oral & vision care**

## Essential Health Benefits

- **Mandatory coverage without annual or lifetime limits**
  - Insurers can cap the total number of visits but can no longer limit the amount of money they spend on care.
- **Mandatory coverage of recommended preventive services without cost-sharing**
  - **Details:** preventive services are free to patients if recommended by the [U.S. Preventive Services Task Force \(USPSTF\)](#), the [Health Resources and Services Administration \(HRSA\)](#), and the CDC's [Advisory Committee on Immunization Practices \(ACIP\)](#).
  - **Covered services:** immunizations, contraception, breastfeeding support, obesity screening and counseling, tobacco counseling and interventions, blood pressure screening, cancer screenings, colonoscopies and mammograms when preventive, etc.

## Additional Highlights

- **Enhanced Federal Funding:** Medicaid expansion was 100% funded with federal dollars during the initial years, and is currently funded at 90% on an ongoing basis (with live threats in Congress to alter that). Additional FMAP incentives were available to encourage adoption of optional Medicaid benefits such as home and community-based services as well.
- **Innovative Approaches to Benefits and Care:** The ACA created the Center for Medicare and Medicaid Innovation (CMMI) to facilitate innovative approaches and Presidential Administrations supported states to utilize waivers to pursue innovative approaches in Medicaid as well. *CMMI is still active and includes efforts in CA; the Trump-Vance Administration is rolling back certain previously approved state Medicaid approaches such as continuous eligibility and coverage for health-related social needs.*
- **Individual Mandate**
- **Employer Mandate**
- **Vast Number of Other Policies**

*States also built upon this foundation to further expand access to coverage with state funds.*

## Current Threats:

Policies that jeopardize the ACA's positive impact

- One Big Beautiful Bill (H.R. 1)
- Expiration of Enhanced Premium Tax Credits
- USPSTF and ACIP (preventive services & immunizations)
- Regulatory Changes
- President Trumps' [Great Healthcare Plan](#)

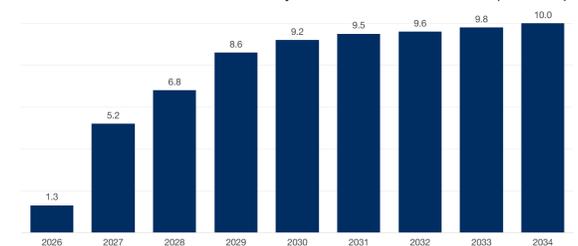
**Theme:** Across the board there are efforts under way to decrease or **eliminate federal funding for premium tax credits and Medicaid** while simultaneously advancing coverage options such as health savings accounts and multi-year catastrophic plans that include less robust benefits, jeopardize risk pools, and put enrollees at greater financial risk. There are also increasing efforts focused on **waste, fraud and abuse** as well as philosophical beliefs that Medicaid was not intended for the populations the ACA expanded it to and federal dollars should be directed to individuals rather than invested in private insurance.

## Looking Ahead

- One Big Beautiful Bill (H.R. 1) Implementation
- (Possible) Budget Reconciliation 2.0
- 2026 Midterm Elections
- 2028 Presidential Elections
- Policy Development (for future implementation)
- Litigation & Legal Intervention

Coverage Losses  
*See chart on next slide.*

CBO Estimate of Increase in Uninsured by Year under Reconciliation Law (in millions)



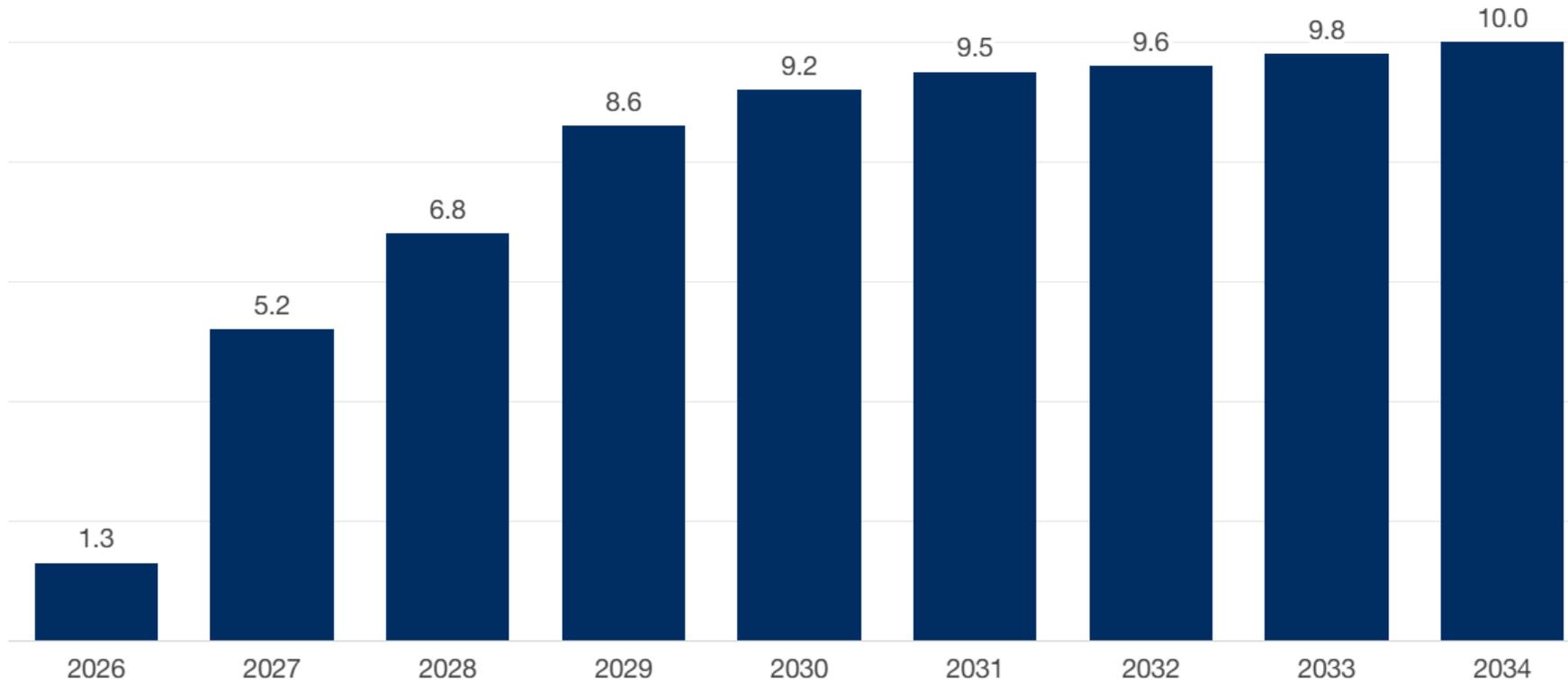
Source: Georgetown University Center for Children and Families analysis of the Congressional Budget Office's "Distributional Effects of Public Law 113-21" (August 2009)

Georgetown University  
Center for Children and Families  
Public Policy Institute

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# CBO's Coverage Loss Projections

CBO Estimate of Increase in Uninsured by Year under Reconciliation Law (in millions)



Source: Georgetown University Center for Children and Families analysis of the Congressional Budget Office's "Distributional Effects of Public Law 119-21" (August 2025).



## Congressional Budget Office Projections:

- H.R. 1 will cause 10 million to lose health coverage
- Uninsured rate will increase by 42% from 7.6% to 10.8%
  - 2025: 7.6%
  - 2026: 8.6%
  - 2027: 9.7%
  - 2031 onward: 10.8%
- Number of uninsured will rise:
  - 2025: 26.6 million
  - 2026: 30.0 million
  - 2027: 34.1 million
  - 2031: 37.2 million
  - 2036 onward: 37.4 million

## Additional Projected Losses

- The proposed Notice of Benefit and Payment Parameters regulation could cause an additional 1.2 – 2 million individuals to lose coverage



# Resources

- KFF: [The Affordable Care Act 101 \(10/8/2025\)](#)
- U.S. Dept. of Health and Human Services: [The ACA, including brief video \(2022\)](#)
- Healthcare.gov: [Essential Health Benefits](#)
- Pew Research Center: [Key Facts on ACA Insurance Exchanges \(2026\)](#)
- The Century Foundation: [The ACA Improved Access to Health Insurance for Marginalized Communities, But More Work is Needed to Ensure Universal Coverage \(2022\)](#)
- Congressional Budget Office (CBO): [Affordable Care Act](#)
- Congress.gov: [Legislative Text](#)

# One Big Beautiful Bill (H.R. 1)

## Timeline

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# One Big Beautiful Bill (H.R. 1) Timeline: 2025-2026

July 4, 2025

**Medicaid:**

States prohibited from spending Medicaid dollars at Planned Parenthood and other entities

**Immigration, Nutrition, and**

**Medicare:**

Non-citizens such as refugees, asylees, and victims of sex trafficking no longer eligible for SNAP or Medicare. Medicare includes an 18-month grace period for individuals already enrolled.

**Nutrition:**

Increased work requirements for ABAWDs and restricted ability for states to waive work requirements

(SNAP provisions awaiting [USDA](#) guidance)

Dec. 31, 2025

**ACA**

**Marketplaces:**

Enhanced Premium Tax Credits Expired

CMS

announced Rural Health Transformation Fund awards

Oct. 1, 2026

**Immigration** and **Medicaid:**

Non-citizens such as refugees, asylees, and victims of sex trafficking **no longer eligible for Medicaid**

**Medicaid:**

Federal funding for emergency Medicaid decreases

**Nutrition:**

States' SNAP administrative cost sharing increases from 50% to 75%

Dec. 31, 2026

**Medicaid:**

**Work requirements** take effect

Expansion population required to **renew eligibility every 6 months**

Medicaid **retroactive eligibility decreases** from 3 months to 2 for traditional Medicaid enrollees and 1 month for Medicaid expansion enrollees

Nov. 5, 2025

State Applications due for the Rural Health Transformation Fund

Jan. 1, 2026

**ACA Marketplaces:**

APTC recipients required to repay excess APTCs in full; state-based marketplaces no longer allowed to enroll consumers in subsidized Marketplace coverage during income-based SEPs

**Immigration, Marketplaces** and **Medicaid:**

Lawful Permanent Residents no longer eligible for PTCs during the 5-year waiting period for Medicaid/CHIP

Nov. 1, 2026

**ACA Marketplaces:** Annual open enrollment period shortened to Nov. 1-Dec 31.

# One Big Beautiful Bill (H.R. 1) Timeline: 2027-2028

Jan. 1, 2027

*Medicaid:*

**Section 1115 waivers** required to be budget neutral

**New Medicaid eligibility verification requirements** take effect requiring states to share enrollee SSN with federal database and check multiple databases

*ACA Marketplaces* and *Immigration:*

Multiple categories of immigrants no longer eligible for PTCs including asylees, refugees, TPS, and survivors of domestic violence.

Jan. 1, 2028

*Medicaid:*

**Provider taxes** in Medicaid expansion states begin to be reduced by 0.5% per year until they reach 3.5%

**Medicaid state directed payments** decrease by 10% per year until they reach 100% of Medicare rates in expansion states; 110% in non-expansion states

*ACA Marketplaces:*

New verification requirements take effect for verifying eligibility for PTCs. Automatic enrollment and re-enrollment now prohibited.

Oct. 2027

*Nutrition:*

SNAP state matching funds requirement begins  
(previously SNAP was 100% federally funded)

Oct. 1, 2028

*Medicaid:*

**Cost-sharing** for Medicaid expansion adults begins

# One Big Beautiful Bill (H.R. 1) Timeline: 2029-2032

Oct. 1, 2029

*Medicaid:*  
FFP penalty for erroneous Medicaid payments begins

Jan. 1, 2030

*Medicaid:*  
Provider taxes continue to decrease reaching 4.5% in Medicaid expansion states

Jan. 1, 2032

*Medicaid:*  
Provider taxes reach final rate of 3.5% in Medicaid expansion states that started at 6%

Jan. 1, 2029

*Medicaid:*  
Provider taxes continue to decrease reaching 5.0% in Medicaid expansion states

Jan. 1, 2031

*Medicaid:*  
Provider taxes continue to decrease, reaching to 4.0% in Medicaid expansion states



# Thank you

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