



## KENTUCKY FACT SHEET

### AAFP on Health Reform

The AAFP believes that policies should be adopted to ensure continued progress towards health care for all supported by a payment system that rewards value of care over volume of service. The health system should promote prevention and wellness, protect patients from financial barriers to needed services and build a primary care physician workforce that can meet the growing demand for care.

### Kentucky Family Medicine

- There are 1,264 family physicians in Kentucky.
- Kentucky has 7 family medicine residency programs.
- Kentucky has 102 medically underserved areas/populations.
- 6.9% of the residents in Kentucky live in a health professional shortage area.

### Medicaid in Kentucky

- In 2015, 22% of people in Kentucky were covered by Medicaid/CHIP.
- Medicaid/CHIP enrollment increased by 600,000 between 2013 and 2016.
- Kentucky's uninsured rate decreased from 14% in 2013 to 6% in 2015.
- In Kentucky, 31% of Medicaid spending is for Medicare beneficiaries.<sup>1</sup>
- If Kentucky were to maintain Medicaid expansion with decreased federal support, it would increase state costs by \$182.2 million in 2021, and \$853.8 million in 2024.<sup>2</sup>

### Impact of the Better Care Reconciliation Act (HR 1628 being considered by the US Senate)

- 231,400 people in the state of Kentucky would lose their health coverage by 2026.<sup>3</sup>
- In Kentucky, 881,000 non-elderly adults have a declinable preexisting condition.<sup>4</sup>
- In Kentucky, premiums would rise. For example, if a 60-year-old in Frankfort, earning \$30,000 a year, purchased a silver plan they would pay a \$1,520 increase in premium.<sup>5</sup>
- The BCRA would limit access to substance abuse treatment by cutting Medicaid. In Kentucky, 1,273 people died of overdose deaths in 2015.<sup>6</sup>

<sup>1</sup> *Medicaid State Fact Sheets*. (2017, January 26). Retrieved from <http://kff.org/interactive/medicaid-state-fact-sheets/>

<sup>2</sup> Broaddus, Matt, Edwin Park. (2017, June 23). Retrieved from <http://www.cbpp.org/research/health/senate-bill-would-effectively-eliminate-medicaid-expansion-by-shifting-hundreds-of>

<sup>3</sup> Gee, Emily. (2017, June 27). *Coverage Losses by State for the Senate Health Care Repeal Bill*. Retrieved from <https://www.americanprogress.org/issues/healthcare/news/2017/06/27/435112/coverage-losses-state-senate-health-care-repeal-bill/>

<sup>4</sup> Claxton, Gary, Cynthia Cox, Anthony Damico, Larry Levitt, and Karen Pollitz. (2016, December 12). *Pre-existing Conditions and Medical Underwriting in the Individual Insurance Market Prior to the ACA*. Retrieved from <http://kff.org/health-reform/issue-brief/pre-existing-conditions-and-medical-underwriting-in-the-individual-insurance-market-prior-to-the-aca/>

<sup>5</sup> Premiums and Tax Credits under the Affordable Care Act vs. the Senate Better Care Reconciliation Act: Interactive Maps. (2017, June 23). Retrieved from <http://www.kff.org/interactive/premiums-and-tax-credits-under-the-affordable-care-act-vs-the-senate-better-care-reconciliation-act-interactive-maps/>

<sup>6</sup> *Drug Overdose Death Data*. (2016, December 16). Retrieved from <https://www.cdc.gov/drugoverdose/data/statedeaths.html>

#### AAFP Headquarters

11400 Tomahawk Creek Pkwy.  
Leawood, KS 66211-2680  
800.274.2237 • 913.906.6000  
fp@aaafp.org

#### AAFP Washington Office

1133 Connecticut Avenue, NW, Ste. 1100  
Washington, DC 20036-1011  
202.232.9033 • Fax: 202.232.9044  
capitol@aaafp.org