



## ACEP 911 Network Weekly Update May 5, 2017

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### House Approves Controversial Health Care Reform Bill

On Thursday, the House narrowly approved the "American Health Care Act" (AHCA), H.R. 1628, by a vote of 217 to 213 as House Republicans were under intense pressure to fulfill their campaign promise to "repeal and replace" the Affordable Care Act (ACA). After weeks of uncertainty about the bill's fate, a final modification providing an additional \$8 billion for patient high-risk pools secured the last few votes needed for passage. Although the AHCA makes significant changes to the ACA, it does not outright repeal the 2010 health care law.

The vote proceeded without an updated analysis of its cost and impact on insurance coverage from the Congressional Budget Office (CBO), which determined the earlier iteration would cause up to 24 million individuals to lose their insurance coverage by 2026. Many experts believe the bill approved by the House yesterday will cause even more individuals to lose coverage.

### The House-approved AHCA would:

- Effectively eliminate federal coverage (individual and employer) mandates by reducing to zero the penalty for failure to comply with them. To eliminate these mandates completely will require future legislation;
- Repeal most taxes established by the ACA and delays "Cadillac" tax on high-cost employer-sponsored group health plans until 2025;
- Exchanges tax subsidies to help individuals purchase health insurance with refundable, advanceable tax credits of \$2,000 - \$4,000 (based on age);
- Maintain the 10 Essential Health Benefits (EHBs), which includes emergency services, and several other patient protections, such as coverage for individuals with pre-existing conditions, guaranteed issue and renewability, coverage of dependents on parents' plan up to age 26, and community rating rules. **However, states could easily seek waivers to eliminate EHBs and charge different rates for insurance based on the individual's health;**
- Limit enhanced federal match payments for Medicaid to states that adopted expansion as of March 1, 2017 and eliminate enhanced federal match for those states as of Jan.

1, 2020 (except for those enrolled as of Dec. 31, 2019 who do not have a break in eligibility of more than one month);

- Convert pre-ACA Medicaid into a per-capita allotment with state option to receive block grant;
- Increase incentives to utilize Health Savings Accounts (HSAs);
- Repeal ACA Prevention and Public Health Fund;
- Establish \$100 billion fund to create State Innovation Grants and Stability Program to provide financial assistance to high-risk individuals, promote access to preventive services and provide cost-sharing subsidies;
- Provide \$15 billion for Federal Invisible Risk Sharing Program (reinsurance) grants to states;
- Allocate \$15 billion for maternity coverage and newborn care, as well as mental health and substance use disorders; and
- Make \$8 billion available to help states establish high-risk pools.

ACEP opposed the legislation because it erodes the guaranteed coverage of emergency medical care by insurance plans, does not fully protect individuals with pre-existing health conditions, and is projected to cause millions of Americans to lose their insurance coverage, among other things. As ACEP President Rebecca Parker, MD, FACEP, stated in our [press release](#): "Access to emergency medical care is critical to all Americans, as is insurance coverage for that care. This latest version of the new health care legislation does little to improve the health of the nation and will lead to more Americans not having any form of health care coverage." Dr. Parker was also quoted in a [CBS News story](#): "We're pretty concerned that the AHCA passed in the House today, in particular providing the ability for states to waive essential benefits of emergency services. People can't choose when they're going to have an emergency and can't worry about whether they're going to be covered or not."

We initiated several Action Alerts to emergency physicians during the past week urging federal lawmakers to oppose the legislation. More than 1,000 messages were sent to House members and we would like to thank all of you who participated in that effort.

The legislation was opposed by all Democrats and 20 Republicans (Reps. Andy Biggs (AZ), Mike Coffman (CO), Barbara Comstock (VA), Ryan Costello (PA), Charlie Dent (PA), Dan Donovan (NY), Brian Fitzpatrick (PA), Jaime Herrera Butler (WA), Will Hurd (TX), Walter Jones (NC), David Joyce (OH), John Katko (NY), Leonard Lance (NJ), Frank LoBiondo (NJ), Tom Massie (KY), Pat Meehan (PA), Dave Reichert (WA), Ileana Ros-Lehtinen (FL), Chris Smith (NJ) and Mike Turner (OH)).

The bill now goes to the Senate where its fate is less than certain. Several prominent Republican Senators and key committee chairmen have already criticized the House process, especially acting without a CBO score, and stated they plan to start the process over and only use some of the ideas presented in the House-passed bill. They have also expressed a willingness to take several months if necessary to rewrite the bill. Further complicating the bill's chances of success is the Republican two-vote margin if, as expected, Senate Democrats are united in their opposition. At least half-a-dozen Republican senators have already

expressed concerns about the House bill for various reasons.

ACEP will continue to advocate for our "[Emergency Medicine Health Care Reform Principles](#)" in the Senate and will work with that chamber to reestablish key patient protections, such as guaranteed coverage of the Essential Health Benefits.

### **Congress Avoids Government Shutdown**

After passing a one-week Continuing Resolution last Friday to keep the government operational, Congress approved an omnibus spending bill (H.R. 244) this week to fund federal agencies and programs through the remainder of fiscal year 2017, which ends on Sept. 30. The bipartisan deal reached Sunday night increases defense spending and provides \$1.5 billion in new border security spending (although no border wall money) and provide \$15 billion in supplemental funding to fight terrorism, with \$2.5 billion of that contingent on the White House presenting Congress with a plan to fight ISIS.

The House approved the bill on Wednesday by a vote of 309 to 118 and the Senate approved the bill yesterday by a vote of 79 to 18.

The Omnibus bill also includes a total of \$73.5 billion (\$2.8 billion increase) for HHS, which includes:

- \$34 billion (\$2 billion increase) for NIH;
- \$7.3 billion (\$22 million increase) for the CDC;
- \$3.6 billion (\$130.5 million increase) for SAMHSA;
- \$6.4 billion (\$77 million increase) for HRSA; and
- \$3.7 billion (same) for CMS.

President Trump is expected to sign the omnibus appropriations bill into law today.

### **Trauma Bill Introduced in Senate**

On Wednesday, Sen. Johnny Isakson (R-GA) was joined by Sens. Tammy Duckworth (D-IL) and John Cornyn (R-TX) in his introduction of the "Military Injury Surgical Systems Integrated Operationally Nationwide to Achieve ZERO Preventable Deaths Act" (MISSION ZERO). The bill is identical to its counterpart in the House (H.R. 880), sponsored by Reps. Mike Burgess (R-TX), Gene Green (D-TX), Richard Hudson (R-NC) and Kathy Kastor (D-FL). These bills are based upon the findings of the National Academies of Sciences, Engineering, and Medicine (NASEM) [report](#) released last year. Essentially, the legislation would establish a civilian-military partnership so military trauma teams could provide care in civilian trauma centers thus providing more access to trauma services in those communities and helping military trauma teams maintain their skills.

### **ACEP Promotes Innovative Opioid Solutions**

On Thursday, ACEP Board member, Mark Rosenberg, DO, MBA, FACEP, and ACEP Congressional Affairs staff met with Sen. Cory Booker's (D-NJ) office to promote solutions for the nationwide opioid epidemic. The focus of the discussion was the "Alternatives to Opioids" (ALTO) program and its three components (prevention, harm reduction, and detox

and recovery) established by Dr. Rosenberg and his team at St. Joseph's Healthcare System (Paterson, NJ). Dr. Rosenberg, ACEP and St. Joseph's are advocating for ALTO to become a model, alternative approach to addressing the opioid crisis. Promoting collaborative legislative action with federal lawmakers is part of ACEP's ongoing Leader Visit Program in Washington, DC.

To view ACEP's YouTube video, [click here](#).



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