Senate Health Care Bill Talking Points (As of June 29, 2017)

Delay of the Senate Better Care Reconciliation Act

- The Senate health care vote was delayed but has not been defeated. We must keep the pressure on!
- Every ACA repeal and replace bill has caused millions to lose coverage in order to finance tax cuts for the wealthy. We fully expect the revised Senate bill to retain this basic structure and it must be rejected.
- The BCRA vote was delayed because Senate leadership did not have the votes and needs time to get more Senators on board. We do not expect the changes that they will make to get more votes will address the bill’s major flaw - stripping millions of their health insurance to give tax cuts to the wealthy.
- Regardless what revisions are made to the BCRA, we must reject any bill that ends Medicaid expansion, slashes funding for and then permanently caps traditional Medicaid funding, reduces support to buy private insurance, and causes millions to become uninsured.
- The Senate might try to make small changes to give the appearance of improvement and compromise, but don’t be fooled! The basic structure of this bill will remain unchanged and will harm millions.
- Any rewrite to the Senate bill will still result in the loss of health care for individuals who would otherwise have coverage. Decreasing the number of people kicked off of their care may look better than 22 million losing coverage, but it’s still every bit as wrong!
- Rather than rewriting a bill behind closed doors once again, the Senate should openly debate and hold hearings on bipartisan solutions that build on the progress we’ve made in expanding coverage and providing people with the health and economic security they need. There is no good reason to be rushed and secretive about healthcare access for more than 20 million of us.

Congressional Budget Office Score of BCRA

- The Congressional Budget Office (CBO), the nonpartisan congressional scorekeeper for legislation, reaffirmed its prior analysis of Republican plans to repeal the ACA and gut Medicaid, and it remains a disaster for Illinoisans.
- According to CBO analysis, 22 million people would lose their health care coverage by 2026, all to finance tax cuts for the wealthiest Americans.
- One analysis estimates over 650,000 Illinoisans would lose coverage
- States, including Illinois, would see a $772 billion decline in federal funding for Medicaid, adding fuel to the fire of our current budget crisis. There is no way Illinois could absorb this level of federal funding reduction.
- The bill hides the worst of the Medicaid cuts, since the Senate bill deepens the cuts to federal Medicaid funds starting in 2025, the last year in the 10-year window analyzed by the CBO. The CBO estimates the cuts will grow from 26% in 2026 to a full 35% by 2036. That’s one out of every three dollars!
• Additionally, the Senate bill slashes the subsidies available to low- and moderate-income families by $408 billion, and leaves families exposed to far higher out-of-pocket costs. For example, a person earning $11,400 would face a deductible worth more than half their annual income.

• This plan punishes working families, older adults, people with disabilities, communities of color, lawfully present immigrant families, and children who desperately need health care but can’t afford it, in order to reward wealthy Americans and corporations who need help the least.

Medicaid

• Medicaid expansion has provided health coverage to 650,000 Illinoisans and brought billions of dollars in federal funds into Illinois at a time when we have desperately needed it.

• The Medicaid cuts included in the BCRA will cost Cook County $300 million a year and other Illinois counties millions more.

• Medicaid is a major source of mental health and substance use disorder treatment. Approximately one out of every four dollars spent on substance use disorder treatment comes from Medicaid.

• Medicaid provides good care, protecting individuals from financial ruin and increasing their access to a regular source of care.

• Nearly 8 in 10 Medicaid adults live in working families and most work themselves. The problem is that they work in industries that are unlikely to offer health benefits.

• Make no mistake, the Senate bill goes far beyond repealing and replacing the ACA. It guts the traditional Medicaid program by hundreds of billions and then fundamentally restructures it by capping federal funding and abandoning the funding structure that has worked for over fifty years.

• The changes in the Senate bill will result in huge cuts to eligibility and services, and place cruel restrictions like mandatory work requirements that will undermine access to care for people who need it most!

Women’s Health

• Allows states to eliminate essential health benefits, including maternity care, behavioral health treatment, and prescription drugs. Prior to the ACA, more than three in five people didn’t have access to maternity care.

• Defunding Planned Parenthood means preventing Medicaid enrollees from accessing essential preventive health services – things like birth control, cancer screenings, and STI testing and treatment.

• 2.4 million people rely on Planned Parenthood health centers for care, including 60,000 patients in Illinois.

Rebuttals to BCRA supporter talking points:
We must do something because Obamacare is self-destructing
  • The number one thing we could do to stabilize the insurance markets is to guarantee the payment of cost-sharing reductions. Instead, the Trump Administration has refused to give that guarantee and threatening to withhold those payments. That isn’t self-destruction – it is sabotage.
  • The Congressional Budget Office predicts that prices will stabilize and sufficient enrollment is expected under current law. The problems mainly apply to sparsely populated, rural counties. For years, Republicans have refused to provide funding to protect markets in these areas in spite of their promise to do so.
  • BCRA makes problems worse by limiting financial support and ending cost sharing reductions outright in a few years.

The BCRA will lower premiums
  • The BCRA will raise costs on older, poorer, sicker Americans – bottom line.
  • BCRA reduces the value of premium tax credits so enrollees will struggle to afford lower deductible plans. It also reduces the subsidy for older adults and increases the premiums plans can charge them.
  • According to the CBO, the bill will cause premiums to explode, increasing by 20 percent in the first year. The increases will be particularly devastating for older Americans—by 2026, a 64 year old making around $57,000 will be paying $13,700 a year more in premiums under the Senate repeal bill.
  • More examples of higher costs here: [http://www.cbpp.org/research/health/middle-class-families-would-face-higher-costs-worse-coverage-under-senate-health](http://www.cbpp.org/research/health/middle-class-families-would-face-higher-costs-worse-coverage-under-senate-health)

Obamacare deductibles are too high
  • BCRA eliminates cost sharing reductions that help pay deductibles and reduce financial assistance to purchase plans with lower deductibles.
  • The bill would also cause deductibles to skyrocket. Someone making a little more than $11,000 would have a deductible more than half their annual income.

Medicaid should only be for the truly needy and not the able-bodied
  • Most non-disabled Medicaid adults are already working, but are often employed in low wage jobs that make it extremely difficult to pull themselves out of poverty.
  • Medicaid expansion has not crowded out services for seniors or the disabled. Wait lists for community based services are longer in states like Florida and Texas that didn’t expand Medicaid.
  • BCRA caps funding for traditional Medicaid and cuts that funding deeply over time. That is the true threat to seniors and persons with disabilities.
  • AARP and disability groups are opposed to the Medicaid changes in BCRA.

Medicaid costs are unsustainable
  • Medicaid costs have grown more slowly than private insurance. Since 2007 Medicaid costs have risen only 1.1% a year compared to 4.4% for private insurance.
  • Medicaid administrative costs and reimbursement rates are already very low. There is nowhere to cut.