Defending Health Care in 2017: What’s at Stake for Nevada

With a new president and Congress, the health care gains made throughout the last six years face their greatest threat yet. Congress has voted more than 60 times to roll back the historic progress that has been made to expand health coverage to millions of people in this country and to improve coverage for those who already had it. These proposed changes will put the health—and lives—of countless Nevadans at risk. Here’s what Nevada stands to lose if the new president and Congress move forward to upend our health care system:

### Hundreds of thousands of Nevadans stand to lose health coverage

- **371,000** Nevadans stand to lose their health coverage.¹
- Nevada stands to lose **$16 billion** in federal funding for Medicaid, CHIP, and financial assistance for marketplace coverage.²
- Approximately **71,000** Nevadans who currently get financial assistance to help pay for their health coverage will lose this help and will no longer have affordable coverage options. In 2016, Nevadans receiving financial assistance saw their monthly premiums reduced on average **$268** thanks to this help.³

The now-historically low rate of uninsured people will spike, with the number of uninsured in Nevada increasing **95 percent** by 2019.⁴ This will reverse the immense progress that has been made to expand coverage. Between 2013 and 2015:

- The number of uninsured in Nevada declined **41 percent.⁵**

### Repeal will end Nevada’s Medicaid expansion and cause ripple effects across the state economy

- **187,000** stand to lose health coverage, most of whom are working.⁶ The Medicaid expansion has extended health coverage to lower-income Nevadans who hold down jobs that are the backbone of the state’s economy—from fast food workers to home care attendants to construction workers to cashiers. Repeal will leave these hard working Nevadans out in the cold.

### Nevada will lose billions in Medicaid funding.

Over the course of a year and a half alone, Medicaid expansion brought **$1 billion** in federal dollars into the state economy.⁷ The impact of that lost federal Medicaid funding will have a ripple effect throughout the state economy, affecting hospitals, other health care providers, and businesses.
Nevadans with private health insurance will be stripped of vital protections against discrimination

Approximately 1.2 million Nevadans with pre-existing conditions like asthma, diabetes, and cancer could once again be denied affordable, comprehensive coverage that actually covers their health care needs.

Women in Nevada will once again be charged more for health coverage just for being a woman.

» Prior to the Affordable Care Act (ACA), women in Nevada were charged as much as 45 percent more than men for the same coverage.

Nevadans will once again face a world where insurance plans routinely cap the most they will pay for someone’s health care in a year and in their lifetime, effectively cutting off coverage for the sickest individuals when they most need it.

» Roughly 937,000 Nevadans (including 269,000 children) saw lifetime limits on coverage disappear thanks to the ACA’s ban on these practices.

Millions of Nevadans will lose guaranteed coverage of free preventive services, like recommended cancer screenings and vaccines

Approximately 1.2 million Nevadans with private health coverage (including 261,000 children) and 453,000 Nevada seniors on Medicare will lose guaranteed access to free preventive care, like blood pressure screenings, immunizations, and cancer screenings.

Insurance companies will no longer be required to put Nevadans’ premiums toward care, not profits

Insurers will no longer be held accountable for using people’s premium dollars on care and quality improvement or paying back the difference.

» Nevadans have received around $18 million in refunds from plans that overcharged for premiums since the ACA took effect.

Thousands of seniors and people with disabilities will lose comprehensive drug coverage

The Medicare donut hole will re-open. This will leave Nevada’s seniors and people with disabilities with a gap in prescription drug coverage and forced to pay thousands of dollars more in drug costs.

» Seniors and people with disabilities in Nevada have saved approximately $123 million on drug costs thanks to the ACA’s closing the Medicare donut hole.

» In 2015 alone, approximately 34,000 seniors and people with disabilities in Nevada saved on average $967 on drug costs.

Sources available online.