

Federal Health Care Legislation Update

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An Affordable Care Act repeal is being attempted one last time through the expedited budget reconciliation process.

- The privilege of passing a repeal of the Affordable Care Act with just 50 votes ends on September 30, 2017.
- Republicans in Congress are making a final-ditch attempt at a repeal bill with the Graham-Cassidy-Johnson-Heller (“Graham-Cassidy”) [bill](#), released on Sept. 13.
- The Graham-Cassidy bill would have the same devastating impact as the two previous failed repeal bills, the Better Care Reconciliation Act and the American Health Care Act.

The Graham-Cassidy bill would:

- **make egregious cuts to Medicaid and turn it into a block grant program**, which is a system where each state gets a set amount to spend on healthcare for low income people, and any amount in excess would come from the state’s own pocket. Under this bill, all Medicaid funding will end completely by 2026.
 - **end Medicaid expansion**, meaning states will no longer receive the federal support they rely on to expand Medicaid services to more low-income people.
 - **allow states to get rid of protections for people with pre-existing conditions.**
 - **effectively defund Planned Parenthood** by barring states from reimbursing the Planned Parenthood for services provided to people on Medicaid.
 - **strip access to care and raise costs for millions of people and thousands of LGBTQ people.**
- Before it can move forward, the bill has to be scored by the Congressional Budget Office (CBO) to determine its impact on the federal budget. The CBO ‘score’ will also provide an overview of how many people are estimated to be uninsured if the bill passes. The previous failed bills were scored to leave 20 million people or more without health insurance by 2026, including 1 million or more LGBTQ people. The CBO has not yet scored the Graham-Cassidy bill, but it is predicted that the outcome will be just as bad or worse than previous bills.

Bipartisan action to improve access to healthcare

- Over the past weeks the Senate has held a number of hearings on how to stabilize the healthcare insurance market (in other words, establish reliable health insurance cost and access). Senators from both sides of the aisle are currently working to develop a bill that would decrease healthcare costs and strengthen the individual market.

Administrative attacks to healthcare access

- **Rollbacks on contraception mandate:** The ACA requires that employers provide no-cost contraceptive coverage for employees. Exceptions exist for closely-held employers that identify as religious entities. In May, the rule was taken under review by the Department of Health and Human Services (HHS), with a goal to broaden the religious exemption to all employers who claim a religious or moral opposition to contraceptives. The revision has yet to be finalized.
- **Revisions to non-discrimination protections:** Section 1557 of the ACA protects people from certain forms of discrimination in health care settings. Specific protections for transgender people and people who have had abortions are the subject of an ongoing lawsuit. Section 1557 is currently undergoing revision related to these protections. We have yet to see what the revisions will entail.