

Internists reiterate 'strong opposition' to AHCA after last night's amendments

March 22 2017

The American College of Physicians (ACP) today reiterated its strong opposition to the American Health Care Act (AHCA) and shared its specific concerns about several of the "manager's amendments" released last night. In a four-page [letter](#) to Congressional leadership, Nitin S. Damle, MD, MS, MACP, ACP's president, wrote that the bill with the proposed amendments is even less acceptable than it was before it was modified.

ACP's president said the 148,000-member organization "already expressed to Congress our [view](#) that the ACHA violates the principle that Congress must ensure that any possible changes to current law, including to the Affordable Care Act (ACA), the Medicaid program, and the Children's Health Insurance Program should first, do no harm to patients and ultimately result in better coverage and access to care for essential medical services. While ACP continues to advocate for improvements to the ACA, the AHCA, especially as modified by several of the proposals released last night, would go in the wrong direction, eroding coverage and essential consumer protections for the most vulnerable patients: those who are older, sicker and poorer."

In particular, ACP opposes the following changes in Medicaid as proposed in the original bill and the manager's amendments:

- Converting the shared federal-state financing structure for Medicaid that has been in effect for more than half a century to one that would cap the federal contribution per enrollee, and the

the manager's amendment offered last night to provide states with a block grant financing option. These changes to current law would lead to millions of the most vulnerable persons losing coverage and benefits.

- Phasing out the higher federal-contribution to states that have expanded Medicaid eligibility to persons up to 133 percent of the federal poverty line (FPL), effective January 1, 2020, and the manager's amendment to prohibit states that wish to expand the program from receiving any enhanced federal funds as of March 1, 2017. Continued support for Medicaid expansion is essential to ensuring that low-income Americans have access to affordable coverage
- Eliminating the Essential Health Benefits for Medicaid expansion enrollees—including required coverage for mental health and substance use disorder services including behavioral health treatment. Any reduction in Medicaid coverage for [substance use disorder](#) treatments would exacerbate the grave opioid misuse epidemic that is devastating individuals, families and communities across the country.
- Providing a financial incentive for states to impose work or job search requirements on certain Medicaid enrollees. While an estimated 80 percent of Medicaid enrollees are working, or are in working families, there are some who are unable to be employed, because they have behavioral and mental health conditions, suffer from substance use disorders, are care-givers for family members, do not have the skills required to fill available positions, or there simply are no suitable jobs available to them.

"We are also extraordinarily concerned that a new Congressional Budget Office (CBO) cost estimate of the amended bill will not be made available, with the necessary time for full consideration of its impact on coverage, out-of-pocket costs, premiums and the deficit, until right before the floor vote in the House of Representatives occurs on

Thursday, Dr. Damle said. "This information is crucial to evaluating its impact on patients."

Dr. Damle concluded the letter by noting, "We sincerely hope that Congress would still be willing to slow down the legislative process, obtain a CBO score in time for thorough consideration before it is voted on, and work with us on ways to improve current law without undermining essential [coverage](#) and consumer protections for millions of patients as the AHCA and these potential proposals do."

Provided by American College of Physicians

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