

INTRODUCTION

The number of adults in the U. S. without health insurance before the dissemination of the Affordable Care Act was significant. In 2010, 23% of people 18-64 years of age (43 million) reported being uninsured. Another 17% (32 million) reported having been uninsured for greater than one year. Without adequate coverage, 1 out of 2 Americans could be oppressed due to pre-existing conditions, namely HIV, diabetes, and malignancy.

Prior to the enactment of the Affordable Care Act, 100,000 people living with human immunodeficiency infection (HIV) depended on a wellbeing net of Ryan White HIV/AIDS Program bolster, neighborhood, philanthropies, or uncompensated care to visits to HIV suppliers. Similarly, absence of health care coverage was a boundary to restorative care. Consequently, the incidence of diabetes complication and associated cost rose. Analyst gauge that financial burden of identified diabetes cases resulted in \$245 billion in 2012. Furthermore, a sum of 414,085 patients with known protection status were determined to have colon, lung, or breast malignancy in the vicinity of 2008 and 2014. Inadequate cancer treatment, as a result of reduce access to care, was also a major player in driving cost.

Implications for safeguarding Americans with a diagnosis of HIV, diabetes, and cancer includes mandating widespread social insurance to better serve citizens and combat rising healthcare cost.

MATERIALS AND METHODS

Healthcare before the Affordable care Act, a number of resources were found and narrowed down to the best blogs, books, journals, and newspaper article. To make our poster understandable, we narrowed down the information that we researched for our poster presentation. With the information that was found someone could easily repeat our research, pick up from where we left off, and do further research. These graphs show that before the Affordable Care Act the majority did not have health insurance. They also show an increase of expenses that came with the conditions. These graphs give some insight, and shows that healthcare was not where it needed to be before the Affordable Care Act.

Articles	Blogs	Books	Journals	Organization	Foundations
Washington Post	Diabetes Warrior	Diabetes Care, 35(11)	Clinical Infectious Diseases, 63(3)	The Division of Cancer Control and Population Sciences	Ryan White Aids/HIV Foundation
	The Economic Benefits of the Affordable Care Act		Preventing Chronic Disease, 12E64		
			Journal of Oncology Practice, 14(2)		
			Clinical Infectious Diseases, 63(3)		

Procedure

1. The Professor stated that someone from last semester had to be responsible for the Introduction
2. We reviewed the other segments of the poster presentation requirements.
3. Jo Anna decided on completing the Materials & Methods section.
4. Christina agreed on providing the information for the Results.
5. Benicia agreed on writing the Discussion.
6. Natasha agreed on wrapping up our ideas in the Conclusions section.

RESULTS

Before the Affordable Care Act the majority of individuals did not have health insurance and there was an increase of expenses associated with certain conditions. These graphs give some insight of how healthcare was not where it needed to be before the affordable care act.

Health Coverage Options for PLWH BEFORE the Affordable Care Act

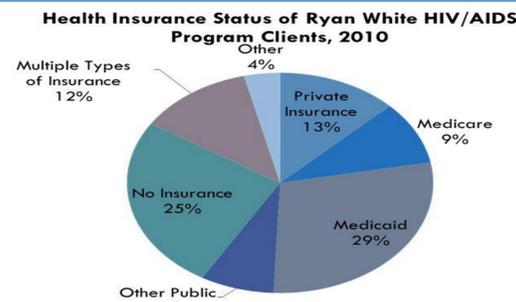


Figure A Illustrates statistics of healthcare coverage of individuals with HIV before the affordable care act. It shows that 29% did have Medicaid, but 25% were uninsured.

\$245 BILLION

TOTAL COST OF DIAGNOSED DIABETES IN THE UNITED STATES IN 2012.

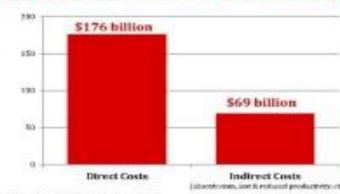


Figure B indicates the increase cost of diabetes that arose in 2012.

National Expenditures for Cancer Care Projected to Increase by at Least 27% Between 2010 to 2020 Because of Aging and Growing Population

Total Cancer Expenditure in 2010: \$124.57 Billion Total Cancer Expenditure in 2020: \$157.77 Billion

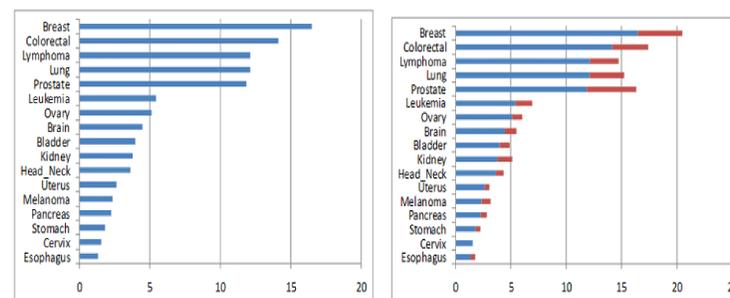


Figure C describes the increasing cost of individuals diagnosed with cancer, and how the cost is expected to increase over the years.

DISCUSSION

In this study, we investigated the estimated healthcare cost for three pre-existing conditions before the implementation of president Obama's healthcare reform in 2014. The public healthcare burden of diagnosed chronic disease incidences, such as HIV, diabetes, and cancer—and their associated cost, are well documented. With this knowledge, insurers could deny "high-risk" payers coverage or increase their monthly premiums. Consequently, many citizens were forced to receive insufficient treatment or drop their insurance policies completely; otherwise risk being unable to pay for other living expenses. Some states attempted to solve this conundrum by providing its residents with supplemental health plans. However, there simple was not enough money to provide everyone with coverage.

Our results show that before the enactment of the Affordable Care Act people living with HIV (PLWH) had few options to choose from in order to receive the care they needed to manage their conditions. In 2010, twenty-five percent of PLWH in the United States were living without insurance. It is also estimated that over \$250 Billion in cost was spent to cover the number of diagnosed diabetes cases in 2012. Our third finding showed that the total expenditure of cancer is expected to continue to grow to upwards of \$158 billion dollars by 2020. This is due largely impart to the influx of the baby-boomer generation entering retirement age; coupled with population growth.

Without access to affordable healthcare many Americans will be bare the burden of paying out-of-pocket fees for treatment. This could mean higher cost for acute care and increased mortality. Therefore, implications for future healthcare models includes shifting to a value-based system with an emphasis on wellness and preventative care.

CONCLUSION

Before the Affordable Care Act there were millions of Americans uninsured. Among the 43 million Americans who were uninsured there were three diseases that Americans struggled with insuring and keeping down cost before the ACA which were HIV, diabetes and malignancy. HIV patients had to rely on outside resources to compensate for their medical costs, such as the Ryan White HIV/AIDS Program bolster, neighborhoods, philanthropies, or uncompensated care to cover visits. The financial burden of diabetes coverage rose to \$242 billion in 2012. Americans with colon, lung, and breast malignancy received a reduced access of care, which played a major role in cost. As shown in the results section, Figure A shows that there were 25% uninsured HIV patients before the ACA. Figure B shows that the total cost of diagnosed diabetes rose to \$245 billion in 2012. Cancer expenditures were increased by at least 27% between the years 2010 to 2020 because of aging and growing population.

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