Tilman J. Fertitta Family College of Medicine
UNIVERSITY OF HOUSTON

Health Coverage at a Crossroads

Key Development in Affordable Care Act and Medicare Regulation

November 17, 2025

Overview

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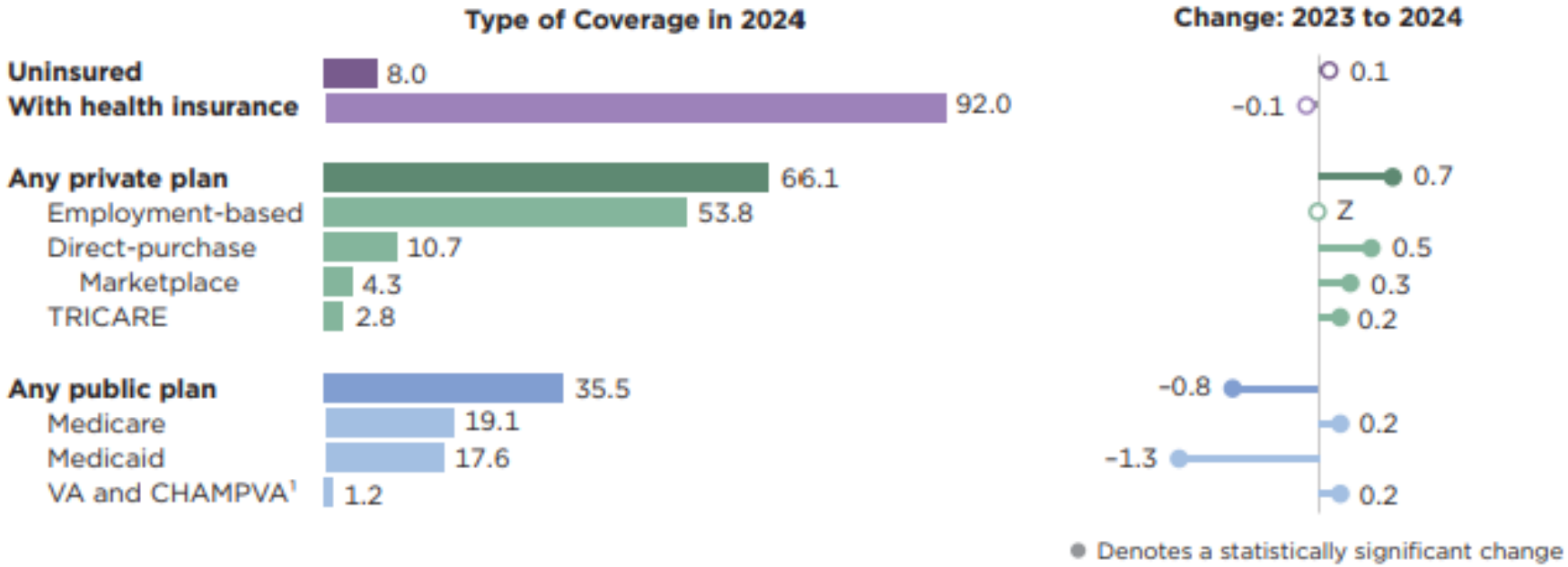
Recovering Health Insurance Executive
Warrier for Health Equity
Health Policy Junkie

The U.S. Health Insurance Market is Complex …and Changing

Figure 1.

Percentage of People by Type of Health Insurance Coverage and Change From 2023 to 2024



Z Rounds to zero.

[1] Includes CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs (VA) and the military.

Note: Population as of March of the following year. The estimates by type of coverage are not mutually exclusive; people can be covered by more than one type of health insurance during the year. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar25.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 2024 and 2025 Annual Social and Economic Supplements (CPS ASEC; DMS number P-7534374, DRB approval number CBDRB-FY25-0382).

Change: 2010- 2024 (in Millions)

-26	Uninsured
+26	With health insurance
-8	Employment-based
+20	Marketplace
+15	Medicare
+12	Medicaid

Source: U.S. Census Bureau, Current Population Survey, 2020 Annual Social and Economic Supplement (CPS ASEC).

ACA as Game Changer/Major Disrupter
Passed in 2010, but largely implemented starting 2014

Big changes in the Health Insurance Marketplace under ACA

- Expansion of Medicaid
- Essential health benefits
- No preexisting condition exclusions
- Restrictions on medical underwriting
- Ability of young adults to stay on parent's plan to age 26
- No annual or lifetime maximums
- ACA Marketplace (with tax credits)
  - Standard cost-sharing
  - Cost-sharing reductions

ACA implementation cut Number of Uninsured by 50%

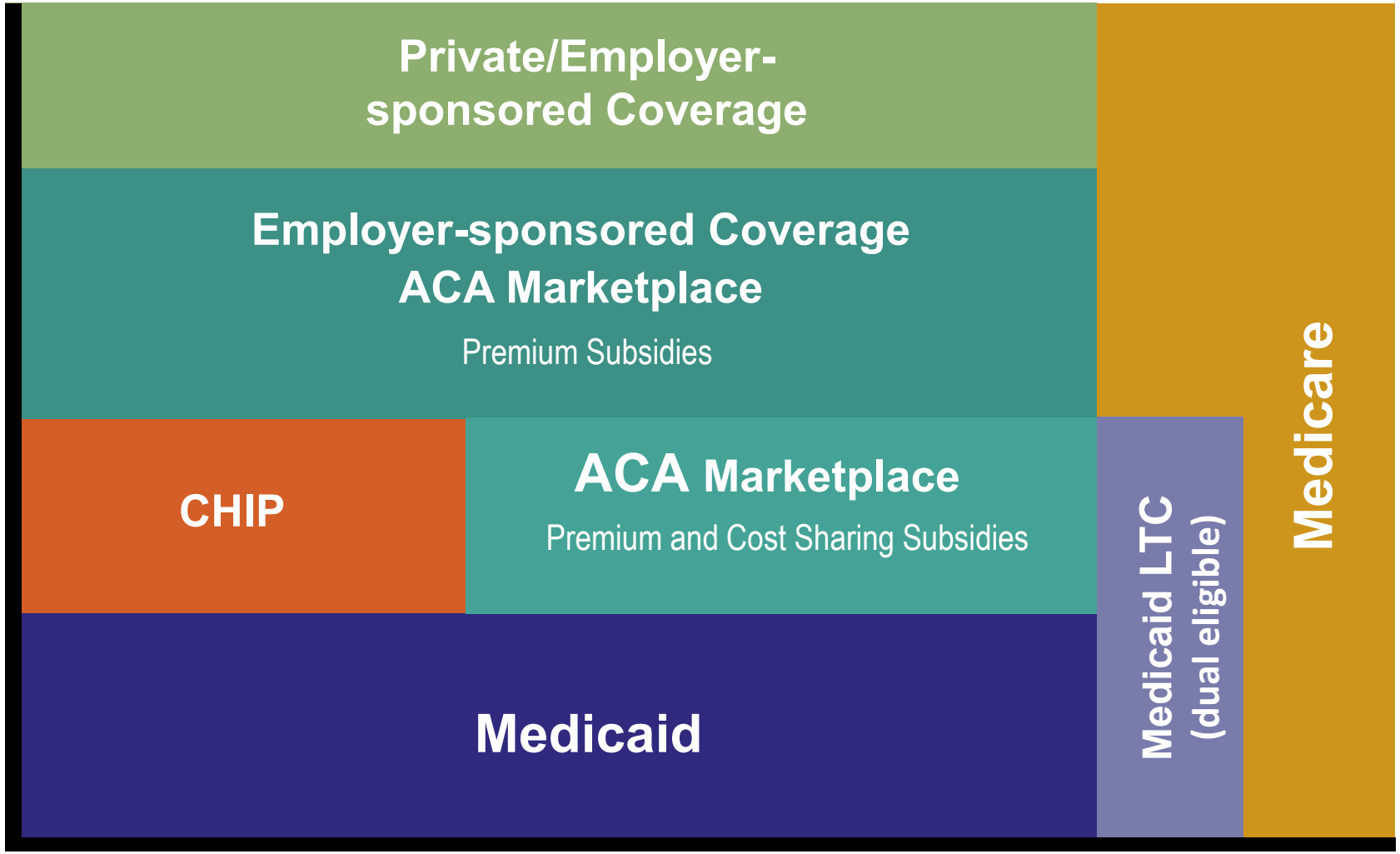
- Individual mandate (later repealed)
- Individual Marketplace/Subsidies
- Employer mandate/Cadillac tax

Significant shifts in sources of insurance financing

- Growing government and individual roles
- Shrinking employer role

U.S. Health Insurance is Complicated
Predominant Coverage by Age and Income - After ACA

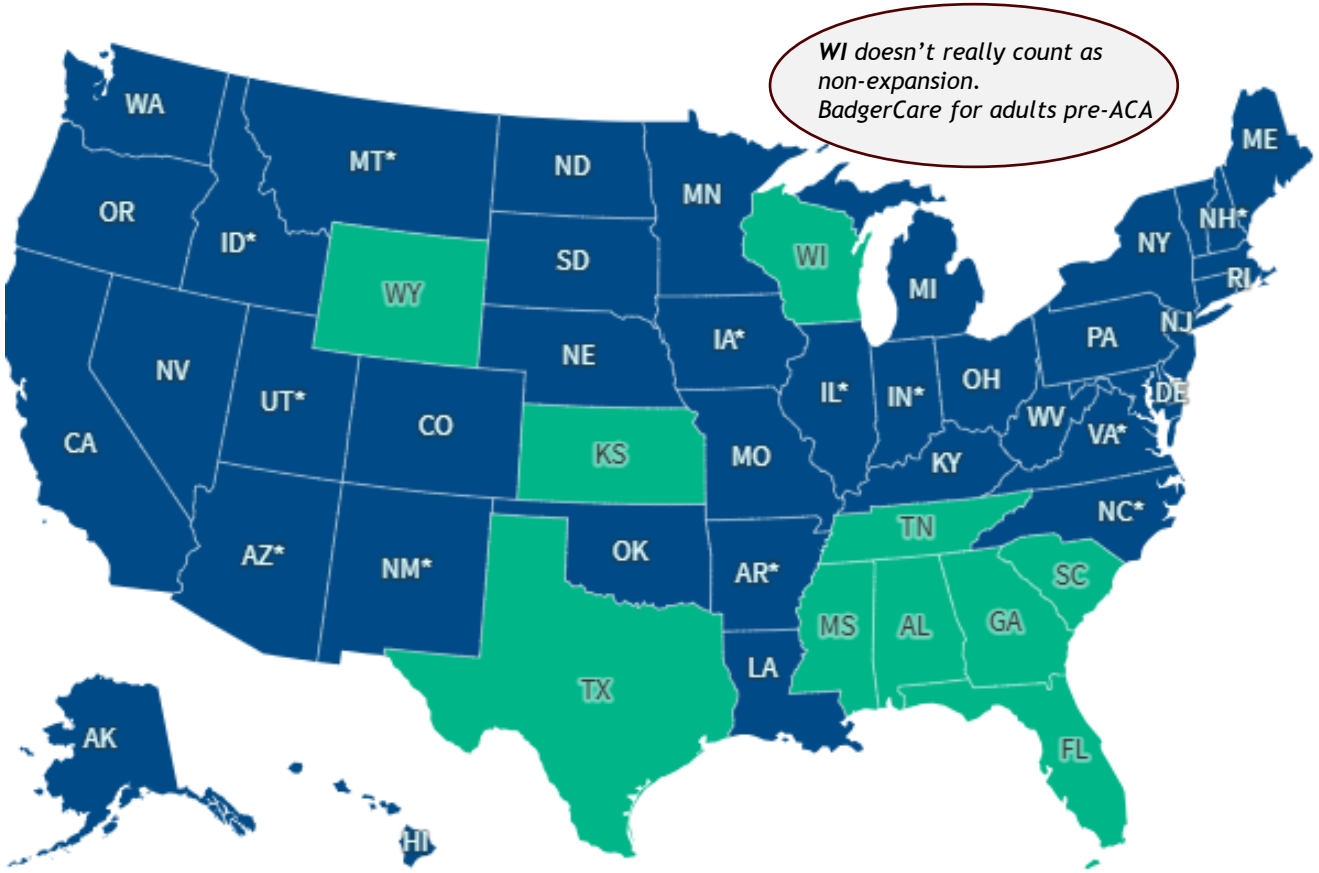
Family of 1 2025	Family of 4 2025	FPL
$62,600	$128,600	400%
$39,125	$80,375	250%
$31,300	$64,300	200%
$20,815	$42,760	133%
$15,650	$32,150	100%



Trends in Medicaid- Medicaid Expansion (or not)

Status of State Action on the Medicaid Expansion Decision

Adopted and implemented (41 states including DC) Not adopted (10 states)



Note: * State has a trigger law that would end expansion coverage or require states to take steps to mitigate increases in state costs if federal funding for the expansion is reduced.

Source: KFF tracking and analysis of state actions related to adoption of the ACA Medicaid expansion and Searing, Adam. "Federal Funding Cuts to Medicaid May Trigger Automatic Loss of Health Coverage for Millions of Residents of Certain States." Say Ahhh! Georgetown Center for Children and Families, November 27, 2024 • Get the data • Download PNG

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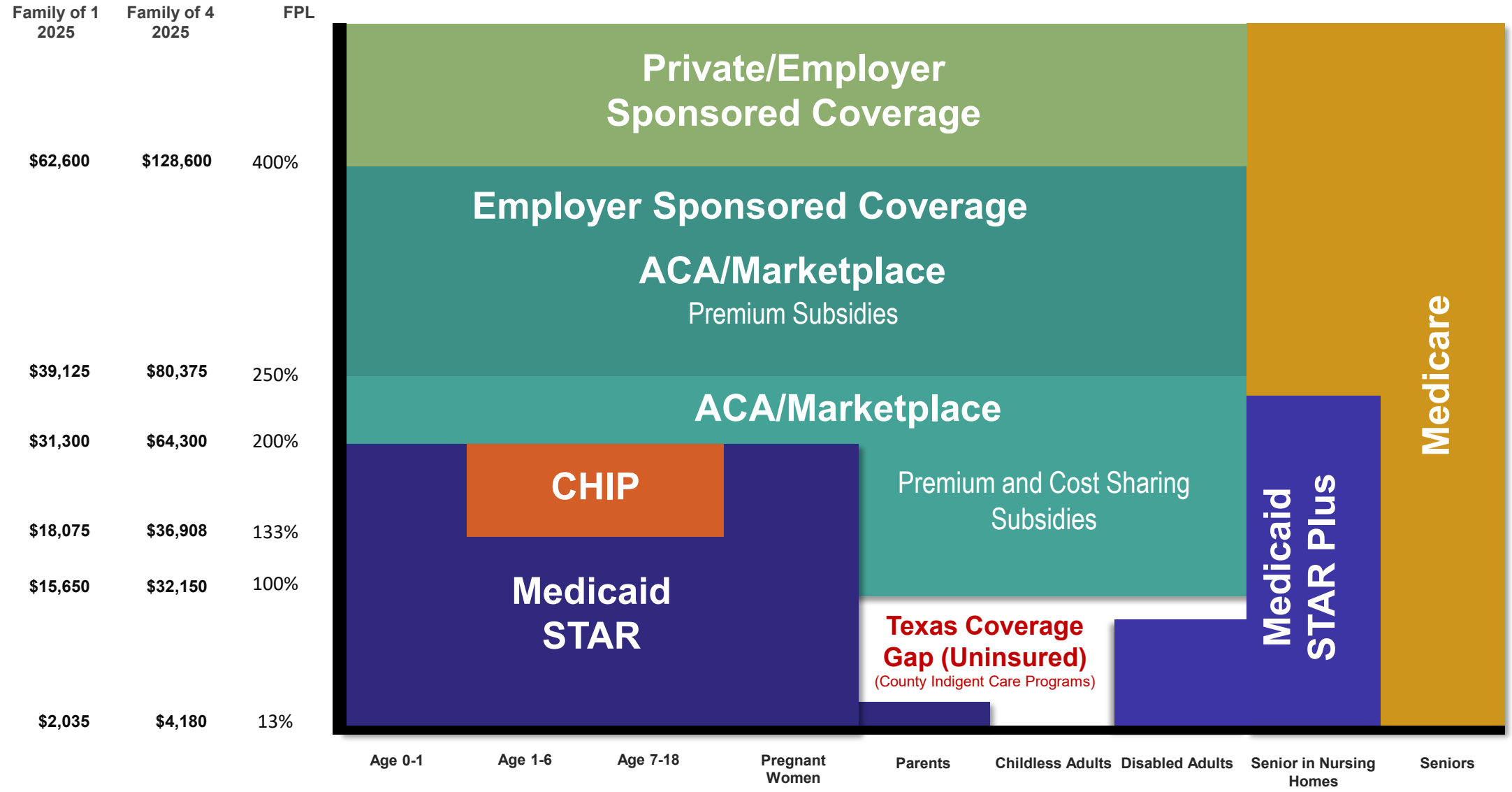
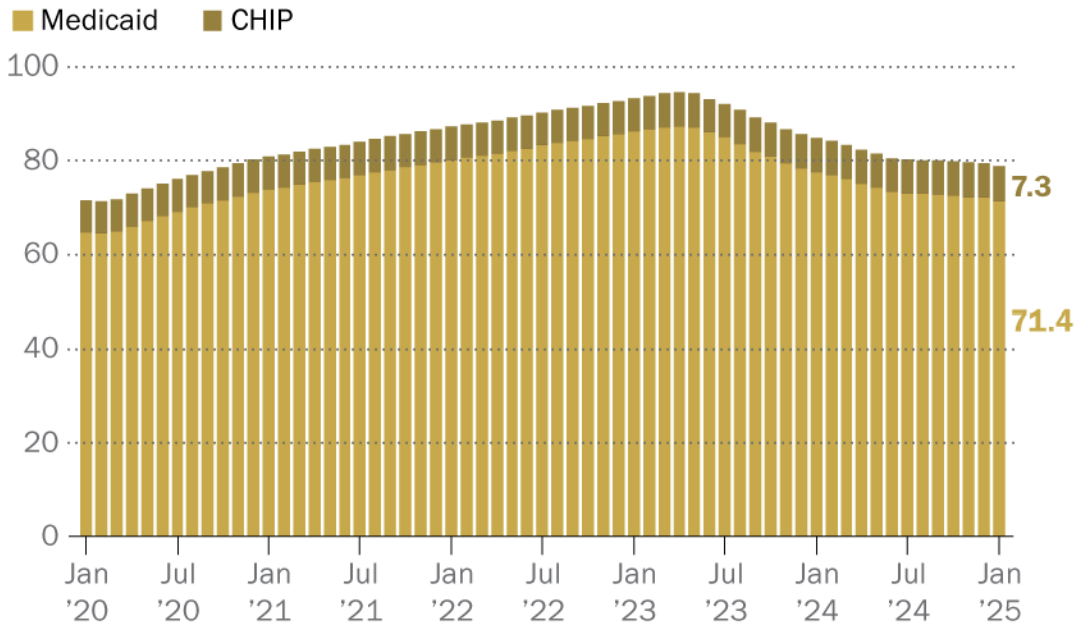
Texas Health Insurance is More Complicated
Predominant Coverage by Age and Income- Texas



Trends in Medicaid: 72 million enrollees

Pandemic-era rules led to surge in Medicaid enrollment

Monthly enrollment in Medicaid and CHIP, January 2020-January 2025 (in millions)



Source: Centers for Medicare & Medicaid Services, "Medicaid and CHIP Eligibility Operations and Enrollment Snapshot" and "State Medicaid and Children's Health Insurance Program Applications, Eligibility Determinations, and Enrollment Data" (accessed June 2, 2025).

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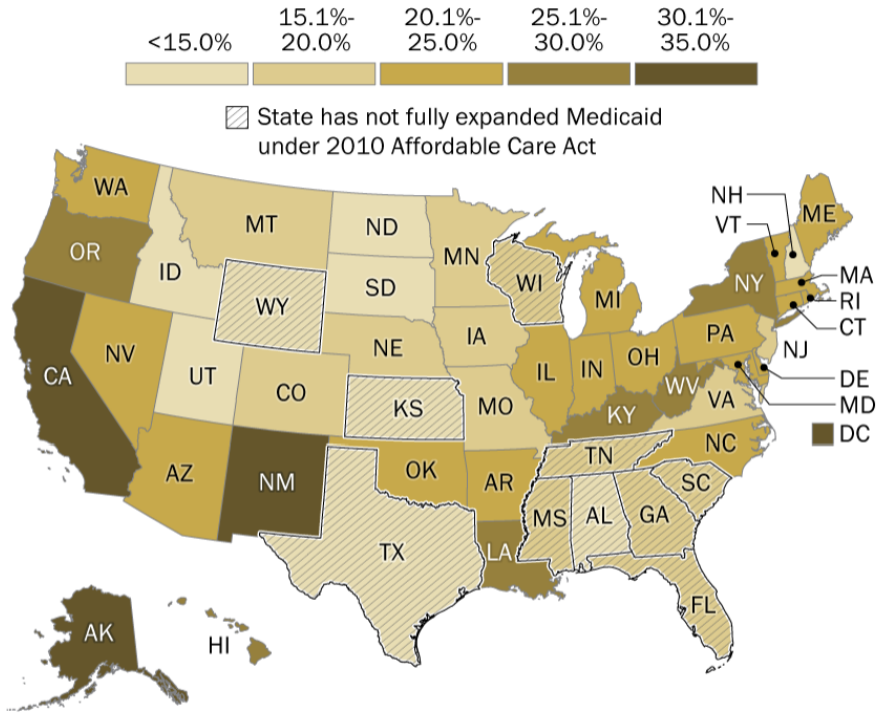
States vary widely in Medicaid enrollment

Medicaid enrollment as share of state population, January 2025



Note: Enrollment data for January 2025 is preliminary. Each state's share was calculated by dividing its total Medicaid enrollment by the Census Bureau's July 1, 2024, population estimate. Because Rhode Island was unable to report enrollment data for January 2025 or December 2024, its share was calculated using November 2024 enrollment.

Source: Centers for Medicare & Medicaid Services, "January 2025: Medicaid and CHIP Eligibility Operations and Enrollment Snapshot."

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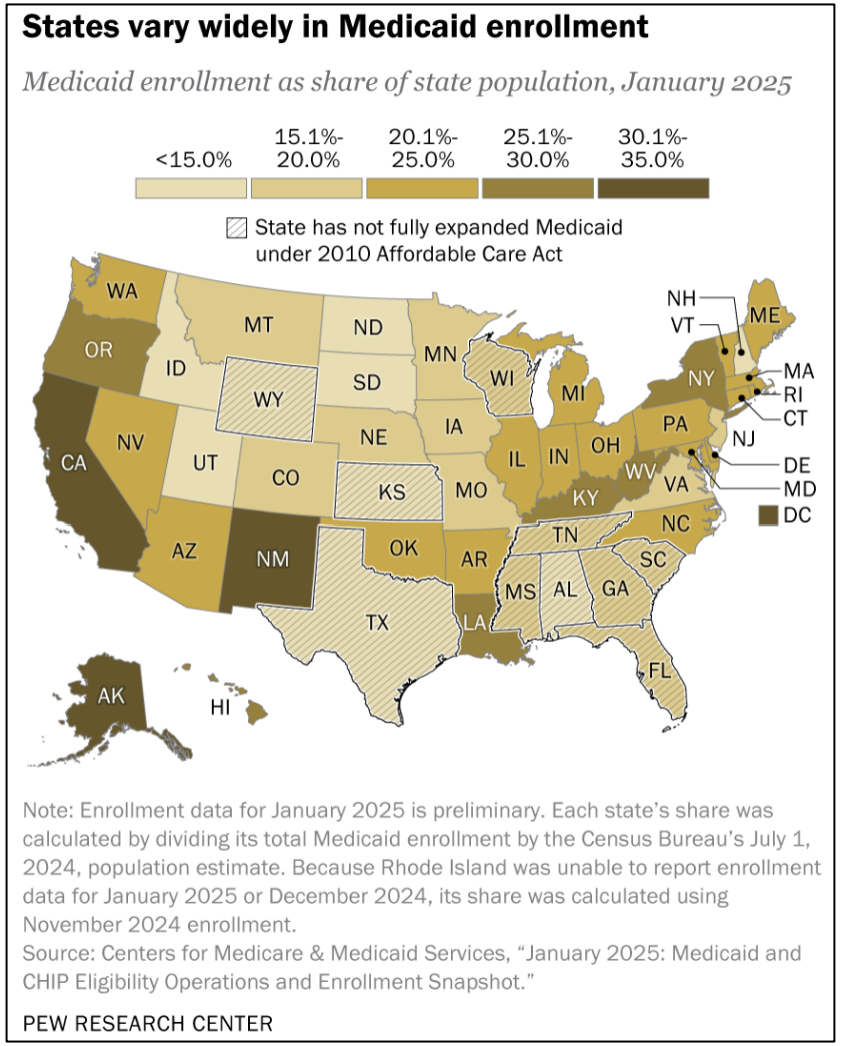
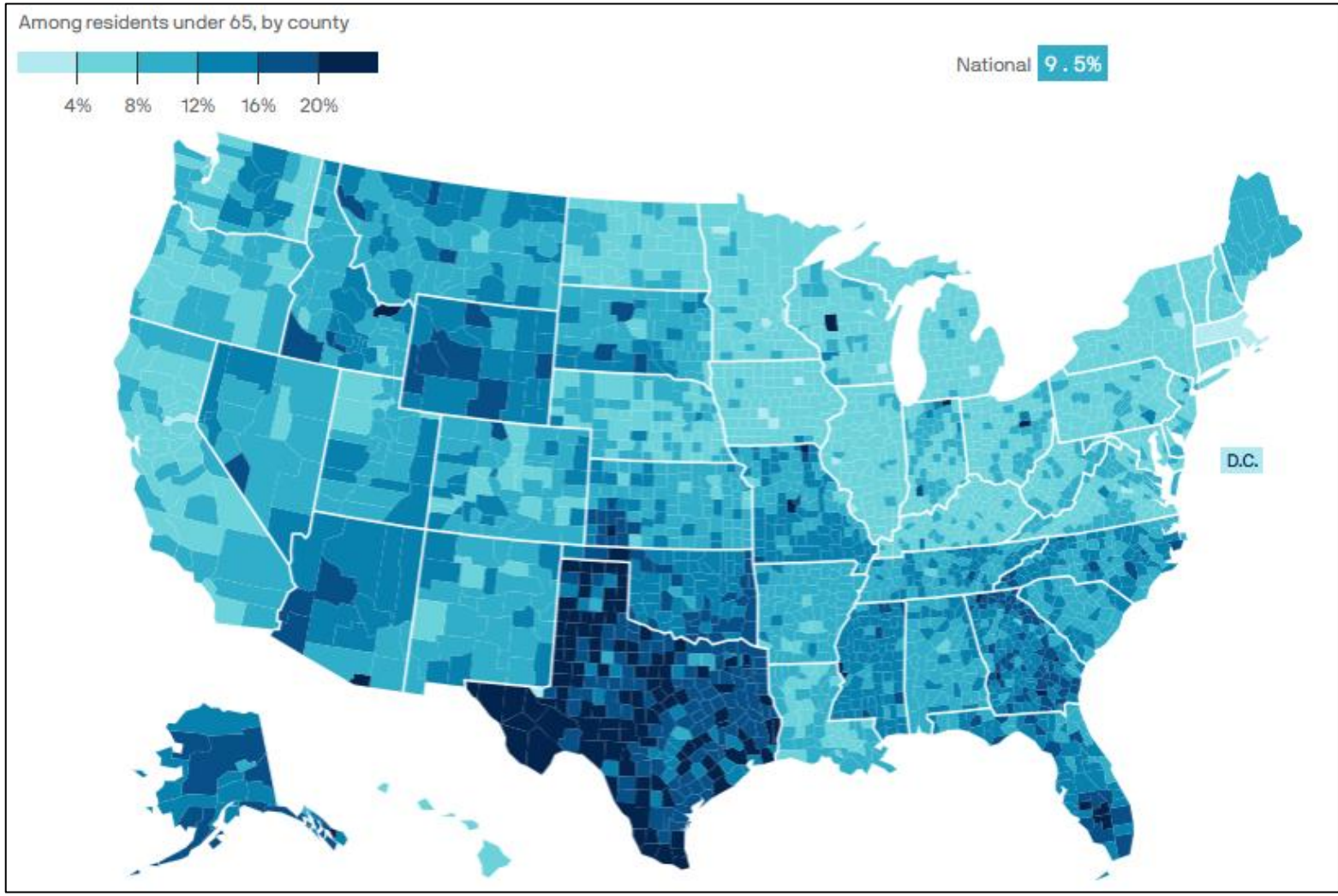
Medicaid Enrollment vs. Share of Residents who are Uninsured, 2022

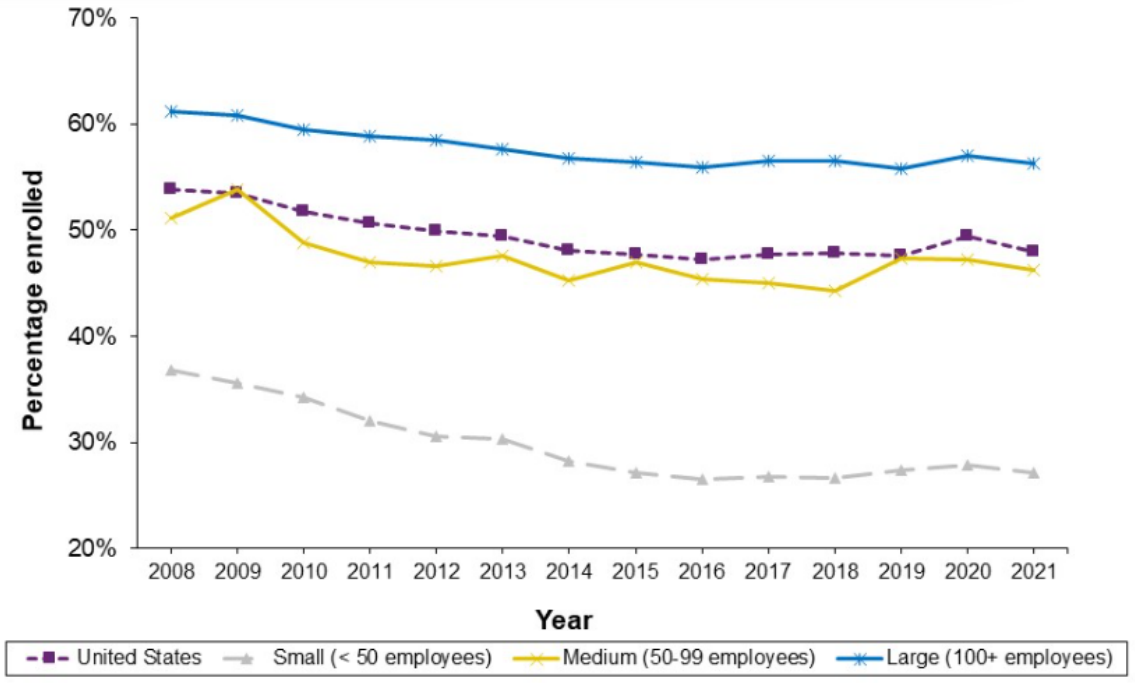




Trends in Employer-Sponsored Insurance

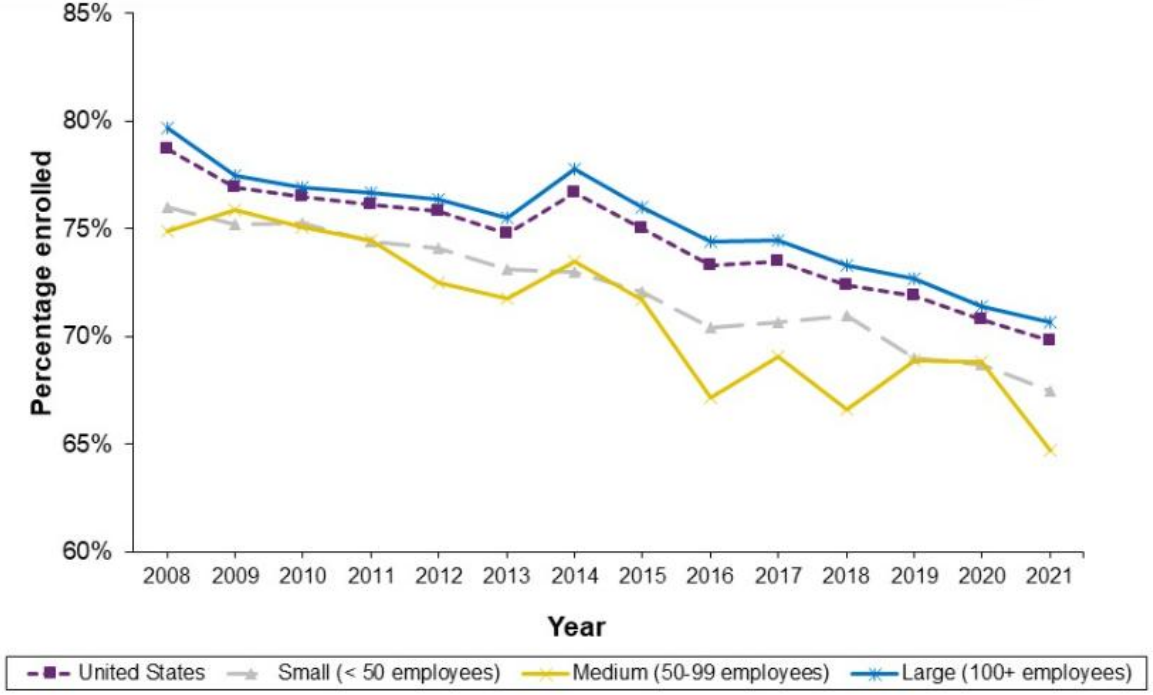
Employer-Sponsored Insurance: *160 million covered, but trending downward as a percentage*

Figure 1. Enrollment rate: Percentage of all private-sector employees enrolled in employer-sponsored health insurance, overall and by firm size, 2008–2021



Source: Center for Financing, Access, and Cost Trends, AHRQ, Medical Expenditure Panel Survey-Insurance Component, private-sector establishments, 2008–2021.
Denominator: Within each category, all employees in establishments.

Figure 5. Take-up rate: Percentage of eligible private-sector employees who are enrolled in health insurance at establishments that offer health insurance, overall and by firm size, 2008–2021

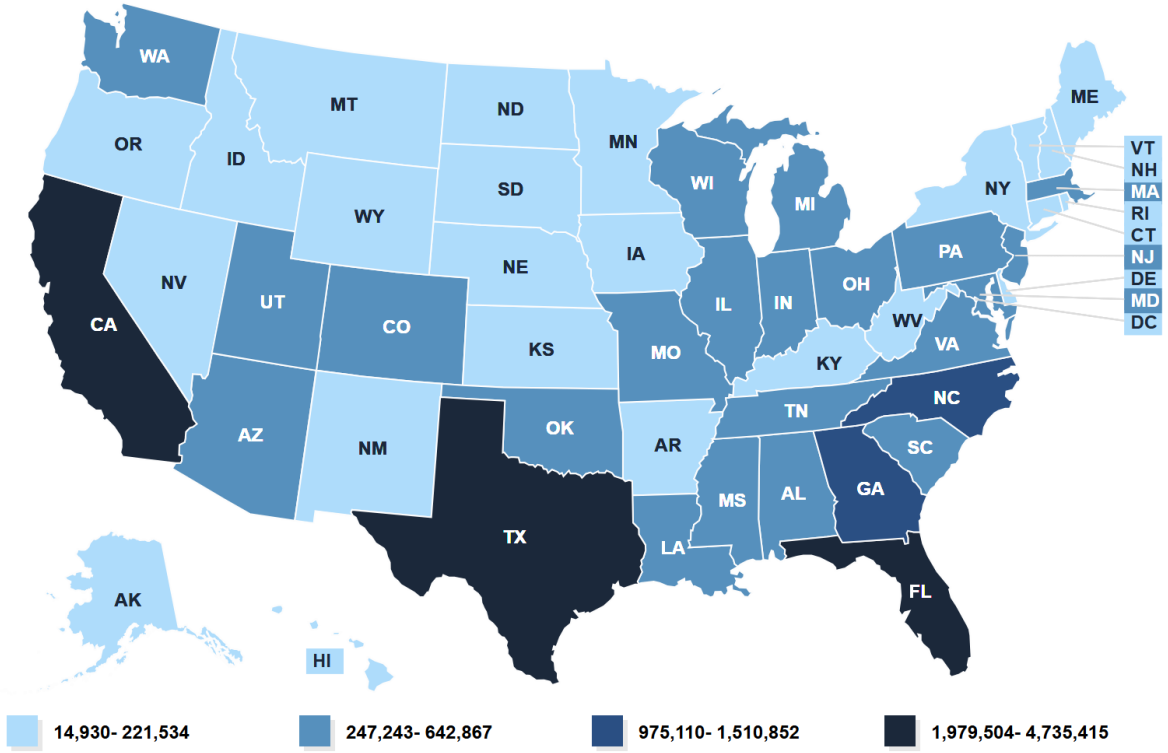


Source: Center for Financing, Access, and Cost Trends, AHRQ, Medical Expenditure Panel Survey-Insurance Component, private-sector establishments, 2008–2021.
Denominator: Within each category, eligible employees at establishments that offer health insurance.

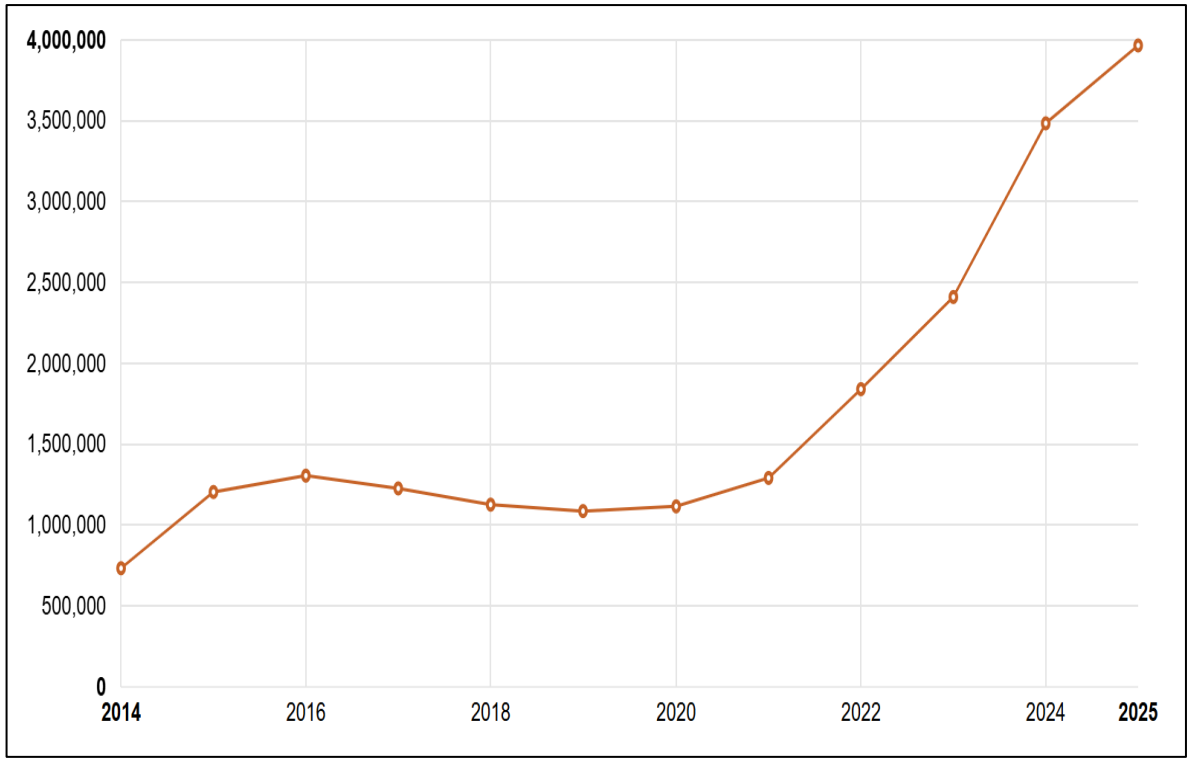
Trends in Individual Insurance

ACA was a game changer: In ’25, 24 million in individual coverage, growing fast

Enrollees-2025: TX 4.0m, FL 4.7m



Enrollees in Texas 2014-2025



Source: KFF.org/affordable-care-act/state-indicator/marketplace-enrollment

Impact of Health Insurance on Health

What do recent studies find about how health insurance affects mortality?

"The evidence now unequivocally supports the conclusion that health insurance improves health."

The Impact of Health Insurance on Mortality, Levy and Buchmueller. Annual Review of Public Health 2025. 46:541-50

Studies	Policy/research design	Main mortality results
Group 1: Old (pre-2008) policies, new analysis		
Brown et al. 2020 (10)	State-level expansions of Medicaid for children in the late 1980s and early 1990s	Each additional year of Medicaid eligibility in childhood significantly reduces cumulative deaths between ages 19 and 28 by 2 per 10,000 or 2.5% of baseline
Card et al. 2009 (12)	Discontinuity in Medicare eligibility for patients just under/over age 65 hospitalized with serious conditions	Seven-day mortality drops by 1 percentage point with near-universal Medicare coverage at age 65, a 20% reduction
Goodman-Bacon 2018 (20)	Difference in differences comparing before/after implementation of Medicaid in the mid-1960s and high-/low-eligibility states based on AFDC enrollment	Medicaid reduced mortality in low-income children ages 0 to 14; results are statistically significant for Black but not White children
Goodman-Bacon 2021 (21)		Medicaid in childhood significantly reduced subsequent cumulative mortality from non-AIDS causes in adulthood
Wherry & Meyer 2016 (38)	Discontinuity in Medicaid eligibility for children born before/after September 30, 1983	Black children born just after the cutoff date have significantly lower internal-cause mortality at ages 15–18
Group 2: New (2000s) state policies		
Finkelstein et al. 2012 (18)	Oregon Health Insurance Experiment; lottery-based expansion of Medicaid	Winning the lottery insignificantly increased the probability of being alive 12–18 months later by 4% relative to the control group
Sommers et al. 2014 (36)	Massachusetts health reform in 2006; difference in differences comparing before/after 2006 and Massachusetts versus propensity score–matched counties in other states	Significant reduction in all-cause mortality of 2.9% in Massachusetts compared with control counties
Group 3: ACA		
Borgschulte & Vogler 2020 (8)	ACA Medicaid expansion; difference in differences with propensity-score matching of counties in expansion and nonexpansion states	Significant reduction in all-cause mortality among adults ages 20–64 of 11.36 deaths per 100,000 or 3.6% of baseline
Goldin et al. 2021 (19)	Randomized intervention informing taxpayers of their eligibility for health insurance premium tax credits	Significant reduction of 0.06 percentage points in all-cause mortality among adults ages 45–64 for those who received an IRS letter compared with those who did not
Miller et al. 2021 (31)	ACA Medicaid expansion; difference in differences with nonexpansion states	Significant reduction of 0.132 percentage points in annual mortality among low-income/low-education adults ages 55–64 in expansion relative to nonexpansion states or 9.4% of the sample mean

Ken's Summary

- Significant reduction in uninsured through Medicaid expansion and the ACA Marketplace
- Coverage saves lives.
- ACA Marketplace picking up role as employers start move to defined contribution
- Pandemic/Biden era outreach, enhanced APTCs and ICHRAs grew ACA enrollment in TX to 4 million
- OBBBA creates multiple barriers to coverage (Medicaid and ACA) in name of FWA
- How many Medicaid enrollees will lose coverage?
- Will Congress extend E-APTCs… don't bet on it.
- Expected loss of healthy enrollees increases premiums on top of loss of E-APTCs
- Uninsured will go up. How bad will it be?

No winners anywhere in health care in 2026

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Health Coverage at a Crossroads: Key Developments in ACA and Medicaid Regulation

Federal Changes in 2025 and Beyond

November 17, 2025

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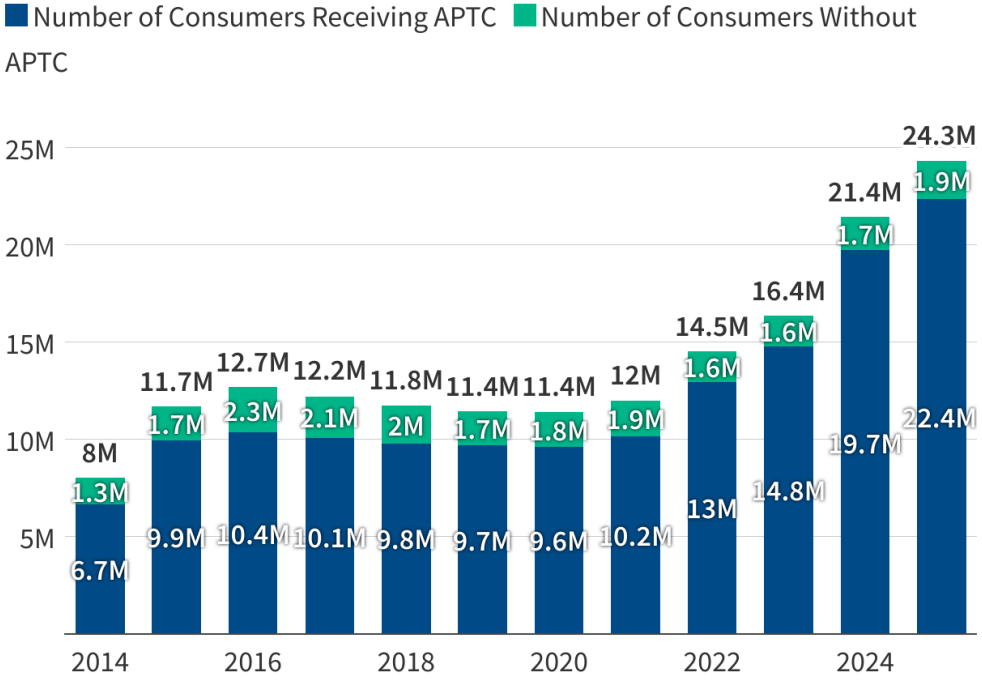
2025 Marked Peak Enrollment under the ACA

Figure 1

ACA Marketplace Enrollment Hits Another Record High During 2025 Open Enrollment Period

Total ACA Marketplace Plan Selections During Open Enrollment, 2014-2025



Source: KFF analysis of Health Insurance Marketplace Open Enrollment Reports for 2014, 2015, and 2016 and Marketplace Open Enrollment Period Public Use Files

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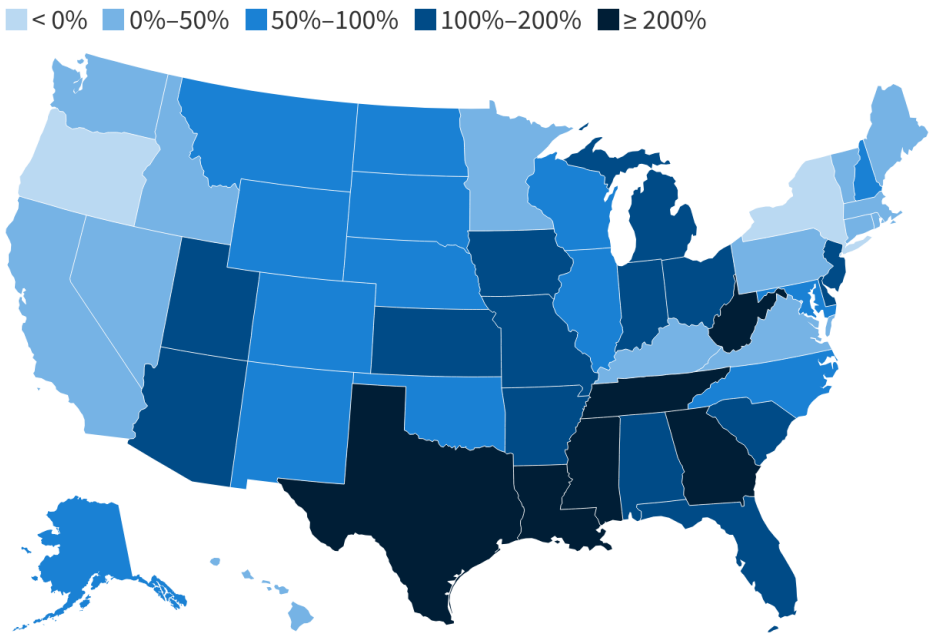
Figure 2

Affordable Care Act (ACA) Marketplace Enrollment More than Doubled in 20 States from 2020 to 2025

Percent Growth in Affordable Care Act (ACA) Marketplace Signups, 2020 - 2025*



Note: *2025 enrollment data is as of the end of Open Enrollment for all states except Rhode Island. Rhode Island reports 2025 data through December 7, 2024.

Source: KFF analysis of 2020 Open Enrollment Period Public Use Files, Marketplace 2025 Open Enrollment Period Report: National Snapshot , and enrollment data from state press releases or Marketplaces

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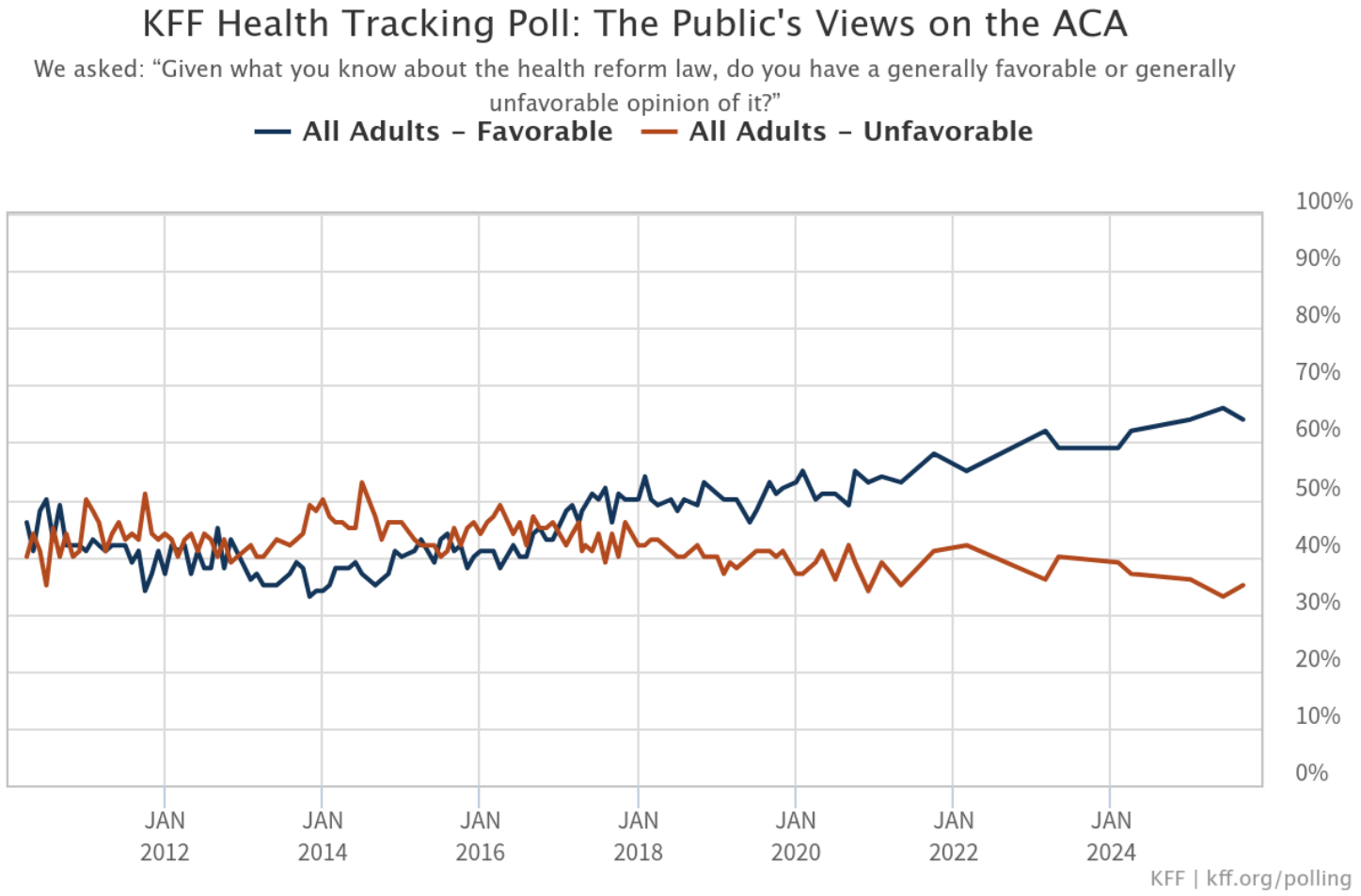
2025 Marked Peak Popularity of the ACA

- ACA more popular than not since repeal efforts in 2017
- Record high popularity in 2025
  - Even so, still around 65%
- Most popular provisions
  - Coverage for preexisting conditions
  - Coverage for no-cost preventive services
  - No lifetime limits on care
  - Financial help for low- and middle-income Americans
  - Parents can cover kids until age 26



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2025 Brought Ninth Supreme Court Decision

Individual Mandate

- *National Federation of Ind. Business v. Sebelius*, 567 U.S. 519 (2012).
- *California v. Texas*, 593 U.S. 659 (2021).

Availability of Premium Tax Credits

- *King v. Burwell*, 576 U.S. 473 (2015).

Unpaid Risk Corridors Payments

- *Maine Community Health Options v. United States*, 590 U.S. 296 (2020).

Coverage of Preventive Services

- *Burwell v. Hobby Lobby Stores, Inc.*, 573 U.S. 682 (2014).
- *Zubik v. Burwell*, 578 U.S. 403 (2016).
- *Little Sisters of the Poor v. Pennsylvania*, 591 U.S. 657 (2020).
- *Kennedy v. Braidwood Management*, 606 U.S. __ (2025).*

Nondiscrimination Protections

- *Cummings v. Premier Rehab Keller*, 596 U.S. 212 (2022).

Federal Changes in 2025 and Beyond

Executive Action

The New York Times

Obamacare Enrollees Could See Big Changes in 2026

A proposed rule would restrict "eligibility, enrollment and affordability" in plans under the Affordable Care Act, health policy analysts say.

CNN

Group of cities sues Trump administration over new changes to Obamacare enrollment and eligibility

Congressional Action (or Inaction)

The Washington Post

At least 17 million Americans would lose insurance under Trump plan

GOP legislation would set back years of progress in expanding health care coverage, unwinding key parts of the Affordable Care Act.

Updated July 1, 2025

THE TEXAS TRIBUNE

1.7 million Texans could lose health coverage under expiring tax credits, ACA changes in GOP megabill

> Having never expanded Medicaid, Texas avoided most of the looming federal cuts other states will face. But the Affordable Care Act is a different story.

Executive Action: Marketplace Integrity Rule

Overview of Final Rule

- Finalized in June 2025 → 1.8 million more people uninsured
- Included sweeping changes that took effect quickly → some in Aug. 2025, most in Jan. 2026
- Justified based on purported marketplace fraud → linked to enhanced premium tax credits
- Challenged in two court cases → Baltimore (cities, doctors, etc.) and Boston (21 Democratic AGs/governors)

Sample of Policies in Final Rule

Enrollment barriers

- E.g., $5 premium penalty for low-income enrollees,* shortened annual open enrollment period

Administrative burdens

- E.g., Submit paperwork if IRS doesn't have your tax data* or your projected income is higher than IRS data*

Higher premiums and out-of-pocket costs

- E.g., New formula means less generous premium subsidies and allows higher deductibles (including for employer plans)

**Stayed by a district court in Baltimore*

Congressional Action: One Big Beautiful Bill Act

Select Changes to ACA+

Significant changes to ACA requirements by:

- Barring automatic reenrollment for most consumers
- Imposing new paperwork burdens on consumers and marketplaces
- Eliminating financial protections for those who mis-project their future income

Eliminate eligibility for ACA, Medicaid/CHIP, and Medicare for many lawfully present immigrants

Expand use of health savings accounts with ACA plans + clarify use of telehealth, direct primary care arrangements

Select Changes to Medicaid

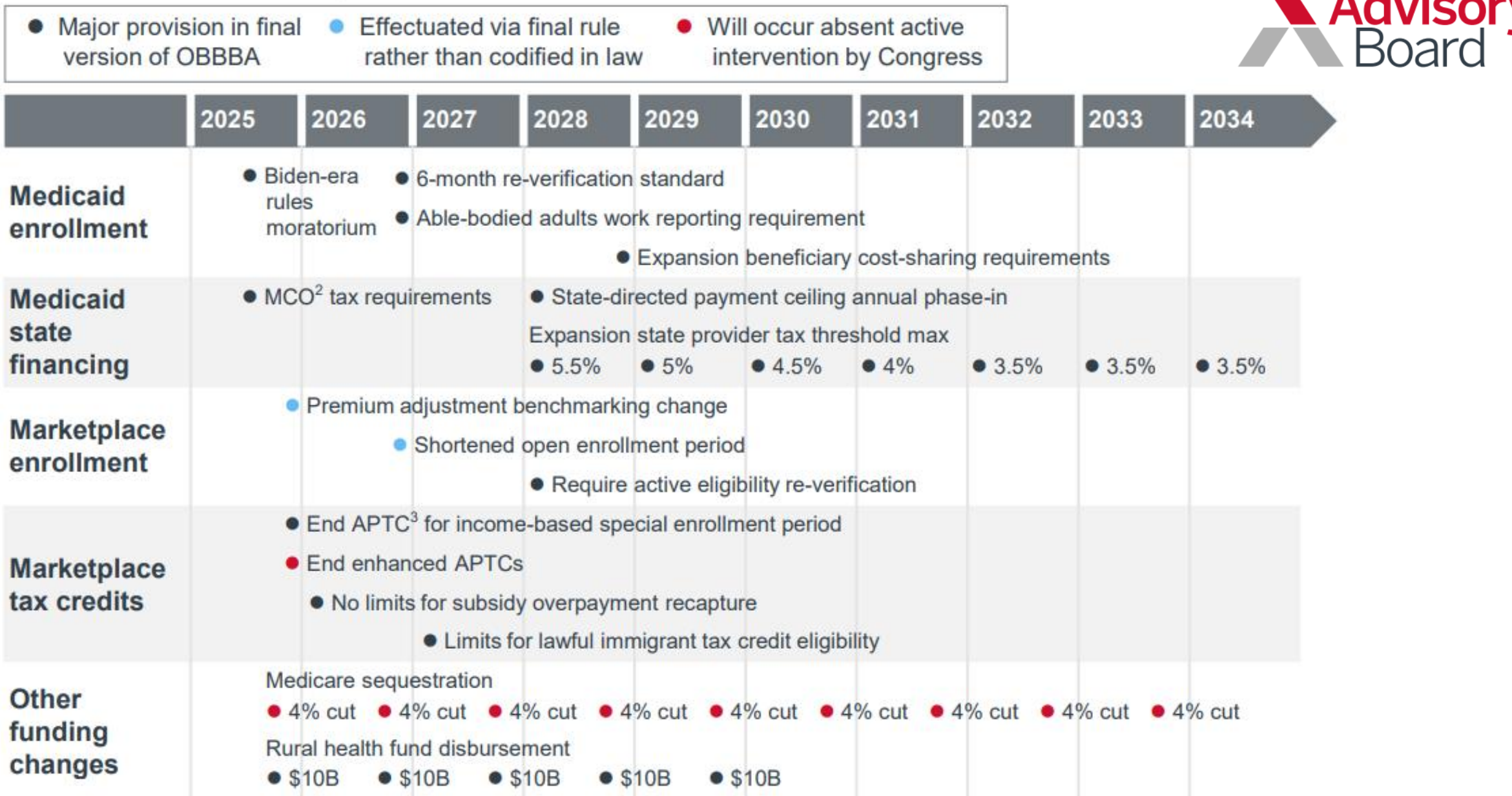
Significant changes to Medicaid coverage requirements by:

- Imposing mandatory work requirements and more frequent eligibility redeterminations
- Requiring new copays and limits on retroactive coverage

Significant changes to Medicaid financing requirements by restricting state provider taxes, which are used by most states to fund their share of the Medicaid program

Allows new waivers for states to cover home- and community-based services

Implementation of major OBBBA provisions over time

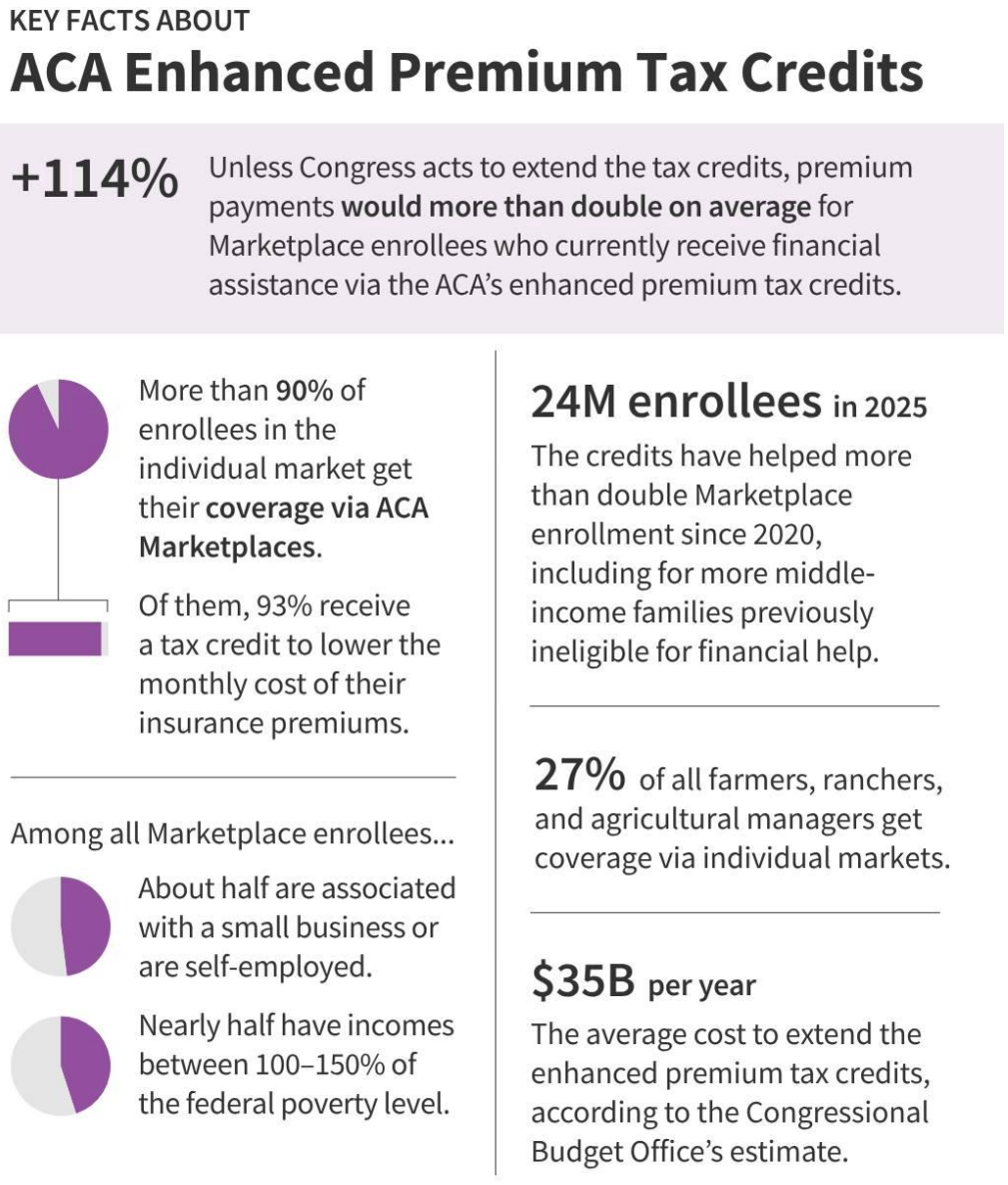


1. Estimated operating margin following each policy action for a median $1B-$2B net operating revenue system, by operating margin.
2. Managed care organization.
3. Advance premium tax credit.

Source: Syntellis Market Insights; Advisory Board. Policy Scenario Impact Calculator. July 7, 2025; McDermott+. Summary of Health-Related Provisions in the Final Reconciliation Package. July 3, 2025; CBO. Potential Statutory Pay-As-You-Go Effects of a Bill to Provide Reconciliation Pursuant to H. Con. Res 14, the One Big Beautiful Bill Act. May 2025; CMS. 2025 Marketplace Integrity and Affordability Final Rule. June 20, 2025.

Congressional Inaction: Enhanced Premium Tax Credits

- Government shutdown 2025 + open enrollment for 2026
- Potential changes being discussed
  - Changes to income levels
  - Changes to subsidy levels
  - Changes to subsidy structure
  - Changes to abortion restrictions
- Looking ahead



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Thank you

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MEDICAID WORK REQUIREMENTS AND THE POLITICS OF DESERVINGNESS

@HLPI_UHLC

Jessica Mantel

THREE PARADIGMS OF AMERICAN WELFARE POLICY

The Deserving Poor

Welfare as an Earned Benefit

Healthcare as a Right

Traditional Medicare and Medicaid: Deservingness and Reciprocity

MEDICARE

- *Earned Benefit*:
  - Payroll contributions
- *Deserving Beneficiaries*:
  - Disabled
  - ESRD &Lou Gherig's Disease

MEDICAID

- *Deserving Poor*:
  - Aged, blind, and disabled
  - Children & their caregivers
  - Pregnant women
  - Former foster care enrollees (under 26)
  - Medically needy

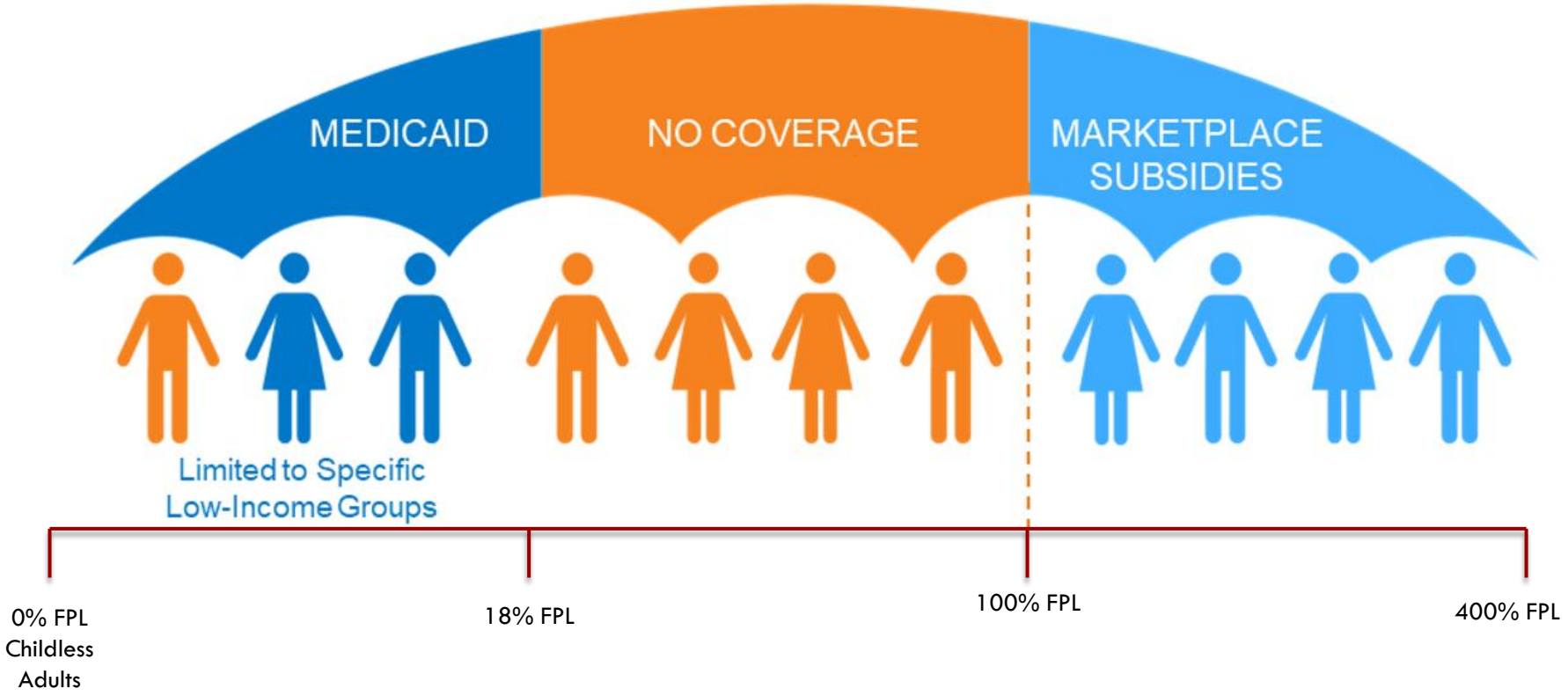


ACA: Partial Shift Toward Rights-Based Model

Marketplace Exchanges: Sliding-scale premium & cost-sharing subsidies

Medicaid Expansion: Adults with incomes below 138% FPL

Gap in Coverage for Adults in Texas



Medicaid Work Requirements

WHO

- Able-bodied adults ages 19-64

REQUIREMENTS

- Work + community service + work training = 80 hours/month
- Full or part-time student

EXCEPTIONS

- Caretakers
- Medically frail
- Hardship waivers

The Work Requirements Debate

Proponents

- Encourages self-sufficiency
- Health promotion through work
- Conserve resources for neediest
- Medicaid should be earned

Opponents

- Health care is a right
- Health first, then work
- Paperwork burdens
- Administrative complexity for states

Evidence from Arkansas and Georgia

- Reporting barriers and confusion
- Loss of coverage (Ark)/limited uptake (Ga)
- No increase in employment
- Increase uninsured visits & delays in care

Arkansas WORKS

GEORGIA PATHWAYS TO COVERAGE™

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Thank you!

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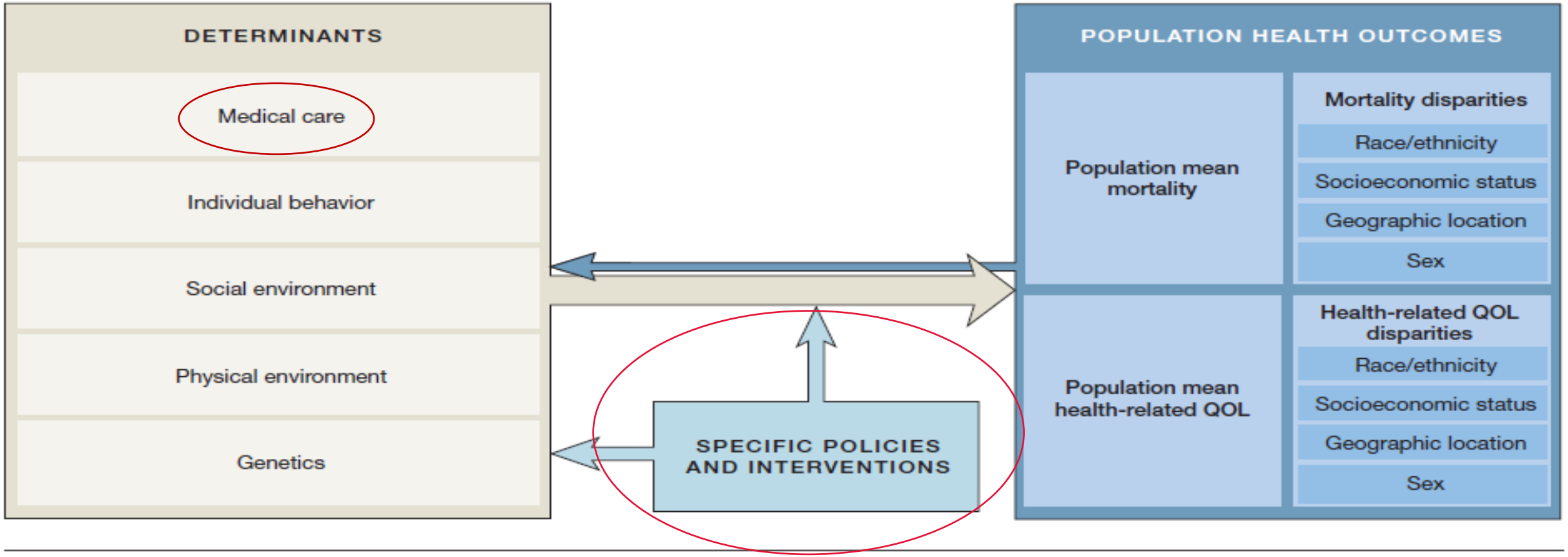
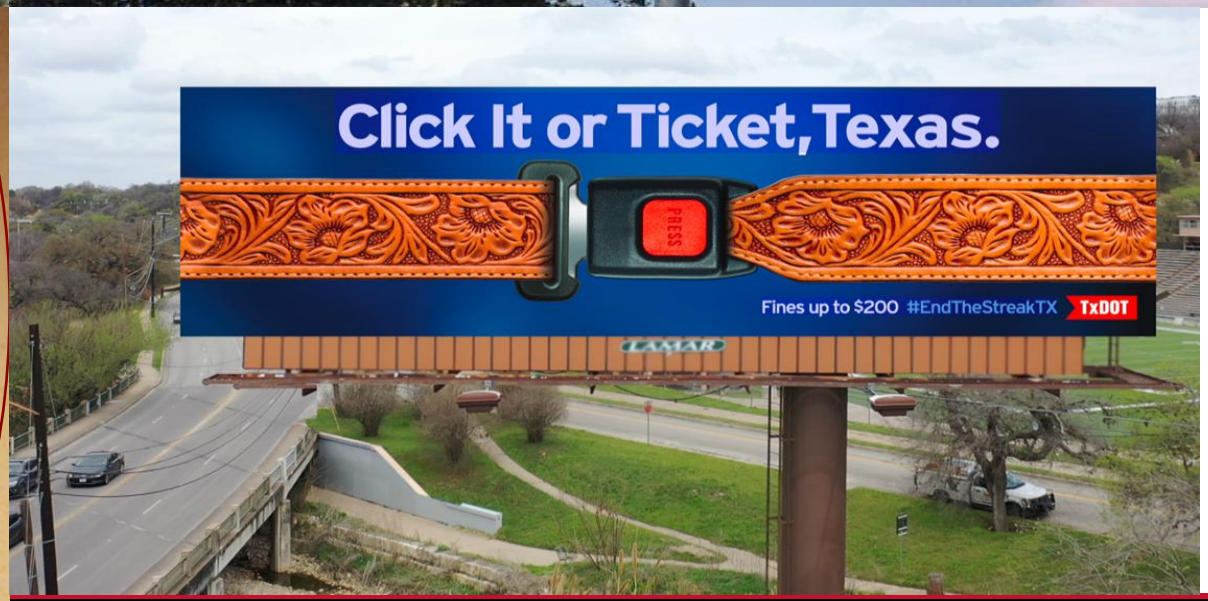
Population Health Framework by Dr. David A. Kindig

Figure. A Schematic Framework for Population Health Planning

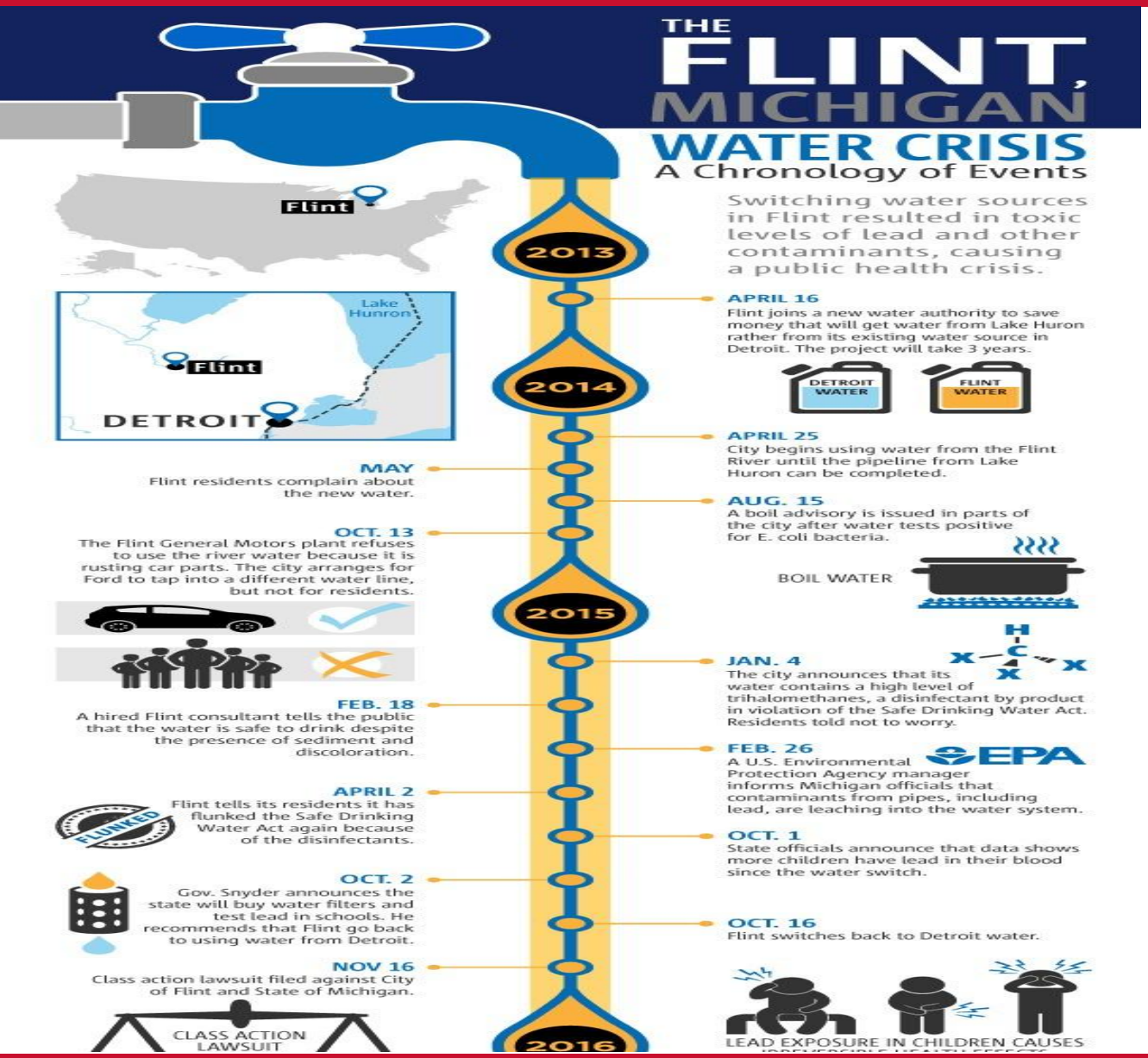


The right side conceptualizes broad population health outcomes. The left side represents the determinants of population health outcomes. The quadrants in the outcomes component are arbitrarily sized equally, as are both the disparity domains within outcomes and the determinant categories. QOL indicates quality of life.

Examples of policy intended to impact public health



Measuring Impact of Health Policy Interventions



The impact of health policy interventions can be difficult to measure.

- Disease processes require time.
- Causes of most chronic diseases are multi-factorial.
- Example:
  - Flint Water Crisis some health impacts were not identified until more than 2 years after the change in water supply.

Evidence of health impacts of the ACA:Reduced Mortality

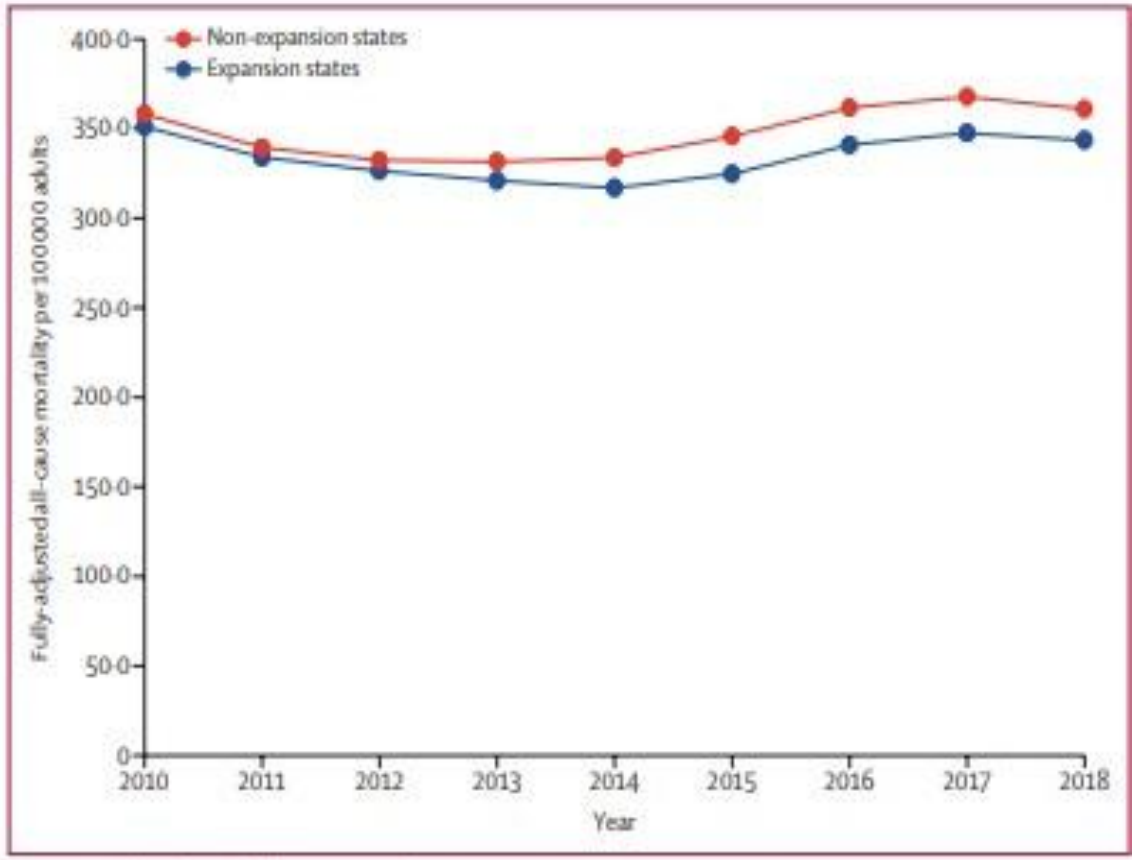
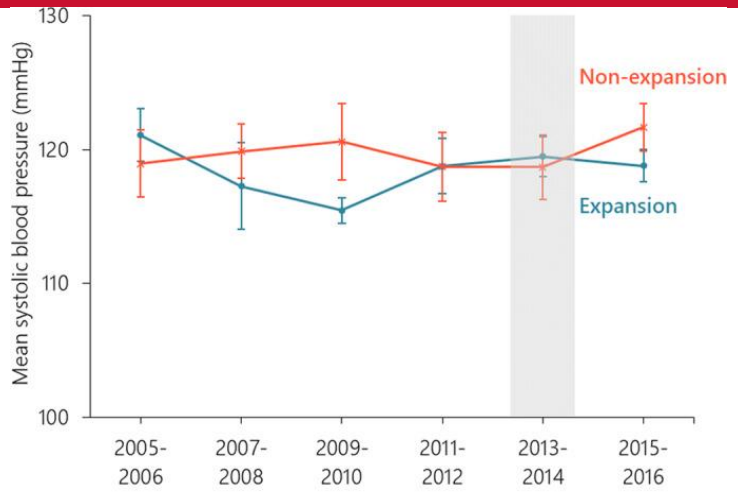


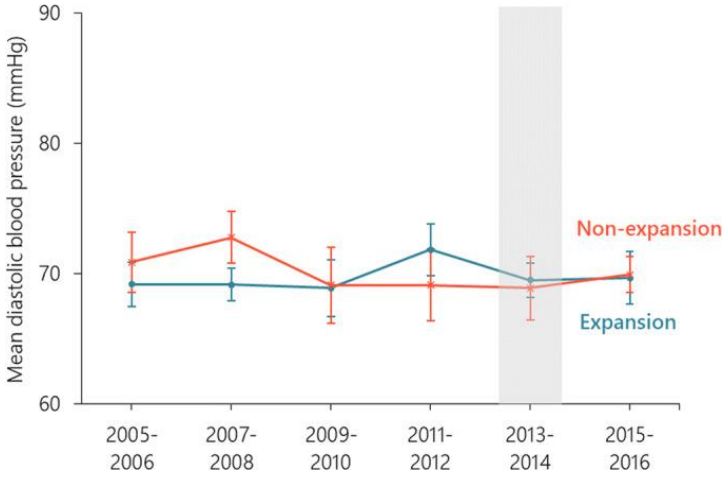
Figure 1: Fully adjusted all-cause mortality in expansion versus non-expansion states
All-cause mortality per 100 000 adults by year, adjusted for age strata, proportion female, proportion non-Hispanic Black, proportion Hispanic, proportion in poverty, and proportion unemployed.

- Using death certificate data from the Centers for Disease Control
- All cause mortality of adults aged 25-64 was compared between states that expanded Medicaid and those states that did not expand Medicaid.
- Analysis determined 11.2 fewer deaths per 100,000 adults per year in states that had expanded Medicaid.

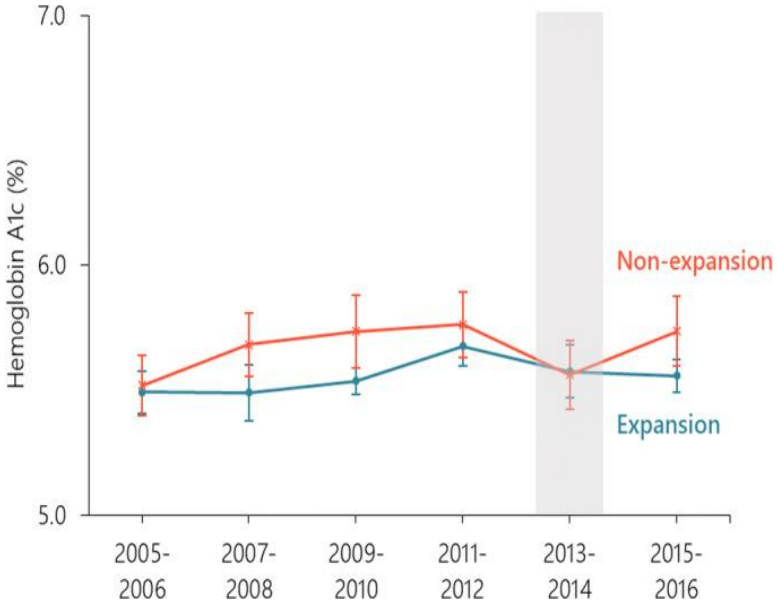
Lee, B. P., Dodge, J. L., & Terrault, N. A. (2022). Medicaid expansion and variability in mortality in the USA: a national, observational cohort study. *The Lancet. Public Health*, *7*(1), e48–e55. https://doi.org/10.1016/S2468-2667(21)00252-8

Evidence of health impacts of the ACA:Reduced CV Risk

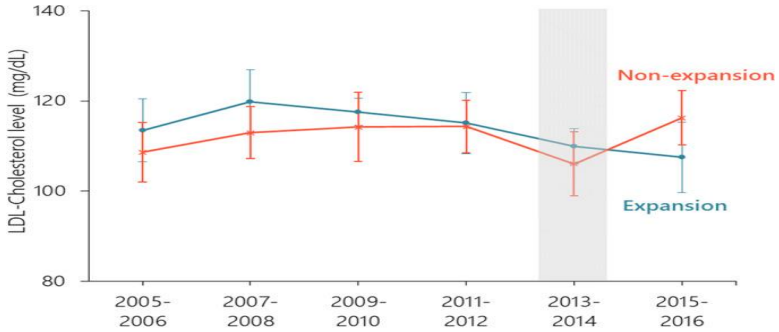


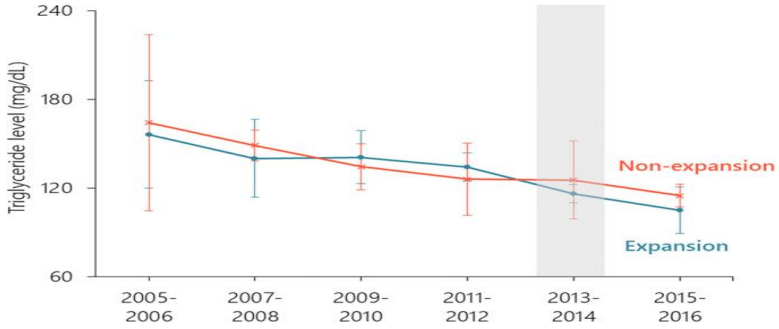


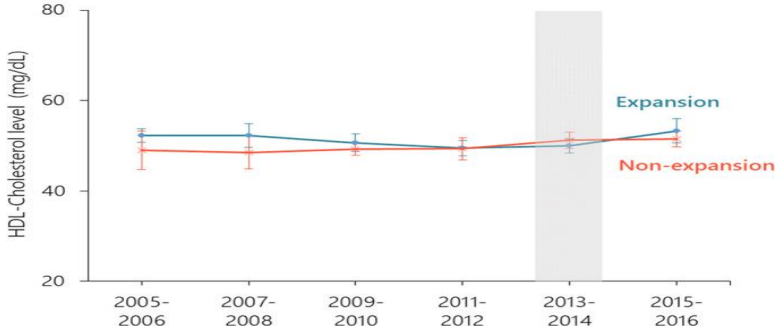
Blood Pressure



Diabetes



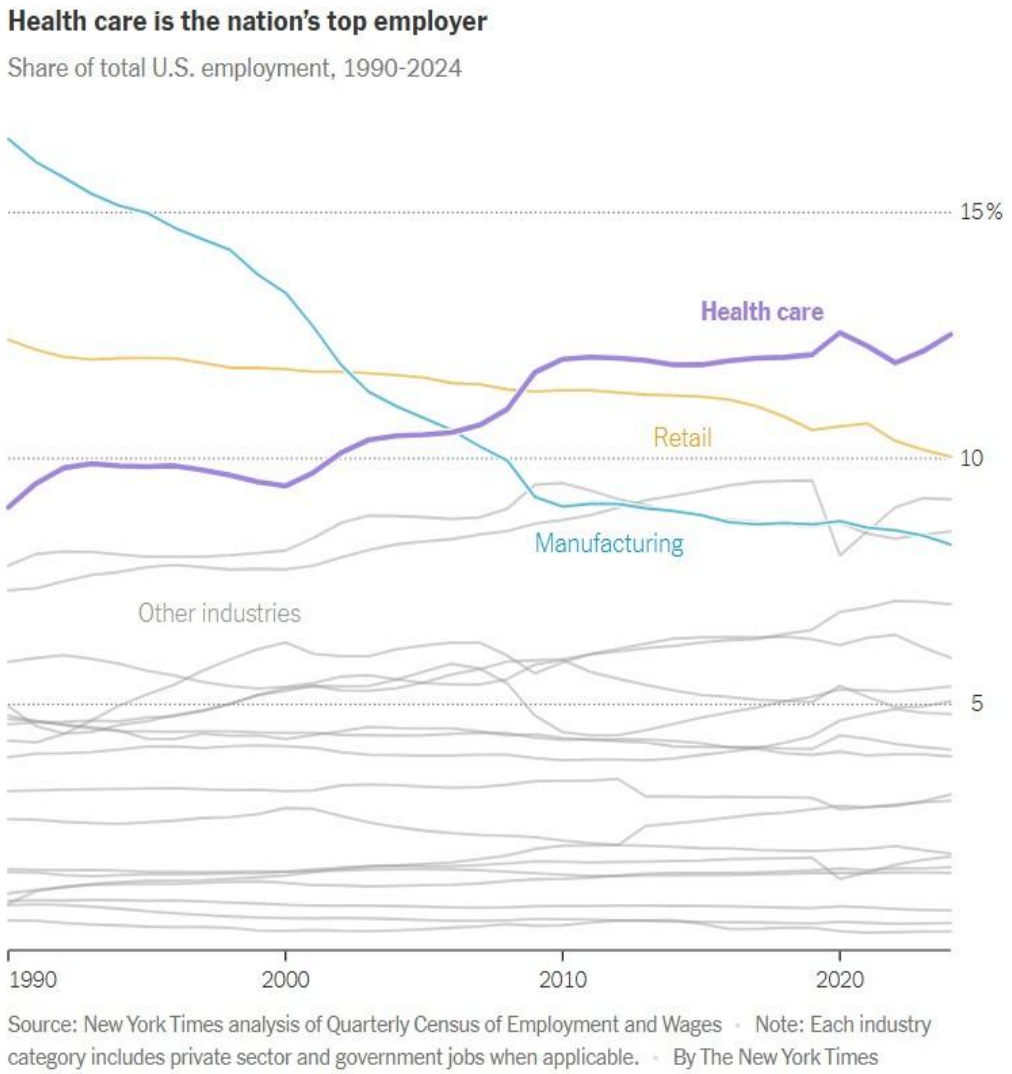


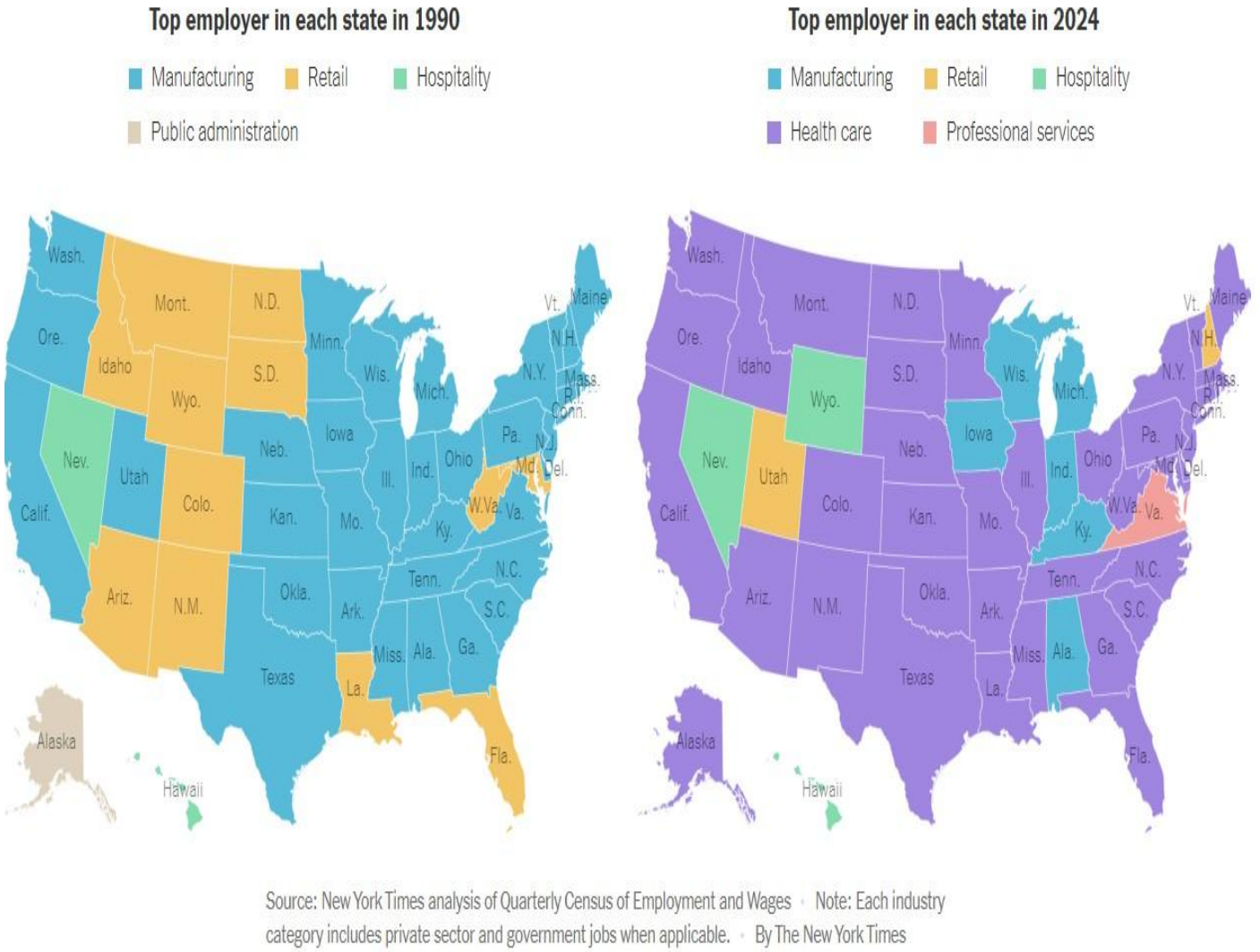


Cholesterol

Gotanda H, Kominski GF, Elashoff D, Tsugawa Y. Association Between the ACA Medicaid Expansions and Changes in Cardiovascular Risk Factors Among Low-Income Individuals. J Gen Intern Med. 2021 Jul;36(7):2004-2012. doi: 10.1007/s11606-020-06417-6. Epub 2021 Jan 22. PMID: 33483808; PMCID: PMC8298725.

Economic Impacts





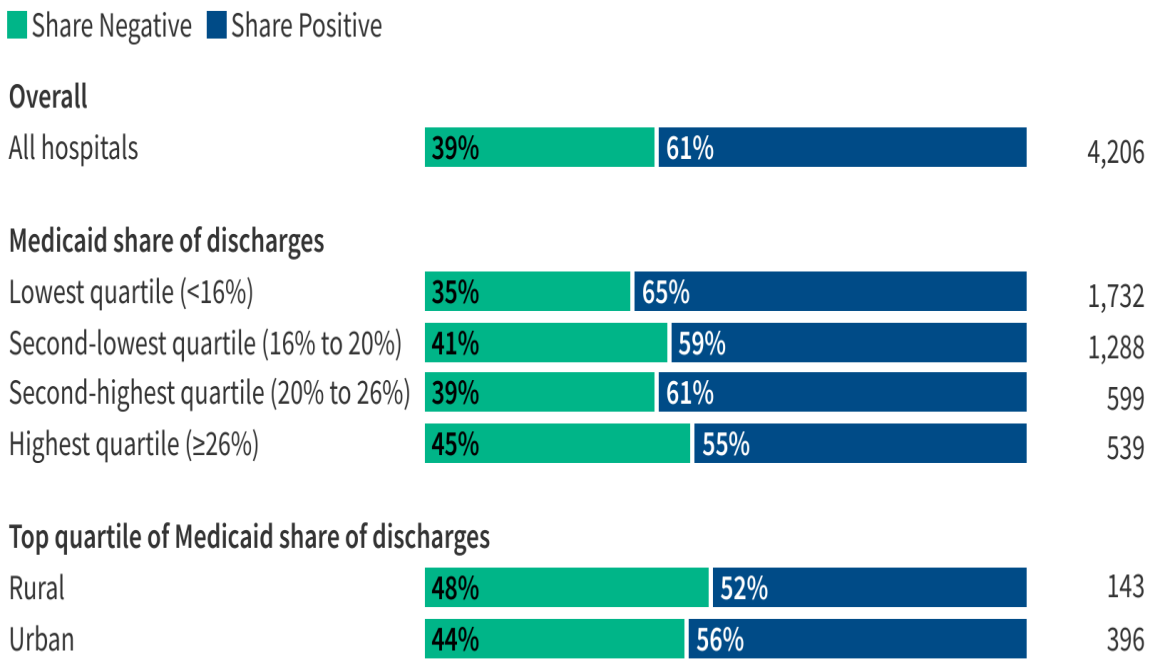
DePillis, L. and Zhang, C. "How Health Care Remade the U.S. Economy. New York Times, 3 July 2025. How Health Care Remade the U.S. Economy - The New York Times

Economic Impacts: Hospitals with Negative Margins

Figure 3

Hospitals That Serve a Large Share of Medicaid Patients in Urban and Rural Areas Were More Likely Than Others to Have Negative Margins

Distribution of hospitals by operating margins, by Medicaid share and geography, 2023



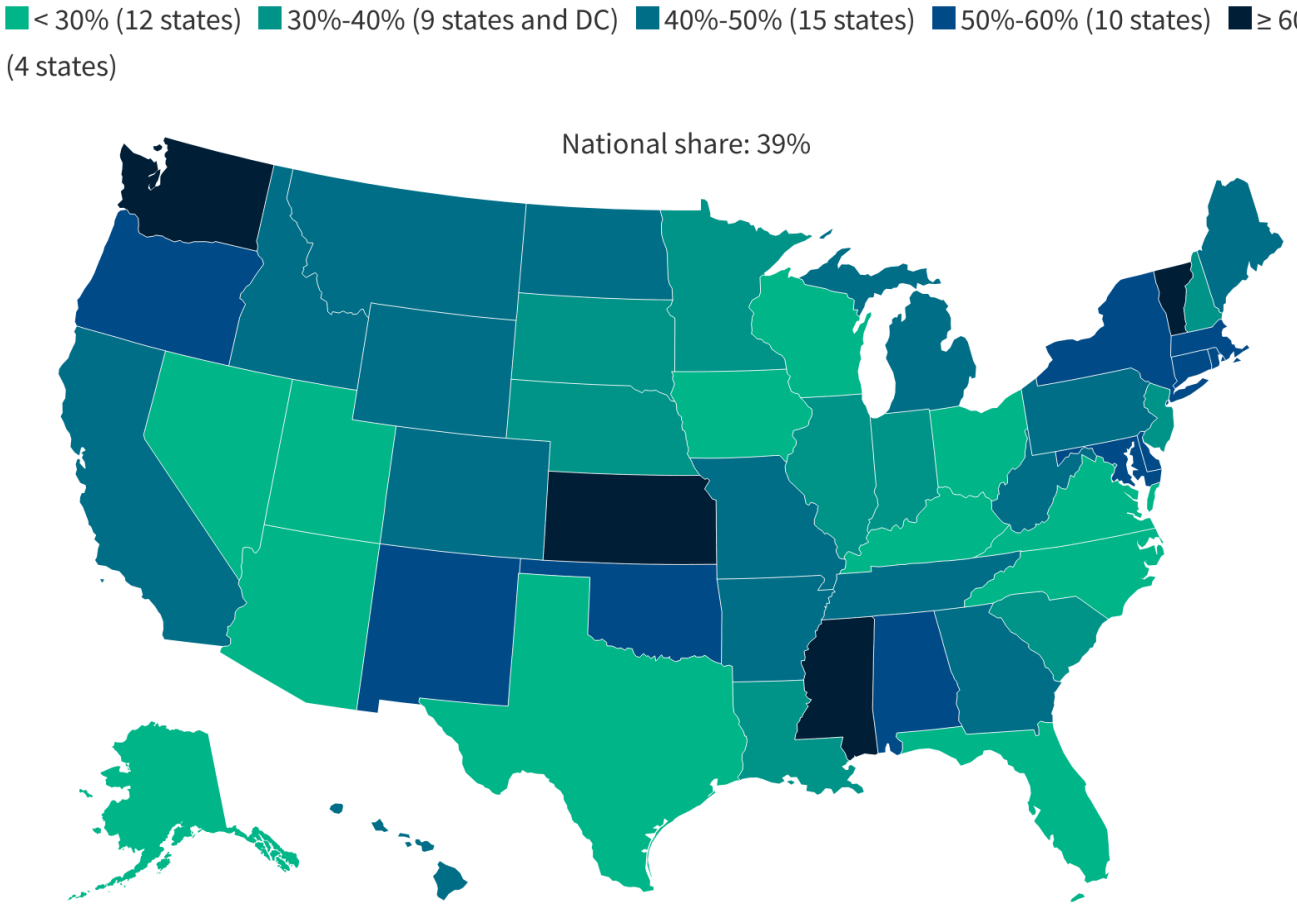
Note: Analysis of non-federal general short-term hospitals, excluding those in U.S. territories. Quartiles weighted by revenues and therefore each reflect about a quarter of hospital revenues versus a quarter of hospitals. Quartiles are distinct, but reported ranges may overlap due to rounding. Urban is defined as metropolitan and rural as nonmetropolitan. Hospital data sorted into fiscal year 2023 based on mid-point of reporting period.

Source: KFF analysis of RAND Hospital Data, 2023 and the American Hospital Association Survey Database, 2023

KFF

Figure 5

In Most States (29), At Least 40% of Hospitals Had Negative Margins in 2023

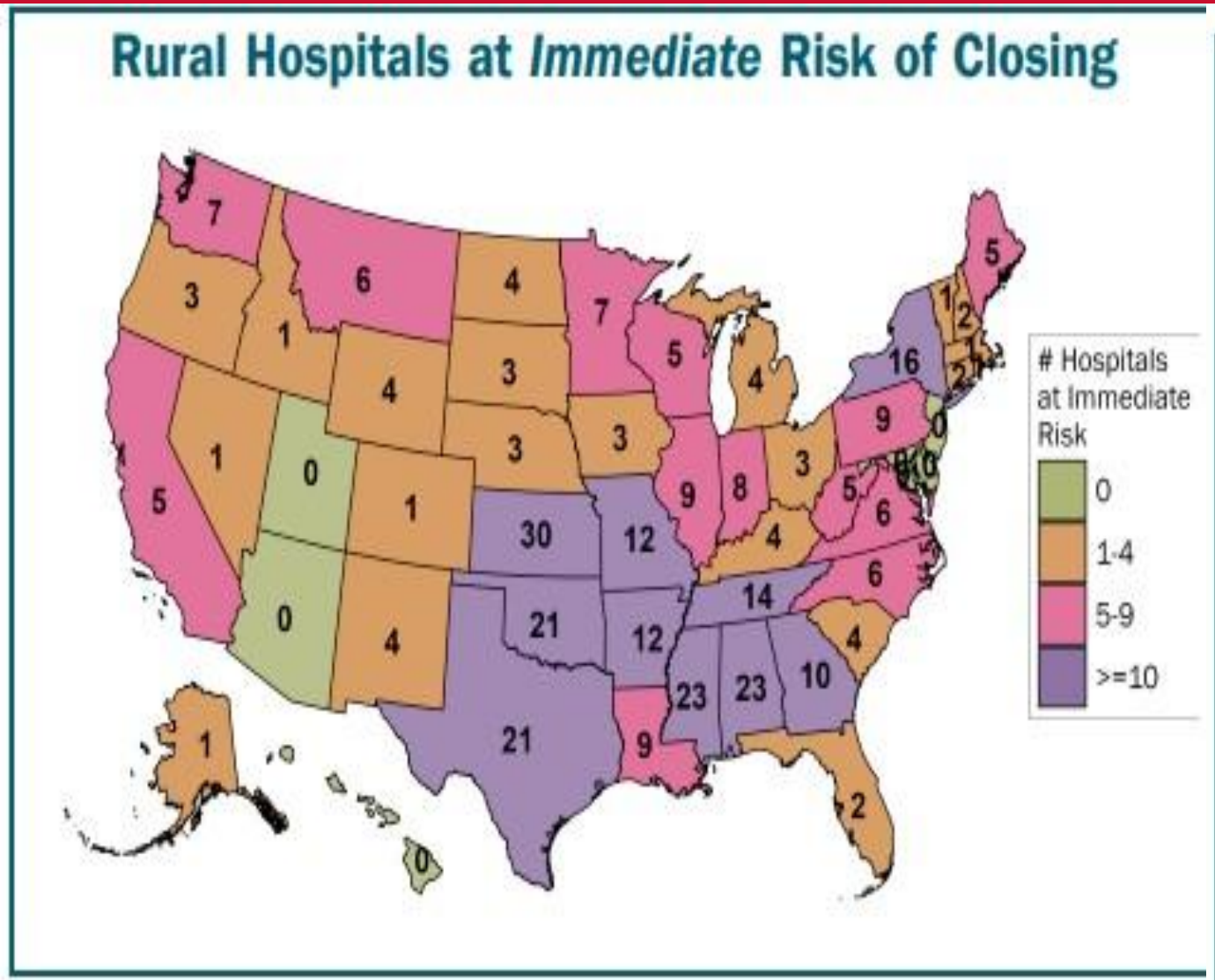


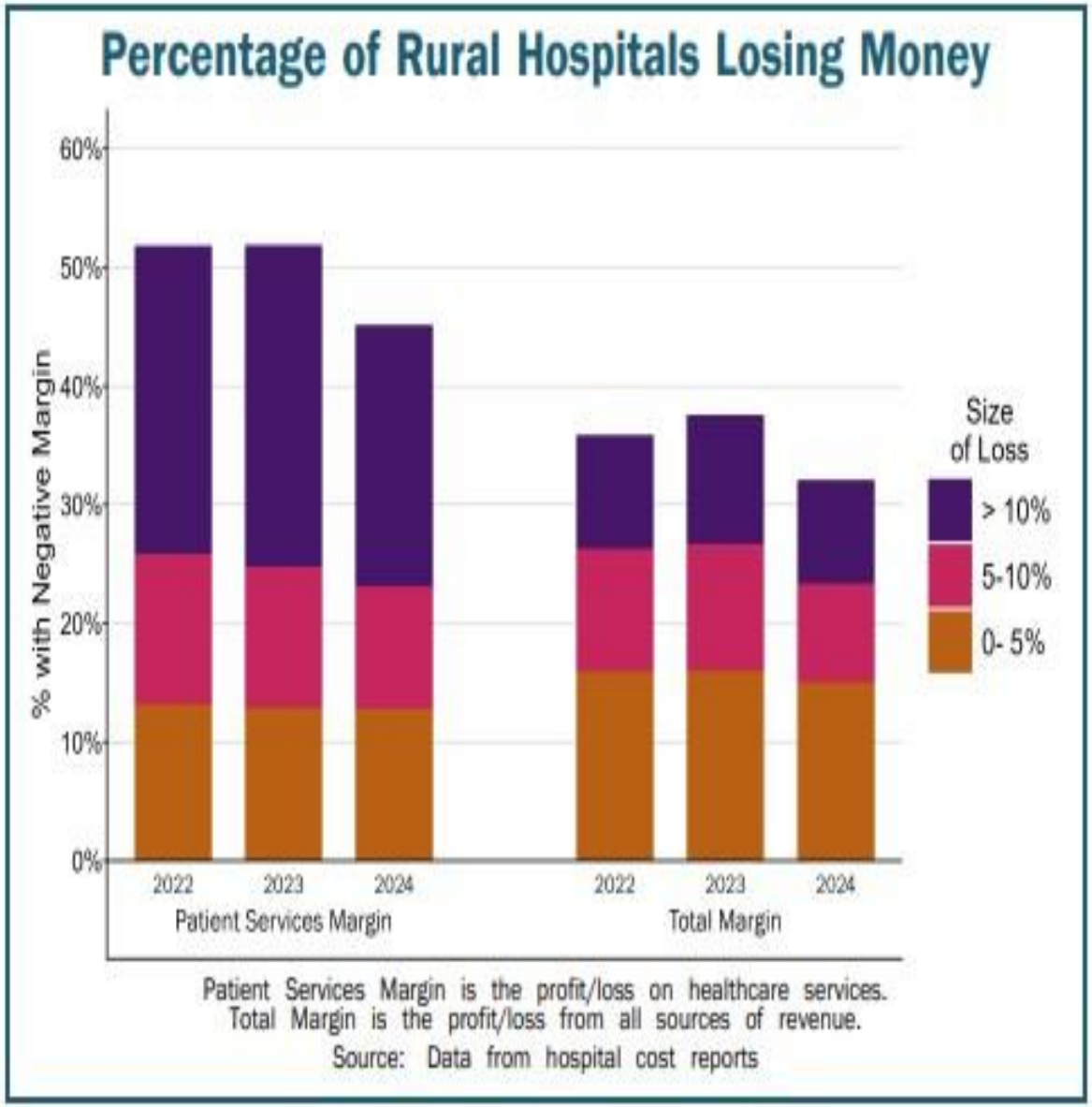
Note: Analysis of non-federal general short-term hospitals, excluding those in U.S. territories. Hospital data sorted into fiscal year 2023 based on mid-point of reporting period.

Source: KFF analysis of RAND Hospital Data, 2023

KFF

Economic Impacts: Rural Hospitals at Risk





Issue Brief: Rural Hospitals At Risk of Closing
Center for Healthcare Quality & Payment Reform

Economic Impacts: No Margin No Mission

Mercy Hospital to close on Detroit's east side

D'Artagnan Collier
6 January 2000

Shortly before Christmas Michigan's largest health care provider, Mercy Health Services, announced the closure of Mercy Hospital, located in the heart of Detroit's impoverished east side. Approximately 1,300 jobs will be eliminated.

On the same day Mercy reported the final closing of the hospital a national report was released citing Detroit with the largest percentage of low-weight babies of all large cities in the US.

Mercy, a building surrounded by poverty and blight, opened in 1983, making it one of the newest hospitals in the state. The 268-bed facility provides care for close to 200,000 patients annually with a staff of 1,350 full-time workers. The closure of the hospital will have a devastating effect on the poor in Detroit. Mercy is the third hospital in Detroit to close within the past two years.

Eighty percent of Mercy's patients rely on Medicare, Medicaid or other government-sponsored programs for health care. The hospital has stated that the cuts in these programs to Detroit residents created a financial pressure that was too difficult to withstand. Hospital spokesmen have said the plan is to phase out departments in stages, with final closure to take place by March 1.

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Thank you!

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