

What's New?

- The latest proposal to repeal and replace the Affordable Care Act (ACA), known as Graham-Cassidy, was not called for a vote in the U.S. Senate before the parliamentary deadline of September 30.
- Bi-partisan negotiations continue to focus on stabilizing the marketplace and providing flexibility to states.
- President Trump has used his power through executive order to undermine the ACA.
 - On October 12, 2017 the Trump administration ended cost sharing reduction (CSR) subsidy payments under the ACA. CSR payments were paid to insurers to help offset costs for insurers to provide low income Americans with plans with reduced out of pocket payments.
 - The same day President Trump directed his cabinet to ease rules to allow small employers to band together through trade groups to create “Association Health Plans” that could form across state lines to offer coverage while attracting more competition among insurers.

What's the Issue?

- The Patient Protection and Affordable Care Act, often shortened to the Affordable Care Act (ACA) and nicknamed “Obamacare,” was signed into law by President Barack Obama on March 23, 2010.
- The ACA transformed the non-group insurance market in the United States, and:
 - mandated that most residents have health insurance.
 - significantly expanded public insurance and subsidized private insurance coverage.
 - raised revenues from a variety of new taxes.
 - reduced and reorganized spending under Medicare, the nation’s largest health insurance plan.
 - introduced a number of new payment models for health systems and care givers that focus on value instead of volume.
- Due to the ACA, the uninsured rate in the United States is the lowest it has been in over 50 years.
- When the Trump Administration came into office, the Republican majority in Congress made it a top priority to repeal and/or replace the ACA.
- Since legislative efforts have stalled, executive actions are being implemented to destabilize ACA marketplaces and attempt to increase pressure on legislators to repeal the law.

Why Does it Matter?

- To date, proposals to repeal and replace the Affordable Care Act would severely hurt Illinois patients.

Affordable Care Act Update

- The proposals have all attempted to roll-back Medicaid expansion, remove safeguards for patients with pre-existing conditions and reduce subsidies for the purchase of insurance.
- As a result, Illinois would experience:
 - Job losses and reduction of funding in our local communities due to this legislation could push the Illinois economy into a deep recession.
 - Illinois could lose up to \$21.2 billion in Medicaid funding and 343,000 people in Illinois would lose Medicaid health care coverage.
- If CSR subsidy payments are not made, insurers will almost certainly be forced to increase premiums, with the congressional Budget Office projecting increases of at least 20 percent.
- The health insurance sold through Association Health Plans could be exempt from consumer protections such as the essential health benefits standard and the prohibition on charging higher premiums to people with preexisting conditions, resulting in increased risk for higher premiums and fewer plan options on the individual market, as well as fraud and insolvency.

What is the Presence Health perspective?

- **No repeal, without a simultaneous and adequate replacement.** As the largest Catholic health system in Illinois, Presence Health opposes proposals that would severely limit access to care, especially for the most vulnerable among us. Completely repealing the ACA without an immediate and adequate replacement directly impacts the well-being of both patients and providers.
- **Presence Health fundamentally believes in access to health care.** Ensuring access to health care is a fundamental belief of our ministry. Any change to the ACA should maintain coverage gains that have provided many people in Illinois with the coverage they need to proactively seek care. We don't believe that 24 million Americans should lose access to coverage.
- **Illinois is already disadvantaged.** Restructuring Medicaid would further the disparities Illinois already faces with funding. By placing caps on Medicaid spending, services for low-income families would be decreased, the amount of uncompensated care would increase and shift the difference to paying patients who would likely see their insurance costs increase.
- **Continue to build upon the ACA.** We welcome the opportunity to work with our elected officials on meaningful changes to health care policy that would help accelerate the triple aim of reduced costs, improved outcomes and increased patient satisfaction. We acknowledge that the ACA is not perfect and want to work to improve it in meaningful ways.
- **We are committed to taking action to defend the ACA.**
 - Through our Advocacy Hub, Presence Health board members and associates have sent over 1,500 email messages to the House and Senate.
 - We held over 50 in-person meetings with elected officials including several when our System and Presence Health Ministries Board members were in Washington, D.C.
 - Presence Health hosted conversations with Congressman Roskam at our system office, Senator Durbin at Covenant Medical Center and Representative Foster in Joliet.