

# Affordable Care Act

## Repeal and “Replace” Proposals

*NFPRHA strongly opposes any effort by policymakers, which would restructure the financing of Medicaid, reduce access to affordable health coverage for low-income individuals, or prohibit Planned Parenthood from participating in any government health programs.*

### Medicaid Restructuring

- The current Senate fiscal year (FY) 2017 budget reconciliation package, the Better Care Reconciliation Act, strongly resembles the previously passed House version (HR 1628) and includes a drastic restructuring of the Medicaid program, transforming the program from an entitlement to a per capita cap with the option of a block grant.
- Medicaid is a cornerstone of publicly funded family planning and sexual health services, paying for 75% of all family planning care in the US. If restructured as proposed, the Medicaid program, including family planning, would be decimated, and access for the nearly 12.8 million women of reproductive age who currently rely on Medicaid for their health coverage would potentially be jeopardized.<sup>i</sup>
- Supporters of block grants and per capita caps have long argued that both options give states more “flexibility” to innovate their Medicaid programs. The reality is that states already have significant flexibility to tailor their programs to their populations. States are currently given broad discretion over defining benefits, choosing delivery care models, and adjusting how providers and plans are paid.
- Per capita cap and block grant proposals shift risks and costs to the states and reduce needed federal funding, forcing many poor and low-income individuals to go without care or to seek care in our nation's emergency rooms, resulting in increased health care costs. In addition, capping federal funding would leave states unable to respond to economic downturns, public health emergencies, or any other unexpected crises.

### Barring Planned Parenthood from Medicaid

- Planned Parenthood is a critical component of the family planning safety net, providing family planning and other preventive health care services to 2.5 million women and men each year.
- Planned Parenthood provided all of the publicly funded family planning services in 103 counties, and at least half of that care in 332 counties, in which one-third of women in need of publicly funded family planning live.<sup>ii</sup>
- While Planned Parenthood health centers make up a relatively small percentage of the health centers across the country that form the family planning safety net (10%), they serve a disproportionately high percentage of the patients seen in that network (36%).<sup>iii</sup>
- This disproportionate share of patients chooses Planned Parenthood for myriad reasons, and policymakers should not be inserting themselves into that selection process. Planned Parenthood is a trusted provider of high-quality, comprehensive family planning and sexual health care, and patients who rely on Medicaid for their health coverage should have the same rights to seek care from them as any other patient.

## Repeal of the Affordable Care Act

- Both the House and Senate FY17 budget reconciliation packages have included the repeal or drastic reduction of several major provisions of the Affordable Care Act (ACA), including:
  - The requirement for individuals to have health insurance coverage;
  - The option for states to expand Medicaid eligibility to include anyone who earns up to 138% of the federal poverty line (FPL), including childless adults;
  - The premium tax credits, which help individuals whose incomes are between 100% and 400% FPL to purchase private health insurance on the individual market; and,
  - The requirement for health insurance plans to cover ten essential health benefits: outpatient care; emergency room visits; inpatient care; maternity and newborn care; mental health and addiction treatment; prescription drugs; rehabilitative services and devices; laboratory services; preventive services; and, pediatric care.
- For many individuals, affordable health coverage and access to preventive care, including contraception, breast and cervical cancer screenings, and well-woman visits, are only made possible because of the tax credits and Medicaid expansion provisions of the ACA. Without access to affordable, high-quality health care, these women are more vulnerable to illness and disease, and at a greater risk of unintended pregnancy and poor birth outcomes, all of which have high personal costs and translate into increased expense across the entire health care system. In 2010, publicly funded family planning services helped to avert over 164,000 preterm or low-birth-weight babies, over 99,000 chlamydia infections, over 13,000 cases of pelvic inflammatory disease, almost 3,700 cases of cervical cancer, over 2,100 deaths from cervical cancer, over 1,100 ectopic pregnancies, and over 400 HIV infections.<sup>iv</sup>
- The Congressional Budget Office (CBO) estimated that the House and Senate proposals would result in and 23 and 22 million people, respectively, losing their insurance coverage over ten years, including 14-15 million people from Medicaid. These estimates do not take into account the even deeper cuts to federal Medicaid funding that the Senate bill makes after ten years.
- There were approximately 47 million people uninsured before the ACA went into effect. According to CBO estimates, 49-51 million people will be uninsured by 2026 under the Senate and House bills, respectively, erasing the coverage gains of the ACA, and then some.
- The CBO has also estimated that the Senate proposal will slash federal spending by \$321 billion, primarily at the expense of Medicaid and the millions of poor and low-income people who rely on the program for their health insurance coverage.

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<sup>i</sup> "Uninsured Rate Among Women of Reproductive Age Has Fallen More than One-Third under the Affordable Care Act." Guttmacher Institute, accessed March 23, 2017. <https://www.guttmacher.org/article/2016/11/uninsured-rate-among-women-reproductive-age-has-fallen-more-one-third-under>.

<sup>ii</sup> Letter from Jennifer J. Frost, Principal Research Scientist, Guttmacher Institute, to Lisa Ramirez-Branum, Analyst, Congressional Budget Office (CBO). (2015, August 14). [Online] <https://www.guttmacher.org/sites/default/files/pdfs/pubs/guttmacher-cbo-memo-2015.pdf>

<sup>iii</sup> Frost JJ, Zolna MR, and Frohwirth L, *Contraceptive Needs and Services, 2010*, New York: Guttmacher Institute, 2013, <https://www.guttmacher.org/report/contraceptive-needs-and-services-2010>.

<sup>iv</sup> Sonfield A, Beyond preventing unplanned pregnancy: the broader benefits of publicly funded family planning services, *Guttmacher Policy Review*, 2014, 17(4):2-6, <http://www.guttmacher.org/gpr/2014/12/beyond-preventing-unplanned-pregnancy-broader-benefits-publicly-funded-family-planning>.