

The background of the document features a blurred image of the United States Capitol building, with its iconic dome and classical columns. On the right side, a portion of the American flag is visible, showing the stars and stripes. The overall color palette is muted, with a dark blue border at the top and bottom.

**PROTECT
OUR CARE**

The Health Care Congress: Cost, Coverage, Consumer Protections

**Defining A Health Care Agenda For
The 116th Congress**

January 2019

The Health Care Congress: *Cost, Coverage, Consumer Protections*

Defining The Health Care Agenda Of The 116th Congress

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The Health Care Congress

Last year, we wrote that [2018 would be the year of health care](#) and that Republicans would be held accountable for their relentless war on health care. In November, they were. The American people elected a Democratic majority in the U.S. House of Representatives for the first time in over a decade and rejected the Republican health care repeal and sabotage agenda. Thirty four Republican members of Congress who voted to repeal the Affordable Care Act (ACA) lost their seats or retired before voters had a chance to throw them out.

Voters sent a clear message. They want an end to the Republican war on health care and pre-existing conditions, and they want Congress to act to reduce costs, increase coverage and strengthen consumer protections.

With that in mind, the 116th Congress must be “The Health Care Congress.” And the House of Representatives, under Speaker Nancy Pelosi’s leadership, is poised to deliver for the people. Unfortunately, all indications from the White House, the Trump Administration, and the Republican majority in the Senate, are that the GOP is insisting on continuing their war on health care. The Republican silence on the latest ruling from a conservative federal judge in Texas striking down the ACA is the latest example.

This report outlines what voters told us in 2018, how Republican insistence on continually defying the will of the American people will keep costing them politically, and describes an agenda for Congress in 2019 to make health care accessible and affordable to more Americans by lowering costs, expanding coverage and increasing protections for consumers.

What Voters Told Us in 2018

Health care was the issue that fueled the Democratic majority in the U.S. House of Representatives. National exit polls showed health care was [the most important issue](#) by a two-to-one margin and Democrats won those voters 77 percent to 22 percent. A Protect Our Care [exit poll](#) that examined 75 competitive, Republican-held House districts found that:

Voters rejected the Republican health care agenda of repeal and sabotage. 44 percent of voters said a Republican candidate’s support for repeal made them less likely to vote for them.

Health care resonated across the political spectrum, particularly with women and Independents. 67 percent of women and 62 percent of Independents said health care was very important or the most important issue. Women trusted Democrats over Republicans on health care 56 percent to 40 percent. Independents trusted Democrats over Republicans on health care 57 percent to 35 percent.

Voters want to keep protections for people with pre-existing conditions, and trust Democrats more to do it. Nearly two-thirds of voters (66 percent) said protections for people with pre-existing conditions was an important issue, and among those voters, they voted for the Democratic candidate 67 percent to 30 percent. Voters trust Democrats over Republicans to defend protections for people with pre-existing conditions by 17 percentage points, and a 33 percentage point margin among Independents.

Voters want to lower health care costs, and trust Democrats more to do it. 61 percent of voters said the cost of health care was an important issue, and among those voters, they voted for the Democratic candidate over the Republican candidate, 63 percent to 34 percent. Voters trust Democrats over Republicans by a nine point margin to deal with health care costs.

Voters want to lower the cost of prescription drugs, and trust Democrats more to do it. More than half of voters (53 percent) said the cost of prescription drugs was an important issue, and among those voters, they voted for the Democratic candidate by 65 percent to 32 percent. Voters trust Democrats over Republicans to deal with prescription drug costs by a nine point margin.

Since the Midterms Republicans Continue to Defy the American People -- And It Will Cost Them Politically...Again

While a Democratic majority in the House of Representatives means the GOP's legislative repeal agenda is effectively over, threats to our health care remain. Defying the voices of the American people, Republicans show [no sign of ending](#) their relentless war to sabotage the Affordable Care Act and Medicaid.

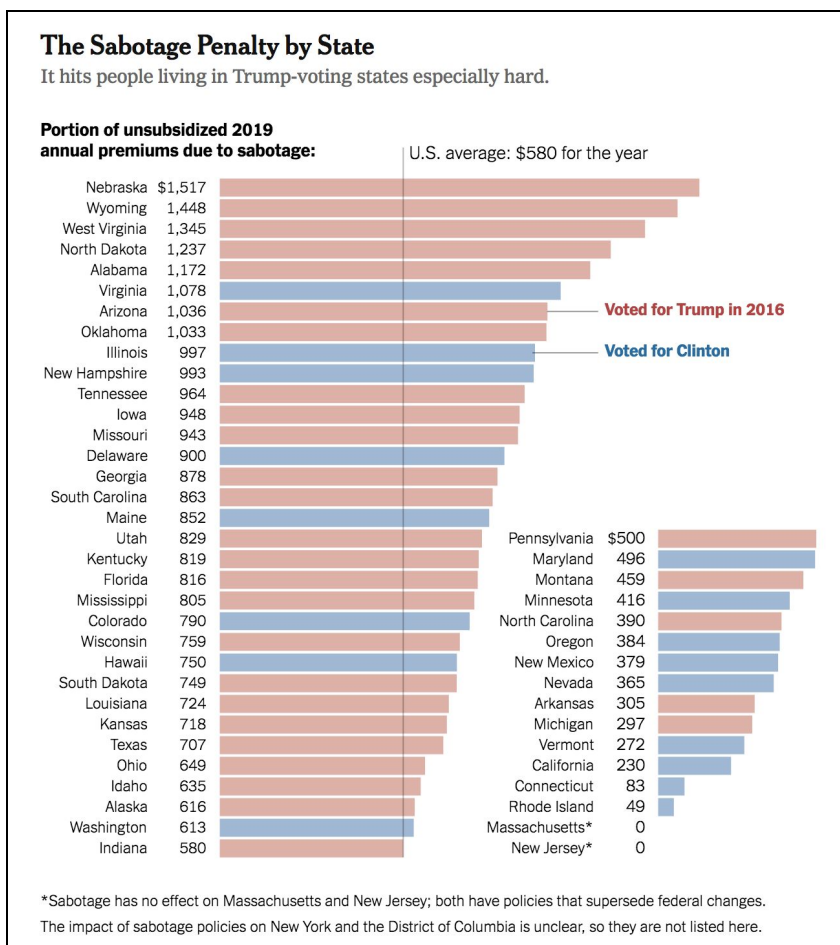
The latest example is the recent ruling in the Northern District Court of Texas where a hand-picked, conservative judge struck down the entire Affordable Care Act using legal arguments even [conservative legal scholars reject as wrong](#). Republicans fully own the consequences of this [devastating ruling](#). Republican governors and attorneys general brought the lawsuit, President Trump supported it, and it was based on the President's tax bill that Republicans overwhelmingly supported. President Trump has repeatedly celebrated the ruling and not a single Republican member of Congress has supported congressional resolutions saying the decision was wrong. Let's be clear: The GOP's relentless war on health care paved the way for this lawsuit and led to this decision, and their subsequent silence on protecting Americans from the devastating impacts this decision would bring if it is not overturned is deafening.

However, the Texas ruling is not the only form of sabotage in which the Trump administration and Republicans have engaged.

- The Trump administration recently expanded the availability "short-term, limited duration" plans, also known as junk plans, from three months to 364 days, and allowed those plans to be renewed for up to three years. This made it easier for insurance companies to sell junk insurance that denies coverage to people with pre-existing conditions, or less comprehensive coverage, leaving people to foot medical bills on their own..
- The Trump administration sabotaged open enrollment, cutting funding to organizations that help people sign up for coverage, cutting the budget for advertising that informs people that enrollment is even happening and how to sign up by 90 percent, and even removing helpful information for Latinos, who are more likely to be uninsured, from government websites.
- The Trump administration is giving guidance to states on how they could apply for waivers that skirt protections in the Affordable Care Act like protections for those with pre-existing conditions..
- The Trump administration is approving restrictions on Medicaid that result in tens of thousands of people losing coverage.

Recent reports show that the continued Republican war on health care is raising costs and denying people coverage. Charles Gaba, health care analyst, [has revealed](#) that premiums in most states are far more expensive than they would have been absent Republican sabotage efforts: nationally, rates were set to decrease by 5.4 percent without GOP sabotage, but they will instead increase by 2.8 percent. For the first time since the ACA was passed, the [uninsured rate has increased](#), including [the uninsured rate for children](#). In just one state, nearly [17,000 Arkansans](#) have lost Medicaid coverage since September because of restrictive waivers the Trump administration approved.

As we saw in the 2018 election, voters will certainly continue to hold Republicans accountable for their ongoing war on health care.



[New York Times, [12/27/18](#)]

What a Health Care Congress Looks Like

The 2018 midterms were a health care election and voters expect the the 116th Congress to be the “Health Care Congress” that reduces costs, beginning with prescription drugs and surprise billing; increases consumer protections by protecting people with pre-existing conditions, ending junk plans and requiring additional services before deductibles; fights Republican and Trump administration sabotage; and protects and strengthening Medicare and Medicaid.

Here is what the American people expect:

Do Everything Possible to Overturn the Federal Court Decision that Struck Down the Affordable Care Act

- **Oppose the Texas ruling** by a conservative federal judge in the Northern District of Texas that overturned the entire Affordable Care Act by passing a Senate Resolution to similar to the House measure that authorizes the House legal counsel to intervene in the lawsuit and oppose the Republican attorneys general, governors, and Trump Administration who are continuing the war on health care through the courts.

End the War on People with Pre-Existing Conditions

- **Stop insurance companies from selling junk health insurance** that allows them to deny quality, affordable coverage to people with pre-existing conditions. These kinds of short term plans should be limited to three-months with no option for renewal.
- **Guarantee protections for pre-existing conditions and essential health benefits.** Require all health plans to cover the “essential health benefits” included in the law, ensure guaranteed issue and community rating, and prohibit insurance companies from imposing lifetime and annual limits on the amount of care a patient can receive.

Lower Costs

- **Lower the costs of prescription drugs.** Pass legislation to allow Medicare to negotiate drug prices for all beneficiaries; end price gouging by requiring drug manufacturers to give notice and justify significant price increases; and require transparency of rebate amounts.
- **End Surprise Medical Bills.** [57 percent of Americans](#) have received a surprise bill. Too many people go to a hospital or Emergency Room that is in their network, but get billed for services provided out-of-network, subjecting them to huge bills, as much as [six figures](#). Congress should pass legislation to end surprise medical bills and limit the amount a provider can charge to a negotiated rate.
- **Expand financial assistance** by expanding the eligibility for premium tax credits above 400 percent of the federal poverty limit and increase the size of the tax credit for all income brackets.
- **Expand services before deductibles**, examples would include three primary care visits and one specialist visit that are not subject to a plan's deductible.

End Republican Sabotage

- **Fully support Open Enrollment** by restoring funding to the pre-Trump levels and make all information about ways to sign up for coverage easily accessible for everyone.
- **Oppose waivers that undermine the ACA** and allow states to skirt key provisions of the law.

Strengthen Medicaid and Medicare

- **Improve Medicare's affordability** by adding an out-of-pocket maximum after which beneficiaries would be protected from additional costs; including prescription drugs in the limit on out-of-pocket spending; adding coverage for vision, hearing, and dental; and making cost-sharing more affordable.
- **Extend and increase federal funding for Medicaid expansion.**

Conduct Oversight on Trump Administration Actions that Undermine The Affordable Care Act

- **Topics to conduct oversight on include** the Trump Justice Department's decision not to defend all of the Affordable Care Act in federal court, cuts to outreach and navigator funding, rules opening the door to junk insurance, 1332 guidance that allows federal funds to be used to purchase skimpy health plans, relationships between Administration political appointees and regulated industries, the administration's push to encourage states to impose work requirements on Medicaid coverage, drug prices and pharmaceutical profits.

Agenda In Depth: Do Everything Possible to Overturn the Federal Court Decision that Struck Down the Affordable Care Act

For the past two years, Republicans have been waging a relentless war on health care trying to repeal and sabotage the Affordable Care Act (ACA). Republicans got their wish when U.S. Northern Texas District Court Judge Reed O'Connor sided with Republican lawmakers in 20 states and invalidated the ACA in its entirety. With this decision, Republicans are doing through the Courts what they failed to do legislatively: repeal our health care, rip coverage from millions of Americans, raise costs, end protections for people with pre-existing conditions, put insurance companies back in charge, and force seniors to pay more for prescription drugs.

The ruling is legally wrong and must be overturned. If not, this ruling will, as the Trump Administration itself admitted in Court, unleash “[chaos](#)” in our entire health care system.

WHY THIS IS IMPORTANT

Republicans convinced a court to give insurance companies the power to charge Americans more. If it is allowed to stand, here is how it would impact millions of people:

- **More than 100 Million People With A Pre-Existing Condition Could Be Forced to Pay More.** An analysis by [Avalere](#) finds that “102 million individuals, not enrolled in major public programs like Medicaid or Medicare, have a pre-existing medical condition and could therefore face higher premiums or significant out-of-pocket costs” if Judge O'Connor’s ruling is not overturned.
- **Premium Surcharges As Much As Six Figures.** If the Republican lawsuit ruling is not overturned, insurance companies would be able to charge people more because of a pre-existing condition. The House-passed repeal bill had a similar provision, and an analysis by the Center for American Progress found that insurers could charge up to [\\$4,270 more for asthma](#), [\\$17,060 more for pregnancy](#), [\\$26,180 more for rheumatoid arthritis](#) and [\\$140,510 more for metastatic cancer](#).
- **Women Could Be Charged More Than Men For The Same Coverage.** Prior to the ACA, women, for example, were often charged premiums on the nongroup market of [up to 50 percent higher](#) than they charged men for the same coverage. If the ruling in the Texas lawsuit is not overturned, they would be able to do so again.
- **People Over The Age of 50 Could Face A \$4,000 “Age Tax.”** If the ruling in the Texas lawsuit is not overturned, insurance companies would be able to charge people over 50 more than younger people even more than they can now. The Affordable Care Act limited the amount older people could be charged to three times more than younger people. If insurers were to charge five times more, as was proposed in the Republican repeal bills, that would add an average “age tax” of [\\$4,124](#) for a 60-year-old in the individual market, according to the AARP.

What happens if this case is not overturned?

Marketplace tax credits and coverage for 10 million people: **GONE.**

Medicaid expansion currently covering 15 million people: **GONE.**

Protections for more than 130 million people with pre-existing conditions when they buy coverage on their own: **GONE.**

Allowing kids to stay on their parents’ insurance until age 26: **GONE.**

Free annual wellness exams: **GONE.**

Ban on annual and lifetime limits: **GONE.**

Ban on insurance discrimination against women: **GONE.**

Contraception with no out-of-pocket costs: **GONE.**

Limit on out-of-pocket costs: **GONE.**

Requirement that insurance companies cover essential benefits like prescription drugs, maternity care, and hospitalization: **GONE.**

Improvements to Medicare, including reduced costs for prescription drugs: **GONE.**

Closed Medicare prescription drug donut hole: **GONE.**

Rules to hold insurance companies accountable: **GONE.**

Small business tax credits: **GONE.**

- **Nine Million People In The Marketplaces Will Pay More For Coverage.** If the ruling in the Texas lawsuit is not overturned, consumers would no longer have access to tax credits that help them pay their marketplace premiums, meaning roughly nine million people who receive these tax credits to pay for coverage will have to pay more.

Republicans convinced a district court judge to rule in favor of insurance companies having the power to limit the care you get, even if you have insurance through your employer or Medicare.

- **Reinstate Lifetime and Annual Limits.** If the ruling in the Texas lawsuit is not overturned, insurance companies would once again be able to impose annual and lifetime limits on coverage.
- **Insurance Companies Do Not Have to Provide the Coverage You Need.** The Affordable Care Act made comprehensive coverage more available by requiring insurance companies to include “essential health benefits” in their plans, such as maternity care, hospitalization, substance abuse care and prescription drug coverage. Before the ACA, people had to pay extra for separate coverage for these benefits. For example, in 2013, [75 percent](#) of non-group plans did not cover maternity care, [45 percent](#) did not cover substance abuse disorder services, and [38 percent](#) did not cover mental health services. [Six percent](#) did not even cover generic drugs. If the ruling in the Texas lawsuit is not overturned, insurance companies would be able to offer skimpier coverage more easily.
- **Seniors Will Have To Pay More For Prescription Drugs.** If the ruling in the Texas lawsuit is not overturned, seniors will have to pay more for prescription drugs because the Medicare “donut” hole would be reopened. From 2010 to 2016, “More than 11.8 million Medicare beneficiaries have received discounts over \$26.8 billion on prescription drugs – an average of \$2,272 per beneficiary,” according to a [January 2017 Centers on Medicare and Medicaid Services report](#).

If the Texas ruling is upheld, important progress that has been made in narrowing health disparities will be reversed:

- **The Affordable Care Act Led To Significant Coverage Gains Among Communities Of Color.** Kaiser Family Foundation analysis found that “Gains were largest for nonelderly Hispanics, whose uninsured rate decreased from 26% to 17%, reducing the number of uninsured by 4.0 million. The number of nonelderly uninsured Asians fell by 0.9 million, and their uninsured rate decreased by almost half from 15% to 8%. Among nonelderly Blacks, the number of uninsured fell by 1.8 million and the uninsured rate decreased from 17% to 12%.”
- **Access To Contraception Could Be In Jeopardy For [62.4 Million](#) Women Who Now Have Access To Birth Control With No Out-of-pocket Costs.** Thanks to the Affordable Care Act, women have saved \$1.4 billion on birth control pills alone in 2013. However, Eric Murphy has sided against women and with employers who have sought to deny birth control coverage to their employees.
- **Millions Of Young Adults Could Lose Coverage.** The ACA enabled young adults to stay on their parents’ health insurance longer. This change significantly increased the number of young adults with access to health care. The number of 19–25 year olds without health insurance [decreased from](#) 10 million in 2010 to 4.4 million in 2016.

PRIORITIES OF THE 116th CONGRESS

Clearly Show that Congress Opposes the Ruling by a conservative federal judge in the Northern District of Texas that overturned the entire Affordable Care Act by passing a resolution to intervene in the lawsuit and oppose the Republican attorneys general, governors, and Trump Administration who are continuing the war on health care through the courts.

- The House has authorized its legal counsel to intervene to protect the Affordable Care Act in court; the Senate should do the same.

Agenda In Depth: End the War on People with Pre-Existing Conditions

President Trump and his Republican allies in Congress and state governments are waging a war on people with pre-existing conditions. From overturning the Affordable Care Act and its protections for people with pre-existing conditions in court to expanding junk plans that are allowed to discriminate against people who are sick, Republican actions are making it harder for millions across the country to access the care they need.

To end the war on people with pre-existing conditions, it is important to both prevent insurance companies from selling junk plans as an alternative to comprehensive care, and defend the Affordable Care Act. The Affordable Care Act protects people with pre-existing conditions by guaranteeing access to comprehensive care and preventing insurance companies from charging someone more, regardless of health status. It must be protected from repeal, judicial threats, and further acts of sabotage.

WHY THIS IS IMPORTANT

- **More Than 130 Million Americans Have A Pre-Existing Condition.** According to a recent [analysis](#), roughly half of Americans have a pre-existing condition. This includes:
 - 44 million people who have high blood pressure
 - 45 million people who have behavioral health disorders
 - 44 million people who have high cholesterol
 - 34 million people who have asthma and chronic lung disease
 - 34 million people who have osteoarthritis and other joint disorders
- **More than 17 million, roughly one in four [children](#) have a pre-existing condition.**
- **Nearly 68 million [women and girls](#) have a pre-existing condition.**
- **More than six million women have pregnancies per year.** Before the Affordable Care Act, insurance companies commonly [denied](#) women health coverage because they were or had been pregnant.
- **Over 30 million older adults have a pre-existing condition.** The analysis also shows that [84 percent](#) of older adults, 30.5 million Americans between age 55 and 64, have a pre-existing condition.
- **76 percent of Americans [Support](#) protections for people with pre-existing conditions.**

Before the Affordable Care Act's protections for people with pre-existing conditions, you could be [denied](#) health coverage for being sick, having a mental illness, getting pregnant, being employed in a certain industry, or even for taking certain medications. As the [Kaiser Family Foundation](#) has highlighted the extraordinary number of reasons of reasons you could be denied care:

Conditions That Could Cost You Your Care:	Jobs You Could Be Denied Coverage Because Of:	Medications That You Could Be Denied Health Care For Taking:
<ul style="list-style-type: none">• AIDS/HIV• Alcohol/drug Abuse• Cerebral Palsy• Cancer• Heart Disease• Diabetes• Epilepsy• Kidney Disease• Severe Epilepsy• Sleep Apnea• Pregnancy• Muscular Dystrophy• Depression• Eating Disorders	<ul style="list-style-type: none">• Active military personnel• Air traffic controller• Body guard• Pilot• Meat packers• Taxi cab drivers• Steel metal workers• Law enforcement• Oil and gas exploration• Scuba divers	<ul style="list-style-type: none">• Anti-arthritic medications• Anti-diabetic medications (including insulin)• Anti-cancer medications• Anti-coagulant and anti-thrombotic medications• Medications used to treat autism• Anti-psychotics• Medications for HIV/AIDS• Growth hormone• Medication used to treat arthritis, anemia, and

<ul style="list-style-type: none"> • Bipolar Disorder 		<ul style="list-style-type: none"> • narcolepsy • Fertility Medication
--	--	--

WHAT REPUBLICANS HAVE DONE

Pushed junk health plans that are allowed to discriminate against people with pre-existing conditions. Last summer, the Trump administration finalized a [rule](#) that expands the use of junk plans (so called “short-term, limited duration plans”) and another rule that expands [association-health plans](#) that are not required to offer comprehensive coverage. Junk plans are allowed to deny coverage to people with pre-existing conditions, and both permit insurers to charge people who are sick more for coverage. Beyond just expanding availability of these plans, the Trump Administration has actually encouraged health navigator groups that help people shop for coverage to direct consumers to these junk plans that skirt consumer protections.

Introduced bills that undermined protections for people with pre-existing conditions. Leading up to the 2018 elections, Republican lawmakers [attempted](#) to [pass bills](#) that they claimed protected people with pre-existing conditions, but that in actuality would have [decimated](#) such protections. For instance, some such bills required insurance companies sell coverage to people with pre-existing conditions, but did not require insurance companies to cover treatment for the condition. Under these circumstances, an insurance company could sell a cancer patient an insurance plan that did not cover chemotherapy. Some bills had no community rating provisions, meaning insurers could charge people with pre-existing conditions significantly more for coverage.

Supported a lawsuit that overturned protections for people with pre-existing conditions in court. In December, Judge Reed O'Connor overturned the Affordable Care Act. His ruling is so wrong that legal scholars from both sides of the aisle, such as Jonathan Adler and Abbe Gluck have said it “[makes a mockery of the rule of law](#)” and should be overturned. If it is not overturned, it will allow insurance companies to once again charge people with pre-existing conditions more, deny them coverage altogether, exclude certain health conditions from coverage, impose lifetime and annual limits on coverage, and refuse to cover essential health benefits like prescription drugs and hospitalization.

Leading up to the 2018 midterm elections, Republicans repeatedly lied — falsely promising that they would defend protections for people with pre-existing conditions even as they were attempting to undermine them. Reacting to candidates’ constant lies on the subject, [CNN](#) remarked: “After two years of trying to repeal Obamacare outright, the President and some GOP candidates are suddenly claiming they support the Affordable Care Act’s protections for those with pre-existing conditions -- even though they voted for repeal bills that would weaken them, or are suing to eliminate Obamacare altogether.” [Time Magazine](#) went one step further in reaction to President Trump’s claim about his own stance: “To say that these claims are fantastical is almost an understatement.”

PRIORITIES OF THE 116th CONGRESS

Stop insurance companies from selling junk health insurance that allows them to deny quality, affordable coverage to people with pre-existing conditions. These kinds of short term plans should be limited to three-months with no option for renewal.

Guarantee protections for pre-existing conditions and essential health benefits. Require all health plans to cover the “essential health benefits” included in the law and ensure guaranteed issue and community rating. For people with pre-existing conditions to be protected:

- **Insurers must offer coverage to anyone who applies.** Insurance companies must ensure guaranteed issue, meaning they offer coverage to everyone who applies.
- **Insurance companies must not charge people more based on their health status or gender.** Insurance companies must practice community rating, which prevents them from charging someone more because they are sick or a woman. Similarly, insurers must limit the amount amount that someone can be charged for coverage because of their age.
- **Essential health benefits must be covered.** If essential benefits such as hospitalization, mental health services, maternity care, and coverage for prescription drugs are not covered, consumers with pre-existing conditions are not adequately protected. Without this protection, someone with cancer may be sold coverage but denied treatment.
- **Coverage of pre-existing conditions cannot be excluded from coverage.** Insurance companies must not be allowed to sell policies that can exclude coverage for certain conditions, such as cancer, diabetes, or asthma.

- **Insurance companies must be prohibited from imposing annual and lifetime limits on coverage.** Lifetime and annual limits enable insurance companies to restrict the dollar amount of medical coverage a patient may use in a certain amount of time. When annual and lifetime limits are imposed, people may be denied life-saving care simply because they have reached their limit.

Agenda In Depth: Lower Costs

Health care is prohibitively expensive for millions of Americans, but Republicans have refused to pass common sense reforms that would help lower costs. Americans face challenges affording health care on all fronts:

Despite the Trump administration's repeated promises to lower prescription drug prices, drug prices [continue](#) to increase at the same time drug companies rake in [near-record profits](#) and reap the benefits of Republican tax breaks. Fifty-seven percent of Americans report receiving a surprise medical bill, in which a patient is charged the difference between what a hospital says the price of its care is and what an insurer is willing to pay; millions of people fall into a coverage gap in which they earn too much to qualify for Medicaid but too little to qualify for premium tax credits; and average deductibles have doubled since 2008.

By passing legislation to lower the price of prescription drugs, end surprise medical bills, expand financial assistance to those purchasing coverage in the individual market, and expanding services available before deductibles, the 116th Congress has the opportunity to lower costs make health care affordable for more Americans.

WHY THIS IS IMPORTANT

Health care is prohibitively expensive for many Americans, causing many who have insurance to skip or delay care and prohibiting many who lack insurance from signing up for care.

- 15.5 percent of those who have insurance either [skipped or delayed care](#) because of cost or trouble paying bills in 2017.
- Roughly one in four, or [26.2 percent](#) of non-elderly people struggle with insurance affordability problems.
- Cost is of particular concern to those in fair or poor health — [46.5 percent](#) of those in fair or poor health are uninsured or have problems affording care despite having coverage. This includes 13.5 percent who are uninsured and 32.9 percent who have insurance but had a problem affording care in the last year.
- Cost is the most cited reason for being uninsured — [45 percent](#) of uninsured nonelderly adults in 2017 said they were uninsured because the cost is too high.

Americans pay more for drugs than do people in any other country. At \$1,208 per capita, people in the U.S. [spend more](#) on pharmaceuticals per capita than do people in any other country in the world. British researchers [found](#) that U.S. prices were consistently higher than in other European markets, six times higher than in Brazil, and 16 times higher than in the lowest-price country, which was usually India.

Drug companies are engaging in the dangerous practice of price-gouging — pursuing massive profits to the detriment of people who need their medication to survive. In September 2018, Nostrum chief executive Nirmal Mulye [defended his choice](#) to raise the price of an antibiotic from \$474.75 to \$2,392 a bottle, saying he had “moral requirement...to sell the product for the highest price.” In 2017, Mylan, the company that made the [EpiPen](#), came under fire for charging \$609 for a box of two devices even though each only contained about \$1 worth of the drug epinephrine. Between 2012 and 2016, the price of insulin, which [7.5 million](#) Americans depend on, [nearly doubled](#) from \$344 to \$666.

[57 percent of Americans](#) have received a surprise bill. Too many people go to a hospital or Emergency Room that is in their network, but get billed for services provided out-of-network, subjecting them to huge bills, as much as [six figures](#).

Roughly [2.2 million](#) million people living in states that have not yet expanded Medicaid fall into a coverage gap — meaning they earn too much to qualify for Medicaid but too little to qualify for premium tax credits.

Deductibles for employer-based health care plans more than doubled from 2008 to 2018. Deductibles for employer-based health care plans are increasing at a much faster rate than wages. Between 2008 and 2018, deductibles [more than doubled](#) though wages have only risen by 26 percent over the same period.

WHAT REPUBLICANS HAVE DONE

Republicans refuse to let Medicare negotiate for lower drug prices. Though [92 percent](#) of Americans support allowing the federal government to negotiate drug prices for Medicare beneficiaries, Republicans refuse to let Medicare negotiate drug prices. A 2018 Senate Homeland Security and Governmental Affairs Democratic Committee report found that Medicare Part D could save [\\$2.8 billion](#) in a single year if it were allowed to negotiate drug prices.

Republicans passed a massive tax break for pharmaceutical companies, helping them earn record profits while they continue to raise prices on dozens of prescription drugs. The health industry brought in \$51.8 billion in profit during the third quarter — approximately 63 percent of which went to drug companies. Of 19 companies in the health industry that amassed at least \$1 billion in third-quarter profit, 14 were drug companies. This is aided by massive tax breaks afforded to drug companies by the GOP tax bill. For instance, Axios [reports](#) that “Drug firm AbbVie paid \$14 million of income taxes on \$2.76 billion of pre-tax earnings in the third quarter — an effective tax rate of just 0.5%. Pfizer’s effective tax rate in Q3 was 1.6%.”

Because Washington Republicans repealed the requirement that most people have insurance and encouraged people to sign up for junk plans, 2019 premiums are higher than they should be. [Charles Gaba](#), health care analyst, calculates that individual marketplace premiums are increasing by an average of 2.8 percent nationally. However, Gaba estimates that if not for Republican sabotage, premiums would decrease by an average of 5.4 percent.

A conservative federal judge sided with Republicans and ruled to overturn the Affordable Care Act, which could cause millions to pay more. If the ruling is upheld, nine million people will lose tax credits that help them pay for coverage, seniors will have to pay more for prescription drugs because the Medicare donut hole will be reopened, and insurance companies will once again be able to impose massive surcharges on people with pre-existing conditions.

PRIORITIES OF THE 116th CONGRESS

Lower the costs of prescription drugs. Pass legislation to allow Medicare to negotiate drug prices for all beneficiaries; end price gouging by requiring drug manufacturers to give notice of significant price increases; create a mechanism to end excessive price hikes; and require transparency of rebate amounts.

End surprise medical bills. Congress should pass legislation to end surprise medical bills and limit the amount a provider can charge to a negotiated rate.

Expand financial assistance by expanding the eligibility for premium tax credits above 400 percent of the federal poverty limit in all states, below 100 percent of the federal poverty limit in states that have not expanded Medicaid, and increase the size of the tax credit for all income brackets.

Expand services before deductibles, examples would include three primary care visits and one specialist visit that are not subject to a plan’s deductible.

Agenda In Depth: End Republican Sabotage

After failing to repeal the Affordable Care Act legislatively, the Trump administration and its Republican allies have aggressively and intentionally attempted to sabotage the law. From decimating outreach funding for the Affordable Care Act to pushing consumers toward plans that offer skimpy coverage and are allowed discriminate against people with pre-existing conditions, Republicans have pursued a multi-front attack designed to, in the President's words, make the Affordable Care Act ["implode."](#)

Members of the 116th Congress have the power to put an end to this sabotage by restoring funding and outreach for the ACA's open enrollment period and ending waivers that undermine the Affordable Care Act.

WHY THIS IS IMPORTANT

Millions of Americans depend on open enrollment to purchase insurance — the open enrollment period for 2019 experienced the largest decline in sign-ups in federal marketplace history. [8.5 million](#) people purchased health insurance through the federal marketplace for 2019. Following Trump administration sabotage, in the most recent open enrollment period nearly [400,000 fewer people](#) signed up for coverage than last year.

The Trump administration wants to bring us back to the time of junk insurance, when those who got sick were left with hundreds of thousands of dollars in unpaid medical bills. Junk plans, pushed by the Trump administration under the name "short-term plans" may deny coverage related to a pre-existing condition, can retroactively deny coverage once someone becomes sick, include caps on coverage, are ripe for fraud, and leave consumers at risk of bankruptcy. In one case, a man underwent triple bypass surgery two months after his wife had purchased a short-term plan. Their insurer refused to pay for the surgery and rescinded the family's coverage, leaving them with [\\$900,000 in unpaid](#) medical bills.

The Urban Institute estimated that because of the widened availability of short-term plans, the number of people without minimum essential coverage is expected to increase by [2.6 million](#) in 2019.

WHAT REPUBLICANS HAVE DONE

The Trump administration has decimated funding for open enrollment and made it as hard as possible for Americans to sign up for coverage.

- **In the weeks leading up to open enrollment, the Trump administration removed a training guide for Latino outreach from its its webpage.** The Sunlight Foundation revealed that the Centers for Medicare and Medicaid Services [removed a presentation](#) on best practices for outreach to Latino communities from one of its web pages sometime in late September. The presentation was intended to provide training for navigator groups that help people to sign up for coverage on how to better engage with Latino communities and address the challenges they face in enrolling in coverage and is an especially important resource given how disproportionately high the uninsured rate is among Hispanic Americans. Hispanic Americans, [22 percent](#) of whom are uninsured, are uninsured at more than twice the rate of white Americans, 9 percent of whom are uninsured.
- **The Trump administration removed information on applying for coverage from HealthCare.gov.** The Trump Administration [overhauled](#) the "Apply for Health Insurance" section of HealthCare.gov, removing the options of signing up for coverage via mail and phone and directing people to sign up for coverage through enrollment sites run by private companies.
- **Between 2016 and 2018, the Trump administration has cut funding for groups that help people sign up for coverage by 84 percent.** After cutting funding for navigator groups that help people sign up for coverage from \$63 million in 2016 to \$36 million in 2017, the Trump administration made yet another round

of cuts in 2018, leaving [just \\$10 million](#) in funding for health navigator groups. Since 2016, Trump has cut navigator funding by *84 percent*.

- **Health navigators, like Jodi Ray at the University Of South Florida, say cuts to navigator programs prevent them from adequately letting people know that open enrollment is happening.** Ray [said](#), “We don’t have the people to provide the enrollment assistance nor to do the outreach and marketing to let people know what’s happening.”
- **In 2018, 800 counties served by the federal marketplace are operating without any federally funded navigators.** This is more than six times as many counties served by the federal marketplace that operated without federally funded navigators in 2016, when [127 counties](#) lacked such a navigator.
- **In 2017, The Trump administration cut the open enrollment advertising budget by 90 percent.** As ABC News [summarized](#), “In 2016, the Centers for Medicare & Medicaid Services spent \$100 million on Obamacare advertising and outreach, but for [2017]’s open enrollment period, CMS plans on spending \$10 million.” CMS [chose not to increase](#) the budget for 2019.
- **The Trump administration cut the number of days during which people could sign up for coverage during in open enrollment in half, from [90 days to 45 days](#).**
- **The Trump administration wants navigator groups to push consumers to sign up for junk coverage that is exempt from covering prescription drugs and hospitalization instead of comprehensive plans.** The Administration announced in July that it would [encourage](#) navigator groups to use their remaining funding to push consumers to sign up for [junk health plans](#), which cover few benefits and notorious for the [fraud they](#) attract.

The Trump administration is encouraging states to file waivers that would “[demolish](#)” a basic pillar of the Affordable Care Act. In November 2018, the administration issued guidance urging states to allow federal insurance subsidies to be used toward purchasing health plans that do not have to cover pre-existing conditions. The [American Lung Association](#) warned that this move “would further erode patient protections, undermine care for people with lung disease” and Sarah Lueck, a senior policy analyst at the Center on Budget and Policy Priorities [summarized](#) that this guidance by saying it tells states “You can try to do what was rejected in Congress.”

The Trump administration and its Republican allies in states are pushing Americans to sign up for junk plans that circumvent basic consumer protections ensured by the Affordable Care Act. The Trump administration has [expanded access](#) to junk plans that are allowed to discriminate against people with pre-existing conditions by allowing insurers to sell “short-term” plans that last up to 364 days and which may be extended for up to three years. Previously, the Affordable Care Act had limited short-term plans to three months in duration. Experts [warn](#) that because short-term plans attract relatively healthy consumers, expanding access to these plans pave the way for a parallel market for skimpy plans exists alongside a more expensive market for comprehensive care.

PRIORITIES OF THE 116th CONGRESS

Fully support Open Enrollment by restoring funding to the pre-Trump levels and make all information about ways to sign up for coverage easily accessible for everyone.

Oppose waivers that undermine the ACA by allowing states to skirt key provisions of the law.

As we stated earlier, stop insurance companies from selling junk health insurance that allows them to deny quality, affordable coverage to people with pre-existing conditions. These kinds of short term plans should be limited to three-months with no option for renewal.

Agenda In Depth: Strengthen Medicaid and Medicare

For the past two years, and for decades really, Republicans have done almost everything in their power to destroy Medicaid and Medicare as we know them. From passing a budget that would cut Medicaid by over \$1 trillion and imposing onerous work requirements designed to kick thousands off of their Medicaid coverage to attempting to turn Medicare into a voucher program, Republicans have continuously tried to cut funding for both programs and impose as many barriers to coverage as possible.

In light of these attacks, it is important that the 116th Congress take action to protect Americans' access to these programs. Beyond just protecting Medicaid and Medicare against cuts, we also recommend Congress take basic steps strengthen each program. By establishing an out-of-pocket maximum to Medicare coverage and allowing states and counties to expand Medicaid in states that have refused to do so, Congress could help Medicaid be more affordable and more accessible.

WHY THIS IS IMPORTANT

Medicaid covers [one in five](#) Americans, approximately [73 million](#) people, have health insurance through Medicaid. Nearly 12 million Medicaid enrollees were newly eligible for the program because of the Affordable Care Act, and Medicaid plays a critical role for many more.

Medicaid is a lifeline for...

- **Children and families.** Roughly [35.7 million](#) children in the United States have health insurance through Medicaid or the Children's Health Insurance Program (CHIP). Nationally, nearly two in five, or 38% of children in America [have health insurance through Medicaid](#). This includes 76 percent of [poor children](#), 48 percent of [children with special health needs](#), and 48.8 percent of [young children](#), ages three and below. Republican efforts to shrink Medicaid enrollment will harm families. Research tells us that [children's coverage depends in part on their parents'](#): "When parents lose coverage, children are at greater risk of becoming uninsured, even if they remain eligible for Medicaid and CHIP."
- **New Mothers.** Nearly half of our nation's births, [49 percent](#), are covered by Medicaid. Nearly [13 million women](#) of reproductive age (15–44) rely on Medicaid, including 31 percent of African-American women in this age group and 27 percent of similar Hispanic women.
- **People with disabilities, 8.7 million of whom depend on Medicaid for care.** Nearly [8.7 million adults](#) enrolled in Medicaid have a disability. Of this group, only 43 percent qualify for social security income. Medicaid covers [45 percent](#) of nonelderly adults with disabilities, including adults with physical disabilities, developmental disabilities, brain injuries, and mental illness.
- **Seniors and older Americans, more than 15 million of whom are covered through Medicaid.** Millions of older Americans have health care thanks to Medicaid. [6,920,200 seniors](#), age 65 and older, have coverage through Medicaid, as do [8.5 million Americans](#) ages 50 to 64 who have health coverage through Medicaid.
- **People struggling with addiction.** In 2014, Medicaid paid for [25 percent](#) of all addiction treatment nationwide. It is estimated that Medicaid expansion covers [99,000](#) people with an opioid use disorder. Recent research finds that Medicaid expanding [reduced the unmet need](#) for substance use treatment by 18.3 percent.

Fourteen conservative states [have refused](#) to expand Medicaid, preventing 6.5 million people who stand to benefit from gaining coverage. If these states were to fully expand Medicaid, the Urban Institute estimates that more than [6.5 million](#) people would gain coverage.¹

In Michigan, Medicaid expansion has been found to reduce bankruptcies and benefit residents' finances. A study by the [University of Michigan](#) found that the state's Medicaid expansion led to a 16-percent drop in public

¹ The Urban Institute analysis was conducted before Idaho, Maine, Nebraska, Utah, and Virginia had expanded their Medicaid programs. To calculate the number who would gain coverage, we added Urban's estimated coverage gains for each of the fourteen states yet to expand (excluding the aforementioned five states that have recently expanded their Medicaid programs).

records for financial events such as evictions, bankruptcies and wage garnishments; bankruptcies alone fell by 10 percent, reduced the amount of medical bills in collections that the average enrollee had by 57 percent, or about \$515, and allowed enrollees to engage in more borrowing to buy cars or other goods and services, which is consistent with better credit scores.

Medicare is a lifeline for...

- **More than 55 million Americans who rely on Medicare for health insurance.** Medicare is a lifeline for America's seniors and people with permanent disabilities. [One in six](#) Medicare beneficiaries is under age 65 and living with a permanent disability.

Though half of Medicare beneficiaries have incomes below \$26,200 and half have savings below \$74,450, Medicare beneficiaries spend an average of \$6,150 annually on out of pocket costs associated with Medicare. According to the [Kaiser Family Foundation](#), beneficiaries in traditional Medicare and enrolled in Part A and Part B spent an average of \$6,150 on out of pocket costs in 2013.

WHAT REPUBLICANS HAVE DONE

President Trump and Congressional Republicans are targeting Medicare and Medicaid to pay for tax cuts for the wealthiest. In December 2017, President Trump signed a \$1.5 trillion tax bill that [disproportionately benefits](#) the wealthy. How do Republicans plan on paying for it? Speaker Ryan's [answer is clear](#): "Frankly, it's the health care entitlements that are the big drivers of our debt." In an attempt to pay for these tax cuts, in April, House Republicans passed a [budget amendment](#) that would slash Medicare funding by [\\$537 billion](#) over the next decade.

President Trump and his Republican allies in Congress have tried to slash Medicaid funding, including by imposing per-capita caps. Last year, the House of Representatives passed the American Health Care Act (AHCA), which included a [per-capita limit](#) on federal Medicaid spending and would have resulted in huge cuts to Medicaid across states. After failing to pass the AHCA in the Senate, Republicans have relentlessly continued their attacks on Medicaid. In December, the Trump Administration went so far as to propose a budget that called for [\\$1.4 trillion in cuts](#) to Medicaid.

Now, the Trump administration is encouraging states to make residents adhere to onerous bureaucratic rules in order to maintain their Medicaid coverage. Experts warn that work requirements are fundamentally [bureaucratic hurdles](#) designed to restrict access to health care rather than increase employment. Already, [17,000](#) people have now lost health coverage in Arkansas because of the state's burdensome requirement. The Medicaid and CHIP Payment and Access Commission (MACPAC) [has urged HHS](#) to temporarily stop Arkansas' disenrollment, warning the extremely low percentage of people who had reported hours — in September 1,530 met the requirement by reporting hours while 16,535 failed to report any activities — indicated the state's process may "not be structured in a way that provides individuals an opportunity to succeed."

Congressional Republicans have repeatedly attempted to transform Medicare into a voucher program, which experts warn would lead to the demise of the program. Former [Speaker Ryan](#) has spoken about turning Medicare into a voucher system, and in Fall 2017, the Centers for Medicare and Medicaid services filed a [Request for Information](#) concerning a shift in a "new direction" for Medicare, which Senate Democrats [worried](#) might entail a voucher system. Experts [warn](#), and Republicans including Newt Gingrich acknowledge, that such a shift would lead to the demise of traditional Medicare. A voucher program would [replace](#) Medicare's coverage guarantee with a flat premium support payment and put seniors at the mercy of private insurance companies.

The federal court decision to overturn the Affordable Care Act would reopen the Medicare donut hole if not overturned. From 2010 to 2016, "More than 11.8 million Medicare beneficiaries have received discounts over \$26.8 billion on prescription drugs — an average of \$2,272 per beneficiary," according to a [January 2017 Centers on Medicare and Medicaid Services report](#). If the Republican court decision is upheld, seniors would have to pay thousands of dollars more for prescription drugs because the Medicare "donut" hole would be reopened.

PRIORITIES OF THE 116th CONGRESS

Improve Medicare's affordability by adding an out-of-pocket maximum after which beneficiaries would be protected from additional costs; including prescription drugs in the limit on out-of-pocket spending; adding coverage for vision, hearing, and dental; and making cost-sharing more affordable.

Extend and increase federal funding for Medicaid expansion.

Agenda In Depth: Conduct Oversight on Trump Administration Actions that Undermine The Affordable Care Act

In addition to taking action to reverse and mitigate damage done by the Trump administration's relentless sabotage of the Affordable Care Act, the 116th Congress has the opportunity to shed light on the administration's effort to restrict access to comprehensive health care by conducting Congressional oversight.

Topics to conduct oversight on include:

The Trump Justice Department's decision not to defend all of the Affordable Care Act in federal court, the degree to which the White House was behind DOJ's decision, and the extent to which the decision was blatantly political.

Efforts to sabotage open enrollment, including a [90 percent cut](#) to ACA outreach funding between 2016 and 2017, a [77 percent](#) cut in funding to health navigator groups that help people sign up for coverage through the Affordable Care Act, cutting the length of the open enrollment period in half from [90 days to 45 days](#), and [shutting down](#) Healthcare.gov for scheduled maintenance during open enrollment.

Rules opening the door to junk insurance such as the Trump administration's final rules on short-term plans and association health plans, both of which open the door to plans that are not required to comply with the consumer protections outlined by the ACA. Industry communication with the administration on both rules should be examined.

Guidance issued by the administration that allows federal funds to be used to purchase skimpy health plans. In November 2018, the administration issued 1332 guidance urging states to allow federal insurance subsidies to be used toward purchasing health plans that do not have to cover pre-existing conditions and that are not required to maintain other consumer protections the ACA requires comprehensive coverage to uphold.

The administration's push to encourage states to impose burdensome work requirements on Medicaid coverage despite having a [clear track](#) record of stripping people of health coverage, and continuing to push work requirements after one such requirement was [blocked](#) by a federal judge. In addition to looking into the substance of the Medicaid rules, attention should be paid to communications about the timing of their release related to the election.

Drug prices and pharmaceutical profits, paying with special attention to pharmaceutical companies' windfall from the GOP tax break, executive compensation, pharmaceutical company profits, pharmaceutical company spending, PHrMa lobbying efforts, pharmaceutical companies' dark money contributions, pharmaceutical and insurance companies' communications with the Trump administration, and industry abuses (such as rescission and price gouging).