Repealing the ACA without Replacement plan-
Impact on FQHCs and other important healthcare programs

February 1, 2017
THE FUTURE OF THE AFFORDABLE CARE ACT

The question of how to repeal and replace the ACA will be the frame for the health care debate in 2017 and likely beyond.

Big Questions remain unanswered:
• What’s on and off the table in a potential repeal?
• How long will implementation of repeal be delayed?
• What happens in the meantime?
• What does a replacement plan look like?
• What role is there for Health Centers?
• What plan has (or doesn’t have) the votes to pass Congress?
“Repeal” already underway. Already very messy, given narrow margin in Senate (can only lose 2 votes)

Will be attempted through “Budget Reconciliation”
• only needs 51 votes but can only do certain things

Would undo big pillars of ACA, but not everything:
• Medicaid Expansion, Subsidies for Exchange
• Individual/Employer Mandates, taxes

Current repeal plan would keep some pieces of ACA – pre-existing conditions, coverage to 26, CHC/National Health Service Corps funding mechanism, Teaching Health Centers, GME, Medicare PPS

“Replace” will be much more complicated, certain parts require 60 votes in Senate, i.e. bipartisan

Several major plans, including Ryan “A Better Way,” but little consensus on a path forward

All are coverage/insurance focused, and contain:
• Medicaid block grants or other reforms
• High-risk pools for sicker, poorer individuals
• Tax credits to purchase private coverage

Increasing calls for simultaneous repeal and replace – AMA, National Healthcare groups, some Senate Republicans, conservative think tanks
Whether there is action or inaction, health centers face challenges

Lack of clarity on ACA causes huge uncertainty – should we hire providers, sign leases, apply for new funding?

Without Congressional action to fix the cliff, we face a 70% cut to 330 funding and elimination of National Health Service Corps, Teaching Health Centers.

Medicaid is under threat – expansion, the structure of the program itself.

Even without legislation, first administration in decades without a stated policy explicitly supportive of CHCs (though not explicitly unsupportive either)
• Roughly **12 million – or 1 in 6** - Medicaid patients get care at a health center. Health Centers currently serve over 24 million Americans.
Big changes to Medicaid are **ON THE TABLE** in 2017. 3 major ones being discussed:

- **Repeal of ACA Medicaid Expansion**
- **Block Grants or “Per-Capita Allotments”**
- **Increased Flexibility for State Programs**
Emphasis on what is going well under the ACA!

- Reducing Uncompensated Care, especially in Medicaid Expansion states
- Secured critical Medicaid services for people with disabilities
- Mental Health parity and addiction treatment (62 million people)
- Children’s preventative services (25 priority services including autism, lead poisoning, oral health, hearing tests, obesity, depression and no cost coverage for all recommended vaccines.
- Over $4.5 million older adults between the age of 55-64 would lose Marketplace coverage. Closing the prescription drug “donut hole” has been a valuable benefit.
- The expansion of the prevention and public health fund has a positive impact. Includes more than $625 million a year for state and local public health efforts in fighting infections diseases and epidemics.
Emphasis on what is going well under the ACA! EQUITY!

- ACA addressed inequities and increased access to quality, affordable health coverage, infested in prevention and wellness and gave American Indians and Alaska Natives more control over their care. An estimated 650,000 Ais/Ans gained coverage. The ACA enforced the Indian Health Care Improvement Act (IHCIA) which increased funding to HIS and additional services. Allows HIS to use Medicaid, Medicare, the VA and private insurance to increase resources for Indian health programs.

- The ACA improved access to healthcare for women by ensuring that women with pre-existing health conditions could not be denied coverage. No co-pays for birth control, annual well-women exams, cervical cancer screenings, mammograms and other preventative services. Over 55.6 million women with private insurance are now guaranteed coverage for preventive services without cost-sharing. Guaranteed coverage of maternity care at no extra cost. Protection against sex discrimination when seeking healthcare coverage. Can’t be charged more than men.
Emphasis on what is going well under the ACA!

- The investment in Health Information Technology (HIT) advancement. Encouraged Practice Innovation. Nationwide Health Information Exchange collaboration.

- Positive Impact on Arizona’s Economy. Healthcare leaders estimate that the Medicaid Expansion adds $3.2 billion in federal funds annually and a $328 million to the state general fund. There has been an additional $877 million in ACA Marketplace spending in 2016.

- Healthcare jobs make up almost 20 percent of Arizona’s economy and is growing jobs faster than any other sector.
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