



URGENT ACTION NEEDED

Tell Your Representative to VOTE NO on the American Health Care Act Today!

March 23, 2017 Advocacy Alert

As detailed in our March 17 *Advocacy Alert*, the House of Representatives is planning to vote on a bill that takes the first steps toward repealing the Affordable Care Act and shifting Medicaid to a per-capita cap structure. Last week, the Congressional Budget Office estimated that **the bill would cut \$880 billion from Medicaid** and cause up to 24 million people to lose their health insurance coverage.

n4a opposes the American Health Care Act (AHCA), as it does not adequately address the ACA issues we raised in our January [ACA Policy Brief](#) and goes beyond ACA-related provisions to fundamentally undermine federal support for Medicaid, weakening this key health and long-term care safety net for older adults. Furthermore, the AHCA changes that Speaker Paul Ryan (R-WI) introduced earlier this week to rally more Member support do very little to address our underlying concerns about how restructuring Medicaid will hurt vulnerable older adults, and don't substantively make health care coverage more affordable for older adults.

If you haven't done so already (or even if you have!), we encourage all n4a members and allies to reach out to your Members of Congress *immediately* to share your concerns with this legislation.

Congress must hear from local AAAs, providers and other stakeholders about the value of the life-saving home and community-based services in Medicaid. They need to hear from aging advocates about how this bill would negatively impact seniors by increasing the cost of health insurance for older adults not yet on Medicare. Members of Congress need to understand the value of the Prevention and Public Health Fund (PPHF) to older adults who are receiving falls prevention or chronic disease self-management classes that the AHCA would eliminate.

Before the Vote Tomorrow!

Call Congress!

We expect the House will vote tonight, so we must put pressure on quickly! Call your Representative's DC and district offices (wherever you can get through!). Phone lines are

busy these days, but keep trying—calls get Members' attention better than an email. The Capitol Switchboard is 202.224.3121 to reach DC offices, but you can find district office phone numbers on Members' websites.

Engage Your Community NOW.

There's been little to no time to vet this legislation—no hearings and just a few days between introduction and markup. **Now the House is scheduled to vote on the bill less than three weeks after it was introduced!** To slow this down for more thoughtful consideration—and to stop Medicaid restructuring—we need A LOT of voices raised in opposition, or even just polite concern. So please activate your provider, partner, ally, stakeholders and even consumer lists!

Put Your Concerns in Writing Today.

If you haven't yet, you should still put your concerns on agency letterhead and fax a letter to your House and Senate delegations. If you can't do that on behalf of the agency, enlist your advisory board or commission to consider doing so. Then supplement with a personal letter of your own. (You can speak to your expertise and role in serving older adults without bringing your title or agency into the letter.)

Tip: Borrow text from n4a's Letters to [House](#) and [Senate](#) leaders or the talking points below, but address your letters to YOUR Representative(s) and Senators and be sure to cite state and local data.

[Use n4a's Resources!](#)

Key Messages

We've given you our take on AHCA, but for your letter/email/call, customize the talking points below to fit your agency's style, your comfort with the advocacy messages and, most importantly, with local data and stories!

Grassroots Alert Template

To expedite your stakeholder outreach efforts, we've developed a sample [Grassroots Alert](#) for you to use. Send this to your broader audience, including your clients, caregivers and other interested community members.

Key Messages on AHCA:

Medicaid is Critical to the Health and Well-Being of Many Older Adults

AHCA's per capita cap would lead to significant cuts in Medicaid long-term care for both home and community-based services (HCBS) and institutional care. By capping the federal government's funding for Medicaid, costs will be shifted to the states over time. The Congressional Budget Office estimates this would reduce federal Medicaid spending by \$880 billion over 10 years. The cut would put pressure on states to reduce benefits, limit eligibility, increase consumer cost-sharing or lower reimbursement rates. This in turn could lead to sicker, more vulnerable older adults. Capping Medicaid also jeopardizes recent gains toward rebalancing Medicaid long-term care from institutional care to HCBS—which would only increase Medicaid costs! We must preserve Medicaid's safety net entitlement nature and federal-state funding partnership in order to keep older adults healthy and living safely in their homes and communities.

Older Adults Should Not Be Penalized for their Age

AHCA rolls back ACA's 3:1 age rating provision, which limited how much more an insurance company could charge an older consumer vs. a younger one. AHCA would allow at minimum, a 5:1 rating, and would even let states exceed that rating. Despite the attempt in AHCA to provide older consumers with larger tax credits to offset higher premiums, we believe the bill will still mean higher costs for individuals age 55-64, most especially lower-income Americans.

Do No Harm to Medicare

Although AHCA dramatically changes Medicaid, it does not make major changes to Medicare. However, by eliminating a specific ACA tax and thus a source of revenue for Medicare, the bill would hasten insolvency of Medicare by four years (to 2024 instead of 2028, which was extended a full 11 years by the ACA).

Prevention Works for Older Adults

The AHCA would reduce funding for the Prevention and Public Health Fund (PPHF) by \$100 million (10 percent) in 2018 and completely eliminate the fund in 2019. Currently, PPHF supports Administration for Community Living grants for falls prevention activities, chronic disease self-management programs and Alzheimer's disease prevention and education efforts. These cost-effective programs that improve health are implemented by states, AAAs and Aging Network providers. Without PPHF funding, these vital, money-saving programs may be on the chopping block.

Let us know how your agency is getting involved, and thank you for your advocacy on these important issues!

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If you have questions or concerns about this *Advocacy Alert* or n4a's policy positions, please contact Autumn Campbell at acampbell@n4a.org and Amy Gotwals at agotwals@n4a.org.