

THE ONGOING SAGA OF THE ACA

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THE LONG AND WINDING ROAD

- **Patient Protection and Affordable Care Act (ACA)**
President Obama's Signature Legislation that became law May 2010
- **American Health Care Act (AHCA)**
Legislation Passed by the House of Representatives in May 2017
- **Better Care Reconciliation Act (BCRA)**
Legislation Proposed by the Senate in June 2017
- **Repeal without Replace?**
Legislation being considered by the Senate in July 2017
- **Repeal and Replace with something beautiful**
President Trump's directive to Republican Senators yesterday
- **Revised Version of BCRA**
Sent to the CBO today (\$200 Billion to ease Medicaid cuts)

WHAT'S THE DIFFERENCE?

COMPARISON BETWEEN PROVISIONS OF THE ACA AND PROPOSED PROVISIONS UNDER HOUSE AND SENATE LEGISLATION.

PEOPLE UNDER 26

People under 26

AFFORDABLE CARE ACT (OBAMACARE)

Can get insurance through a parent's plan or buy independently.

HOUSE: AMERICAN HEALTH CARE ACT

Stays the same.

SENATE: BETTER CARE RECONCILIATION ACT

Stays the same.

SENATE: REPEAL-ONLY

Stays the same.

Adults under 65

AFFORDABLE CARE ACT (OBAMACARE)

Can buy insurance on health exchanges, with tax credits and subsidies if they meet income requirements up to 400 percent of poverty level. Cost of insurance is based on tobacco use and age, with the people nearing 65 paying no more than three times what the youngest pay. Premiums can't cost more than 9.5 percent of income. Those with very low or no income qualify for Medicaid.

HOUSE: AMERICAN HEALTH CARE ACT

Will see **tax credits to pay premiums based on age**, not income, and that max out at \$4,000, much less than under the ACA. **The oldest people under 65 can be charged five times more** than the youngest, and maybe more depending on state rules. **Medicaid cut after 2020.**

SENATE: BETTER CARE RECONCILIATION ACT

The CBO report says 22 million people would lose health insurance over the next 10 years, with people between 50 and 64 disproportionately impacted. **The oldest people under 65 would pay five times more than younger people on the exchanges.** Subsidies to help pay for insurance would be less and end at incomes of 350 percent of poverty level. **Federal contributions to Medicaid start to decline in fiscal year 2020.**

July 13 update: New draft would let subsidies be used to buy plans that offer only catastrophic care and would let consumers use health savings accounts to pay premiums.

SENATE: REPEAL-ONLY

According to a CBO report released July 19, the repeal bill, H.R. 1628, would **repeal major provisions of the Affordable Care Act, including the federal Medicaid expansion funding, the premium tax credits and cost-sharing subsidies, the individual mandate and the employer mandate.** The CBO said that 17 million people would lose health insurance in 2018, rising to 32 million people by 2026. Premiums on the exchange would rise by 25 percent in 2018, increasing to 50 percent in 2020. In addition, roughly 10 percent of the population would live in areas where there would not be any insurer in the individual market in 2018. That would rise to half of the nation's population in 2020, and three-quarters of the population in 2026.

LOW-INCOME NURSING HOME RESIDENTS

Low-income nursing home residents

AFFORDABLE CARE ACT (OBAMACARE)

Skilled nursing care covered by Medicare up to 100 days per illness. Medicaid is available based on income.

HOUSE: AMERICAN HEALTH CARE ACT

Skilled nursing care covered by Medicare up to 100 days per illness. **Medicaid services or payments to nursing homes could be cut** as states see federal funding decline.

SENATE: BETTER CARE RECONCILIATION ACT

Skilled nursing care covered by Medicare up to 100 days per illness. **Medicaid coverage for nursing home services and payments to nursing homes could be cut** as federal payments to states decline.

SENATE: REPEAL-ONLY

Skilled nursing care covered by Medicare up to 100 days per illness. **Medicaid services or payments to nursing homes could be cut** as states see federal funding decline.

PEOPLE WITH PRE-EXISTING CONDITIONS

People with pre-existing medical conditions

AFFORDABLE CARE ACT (OBAMACARE)

Coverage cannot be denied or cost more.

HOUSE: AMERICAN HEALTH CARE ACT

States can get permission to **let insurers charge more for some pre-existing conditions and to exclude some people altogether**. States would have access to **federal money to help those with expensive policies or conditions**.

SENATE: BETTER CARE RECONCILIATION ACT

Insurance companies would be required to accept all applicants regardless of health status. But the draft bill **lets states ask permission to reduce required coverage**, also called "essential health benefits," which would give insurers some discretion over what they offer in their plans. That could result in "substantial increases" in costs for people who want those services, according to the CBO. **If a particular benefit is no longer classified as essential, insurers could impose annual and/or lifetime limits on what they spend on patients for that benefit. And caps on the annual out-of-pocket costs for patients would no longer apply.**

July 13 update: New language would end protections for people with pre-existing conditions by letting insurance companies sell plans that don't include the ACA's essential health benefits, as long as an insurer also offers a plan with those benefits on the exchange. Analysts and insurers warn that this could create two markets, one for sick people who need more benefits and one for healthy people who need fewer. That would drive the cost of insurance much higher for people who want more benefits, including people with pre-existing conditions. Subsidies would be available for lower-income people to buy a comprehensive plan, but out-of-pocket costs would still go up for them, probably by a lot.

SENATE: REPEAL-ONLY

Insurance companies would be required to accept all applicants regardless of health status. The 10 ACA-mandated essential health benefits would also remain in place. But the provisions that repeal the individual and employer mandate would mean that **healthier people would likely drop insurance and prices would rise for consumers who continued to purchase it — in other words, sicker people**. The CBO estimates prices would be about 50 percent higher in 2020, and about double by 2026.

PLANNED PARENTHOOD

People who go to Planned Parenthood

AFFORDABLE CARE ACT (OBAMACARE)

Federal programs reimburse for most Planned Parenthood services.

HOUSE: AMERICAN HEALTH CARE ACT

A one-year block would be placed on federal reimbursements for care provided by Planned Parenthood.

SENATE: BETTER CARE RECONCILIATION ACT

A one-year block would be placed on federal reimbursements for care provided by Planned Parenthood. The CBO estimates 15 percent of women would lose access to family planning care, increasing birthrates and Medicaid spending for childbirth and children's insurance. But those increases would be offset by Planned Parenthood cuts.

SENATE: REPEAL-ONLY

A one-year block would be placed on federal reimbursements for care provided by Planned Parenthood.

PEOPLE WITH DISABILITIES

People with disabilities

The majority of Medicaid dollars go to people with disabilities.

AFFORDABLE CARE ACT (OBAMACARE)

May qualify for Medicare and also Medicaid.

HOUSE: AMERICAN HEALTH CARE ACT

May qualify for Medicare and also Medicaid.

But services covered by Medicaid could be cut as federal funding to states declines over time.

SENATE: BETTER CARE RECONCILIATION ACT

May qualify for Medicare and also Medicaid.

But services covered by Medicaid could be cut as federal funding to states declines over time. The CBO report suggests that by 2026, Medicaid enrollment would fall by more than 15 million people.

SENATE: REPEAL-ONLY

May qualify for Medicare and also Medicaid. The elimination of federal Medicaid expansion funding could have ripple effects to people with disabilities as **states would have to decide whether to make up lost funding, trim services or limit who can get Medicaid.** Laws would remain on the books that Medicaid would need to cover those with disabilities, but in some states, people could face long waits (months to years) to get those benefits.

MENTAL HEALTH SERVICES

People who use mental health services

AFFORDABLE CARE ACT (OBAMACARE)

Covered by all plans under essential health benefits.

HOUSE: AMERICAN HEALTH CARE ACT

Could lose coverage in states that get waivers from covering essential health benefits.

SENATE: BETTER CARE RECONCILIATION ACT

States could request waivers to opt out of requiring essential health benefits. If a state opted out of coverage for mental health care, insurance that includes mental health care coverage could become "extremely expensive," the CBO says.

SENATE: REPEAL-ONLY

Mental health coverage would remain intact as one of the 10 essential health benefits. However, without the mandate that people must have insurance, it is likely that only people who require robust coverage would continue to purchase it, and prices would go way up for those plans on the individual market. Essential health benefits would be done away with in Medicaid.

WORKING POOR ON MEDICAID

Working poor on Medicaid

AFFORDABLE CARE ACT (OBAMACARE)

Thirty-one states and the District of Columbia offer expanded Medicaid coverage.

HOUSE: AMERICAN HEALTH CARE ACT

Federal funding for Medicaid expansion **phases out**, potentially affecting millions of people who are currently enrolled under the expansion.

SENATE: BETTER CARE RECONCILIATION ACT

Federal funding for Medicaid expansion **phases out between 2021 and 2023**. In addition, **eight states have a trigger clause** — if the federal matching rate declines below the ACA-promised rates, the expansion goes away immediately in Arkansas, Illinois, Indiana, Michigan, Montana, New Hampshire, New Mexico and Washington. **Further reductions would start in 2025**. In a separate provision, states could impose a work requirement on recipients. Most able-bodied adult Medicaid recipients already work.

SENATE: REPEAL-ONLY

Federal funding for Medicaid expansion would **phase out over two years**. **Eight states have a trigger clause**. If the federal matching rate declines below the ACA-promised rates, the expansion goes away immediately in Arkansas, Illinois, Indiana, Michigan, Montana, New Hampshire, New Mexico and Washington.

THE WEALTHY

The wealthy

AFFORDABLE CARE ACT (OBAMACARE)

Pay extra taxes to support ACA.

HOUSE: AMERICAN HEALTH CARE ACT

The bill would **repeal ACA taxes** on corporations and cut taxes for the wealthy by about \$592 billion.

SENATE: BETTER CARE RECONCILIATION ACT

Similar to the House bill; would **repeal ACA taxes** on corporations and the wealthy that pay for insurance subsidies. That would add up to about \$563 billion in tax cuts over 10 years, according to the CBO.

July 13 update: The revised version keeps some of the ACA's taxes on higher-income people. But the permission for flexible spending accounts to be used for premium payments will be a tax advantage for those who can afford to put money aside in those accounts.

SENATE: REPEAL-ONLY

The bill **repeals taxes on corporations and the wealthy**. According to the CBO's July 19 estimate, that would add up to \$613 billion in tax cuts over 10 years.

REPEAL WITHOUT REPLACE



REPEAL WITHOUT REPLACE?

Motion to Proceed: Senator Mitch McConnell announced that a vote will be held next week.

This motion needs **51** votes to pass. Already, **3** Republican Senators have publically stated they would vote against this motion.

- Sen Lisa Murkowski, Alaska
- Sen Shelley Moore Capito , WV
- Sen Susan Collins, Maine

Senator John McCain's absence removes another potential yes vote.



COLLAPSE OF OUR HEALTH CARE PROGRAMS

CBO's analysis found that a repeal-without-replace bill would cause 32 million people to lose coverage, double premiums in the individual market, and cause the individual market to virtually collapse.

When Congress voted for the 2015 version of the repeal-without-replace bill, it lacked a comprehensive CBO analysis showing the impact on coverage and costs — in particular, the negative effects on the individual market. But CBO's analysis of the revived version of the legislation — with nearly identical findings to an analysis of the 2015 bill that it released in January — shows how damaging the bill would be.

DEEP COVERAGE LOSSES

- **32** million more uninsured by **2026**.

Coverage losses would be dramatic in the short term and even larger in the long term:

- **17** million people would lose coverage in **2018**
- **27** million would lose coverage **after three years**.
- By **2026, 32** million more people would be uninsured than under the ACA, bringing the total number of uninsured higher than before the ACA.

REMOVES INSURANCE SUBSIDIES AND MANDATES

In two steps, the law removes all health insurance subsidies and the individual and employer mandates to purchase insurance.

ELIMINATION OF MARKETPLACE SUBSIDIES AND MEDICAID EXPANSION

These losses (on a state-by-state basis [here](#)) reflect the elimination of marketplace subsidies and the virtual collapse of the individual market, and the elimination of the Medicaid expansion.

A repeal bill would end federal funding for Medicaid expansion abruptly on January 1, 2020, with no phase-out period.

Unlike the 2017 House and Senate health bills, it wouldn't allow states to continue Medicaid expansion coverage even if they took the highly unrealistic step of boosting their own Medicaid spending by the necessary three- to five-fold increase to offset the loss of federal funding.

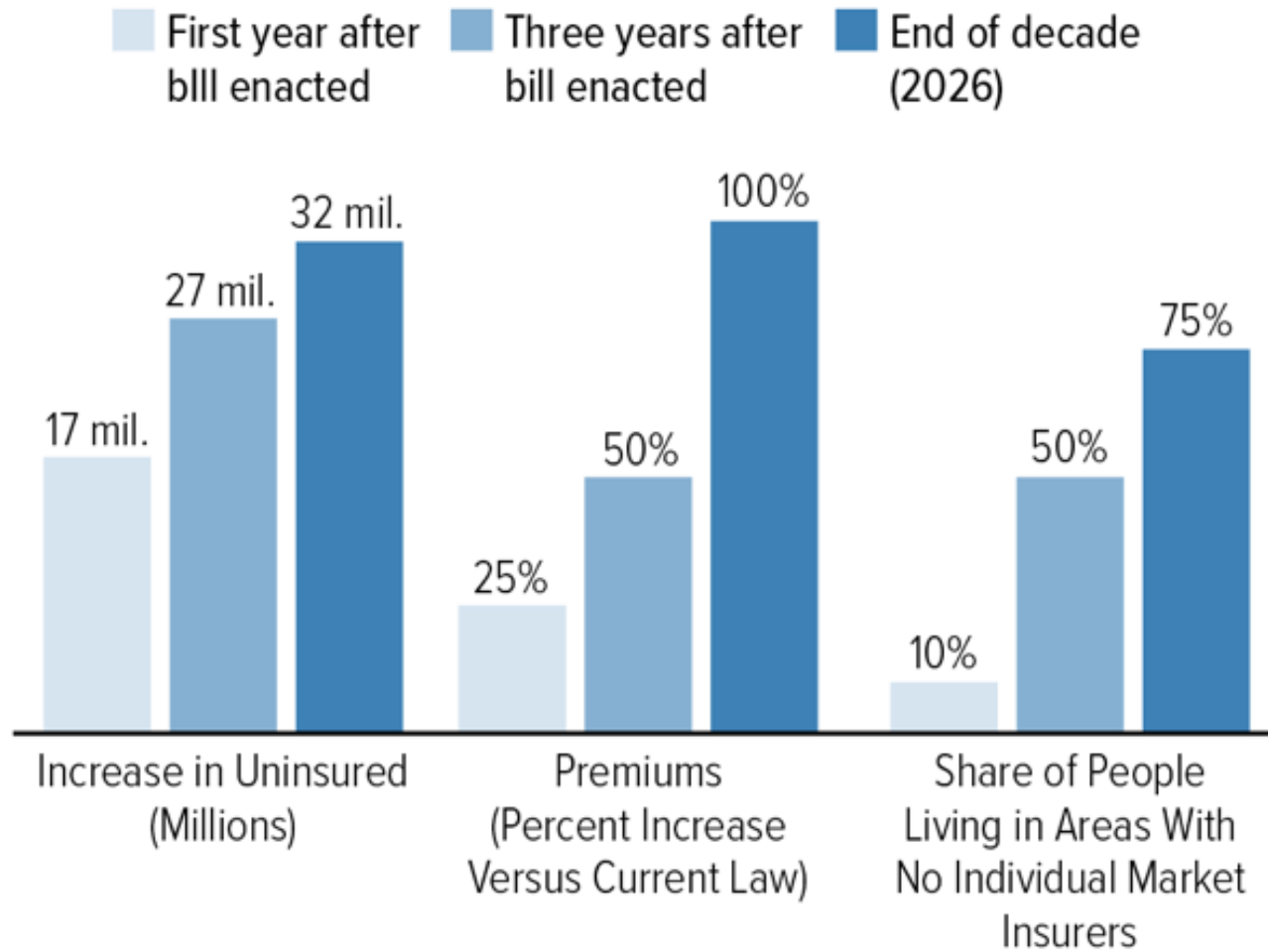
ELIMINATION OF MEDICAID EXPANSION

After the two-year transition period, Obamacare's expansion of Medicaid starts to be rolled back in the 32 states that expanded it. The Medicaid expansion is expensive but has also provided coverage for over 10 million people.

3.5 Million in California

ACA Repeal-Without-Replace Would Lead to 32 Million Losing Coverage and Individual Market Collapse

REPEAL WITHOUT REPLACE



Source: Congressional Budget Office, July 2017

PREMIUMS WILL SOAR


DOUBLING OF PREMIUMS

Compared to current law, premiums in the individual market would be roughly 25 percent higher in the first year, 50 percent higher after three years, and twice as high by 2026. That's because eliminating the marketplace subsidies and the individual mandate that people obtain coverage or pay a penalty would lead many fewer healthy people to enroll, making the pool of enrollees much sicker, on average, and thus costlier to cover. This would drive up premiums and, in turn, cause more healthy people to flee the market.


SOME PROVISIONS LEFT IN PLACE, BUT . . .

It leaves in place all of Obamacare's regulations on the insurance industry, such as protections for pre-existing conditions and requiring insurance to cover certain "essential health benefits." Repealing those would require 60 votes in the Senate.

COMMANDER IN TWEET


 **Donald J. Trump** @realDonaldTrump · Jul 19
The Republicans never discuss how good their healthcare bill is, & it will get even better at lunchtime. The Dems scream death as OCare dies!

45K 14K 65K


 **Donald J. Trump** @realDonaldTrump · Jul 19
I will be having lunch at the White House today with Republican Senators concerning healthcare. They MUST keep their promise to America!

30K 17K 82K

President Trump Retweeted

 **Donald J. Trump** @realDonaldTrump · Jul 17
Republicans should just REPEAL failing ObamaCare now & work on a new Healthcare Plan that will start from a clean slate. Dems will join in!


52K 28K 109K

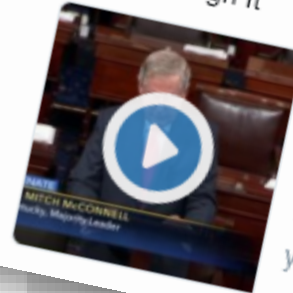
 **Donald J. Trump** @realDonaldTrump · Jul 18
As I have always said, let ObamaCare fail and then come together and do a great healthcare plan. Stay tuned!

42K 18K 79K

 **Donald J. Trump** @realDonaldTrump · Jul 18
We were let down by all of the Democrats and a few Republicans. Most Republicans were loyal, terrific & worked really hard. We will return!

35K 16K 74K

 **Sen. McConnell Press** @McConnellPress · Jul 19
Senators To Discuss #Obamacare Repeal At White House—With A President Who Will Sign It



Senators To Discuss Obamacare Repeal At White H...
WASHINGTON, D.C. – U.S. Senate Majority Leader Mitch McConnell (R-KY) made the following remarks on the Senate floor today regarding the Senate Republican...
[youtube.com](https://www.youtube.com)

NATIONAL CALL-IN DAY – JULY 21ST



National Call-In Day
to Save Health Care

CALL YOUR
SENATORS!

1-866-426-2631

#VOTE NO #SAVE MEDICAID



Tomorrow, July 21st, is a National Call-In Day to
#ProtectOurCare.

The Senate's quest to repeal health care for millions of Americans and make disastrous cuts to Medicaid is not over. Senators and administration officials met last night to continue negotiations on their harmful bill. **Senate Majority Leader McConnell aims to vote on the "Motion to Proceed" to move forward with health care repeal as soon as Monday.**

Tomorrow, urge your networks to contact their senators and tell them to oppose any attempts to rip health coverage away from millions and to undermine the Medicaid program.

The Senate's efforts to repeal health care will destroy Medicaid for our country's most vulnerable people and strip coverage from millions. These harmful proposals cannot be fixed with added sweeteners, try as Senate Republican leaders might.

Tell your senators to vote no on the motion to proceed and to reject any effort to repeal the health law.

Please share this alert with your networks. Together we can save health care!

#Fight4OurHealth Field Call

#FIGHT4OURHEALTH

Friday

July 21, 2017

11:00 AM

1-866-906-7447

Code: 9174075#



CONFERENCE CALL ETIQUETTE:
Please put your phone on “mute” and do NOT place the call “on-hold”

HOP ON THE BUS!

JOIN THE FIGHT TO PROTECT OUR HEALTH CARE!

OUR LIVES
 **ON THE LINE**

Saturday, July 29th

11am - 1pm

120 N Broadway, Los Angeles, CA

Find an event near you at OurLivesOnTheLine.org

QUESTIONS?

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