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Trump: 'Nobody knew health care could be so complicated'

By Kevin Liptak, CNN White House Producer

Updated 4:10 AM ET, Tue February 28, 2017

Trump ramps up pledge to undo Obamacare

Source: CNN
UNCERTAINTY AHEAD
KEEP GOV'T OUT of MY MEDICARE
ACA vs. AHCA
Health care law lives. Supreme Court upholds most of Obama's reforms. Millions of uninsured can expect coverage. Republican lawmakers vow to repeal overhaul if states drag heels, then feds will step in.}

Northwest Herald, May 28, 2012

Landmark decision upholds health law. Robert's casts surprise swing vote. Does vow to fight on despite Supreme Court's ruling.}

Chicago Tribune, May 28, 2012

Still standing. An All-Star dilemma. What the ruling means for you.}

USA Today, May 28, 2012

Justice by 5-4, uphold health care law. Roberts in majority; victory for Obama.}


Clean bill of health.}

Sun Times, May 28, 2012

Health care: what now. What Illinois.}

Daily Herald, May 28, 2012

Clean bill of health.}

USA Today, May 28, 2012

Court upholds ObamaCare.}

Investor's Business Daily, May 28, 2012

Pizza Grill.}

USA Today, May 28, 2012
Gap in Coverage for Adults in States that Do Not Expand Medicaid under the ACA

- MEDICAID: Limited to Specific Low Income Groups
  - 0% FPL: Childless adults
  - 44% FPL: $8,870 for parents in a family of three
  - 100% FPL: $11,880 for an individual
  - 400% FPL: $47,520 for an individual

- NO COVERAGE

- MARKETPLACE SUBSIDIES

Figure 1: Gap in Coverage for Adults in States that Do Not Expand Medicaid under the ACA
ACA

Increases % covered for the very poor by expanding state Medicaid programs, assumed all states had to/would do it – Supreme Court ruled states do not have to do it

Increases coverage for the working poor by providing subsidies to purchase health insurance on the Marketplace (bronze, silver, gold, platinum)

Allows individuals who do not receive health coverage through their employer to purchase insurance on the Marketplace

Individuals have to purchase coverage or pay a penalty (Individual mandate)

Employers have to provide coverage or pay a penalty (Employer mandate)

Remember – we still have SCHIP for kids, Medicare for 65+, and commercial insurance market for employer sponsored health insurance
Mandates coverage of pre-existing conditions through guaranteed issue

Premium can only vary by age (3:1 ratio), tobacco use (1.5:1 ratio), family size, and geography.

Sets out of pocket health care spending limits

Mandates all Marketplace plans provide Essential Health Benefits, commercial plans grandfathered but have to follow-suit when significant change in plan

Insurer spending on non-health related activities is limited to 20% (administration & profit, 15% for large plans)

Lots of other provisions – between 5,000 and 20,000 pages of associated regulation and policy
Consistent coverage – repeals ACA mandate penalties; creates a twelve-month look back period, 30% premium penalty for gap in coverage

Repeals taxes on medical devices, pharmaceutical companies, tanning salons, limits on FSA and HSAs, etc. Delays tax on “Cadillac” plans until 2026

Supports state waivers/opt-out for Essential Health Benefits (2020) and coverage of clinical preventive services at no cost-share

Allows state waivers for age-rating; widens ratio for age rating to 5:1

Keeps dependents under age 26 on parents’ plan

Keeps guaranteed issue BUT can charge more based on health status

Creates new fund to offset patient premium increases ($8 billion)
AHCA Main Provisions

Premium subsidies under ACA end in 2020 and are replaced with advanceable tax credits.

Medicaid expansion states: keep ACA Medicaid expansion until 2019 in states that expanded prior to March, 2017. After a transition period, revert to pre-ACA FMAP for new adult enrollees.

Non-Medicaid expansion states: can expand, but only at traditional FMAP rates; also eligible for funding from a new $10 billion (over five years) to boost payments to safety net providers.

Medicaid Disproportionate Share Hospital payments are restored in 2018.

Medicaid transitions to a per capita or block grant allotment to states in 2020*.

*Note the experience of Puerto Rico and Pacific Territories when it comes to a capped Medicaid payment.
AHCA Main Provisions

Work requirements for Medicaid eligibility are allowed (not required). Increased (+5%) FMAP for states that implement a work requirement (pregnant women and young people under aged 19 are exempt from work requirement).

Older Americans - will most likely pay more in premium (until move in to Medicare).

Removes young people from mandatory requirement to participate (reduces risk sharing pool).

Expansion is an option for new states but at pre-ACA FMAP level.

Reduces federal match to expansion states over time back to pre-ACA FMAP level.

Creates per capita Medicaid payments to states.

Repeals Public Health and Prevention Fund.
AHCA – state choice; provide access to care, not coverage per se

Marketplace Subsidies

Tax-credits to purchase vs. subsidies

Figure 1: Gap in Coverage for Adults in States that Do Not Expand Medicaid under the ACA
Special Report: Governors, state officials wary of the price of Medicaid flexibility

By Nathaniel Weixel – 03/20/17 5:50 AM ET

Rebekah Gee, secretary of the Louisiana Department of Health, told The Hill Extra in an interview that if the enhanced matching rate were ended, the state would be forced to make cuts elsewhere in the budget in order to keep funding the Medicaid program.

“Tell me what I want more flexibility for. What services should I cut off from people in Medicaid that would benefit me from a cost perspective?” Gee said. “These discussion on flexibility are political in nature. I don’t know of any state that I’ve talked to is begging for more flexibility. So why is there such an urgency to give us flexibility we’re not asking for?”

“Medicaid expansion was one of the best things to happen to the health of our people in a generation,” Gee said. “The flexibility [Congress] is talking about is the flexibility to cut people off the program. It would be a tragedy to see all this go away to the song of more flexibility, which we’re not even asking for.”
As efforts to repeal and replace the Affordable Care Act (ACA) begin, the debate continues on what will happen to the millions of Americans who are currently receiving coverage and what it will mean for their health. But that’s only half the debate.
GOP health care plan would end $1B fund for disease prevention

By Carl Campanile

March 14, 2017 | 2:54pm | Updated

The House GOP health care plan would wipe out a $1 billion fund that finances disease prevention and wellness programs across the country.

GOP Health Care Bill Would Cut CDC Fund to Fight Killer Diseases

by MAGGIE FOX

STAT

Politics

Obamacare repeal and Trump’s spending plan put CDC budget in peril

45 Congress Security The Nine Trumpamerica

Advocates call foul on CDC cuts in GOP Obamacare repeal bill

By Rene Marsh and Gregory Wallace, CNN

MARCH 5, 2017

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Photo credit: ZUMA Press/Abaca

By James Lawler Duggan

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Photo credit: Ken Murray/STAT

The House GOP health care plan would wipe out a $1 billion fund that finances disease prevention and wellness programs across the country.
Critical CDC Public Health Investments are at Risk: The Impact in Virginia

Total Amount to Virginia: $15,420,904

- $2,995,602 to support vaccines for needy children and adults
- $3,498,240 to the Department of Public Health for core state-identified needs
- $687,507 in infectious disease prevention including health care-associated infections

381 jobs are estimated as supported by these funds annually*

* Evidence-based health economic formula utilizing state-specific personnel costs and impact variables.
** Dollar amounts come from publically available governmental data on the Prevention Fund and the grants it supports.

Trust for America's Health
WWW.HEALTHYAMERICANS.ORG
SENATE STAFFERS STARTING TO HASH OUT HEALTH BILL THIS WEEK - Last week's ominous CBO score of the House bill reaffirmed the Senate's decision to start from scratch, Republicans in the chamber said. Staffers are drafting legislation that's intended to jump-start conversation when the Senate reconvenes next week.

The only, tiny problem: How to get to 50 votes when a half-dozen GOP senators say that various changes to Medicaid expansion, Planned Parenthood and other issues are deal-breakers.
SENATE HEALTH CARE WORKING GROUP

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MIKE LEE
TOM COTTON
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JOHN CORNYN
ROB PORTMAN
PAT TOOMEY
What we know...

• States will play an important role in creating innovative solutions to coverage and access problems

• Federal funding for discretionary public health programs will decrease due to sequester, budget caps, potential defense spending increases and FY18 budget shifts away from non-defense discretionary programs

• HHS has signaled support for clinical services and access over support for broader population health programs
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