

Talking Points American Health Care Act (AHCA)

Please choose a statement that resonates with you and add a sentence or two in your own words that illustrates a personal experience, insight, observation or opinion.

1. The AHCA's change to the core Medicaid program would be devastating for the 185,000 Alaskans covered by Medicaid. 1 in 4 Alaskans receive their health care through the Medicaid program. Half of Alaska's Medicaid beneficiaries are children.
2. The Medicaid program provides \$1.8 billion to our state's economy every year. Those funds have a multiplier effect on economic spending.
3. This bill would make significant changes to the Medicaid program, including repealing the Medicaid expansion and transitioning the program to a per capita funding model. A capitated or block grant program is not good for Alaska. These changes shift the financial responsibility from the federal government to states. Coupled with the elimination of Medicaid expansion, this restructuring would result in an annual loss of over \$600 million in federal support to Alaska.
4. With its \$3 billion budget shortfall, Alaska does not have the resources to fill the gap caused by the AHCA, unless Alaska makes draconian cuts to eligibility, services, and payment rates.
5. The bill would repeal, as of Jan. 1, 2020 the requirement that states allow hospitals to make presumptive eligibility determinations. A policy that allows for providers to provide temporary Medicaid coverage for some of our most vulnerable patients. AHCA limits Medicaid presumptive eligibility determinations to children, pregnant women, and women with breast or cervical cancer.
6. Repeal of the expansion will jeopardize health coverage for millions of Americans and eliminates essential protections for older and sicker patients, including those with pre-existing conditions; such as cancer patients and the chronically ill. Repeal does little to help the 24 million Americans who would be left without coverage and makes deep cuts to Medicaid, which provides essential services for the disabled, poor and elderly people in this country.
7. Approximately 18,000 Alaskans receive federal subsidies for individual insurance plans. Alaska could suffer the biggest impact in the country. A 60-year-old Alaska consumer with income of \$22,000 would see her tax credit fall by \$23,100.
8. Certain expenditures would be carved out of cap, such as Medicaid Disproportionate Share Hospital (DSH) payments, penalizing those Alaskan hospitals saddled to providing access in our remote and far-flung catchment areas.

9. Numbers from the Office of the Actuary estimate the average tax credit under current law to be \$1,078 per month for Alaskans on the individual exchange. Under the AHCA, as passed by the House, the per month credit would drop to approximately \$241, for a 78 percent reduction in the monthly amount.
10. The reduction may well result in 50 percent or more of the individual market being unable to retain their health care insurance through the commercial market.
11. Nationally, AHCA would result in 24 million fewer people covered in 2026, and a reduction of \$839 billion in funding for the Medicaid program over 10 years.
12. Promises of special Alaskan treatment is unrealistic. State-specific enhancements, as were contemplated during the original Affordable Care Act legislative process, are vulnerable to deletion prior to, or soon after, final passage. No state-specific provisions (such as the Cornhusker's Kickback) prevailed.
13. Any major change in the structure of the health care system would require a significant investment of financial resources for planning, development, implementation and administration of the changes. The AHCA does not include any funds to help states transition to a new health care model.
14. The Affordable Care Act included billions of dollars in federal grant funds for states to support planning for insurance market changes, health care reforms, and health information technology adjustments.
15. The systems changes to adopt the new MAGI (Modified Adjusted Gross Income) eligibility determination standards alone cost DHSS \$55 million. Planning, development and implementation of changes under the AHCA, would require more than \$100 million.
16. The administrative burden for Alaska doubles by requiring eligibility determinations of Medicaid expansion enrollees every six months, beginning October 1, 2017.
17. The ACHA would end Medicaid's enhanced federal matching funds for future expansion populations as of Jan. 1, 2020.
18. The ACHA ends the option for states to expand coverage for adults with incomes up to 133% of federal poverty level as of Dec 31, 2017.
19. Beginning in 2020, health care tax credits for small businesses would no longer be available.