

June 29, 2017: National Advocacy Update

AMA announces opposition to Senate health system reform

On June 26, the AMA sent a letter (PDF) to the Senate expressing opposition to the draft Better Care Reconciliation Act (BCRA) that was released on June 22. As was the case with the American Health Care Act, the AMA's opposition to this bill is based on the principles it shared with both chambers of Congress in early January. In particular, the AMA expressed dismay at the loss of coverage and reduced federal support for Medicaid. The AMA's summary (PDF) of the bill is available on the AMA website.

Subsequently, on June 27, Senate Majority Leader Mitch McConnell announced that this week's planned vote on BCRA has been postponed until after the July 4 Congressional recess, to provide more time for securing the necessary 50 votes for passage.

Read a Leadership Viewpoints column about the AMA's opposition to the proposal from AMA President David O. Barbe, MD, MHA, and listen to an interview with Dr. Barbe on National Public Radio.

This week AMA members can share comments and questions in the AMA Running Your Practice Digital Community, where Advocacy staff are answering questions on the AMA's position on health reform and efforts on the Senate's bill.

CBO releases score on Senate health reform proposal

On June 26, the Congressional Budget Office (CBO) released estimates of the impact of the BCRA. The version scored by CBO included new language to incentivize individuals to maintain coverage by implementing a six-month waiting period for coverage for persons who had a gap in coverage of more than 63 days in the previous year. Among the CBO's findings:

- The number of uninsured would increase by 22 million in 2026 relative to current law, for a total of 49 million.

- In 2018, about 15 million more people would be uninsured, primarily due to elimination of the individual mandate.
- Average premiums would increase in the nongroup market prior to 2020 compared to current law; after that, premiums are projected to be relatively lower, largely due to the reduced actuarial value of the benchmark plans, which will cover a smaller share of health care services than under current law. CBO estimates that fewer low-income people will purchase plans starting in 2020, despite being eligible for premium tax credits, due to higher deductibles and copayments.
- The deficit would be reduced by \$321 billion, largely due to reductions in Medicaid spending (-\$772 billion) and changes in the Affordable Care Act's low-income subsidies (-\$408 billion), offset by repealed or modified tax provisions (\$541 billion) and eliminating the penalty payments (\$210 billion).

Key aspects of GOP health plans unpopular with battleground voters

Some of the provisions that form the core of pending federal health-reform legislation are deeply unpopular in seven battleground states, according to polls of registered voters commissioned by the AMA.

Voters showed widespread support for the traditional Medicaid program that helps poor American adults and 37 million children access care. A majority of poll respondents want Medicaid funding to be increased or maintained at current levels, with those supporting cuts ranging from a minority of 9 percent to 17 percent.

Majorities of those polled in Alaska, Colorado, Nevada, Ohio and West Virginia were opposed to eliminating or reducing federal funding for the expanded version of Medicaid that has enabled millions of low-income Americans to gain insurance coverage in recent years.

The poll also found that the House-passed American Health Care Act (AHCA)—whose major provisions are also found in the Senate proposal—is massively unpopular. No more than 26 percent of voters supported the AHCA in any of the seven states whose voters were surveyed.

Read more at *AMA Wire*.

House passes legislation to repair medical liability system

On June 28, the House of Representatives passed a comprehensive medical liability reform bill, H.R. 1215, the Protecting Access to Care Act of 2017 (PACA), by a vote of 218 to 210. This bill includes significant reforms that will help repair our nation's broken medical liability system, reduce the growth of health care costs, and preserve patients' access to medical care. The AMA submitted a letter (PDF) to Congress strongly supporting H.R. 1215.

PACA provides the right balance of reforms by promoting speedier resolutions to disputes, maintaining access to courts, maximizing patient recovery of damage awards with unlimited compensation for economic damages, while limiting non-economic damages to a quarter million dollars. Importantly, H.R. 1215 includes language to protect medical liability reforms enacted at the state level. The CBO determined that H.R. 1215 would reduce federal health care spending by \$44 billion over 10 years and reduce the deficit by \$50 billion over the same period.

More articles in this issue

- June 29, 2017: Advocacy spotlight on CMS proposes more flexibility, transition time for QPP's 2nd year
- June 29, 2017: State Advocacy Update