

Internists say the AHCA will negatively impact patients & reverse coverage

March 8 2017

The American Health Care Act (AHCA) will have a tremendously negative impact on access, quality and cost of care for patients seen by internal medicine physicians, as compared to current law under the Affordable Care Act (ACA), said the American College of Physicians (ACP) in a letter sent today to congressional leadership.

"This bill will result in many millions of Americans losing coverage; benefits and consumer protections," said ACP President Nitin S. Damle, MD, MS, MACP. "It replaces income-based premium subsidies with age-based tax credits that will make coverage far more expensive for poorer, sicker and older persons and those in high health care spending areas, drastically caps and cuts the federal contribution to Medicaid and phases out additional funding for Medicaid expansion states starting in 2020, which will force states to restrict eligibility and curtail benefits. In sum, it will rollback and reverse the coverage gains from the ACA."

ACP previously outlined for Congress a set of criteria to ensure that any ACA replacement legislation considered should "first, do no harm" to patients. Under that criteria ACP developed 10 key questions that should be asked of any legislation that would alter the coverage and consumer protections under current law.

In today's letter to congressional leadership, ACP said the policy options that are under consideration fall far short of ACP's criteria for modifications and/or improvements to the ACA and are therefore unacceptable. ACP noted five areas of particular concern:

- ACP opposes provisions in AHCA that would cap future federal contributions to Medicaid and phase-out the higher federal match in states that have opted to expand Medicaid. These radical changes in Medicaid financing will result in tens of millions of patients enrolled in Medicaid losing coverage and benefits.
- ACP believes that the AHCA's regressive age-based tax credits, combined with changes that will allow insurers to charge older people much higher premiums than allowed under current law, will make coverage unaffordable for poorer, sicker and older persons, as well as for persons who live in high health care cost regions.
- ACP is concerned that AHCA's continuous coverage requirements for patients with pre-existing conditions will result in vulnerable persons being unable to afford coverage for conditions that prior to the ACA were treated as "declinable" by insurers.
- ACP is concerned that the repeal of the current law "actuarial value" requirements for essential health benefits will result in increased out-of-pocket costs for many necessary health care services, such as mental health benefits, maternity care and contraception, and preventive services.
- ACP opposes legislative or regulatory restrictions that would deny or result in discrimination in the awarding of federal grant funds and/or Medicaid and Children's Health Insurance Program funding to women's health clinics that are qualified under existing federal law for the provision of evidence-based services.

ACP also said that the legislative process needs to be slowed down to give time for a thorough review of the legislation. As ACP noted previously in a [letter](#) to Congress last week, any proposals to modify or improve on current law should be released in detail beforehand—including both legislative language and Congressional Budget Office scoring and analysis—well before any committee mark or

floor vote, and also with enough time to allow for hearings on the proposals.

"The changes that the AHCA would make to our healthcare system would adversely impact tens of millions of our patients, especially older, sicker and poorer ones," concluded Dr. Damle. "We sincerely hope that Congress would still be willing to slow down the legislative process to work with us on ways to improve current law without undermining essential coverage and consumer protections for millions of patients as this proposal does."

Provided by American College of Physicians

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