

Talking Points for Graham-Cassidy-Heller-Johnson Health Care Repeal Plan
September 15, 2017

- **The Graham-Cassidy-Heller-Johnson health care repeal bill would have more devastating effects than the previous repeal bills.** Under this proposal, up to 32 million people could lose coverage by 2027, states will be saddled with massive costs, and key consumer protections will be rolled back.
- The plan is a rushed, last-ditch effort to turn back the clock and go back to the same damaging, secretive, and partisan approach to repeal the Affordable Care Act (ACA) and cut Medicaid. Once again, GOP senators have negotiated a plan behind closed doors and now aim to jam it through both the House and Senate within just 17 days of its release – before policymakers and the public can understand its implications.

Graham-Cassidy-Heller-Johnson (GCHJ) would:

- Completely eliminate the ACA's marketplace subsidies, which currently help 10 million people afford health coverage. They would no longer be guaranteed *any* assistance to buy plans.
- End the expansion of Medicaid, which has extended coverage to close to 12 million low-income adults. The plan offers no guarantee of alternative affordable coverage for these beneficiaries, and scales back (and eventually eliminates!) funding to expansion states.
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states.
- Puts women's health at risk by barring states from reimbursing Planned Parenthood for preventive health and family planning services for people enrolled in Medicaid.
- Undercut protections for people with pre-existing conditions by allowing states to waive the ACA's prohibition on charging people with pre-existing conditions higher premiums as well as its essential health benefit requirements. This means some consumers would not be able to get critical services like maternity care and substance use treatment, or afford coverage at all.
- Inflict great harm on people struggling with substance use disorders by slashing Medicaid, and cutting services and financial assistance to afford premiums or copayments for office visits and medicine, jeopardizing access to the most effective treatments for addiction and to life-saving overdose medicine.
- Undermine coverage gains for communities of color. GCHJ would cause long-term damage to the Medicaid program and raise health care costs to extremely unaffordable levels for consumers. Millions of low-income people of color, especially those with chronic health conditions, would be among the hardest hit.

Medicaid Cut Specifics: Block Grants and Per Capita Caps

- Replaces Medicaid expansion dollars and marketplace subsidies with inadequate block grants that would impose massive federal cuts on states and end in 2026.
 - Because a block grant provides a fixed amount of funding for states each year, GCHJ would leave states ill-equipped to respond to recessions, natural disasters, and public health crisis, such as the current surge in drug overdose deaths.
 - This undermines treatment for substance use disorders, since it leaves Medicaid expansion enrollees without access to lifesaving addiction treatment and would weaken state initiatives to address drug overdose deaths.
 - Eliminating the Medicaid expansion would leave as many as 1.5 million African Americans and 3.3 million women of color without health insurance.
- Imposes a Medicaid per capita cap that cuts care for seniors, people with disabilities, and families with children – cuts that would grow much larger in coming decades.
 - States would also be on the hook for any and all higher unanticipated health costs per beneficiary including the cost of new breakthrough treatments and costs the cap doesn't account for like aging of the population.
 - Starting in 2025, the bill would further cut the annual adjustment of per-capita-cap decades well below projected increases in per-beneficiary costs. States would have no choice but to institute deep and growing cuts to seniors, people with disabilities and families with children, putting home- and community-based at risk.