



PROTECT
OUR CARE

Health Care in Alabama

February 2019

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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 ends the GOP war on health care and people with pre-existing conditions, lowers costs, beginning with prescription drugs, 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, the administration's push to encourage states to impose work requirements on Medicaid coverage, drug prices and pharmaceutical profits.

Memorandum for Interested Parties: New Polling Shows A Clear Path For Democrats to Expand Their Advantage Over the GOP

From: Leslie Dach, Chair, Protect Our Care
Brad Woodhouse, Executive Director, Protect Our Care
Date: January 28, 2019

As Democrats kick off The Health Care Congress this week with hearings on pre-existing conditions protections and reining in the high cost of prescription drugs, [recent polling](#) (see attached slide deck) conducted by Geoff Garin of Hart Research Associates for Protect Our Care lays out a compelling policy and communications framework that addresses voters' most important healthcare priorities and expands the Democrats' advantage on this key issue. The survey was conducted from January 8 through January 11 with a representative national sample of 1,002 voters.

The Hart Research results are closely aligned with the recently released Protect Our Care agenda for congressional action on health care in 2019: [The Health Care Congress: Cost, Coverage, Consumer Protections](#).

Democrats won a referendum on health care in 2018 and this new research makes clear that Democrats have the opportunity to grow and expand this important advantage. In fact, the Democratic advantage on health care doubles when voters hear about the Democrats' proactive agenda on healthcare and the key messages in support of this agenda (from 11 points at the start of the poll to 22 points by the end of the poll).

Democrats Won on Health Care in 2018 and a Large Majority of Voters Continue to Say It Should Be a Top Priority for Congress in 2019.

Health care was the top issue for voters in the 2018 congressional election and voters across party lines want Congress to make healthcare a top priority in 2019. Health care has remained salient for voters even when it has not been front-and-center in the news because it remains a front-and-center concern in their lives.

- 72% of 2018 voters said health care was the most important or a very important issue for them in deciding how to vote in November.
- Voters for whom health care was a priority supported Democratic candidates for Congress by 70% to 28%, exceeding the Democratic partisan advantage among this group.
- 71% of all voters say health care should be a top issue for Congress in 2019; 65% of Independents say health care should be a top congressional priority.

Americans Overwhelmingly Back A Common Sense Agenda to Reduce Costs, Strengthen Consumer Protections & Increase Coverage

In terms of broad issue areas, when asked which health care issues should be the top priorities for Congress this year, voters identified these four (ranked in order of support):

- **"Reduce health insurance premiums and out of pocket costs"**
- **"Crack down on excessive drug pricing"**
- **"Protect people who have pre-existing medical conditions"; and**
- **"Expand insurance coverage so more Americans are covered."**

More specifically, voters strongly back an agenda for the new Congress that includes new consumer protections that lower costs and improve care, and new measures that reduce the cost of prescription drugs. Three specific legislative priorities stand out for voters in each of these areas:

Lowering Costs and Improving Care

Specific language from the survey:

- “Stop health insurance companies from selling junk health insurance plans that do not provide coverage for essential medical treatments and drugs or plans that discriminate against people with preexisting medical conditions” (85% overall support and 82% among Independents)
- “Stop surprise medical bills that include unexpected charges by prohibiting insurance companies from charging higher out-of-network rates for services when a patient goes to an in-network hospital or medical practice” (84% overall support and 77% among Independents)
- “Require all health insurance plans to fully cover more basic services before charging a deductible or copay, including more primary care and follow-up visits” (83% overall support and 78% among Independents)

Reducing the Cost of Prescription Drugs

Specific language from the survey:

- “Require drug companies to notify the government in advance when they plan to significantly raise drug prices and create a mechanism to identify and stop unjustified increases” (84 % overall support and 81 % among Independents)
- “Require Medicare to negotiate directly with drug companies to get lower prices for prescription drugs” (82% overall support and 77% among Independents)
- “Hold congressional hearings with drug company executives to stop abusive conduct and practices of drug companies in setting and raising the prices of prescription medicines” (79% overall support and 73% among Independents).

Our polling also shows that voters, including many Republicans and Independents, are open to a conversation about both Medicare for All and expanding the Affordable Care Act with significant new public options (e.g. Medicare/Medicaid buy in). However, when it comes to priorities for this year, voters—including progressive Democrats—clearly prioritize the agenda described above.

DO NOT LET UP: Democrats Can Double Their Already Strong Trust Advantage on Health Care

Democrats in Congress ended 2018 with a significant trust advantage --11 points--on health care over President Trump and Republicans in Congress, 49% to 38%. After learning about the Democratic agenda to improve health care outlined above and being reminded about Republican’s ongoing sabotage agenda and support for insurance and drug companies, the Democratic trust advantage over them expands to 22 points, 54% to 32%.

Framing the Debate

Here is some specific language tested in the survey that is particularly well received by voters:

- Democrats believe that **healthcare is a right** and not a privilege, and think all Americans should have a right to quality, affordable healthcare.
- Democrats understand that the rising **cost of healthcare is a huge financial burden on American families** today and a major cause of economic stress, and they are taking action to reduce excessive healthcare costs and make healthcare more affordable.
- Now that Democrats are in the majority in the House of Representatives, they will use their oversight authority to **hold drug companies and insurance companies accountable** for shady practices that jack up costs and reduce people’s access to needed care.
- Democrats know there are **common-sense things we can do right now** to address the high cost of healthcare.

This agenda stands in stark contrast to the Republican repeal and sabotage agenda that raises costs, weakens protections, reduces coverage, and puts drug and insurance company profits first.

Simply put, Democrats have an agenda to improve people’s health care and lower costs while Republicans have an agenda that sabotages health care and rewards insurance and drug companies.

Fact Sheet: Health Care In Alabama

Alabama Quick Facts

- 900,823 Alabamians [get comprehensive](#), affordable health coverage through Medicaid.
- 242,815 Alabama seniors [are covered by](#) Medicare in some form.
170,211 Alabamians in [were enrolled through](#) the ACA marketplace in 2017.
- 2,060,904 Alabamians [have employer-based](#) health insurance coverage.
- 1,959,800 Alabamians [have](#) a pre-existing condition,

Impact of the Affordable Care Act In Alabama

As Republicans in Congress and the Trump administration continue to try to repeal and sabotage the Affordable Care Act, more people are learning that the law is working for them, which may be why the law is now [more popular than ever](#).

Here is how the Affordable Care Act is working in Alabama.

215,000 Alabamians Gained Health Coverage. Because of the ACA, 215,000 Alabamians [gained](#) health coverage between 2010 and 2015.

Insurers can no longer deny or drop coverage because of a pre-existing condition. Because of the ACA, insurers in the individual market can no longer drop or deny coverage, or charge you more, because of a pre-existing condition. Roughly 1,959,800 Alabamians [have](#) a pre-existing health condition.

Women no longer charged more than men. Because of the ACA, insurers can no longer charge women more than men for the same care.

Ended annual and lifetime limits. Because of the ACA, insurers can no longer put annual or lifetime limits on the care you receive.

Young adults can stay on their parents plan until age 26. Because of the ACA, roughly 35,000 [young adults](#) in Alabama have coverage because they can stay on their parents coverage until age 26.

Allowed states to expand Medicaid. Because of the ACA, states can get additional federal money to expand Medicaid. 900,823 Alabamians have coverage through Medicaid.

Free preventive care. Because of the ACA, health plans must cover preventive services — like flu shots, cancer screenings, contraception, and mammograms — at no cost to consumers. This [includes nearly](#) 2,140,837 Alabamians, most of whom have employer coverage.

Comprehensive Coverage. Because of the ACA, insurers have to cover what are known as “essential health benefits,” such as maternity care, prescription drugs, and substance and mental health.

Tax credits are available to help people afford coverage. Because of the ACA, most people getting coverage on the marketplace qualify for tax credits to help pay for coverage.

Helping seniors afford prescription drugs. Because of the ACA, the Medicare prescription drug donut hole is closed. As a result, 83,177 Alabama [seniors](#) are saving \$97.2 million on drugs in 2017, an average of \$1,169 per beneficiary.

How a Ruling in Favor of Republican Attorneys General in Texas v. HHS Could Impact the Health of Alabamians

Republican officials --including attorneys general and governors -- in 20 states went to federal court in the northern district of Texas to repeal the Affordable Care Act in its entirety. In a December ruling, U.S. Northern District Court Judge Reed O'Connor used the courts to do what Republicans in Congress failed to do legislatively: strike down the Affordable Care Act. If O'Connor's ruling is not overturned, it will 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 result will be to -- as the Trump Administration itself admitted in Court -- unleash "[chaos](#)" in our entire health care system.

If The Texas Ruling Is Not Overturned, 17.1 Million People Could Lose Their Coverage

- According to the Urban Institute, 17.1 million people would lose coverage in the first year by repealing the Affordable Care Act, leading to a [50 percent increase in the uninsured rate](#).

If The Texas Ruling Is Not Overturned, Insurance Companies Could Be Put Back In Charge, Ending Protections For The 130 Million People With A Pre-Existing Condition

- According to a recent [analysis](#) by the Center for American Progress, roughly half of nonelderly Americans, or as many as 130 million people, 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
- **17 million children.** [One in four](#) children, including 264,900 in Alabama, have a pre-existing condition.
- **68 million women.** [More than half](#) of women and girls have a pre-existing condition, including 998,000 in Alabama.
- **30 million people aged 55-64.** [84 percent](#) of older adults, 30.5 million Americans between age 55 and 64, have a pre-existing condition. This includes 451,200 in Alabama.
- **1,959,800 Alabamians** [have](#) a pre-existing condition.

If The Texas Ruling Is Not Overturned, Insurance Companies Could Have The Power To Deny Or Drop Coverage Because Of A Pre-Existing Condition

Before the Affordable Care Act, insurance companies routinely denied people coverage because of a pre-existing condition or canceled coverage when a person got sick. If Judge O'Connor's ruling is not overturned, insurance companies will be able to do this again.

- A 2010 congressional report found that the top four health insurance companies [denied coverage to one in seven consumers](#) on the individual market over a three year period.
- A 2009 congressional report found that the of the largest insurance companies had retroactively canceled coverage for [20,000 people](#) over the previous five year period

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	<ul style="list-style-type: none">• Active military personnel	<ul style="list-style-type: none">• Anti-arthritic medications

<ul style="list-style-type: none"> • Alcohol/drug Abuse • Cerebral Palsy • Cancer • Heart Disease • Diabetes • Epilepsy • Kidney Disease • Severe Epilepsy • Sleep Apnea • Pregnancy • Muscular Dystrophy • Depression • Eating Disorders • Bipolar Disorder 	<ul style="list-style-type: none"> • 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-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 narcolepsy • Fertility Medication
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If The Texas Ruling Is Not Overturned, Insurance Companies Could Have The Power To Charge You More

- **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.
- **Insurance Companies Could Charge Premium Surcharges in the Six Figures.** If Judge O’Connor’s ruling is upheld, insurance companies would be able to charge people more because of a pre-existing condition. The health repeal bill the House passed in 2017 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 were often charged premiums on the nongroup market of [up to 50 percent higher](#) than they charged men for the same coverage.
- **People Over the Age of 50 Could Face a \$4,000 “Age Tax,” Including \$ 4,711 in Alabama.** Because Judge O’Connor sided with Republican lawmakers, insurance companies would be able to charge people over 50 more than younger people. 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, including 4,711 in Alabama, according to the AARP.
- **Nine Million People in the Marketplaces Would Pay More for Coverage, Including 143,177 Alabama.** If Judge O’Connor’s ruling is upheld, 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, including 143,177 in Alabama.
- **Seniors Would Have to Pay More for Prescription Drugs.** If Judge O’Connor’s ruling is upheld, seniors could have to pay more for prescription drug 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 CMS report](#). In Alabama, 83,177 seniors each saved an average of \$1,169.

If The Texas Ruling Is Not Overturned, Insurance Companies Could Have the Power to Limit the Care You Get, Even If You Have Insurance Through Your Employer

- **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.

- **Reinstate Lifetime and Annual Limits.** Repealing the Affordable Care Act means insurance companies would be able to impose annual and lifetime limits on coverage.
- **Large Employers Could Choose to Follow Any State's Guidance, Enabling Them Put Annual and Lifetime Limits on Their Employees' Health Care.** Without the ACA's definition of essential health benefits (EHB) in even some states, states could eliminate them altogether. Large employers could [choose to apply](#) any state's standard, making state regulations essentially meaningless. Because the prohibition on annual and lifetime limits only applies to essential health benefits, this change would allow employers to reinstate annual and lifetime limits on their employees' coverage.

If The Texas Ruling Is Not Overturned, Medicaid Expansion Could Be Repealed

- Fifteen million people have coverage [through](#) the expanded Medicaid program.

Fact Sheet: Tax Bill Hurts Alabamians' Health

The tax bill that President Trump and Congressional Republicans passed into law in 2017 repealed a key provision of the Affordable Care Act that required most people to have health coverage which will result in more people without coverage, higher costs and devastated insurance markets. This is why [19 leading patient groups](#) – including the American Heart Association, the American Diabetes Association, and the American Cancer Society; [six leading industry groups](#) – including the American Academy of Family Physicians, the American Hospital Association, the American Medical Association, the Blue Cross Blue Shield Association and the Federation of American Hospitals; and more than [2,400 faith leaders](#) opposed repealing this provision arguing it would have serious consequences for care, particularly for people with chronic or major health conditions.

This Tax Bill Means Higher Costs and More Uninsured in Alabama

Tax Bill Means Higher Costs, Especially for Older Alabamians. Repealing the individual mandate makes it more likely the marketplaces will be older and less healthy, and as a result, more expensive for those who remain in it. The AARP estimated a 64-year-old Alabamian will have to pay \$1,652 [more in premiums](#) because of this, essentially an age tax for people over 50.

183,000 Alabamians Could Lose Coverage As a result of the tax bill, an [estimated](#) 183,000 Alabamians will lose coverage by 2025.

The Tax Bill Explodes the Debt, Meaning Medicare Could be Cut

Republicans say they need to cut Medicare and Social Security even more to deal with the \$1.5 trillion this tax bill adds to the national debt. On the chopping block: [Medicare and Social Security](#). Former Speaker Paul Ryan (R-WI) recently said, “[we’ve got a lot of work to do in cutting spending](#).” Sen. Marco Rubio (R-FL) was more explicit, saying, “We have to generate economic growth which generates revenue, while reducing spending. That will mean [instituting structural changes to Social Security and Medicare for the future](#).” Here are seven ways that Republicans are going after Medicare, Medicaid, and Social Security:

1. **In October, Senate Majority Leader Mitch McConnell set his sights on cutting Medicare, Medicaid, and Social Security.** Leader McConnell finally [said it out loud](#), that “entitlements” — code for Social Security, Medicare and Medicaid — are “the real drivers of the debt.” He called for them to be adjusted “to the demographics of the future.” As the [Los Angeles Times](#) summarizes, “Translation: He wants to cut benefits.”
2. **President Trump and Congressional Republicans are targeting Medicare and Medicaid to pay for tax cuts for the wealthiest.** Last December, 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.
3. **Paul Ryan on Medicare: “It’s the biggest entitlement we’ve got to reform.”** [Paul Ryan](#), December 6, 2017: “We’re going to have to get back next year at entitlement reform, which is how you tackle the debt and the deficit...Frankly, it’s the health care entitlements that are the big drivers of our debt, so we spend more time on the health care entitlements...In- think the president is understanding that choice and competition works everywhere in health care, especially in Medicare...This has been my big thing for many, many years. I think it’s the biggest entitlement we’ve got to reform.”

4. **Congressional Republicans proposed these cuts after passing a budget resolution last year that cut Medicare by \$473 billion.** The 2018 budget resolution passed by Republicans in December 2017 [cut Medicare by \\$473 billion](#).
5. **As the cost of drugs skyrocket, President Trump and his Republican allies in Congress will not allow Medicare to negotiate for better prescription drug prices.** Under current law, the Secretary of the Department of Health and Human Services (HHS) is explicitly prohibited from negotiating directly with drug manufacturers on behalf of Medicare Part D enrollees. Although it would decrease both federal spending and beneficiaries' [out-of-pocket costs](#) for prescription drugs, a policy allowing the federal government to [negotiate drug prices](#) for Medicare beneficiaries was [noticeably absent](#) from President Trump's recent prescription drug announcement.
6. **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 as [premiums increase](#).
7. **Congressional Republicans repealed several components of the ACA designed to help keep Medicare's costs down, effectively driving up costs for the program.** By repealing the requirement that most people have insurance, Congressional Republicans knowingly voted for a measure expected to increase the number of uninsured. The [2018 Medicare Trustees Report](#) predicts that this increase will [increase the share of subsidies](#) paid to hospitals via Medicare. Similarly, by repealing the Independent Payment Advisory Board, Congressional Republicans took away a mechanism that slowed Medicare cost growth.

Fact Sheet: Sabotaging Our Health Care

Here Are All the Ways the Trump Administration Is Sabotaging Health Care

Since taking office earlier this year, President Trump, his administration and allies in Congress, have been doing anything and everything they can to undermine our health care. Their intended goals are to make fewer people sign up for coverage either by making coverage so expensive people drop out, or by not giving consumers the tools they need to get covered, and to force insurers out of the marketplace to force it to collapse.

Here is what they have done so far:

January 2017

- On his first day in office, President Trump signs an [Executive Order](#) directing the administration to identify every way it can unravel the Affordable Care Act.

February 2017

- The Trump Administration proposes a rule to [weaken](#) Marketplace coverage and raise premiums for millions of middle-class families.

March 2017

- The Trump Administration [sends a letter](#) to governors encouraging them to submit proposals that include provisions such as work requirements that make it harder for Medicaid beneficiaries to get affordable care and increase the number of people who are uninsured.

April 2017

- The Trump Administration cuts the number of days people could sign up for coverage during open enrollment by half, from [90 days to 45 days](#).

May 2017

- House Republicans [vote for and pass](#) a health care repeal bill that would cause 23 million people to lose coverage and gut protections for people with pre-existing conditions.

June 2017

- Senate Republicans embark on a monthslong failed attempt to pass [BCRA, Skinny Repeal and Graham-Cassidy](#), all repeal bills that would cause millions of Americans to lose their health coverage and raise premiums by double digits for millions more.

July 2017

- The Trump Administration uses funding intended to support health insurance enrollment to launch a [multimedia propaganda campaign](#) against the Affordable Care Act.

August 2017

- The Administration cuts the outreach advertising budget for Open Enrollment [by 90 percent](#), from \$100 million to just \$10 million – likely to result in [1.1 million](#) fewer people getting covered.

September 2017

- The Administration [orders](#) the Department of Health and Human Services' regional directors to stop participating in Open Enrollment events. Mississippi Health Advocacy Program Executive Director Roy Mitchell said, "I didn't call it sabotage...But that's what it is."

October 2017

- The Trump Administration takes [direct aim at birth control](#) by rolling back a rule that guaranteed women access to contraception. (A court has since questioned the legality of the action.)

- President Trump signs an [Executive Order](#) to roll back key consumer protections that will result in garbage insurance, raise premiums, reduce coverage, and again expose millions of Americans to discrimination based on pre-existing conditions.
- The Trump Administration dramatically cuts [in-person assistance](#) to help people sign up for 2018 health coverage.
- After threatening for months to stop funding cost-sharing reductions (CSRs) that help lower deductibles and out-of-pocket costs, the Trump Administration stops the payments altogether. The [CBO](#) finds that failing to make these payments will increase premiums by 20% and add nearly \$200 billion to the debt.

November 2017

- Republicans refuse to move forward on the bipartisan Alexander-Murray bill to address the CSR crisis even though it had a [filibuster-proof majority](#) in the Senate.

December 2017

- The Trump Administration proposes a rule to expand association health plans, which would gut consumer protections, raise costs for people with pre-existing conditions and further destabilize the insurance markets.
- Congressional Republicans pass their [tax scam](#), which doubles as a sneaky repeal of the Affordable Care Act by kicking 13 million people off of their insurance and raising premiums by double digits for millions more.

January 2018

- The Trump Administration announces that it will support states that impose onerous [work requirements](#) on Americans covered by Medicaid, and approves Kentucky's [worst-in-the-nation](#) waiver the next day.
- The Trump Administration announces a move to [allow](#) providers to discriminate by allowing them to deny patient care for almost any reason.
- The Trump Administration makes plans to announce [even more exemptions](#) from the requirement people have health coverage before this provision is repealed altogether.

February 2018

- The Trump Administration announces that it will [expand access](#) to short-term health plans that do not have to comply with key consumer protection provisions required by the Affordable Care Act.
- Urban Institute calculates that repeal of the individual mandate and expansion of short term plans will [increase](#) individual market premiums by an average 18.2 percent in 2019.
- Trump Administration releases budget that calls for the Affordable Care Act to be replaced by Graham-Cassidy, in a move that experts [predict](#) would reduce health coverage for 32 million Americans.

March 2018

- Republicans sabotage efforts to pass a [bipartisan bill](#) that would have stabilized Affordable Care Act marketplaces by insisting the bill restrict access to abortion.

April 2018

- House Republicans vote on a balanced budget amendment that would cut Medicaid by [\\$700 billion](#) over ten years, [\\$114 billion](#) in a single year alone.
- Trump Administration limits access to assistance for consumers who want to enroll in marketplace coverage. This change [removes the requirement](#) that every area has at least two "navigator" groups to provide consumer assistance and that one be local. Now, [just one group](#) could cover entire states or groups of states.

May 2018

- President Trump [boasts](#) about health care sabotage: "We will have gotten rid of a majority of Obamacare."
- Trump Administration enlists help of [former drug lobbyist](#) in writing its drug plan.

- Congressional Republicans try to use annual farm bill to authorize [\\$65 million](#) in taxpayer funding to set up association health plans, which can exclude prescription drug coverage, mental health care, and maternity care.

June 2018

- Department of Justice takes to the courts to [argue](#) that insurance companies should be able to discriminate against as many as [130 million](#) Americans with a pre-existing condition.
- Republican coalition, the Health Policy Consensus Group, released their [latest proposal](#) to repeal the Affordable Care Act, which would gut protections for people with pre-existing conditions, let insurance companies charge older people an age tax, and deny key coverage for basic services like maternity care.
- Trump Administration finalizes proposal to expand access to [association health plans](#) that skirt key consumer protections.

July 2018

- CMS [halts](#) risk adjustment payments, that enable insurance companies to cover everyone, regardless of whether they are healthy or sick.
- Trump Administration [slashes](#) funding for non-profit health navigator groups, that help people shop for coverage, from \$36 million to \$10 million. CMS encourages groups to use the remaining funds to push people to sign up for junk plans that skirt important consumer protections.
- President Trump nominates Brett Kavanaugh to the Supreme Court. Kavanaugh has previously [forced](#) a young woman to continue a pregnancy against her will and has [criticized](#) Justice Roberts for upholding the Affordable Care Act's constitutionality.

August 2018

- Trump administration [finalizes rule](#) for bare-bones short-term plans that are exempt from key consumer protections, such as the requirement that insurance covers prescription drugs, maternity care, and hospitalization.

September 2018

- The Trump Administration's Department of Justice joins twenty conservative states in court in opening arguments to [argue](#) that the Affordable Care Act's protections for people with pre-existing conditions should be overturned.
- Nearly [4,600](#) Arkansans are unable to meet Arkansas' reporting requirements for the state's Medicaid work requirements and lose Medicaid coverage.

October 2018

- Republicans appoint Brett Kavanaugh to the Supreme Court. Kavanaugh is [known to be hostile](#) to the Affordable Care Act.
- The Trump administration issues [guidance](#) that allows federal subsidies to be used to purchase junk plans that [can deny](#) coverage to people with pre-existing conditions.

How President Trump's Health Care Sabotage Will Affect Alabamians in 2019

According to [a study](#) released by the Urban Institute:

- The actions President Trump and Congressional Republicans have taken to sabotage the health care markets will artificially inflate individual insurance premiums by an average of 21.6% percent in Alabama for 2019.
 - That's because lawmakers ignored warnings that their sabotage actions -- allowing insurance companies to sell junk plans again and ending the Affordable Care Act's coverage requirement in the Trump Tax bill -- would hike rates and leave middle-class Alabama families holding the bill.
- The sabotage will also leave more Alabamians uninsured or underinsured.
 - As a result of the Trump Administration and congressional Republicans' actions, 258,000 more Alabamians will lack comprehensive health coverage in 2019 because they will either become uninsured or will be enrolled in junk plans that don't provide key health benefits.

Fact Sheet: Pharmaceutical Companies Are Big Winners in Trump's America

They are gaming the system and earning huge profits from Republican tax breaks and charging consumers more.

Pharmaceutical Companies Have The Highest Profits In The Health Industry. The health care industry's [\\$50 billion of profit in Q3 2018](#) came from \$636 billion of revenue, equating to a cumulative profit margin of almost 8%. Those are the highest figures of the past four quarters. Approximately 63% of the profit total went to drug companies, even though they collected 23% of the revenue Pfizer had the highest profit total (\$4.1 billion) of any publicly traded health care company in the third quarter. Of the 19 companies that tallied at least \$1 billion of third-quarter profit, 14 were drug companies.

Republican Tax Cut Fueling Pharmaceutical Profits. As [Axios](#) reports: "The Republican tax law, which slashed the corporate tax rate, also continues to bolster the industry. 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%."

At The Same Time, Pharmaceutical Companies Also Reaping Profits By Charging Higher Prices. Between February 1st and July 15th, drug companies raised prices on [255 drugs](#). As [Bloomberg](#) notes, "For all...categories of drugs, list prices rose far faster than inflation. Prices for 10 commonly used diabetes drugs rose 25.6 percent, on average, while average prices for rheumatoid arthritis and other autoimmune treatments rose 40.1 percent." To learn more the high costs of drug prices, check out a handy [explainer video](#) from the Center for American Progress.

How Pharmaceutical Companies Are Playing The Trump Administration

Pharmaceutical Companies Are Doing Nothing But Posturing In Response To President Trump's Twitter Rants. [Politico](#) reports that despite President Trump's Twitter rants, pharmaceutical companies have found a way to make symbolic concessions that have not resulted in lowering prescription drug prices:

Pfizer Will Return To "Business As Normal," Raising Prices Despite Trump Pressure. "Pfizer CEO Ian Read said the company will return to 'business as normal' on its drug pricing in January, after agreeing to hold off on price increases earlier this year following pressure from President Trump...Trump has touted his efforts to get drug companies to hold off on price increases. Fighting high drug prices has been a major focus of his presidency. Pfizer, though, affirmed on Tuesday that the price increases could return in January, given that the agreement only lasted until then." [The Hill, [10/30/18](#)]

The Drug Industry's Strategy Is To Take "Nothing Burger" Steps That Give Trump Something To Brag About. "The gestures turned out to be largely symbolic — efforts to beat Trump at his own game by giving him headlines he wants without making substantive changes in how they do business. The token concessions are 'a calculated risk,' said one drug lobbyist. 'Take these nothing-burger steps and give the administration things they can take credit for.'" [Politico, [8/3/18](#)]

Pharmaceutical Companies Do This By Cutting Prices For Products That Are No Longer Used And "Halting" Price Increases During Times Of The Year When There Are Not Normally Price Increases. "Of the few companies that actually cut prices, for instance, most targeted old products that no longer produce much revenue — such as Merck's 60 percent discount to a hepatitis C medicine that

had no U.S. revenues in the first quarter. Others volunteered to halt price increases for six months — in some cases, just weeks after announcing what is normally their last price hike for the year.” [Politico, [8/3/18](#)]

Secretary Azar, Former Eli-Lilly Executive, Encourages Pharmaceutical Companies To Play Along.

“He publicly touts industry price freezes and reversals ‘in part to show Trump they’re making progress, but also to show the industry that you get recognized for playing ball,’ said a person familiar with the discussions.” [Politico, [8/3/18](#)]

Azar Does This While At The Same Time Pushing For Pharma-Friendly Policy. “[Trump’s] strategy diverges sharply from what Azar is saying publicly — raising doubts about how serious the administration is about cracking down on drugmakers...The HHS secretary’s rhetoric often targets pharmacy benefits managers — the obscure middlemen who manage the drug side of patient’s health insurance benefits — not drug companies. And targeting the middlemen is a play directly out of pharma’s strategy book — drug companies have long sought to pin patients’ frustration with rising costs on PBMs. HHS has also signaled it wants to overhaul a drug discount program for hospitals that could put money back in pharma’s pocket.” [Politico, [8/3/18](#)]

Fact Sheet: If Republicans Are Serious About The Opioid Epidemic, They Need To End Their Assault On Health Care

President Trump and Congressional Republicans continue their campaign of deception, attempting to cloak themselves as caring about health care when instead they have waged a war on the Affordable Care Act and Medicaid. While the Trump administration claims the legislation the president signed in October addresses the opioid epidemic sweeping the nation, their calls for cuts to Medicaid -- which pays for [one-fifth](#) of all substance abuse treatments nationwide -- and [continual expansion](#) and [promotion](#) of [junk plans](#) without substance use disorder coverage tells another story.

Let's be clear, President Trump and his Republicans are doing more to undermine efforts to address the opioid crisis than they doing to help those Americans who are suffering. In reality, Trump and his allies are undermining the fight against the opioid crisis by raiding Medicaid for hundreds of billions of dollars in cuts in order to pay for tax cuts for the wealthy and by making it easier for insurance companies to sell junk plans without mental health or substance use disorder treatment coverage. To get serious about opioids, Republicans need to stop their assault on Medicaid, quit pushing the sale of junk plans and end their relentless war on our health care."

MEDICAID GIVES STATES MORE RESOURCES TO ADDRESS THE OPIOID EPIDEMIC

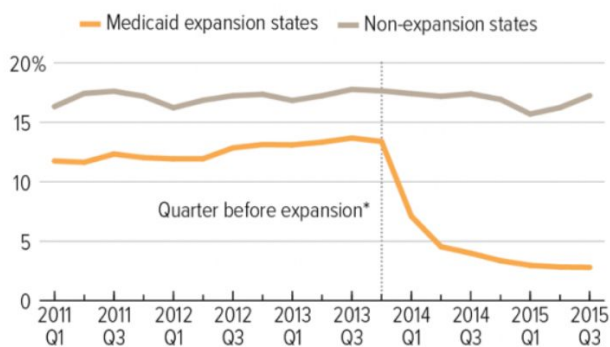
Medicaid Is Part Of The Solution To Curbing Opioid Epidemic. "Medicaid is the most powerful vehicle available to states to fund coverage of prevention and treatment for their residents at risk for or actively battling opioid addiction....The greatest opportunity to address this crisis is in those states that have elected to expand Medicaid, given the greater reach of the program, additional tools available, and the increased availability of federal funds." [State Health Reform Assistance Network, [July 2016](#)]

Thanks To Medicaid Expansion, The Uninsured Rate For Opioid-Related Hospitalizations Dropped In Expansion States. "In Medicaid expansion states, the uninsured rate for opioid-related hospitalizations plummeted by 79 percent, from 13.4 percent in 2013 (the year before expansion implementation) to 2.9 percent in 2015. The decline in non-expansion states was a much more modest 5 percent, from 17.3 percent in 2013 to 16.4 percent in 2015." [Center on Budget and Policy Priorities, [2/28/18](#)]

Just This Week, An Associated Press Study Affirmed That "Medicaid Expansion States Had A Running Start On The Opioid Crisis." "In states that expanded Medicaid, the insurance program already covers addiction treatment for nearly everyone who is poor and needs it. Medicaid allows states to go beyond the basics with the grant money, while non-expansion states have to fill in for basic needs with fewer dollars, said Brendan Saloner, an addiction researcher at Johns Hopkins Bloomberg School of Public Health. In effect, Medicaid expansion states had a running start on the opioid crisis, while states without the extra Medicaid funding hastened to catch up...States that did not expand Medicaid spent \$2,645 per patient on opioid addiction

FIGURE 1

ACA Medicaid Expansion Reduced Share of Opioid-Related Hospitalizations in Which Patient Was Uninsured



*The Affordable Care Act (ACA) gave states the option to expand Medicaid to adults with income up to 138 percent of the poverty line starting in 2014.

Source: CBPP analysis of Healthcare Cost and Utilization Project data from the Agency for Healthcare Research and Quality. Analysis includes 26 states for which data are available for all of 2011-2015 and which either expanded Medicaid in January 2014, or had not expanded as of October 2015.

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treatment on average. Expansion states spent \$1,581 per patient for treatment. States that did not expand Medicaid spent \$1,170 per person served on recovery support services. Expansion states spent \$446 per person served on recovery.” [Associated Press, [10/22/18](#)]

In States Without Medicaid Expansion, Grant Funds Are Spent At A Faster Rate. An analysis of state use of opioid grant money found states that have expanded Medicaid spend the grant funds at a slower pace than non-expansion states, because Medicaid already covers addiction treatment for the low-income population, allowing the state to direct the grant money to invest in new infrastructure. Non-expansion states spent 71 percent of their grant money in the first year, compared to 59 percent spent by expansion states. [AP, [10/22/18](#)]

Medicaid Expansion Has Improved Access To Substance Treatment Services. “Evidence also suggests that Medicaid expansion improved access to substance use treatment services more broadly. After expanding Medicaid, Kentucky experienced a 700 percent increase in Medicaid beneficiaries using substance use treatment services. Use of treatment services rose nationally as well; one study found that expanding Medicaid reduced the unmet need for substance use treatment by 18.3 percent.” [Center on Budget and Policy Priorities, [2/28/18](#)]

Medicaid Helps Make Buprenorphine And Naloxone, Drugs Used To Treat Opioid Use Disorder, Affordable. “These data are consistent with other evidence that Medicaid expansion is improving access to care for people with opioid use and other substance use disorders. Medicaid makes medications like buprenorphine and naloxone, which are prescribed to combat opioid use disorders, affordable for beneficiaries.” [Center on Budget and Policy Priorities, [2/28/18](#)]

JUNK PLANS HURT PEOPLE WITH OPIOID USE DISORDER

Short-Term Junk Plans Can Refuse To Cover Essential Health Benefits, Like Mental Health Treatment. “Typical short-term policies do not cover maternity care, prescription drugs, mental health care, preventive care, and other essential benefits, and may limit coverage in other ways.” [Kaiser Family Foundation, [2/9/18](#)]

Short-Term Plans May Exclude Coverage For Pre-Existing Conditions. “Policyholders who get sick may be investigated by the insurer to determine whether the newly-diagnosed condition could be considered pre-existing and so excluded from coverage.” [Kaiser Family Foundation, [2/9/18](#)]

- As Many As 130 Million Nonelderly Americans Have A Pre-Existing Condition. [Center for American Progress, [4/5/17](#)]
- One in 4 Children Would Be Impacted If Insurance Companies Could Deny Coverage Or Charge More Because Of A Pre-existing Condition. [Center for American Progress, [4/5/17](#)]

Junk Plans Mean Higher Premiums For People With Pre-Existing Conditions. “By promoting short-term policies, the administration is making a trade-off: lower premiums and less coverage for healthy people, and higher premiums for people with preexisting conditions who need more comprehensive coverage.” [Washington Post, [5/1/18](#)]

Under Many Short-Term Junk Plans, Benefits Are Capped At \$1 Million Or Less. Short-term plans can impose lifetime and annual limits – “for example, many policies cap covered benefits at \$1 million or less.” [Kaiser Family Foundation, [2/9/18](#)]

REPUBLICANS PLEDGE TO SLASH HEALTH CARE TO PAY FOR THEIR TAX CUTS FOR THE WEALTHY:

1. **Last week, Mitch McConnell Blamed Medicare, Medicaid and Social Security for the massive increase in the debt, calling for cuts.** Senate Majority Leader Mitch McConnell [blamed](#) “bipartisan reluctance” to reform federal entitlement programs for the rising federal deficit, which the Treasury

Department said Monday reached \$779 billion in 2018. “There’s been a bipartisan reluctance to tackle entitlement changes because of the popularity of those programs,” McConnell told Bloomberg News. “Hopefully at some point here, we’ll get serious about this.”

2. **Last month, Larry Kudlow, Director of the National Economic Council, confirmed that he has his sights on cutting Medicare.** Asked when programs like Social Security and Medicare will be looked at for reforms, Kudlow [replied](#), “Everyone will look at that — probably next year.”
3. **Paul Ryan on Medicare: “It’s the biggest entitlement we’ve got to reform.”** [Paul Ryan](#), December 6, 2017: “We’re going to have to get back next year at entitlement reform, which is how you tackle the debt and the deficit...Frankly, it’s the health care entitlements that are the big drivers of our debt, so we spend more time on the health care entitlements...I think the president is understanding that choice and competition works everywhere in health care, especially in Medicare...This has been my big thing for many, many years. I think it’s the biggest entitlement we’ve got to reform.”
4. **President Trump and Congressional Republicans are targeting Medicare and Medicaid to pay for tax cuts for the wealthiest.** Last December, 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.
5. **Congressional Republicans proposed these cuts after passing a budget resolution last year that cut Medicare by \$473 billion.** The 2018 budget resolution passed by Republicans in December 2017 [cut Medicare by \\$473 billion](#).
6. **Congressional Republicans Voted to Slash An Additional \$1.3 Trillion From Medicaid and other Health Care Programs.** The 2018 budget resolution passed by Republicans in December 2017 cut non-Medicare health programs, most notably Medicaid, [by \\$1.3 trillion](#), a 20 percent cut over the course of 10 years, increasing to a 29.3 percent cut by 2027.

Message Guidance: Medicaid Work Requirements

The Trump Administration's Medicaid Work Requirement Proposal: It's Not About Work. It's About Taking Away Your Health Care

The purpose of Medicaid is to improve people's health. It provides millions of seniors, people with disabilities, children, people going to school and parents of sick kids with the health coverage and care they need. After a year of trying to gut Medicaid, the Trump Administration now is urging states to pursue work requirements that are a direct affront to Medicaid's stated mission. They want to cut off coverage for people who are unable to work because they're caring for a sick child or parent or if someone has a chronic health condition that makes it impossible to have a job. This policy only kicks people when they are down. It does nothing to make people work. It does everything to take away their health care.

The vast majority of people on Medicaid who *can* work, *are working*. They are working in low-wage jobs or industries that do not provide health care to their workers.

- [Nearly 8 in 10](#) of nondisabled people with Medicaid coverage live in a family where at least one person is working, including 64 percent working full-time. The other adult family member may not be working because they have caregiving or other responsibilities at home.
- [60 percent](#) of nondisabled people with health coverage through Medicaid have a job and are working, including 42 percent working full-time. Half of the people who are working full-time work year round.
- [Nearly half of adults](#) who work and have Medicaid coverage work at businesses with fewer than 100 employees, including 42 percent in businesses with fewer than 50 employees.
- [40 percent of adults](#) who work with Medicaid coverage are in the the agriculture or service industries.

Most of the people on Medicaid who aren't working can't work. This policy targets those with chronic health conditions or taking care of a sick family member. The Trump Administration's policy won't do anything to help them find a job. It just takes away their health care.

- More than one-third ([36 percent](#)) of adults with Medicaid are not working because they are ill or disabled but do not qualify for Supplemental Security Income (SSI).
- [30 percent](#) of adults on Medicaid without a job report they are taking care of a sick loved one or parent. 15 percent were in school; 9 percent were retired; and only 6 percent could not find work.
- Although the Administration says people with disabilities and chronic illnesses like cancer and substance abuse could be exempt, many people facing these conditions will be unlikely to know about, much less complete, proposed exemption paperwork. As a result, many vulnerable Americans will lose their health coverage through no fault of their own.

The Trump Administration's work requirement policy would hurt women, particularly women of color.

- Almost two-thirds, or [62 percent](#), of those who would lose their Medicaid coverage as a result of work requirements are women, and [disproportionately women of color](#).
- One reason is women are more likely to be the caregivers for other sick family members, including children or their parents. And women are more likely to be in jobs that do not provide health coverage.
- What this means is that a new mom would have 60 days to find health coverage after giving birth or risk their family's health coverage.

This is an affront to Medicaid's stated mission. Work requirements won't increase work and won't make people healthier. It just takes away their care.

- The Trump Administration wrongly contends this work requirement will make people healthier and encourage work. In fact, the opposite is true. [Research from Ohio and Michigan](#) has shown that expanding Medicaid coverage makes it [easier to find a job and keep a job](#).
- In Arkansas, work requirements have already stripped health coverage from more than [12,000 Arkansans](#) who have lost their Medicaid coverage over the last three months. Another 6,000 are at risk of losing coverage by December if they don't find work. In October, [Pacific Standard Magazine](#) reported that, "of the 16,757 recipients who were not exempt from reporting and who failed to report 80 hours of work or work-related activities in September, a whopping 16,535 of them simply didn't report any activities whatsoever."

APPENDIX A: Agenda In Depth

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• Bipolar Disorder	<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 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 website.** 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 are 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).