

# Impact of the Affordable Care Act (ACA) in Metro Louisville

## 21,675



The estimated number of Louisville Metro residents who would lose their health insurance if the Affordable Care Act is repealed<sup>1</sup>.

### Impact on Preventative Services

ACA promoted and covered preventive services. Screenings (ex. pap smears, mammograms, colonoscopies, HIV tests) are covered with no cost to the patient — no copay is required and no



HIV positive residents who knew their status increased from 66.8% in 2011 to 71.3% in 2015<sup>4</sup>.



Mammograms increased from 71.2% in 2013 to 72.8% in 2014<sup>5</sup>.



The number of adults with hypertension increased from 35.3% in 2013 to 38.0% in 2015. This means more people are aware of their health conditions post-ACA than pre-ACA<sup>5</sup>.



The number of children enrolled in Medicaid receiving dental services rose from 40.0% in 2013 (pre-ACA) to 49.0% (post-ACA)<sup>5</sup>.

### Healthy Louisville 2020 Indicators

ACA increased access to health coverage which allowed more individuals to have access to treatment and preventative services. As a result the Healthy Louisville 2020 indicators listed below have seen a decrease in their age adjusted death rates.

Indicator	Age Adjusted Death Rate (per 100,000)		Change
	Pre ACA	Post ACA	
	2011-2013	2014-2016	
Cancer	194.6	185.6	↓
Coronary heart disease	173.5	167.7	↓
Cerebrovascular disease	37.2	34.2	↓
Diabetes	26.3	24.4	↓
Breast cancer (female only)	23.6	22.4	↓

### Mental Health and Substance Use Disorders

The ACA enabled large expansions of mental health and substance use disorder coverage<sup>2</sup>. With the substance use disorder epidemic plaguing Kentucky and Louisville, such coverage is desperately needed. 55.6% of clients at LMPHW Syringe Exchange Program (SEP) have Medicaid coverage.

The Metro Louisville uninsured rate **decreased** from 18% in 2013 to 5.78% in 2016<sup>6</sup>.

### Finances and Funding

The Quality and Charity Care Trust (QCCT) funds indigent care at University of Louisville Hospital and federally qualified health centers (FQHC). Contribution to the QCCT went from \$7,000,000 in FY 2013 to \$2,379,074 in FY 2017. Moreover, none of the FY 2017 allocation to QCCT was needed to fund indigent care. This decline in QCCT funding is attributable to the Medicaid expansion under the ACA. With more people qualifying for Medicaid coverage, the need for indigent care funding fell, allowing Metro Government to fund other needed services.

#### Sources

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- KY CHFS HIV AIDS Surveillance, 2015.
- Healthy Louisville 2020 Focus Areas
- Louisville Metro Behavioral Risk Factor Surveillance Survey Results, 2016



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