



## Advocacy**ALERT** FOR n4a MEMBERS & ALLIES

# American Health Care Act 2.0 Vote Still Possible—Reach Out to Undecided Members

**May 2, 2017**

While Congress last week postponed a vote on a revised House Republican health care overhaul bill, Republican leaders in the House are now close to getting the votes needed to move the updated measure to the chamber floor. Some reports predict a vote could happen as early as tomorrow, but as of yet, an official vote is not on the House Calendar.

As our [Advocacy Alert](#) of last week indicated, the revised Republican health care bill fails to alleviate n4a's previous concerns and even goes further to jeopardize health care coverage and affordability for vulnerable older adults. Ultimately, AHCA 2.0 is a worse bill than its predecessor, as it gives states the option to waive Essential Health Benefits and community rating rules, if they indicate intent to establish a "high risk pool" where beneficiaries with pre-existing conditions could be funneled. According to extensive analysis, the bill provides inadequate funding for high-risk pools, which means that the cost of coverage for people with pre-existing conditions would escalate, pricing many out of the market and leading to reduced access to health care. Lack of appropriate coverage and care will drive higher health care costs on the back end, when these people can't get the care they need and get sicker.

Additionally, the updated version maintains all of the previously proposed cuts and structural changes to Medicaid. As our previous [Advocacy Alerts](#) have detailed, this bill shifts Medicaid to a per-capita cap structure. The bill would cut \$840 billion from Medicaid and could cause up to 24 million people to lose their health insurance coverage over a 10-year period. 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.

**Recent changes made to the bill to secure more votes do not remedy any of the problems** we believe pose great risks for older adults and anyone who relies on, or may need to rely on, Medicaid for health or long-term care services, and, in some cases, would further erode the ability of all Americans to access the care they need.

**[Current Status of AHCA](#)**

Assuming all Democrats continue to oppose the bill, Republicans can lose only 22 Members to achieve the 216 votes they need for House passage. The Capitol Hill-based publication *The Hill*, is [updating a list of swing votes among House Members who have indicated they are voting no or are still undecided](#).

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.

## **Take Action Now**

### **Call Congress!**

**If your Representative is [leaning yes or undecided](#)**, please tell him or her to oppose any attempt to jeopardize critical health care and Medicaid supports for older adults. We must stop any change to health care that undermines affordability and coverage for medically and economically vulnerable older adults in the pre-Medicare population; and we must stop any change to Medicaid that weakens the program's ability to respond to a rapidly aging population.

**If your Representative is [voting no](#)**, please take the time to thank him or her for opposing attempts to undermine health care and Medicaid for vulnerable older adults.

Call your Representative's DC or district offices. 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, which may prove faster.

### **Engage Your Community NOW.**

To slow this bill 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 forward this Alert on to your provider, partner, ally, stakeholders and even consumer lists!

## **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 \$840 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](mailto:acampbell@n4a.org) and Amy Gotwals at [agotwals@n4a.org](mailto:agotwals@n4a.org).