

# Health Care in Motion

Timely, Substantive Updates on Policy Shifts · Actionable Advocacy to Protect Health Care

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## Third Time's No Charm: Senate's Repeal Effort Loses Momentum, but Threats Remain

The Republican efforts to repeal and replace key portions of the Affordable Care Act (ACA) have been in disarray this week. On Monday, four Senators on either side of the party's political spectrum indicated that they would not support the motion to proceed to the current replacement bill, the Better Care Reconciliation Act (BCRA), potentially dealing the bill a fatal blow. While leadership held a late-night meeting on Wednesday to try to resolve the differences fracturing the caucus, no consensus was reached. Despite opposition from moderate Republicans, Senate leadership has said that if there is no agreement on the BCRA, the Senate will advance a measure modeled after a 2015 bill that would repeal critical portions of the ACA without any comprehensive replacement plan. Although this bill was passed with widespread Republican support in 2015, members voted with the knowledge that President Obama would [veto](#) the measure.

Amidst the substantial uncertainty and disarray facing the Senate, there is still a risk that Republicans could broker a last-minute deal. Advocates should call on Senators to oppose the BCRA and any other ACA repeal measure that would harm access to care.

### Advocates should:

1. Reach out to their [Senators](#) and continue to reinforce that the BCRA's core provisions fundamentally undermine Medicaid's support for vulnerable populations and dismantle the ACA's key consumer protections and affordability programs.
2. Educate their Senators on how repealing critical portions of the ACA without a comprehensive replacement plan in place would significantly harm access to care for people living with chronic illnesses and disabilities.
3. Focus outreach efforts on key Senate moderates who are most likely to oppose leadership's efforts, including Senators [Dean Heller](#) (R-NV), [Lisa Murkowski](#) (R-AK), [Shelly Moore Capito](#) (R-WV), [Rob Portman](#) (R-OH), [Bill Cassidy](#) (R-LA).

### Rollercoaster Ride: A Brief Recap of Health Policy Developments This Week

Health policy developments this week have moved with remarkable speed and fluidity. On Monday, July 18, 2017, the BCRA was dealt a potentially fatal blow. In addition to previous opposition announced by Senators [Susan Collins](#) (R-ME) and [Rand Paul](#) (R-KY), Senators [Mike Lee](#) (R-UT) and [Jerry Moran](#) (R-KS) [announced](#) Monday evening that they would also vote no on a key procedural vote that would allow leadership to hold a substantive vote on the BCRA. Due to the procedural rules of the Senate and the rules governing the reconciliation process,<sup>1</sup> leadership could only afford to lose two Republican votes in

<sup>1</sup> For a more in-depth discussion of Senate procedure, please see our previous *Health Care in Motion* piece [here](#).

# Health Care in Motion

order to prevail. Thus, these four votes effectively stopped the BCRA in its tracks.

Shortly following this development, Senate Majority Leader [Mitch McConnell](#) (R-KY) [conceded](#) that the efforts to repeal and replace parts of the ACA, at least through the BCRA, would not be successful. Instead, Senator McConnell planned to return to the “repeal and delay” strategy, last considered and dismissed in January, by holding a vote to simply repeal major portions of the ACA without a simultaneous replacement plan. However, this effort appears to have halted before it gained significant momentum, as Senators [Collins](#) (R-ME), [Capito](#) (R-WV), and [Murkowski](#) (R-AK) quickly voiced their [opposition](#) to this approach.

Adding to the whiplash, President Donald Trump first [indicated](#) that the Senate should move on from health care reform, but quickly changed direction and stated that the Senate should not leave for their already [delayed](#) August recess until they pass a health care bill. While Senate Republicans held a late-night [meeting](#) on Wednesday to try and resolve their differences, no consensus was reached. Senate Majority Whip [John Cornyn](#) (R-TX) has [said](#) that even if there is no agreement on the BCRA, the chamber will still take a vote to advance their effort. As of the time of writing, the Senate is tentatively scheduled to take a procedural vote early next week to advance either the BCRA or the bill to repeal without a replacement.

## Congressional Budget Office Scores Updated Repeal Bill, Finds 32 Million Would Lose Coverage

On Wednesday, July 19<sup>th</sup>, after it became clear that the current version of the BCRA would not have enough support to pass, the Senate released a [bill](#), titled the Obamacare Repeal Reconciliation Act of 2017 (ORRA), that would repeal critical portions of the ACA without any measures to replace them. This bill, modeled after a 2015 measure that was passed by Congress but [vetoed](#) by President Barack Obama, would dismantle core provisions of the ACA. The ORRA would immediately end the ACA’s requirement that all individuals purchase health care coverage. Additionally, the ORRA would, beginning in 2020, eliminate the ACA’s premium and cost-sharing subsidies as well as the ACA’s Medicaid expansion that allowed states to cover all adults up to 133 percent of the federal poverty level (FPL).

The Congressional Budget Office (CBO), the nonpartisan agency charged with providing budget and economic information to Congress,<sup>2</sup> simultaneously released its [evaluation](#) of the ORRA. In its report, the CBO found that the ORRA would pose a significant threat to the gains in coverage made under the ACA. In 2018, the number of people without insurance would increase by 17 million relative to the status quo, and this number would dramatically rise to 32 million by 2026. This includes 19 million fewer individuals covered by Medicaid, 24 million fewer individuals with private insurance coverage, offset by 11 million more individuals the CBO expects would receive employer-sponsored insurance.

The CBO found that the individual Marketplaces would be destabilized by the ORRA. The end of the individual mandate, coupled with the elimination of the ACA’s premium and cost-sharing subsidies would cause average premiums to double by 2026. The CBO notes that because the premiums and deductibles for any health insurance in the individual Marketplace would be a relatively high percentage of income for those with limited means, few low-income individuals would be able to purchase any plans at all. Due to the upward pressure on premiums and the downward pressure on enrollment, the CBO estimates that by 2026, roughly three-quarters of the population would have zero insurers participating in the individual insurance Marketplace at all.

The potential impacts of the ORRA, as highlighted by the CBO, are concerning for individuals living with chronic illnesses and disabilities. Overall, the uncertainty created by “repeal and delay” would harm individuals who rely on continuity of care

<sup>2</sup> For a discussion of the role of the CBO, please see our previous *Health care in Motion* piece [here](#).

# Health Care in Motion

and uninterrupted access to treatment to successfully manage their health conditions.

The CBO notes that because about three-quarters of Americans would not have any options available to purchase insurance, those without access to employer-sponsored coverage would be hit the hardest. This is especially concerning for [lower-income individuals](#) living with chronic illnesses and disabilities, whose conditions may preclude them from attaining stable employment that offers health insurance as a benefit. Even in areas where insurers continue to offer coverage in the Marketplaces, without the ACA's premium and cost-sharing subsidies the financial barriers associated with increased premiums and deductibles will put needed care out of reach for most of these individuals. Additionally, because the ORRA would eliminate the Medicaid expansion that extended eligibility to many individuals living with chronic conditions who would otherwise not qualify based on Medicaid's [traditional eligibility](#) categories, these individuals may have far fewer options, if any, to access the care and treatment they need.

On Thursday, July 20<sup>th</sup> the CBO also released its [evaluation](#) of the updated BCRA, but did not include an evaluation of the amendment sought by Senator Ted Cruz (R-TX).<sup>3</sup> Overall, the CBO's report was fundamentally the same as their previous estimate for access to care. The report still estimates that 22 million fewer Americans would have health coverage under the BCRA by 2026, and federal financial support for Medicaid would be severely cut by \$756 billion over ten years.

## A Critical Moment for Advocates

The uncertainty in the Senate Republican caucus created by this week's developments presents an opportunity for advocates to make their voices heard. While the next steps for the Senate are uncertain, as of the time of writing it appears likely that Senate leadership will hold a procedural vote to advance either the ORRA or the BCRA early next week. Advocates concerned about the negative access to care implications of either the BCRA, the ORRA, or both should focus their efforts on contacting key Senate moderates, such as Senators [Dean Heller](#) (R-NV), [Lisa Murkowski](#) (R-AK), [Rob Portman](#) (R-OH), [Shelly Moore Capito](#) (R-WV), [Bill Cassidy](#) (R-LA), and [Susan Collins](#) (R-ME). Advocates should urge Senators to oppose any effort to repeal the ACA and reinforce the importance of continued Marketplace subsidies, consumer protections, and federal financial support for Medicaid. Advocates should also let their Senators know that a repeal of the ACA without a comprehensive replacement plan in place is unacceptable, as individuals living with chronic illnesses and disabilities are the most vulnerable to the effects of disrupted access to care which would result.

<sup>3</sup> For a more in-depth discussion of the amended BCRA as well as the CBO's previous score, please see our past *Health Care in Motion* pieces [here](#) and [here](#)

*Health Care in Motion is written by:*

*Robert Greenwald, Faculty Director at the Center for Health Law and Policy Innovation;  
Caitlin McCormick-Brault, Associate Director at the Center for Health Law and Policy Innovation; and  
Phil Waters, Clinical Fellow at the Center for Health Law and Policy Innovation.*

*For further questions or inquiries please contact Caitlin McCormick-Brault, [cmccormickbrault@law.harvard.edu](mailto:cmccormickbrault@law.harvard.edu).*

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