2017 Agenda for Unmarried Women: The Affordable Care Act

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Affordable Care Act: In the years since its enactment in 2010, the Affordable Care Act (ACA) has helped millions of Americans gain access to health insurance,[1] promoted better health – especially for women – through its "core tenets of access, affordability and quality,"[2] produced few of the negative economic consequences forecast by the Act's opponents,[3] and actually reduced the federal deficit (because its revenue increases and spending curbs more than offset its cost increases).[4]

Using data from CDC's National Health Interview Survey (NHIS) and the Gallup-Healthways Well-Being Index (WBI), HHS reported in March 2016 that the Affordable Care Act had resulted in 20 million more Americans obtaining health insurance coverage, cutting the uninsured rate for nonelderly adults (ages 18 to 64) by 43 percent (from 20.3% to 11.5%) between October 2013 (when ACA Open Enrollment began) and February 2016. There was a larger reduction in the uninsured rate among women (9.4 percentage points, from 18.9% in 2013 to 9.5% in early 2016) than men (8.3 percentage points, from 21.8% to 13.6%).[5] More recent data indicates that further gains have been made since the release of the HHS report. For example, the WBI found that the uninsured rate had fallen from 11.9% in the fourth quarter of 2015 to 10.9% in the third quarter of 2016, representing a new low in the Index's nine year history in recording uninsured rates.[6]

Data from the Census Bureau's annual report on "Health Insurance Coverage in the United States" provide a more comprehensive look at the impact of the ACA. Among those 18 and over, unmarried women obtained particularly large gains in coverage, with the number of uninsured falling from 10.1 million in 2013 to 6.8 million in 2015.

Category	2013 uninsured rate	2015 uninsured rate	Change
All	15.3%	10.3%	-5.0
Men	16.7%	11.4%	-5.3
Women	13.9%	9.2%	-4.7
Married women	*11.0%*	*7.5%*	*-3.5*
Unmarried women	*16.9%*	*11.0%*	*-5.9*
Widows	*5.5%*	*3.6%*	*-1.9*
Divorced	*16.3%*	*9.8%*	*-6.5*
Separated	*23.5%*	*17.2%*	*-6.3*
Never married	*20.6%*	*13.5%*	*-7.1*[7]

Two summer of 2016 HHS reports highlighted gains in women's health care under the ACA:

- Women can no longer be denied coverage or charged more because of their gender.
- Over half (53.6%) of those gaining insurance coverage through the ACA Marketplaces (6.8 million out of a total of 12.7 million) are women and girls.
- An estimated 55.6 million women with private health insurance are guaranteed coverage of recommended preventive services (including mammograms and screenings for cervical cancer) with no out-of-pocket costs.
- As many as 65 million women with pre-existing conditions can no longer be discriminated against or charged higher premiums for their health coverage.
- An estimated 8.7 million women with individual insurance coverage gained coverage for maternity services.[8]

In February 2016, the Commonwealth Fund published a report on the ACA's impact on the economy during its first five years. In summary: "Although it is impossible to state with certainty the full extent to which the ACA's reforms have contributed to the nation's recovery from one of the worst economic crises of recent decades, the news has been, on balance, positive. To date, there is no evidence that the ACA has had a negative impact on economic growth or jobs or that its reforms have undermined full-time employment—effects that the law's opponents had warned about. To the contrary, evidence indicates that the ACA has likely acted as an economic stimulus, in part by freeing up private and public resources for investment in jobs and production capacity. Moreover, the law's payment and other cost-related reforms appear to have contributed to the marked slowdown in health spending growth seen in recent years."[9]

The ACA's impact on the federal budget was addresses in a June 2015 analysis by the Congressional Budget Office (CBO), which found that the law would reduce the deficit by $137 billion over the 2016-2025 period, with its cost over that period more than offset by provisions that cut spending (including reduced payments to hospitals, other providers of

care and private insurers delivering Medicare benefits) or increase revenues (including penalties on employers and the uninsured, the excise tax on certain high-premium insurance plans, the increased HI payroll tax rate for high-income taxpayers, the surtax on net investment income, and annual fees on health insurers).[10]

Though the public remains divided over the Affordable Care Act as a general concept, there is no great desire to see it repealed. In the Kaiser Health Tracking Poll conducted one week after the 2016 General Election, just 26% supported repeal of the entire law, whereas 17% wanted to see it retained but scaled back, 19% favored continuing the law as is, and 30% endorsed expanding the law (with 8% undecided). Furthermore, solid majorities expressed favorable impressions of nearly all of the law's specific provisions.[11]

Percent expressing a FAVORABLE impression

Provision	Total	Dems	Inds	Reps
Allows young adults to remain on parents' plans until age 26	85	90	85	82
Eliminates many out-of-pocket costs for many preventive services	83	89	83	77
Closes Medicare prescription drug "doughnut hole" so people on Medicare will no longer be required to pay full cost of their medications	81	86	89	69
Creates health insurance exchanges where small businesses and people can shop for insurance and compare prices and benefits	80	90	80	72
Provides financial help to low- and moderate-income Americans who don't get insurance through their jobs to help them purchase coverage	80	91	81	67
Gives states the option of expanding their existing Medicaid program to cover more low-income, uninsured adults	80	90	79	67
Prohibits insurance companies from denying coverage because of a person's medical history	69	75	65	63
Increases the Medicare payroll tax on earnings for upper-income Americans	69	82	63	63
Requires employers with 50 or more employees to pay a fine if they don't offer health insurance ("employer mandate")	60	83	60	45
Requires nearly all Americans to have health insurance or else pay a fine ("individual mandate")	35	57	30	21

Trump Position

- The "Contract with the American Voter" issued by the Trump campaign is "my 100-day action plan to Make America Great Again. It is a contract between myself and the American voter—and begins with restoring honesty and accountability, and bringing change to Washington." Included in the section outlining "broader legislative measures" that Trump will work with the Congress to introduce "and fight for their passage within the first 100 days of my Administration" is "Repeal and Replace Obamacare Act: Fully repeals Obamacare and replaces it with Health Savings Accounts, the ability to purchase health insurance across state lines, and lets states manage Medicaid funds."[12]
- During the campaign Trump also indicated he would: replace the existing Medicaid system with a block grant to the states (in addition to eliminating the ACA's Medicaid expansion), work with states to create high-risk pools for individuals who have not maintained continuous coverage, provide a tax deduction for purchase of individual health insurance, and require price transparency from all hospitals, doctors, clinics and other providers to enable consumers to shop for the best prices for healthcare procedures and other services.[13]
- At one point, the Trump transition website contained the following (though it has since been removed): "It is clear to any objective observer that the Affordable Care Act (ACA), which has resulted in rapidly rising premiums and deductibles, narrow networks, and health insurance, has not been a success. A Trump Administration will work with Congress to repeal the ACA and replace it with a solution that includes Health Savings Accounts (HSAs), and returns the historic role of in regulating health insurance to the States. The Administration's goal will be to create a patient-centered healthcare system that promotes choice, quality and affordability with health insurance and healthcare, and take any needed action to alleviate the burdens imposed on American families and businesses by the law. To maximize choice and create a dynamic market for health insurance, the Administration will work with Congress to enable people to purchase insurance across state lines. The Administration will also work with both Congress and the States to re-establish high-risk pools – a proven approach to ensuring access to health insurance coverage for individuals who have significant medical expenses and who have not maintained continuous coverage."[14]
- In interviews given after the election, Trump has stated, "Either Obamacare will be amended or repealed and replaced" and he voiced support for retention of the ban on denial of coverage for pre-existing conditions, and for allowing young people under age 26 to remain on their parents' insurance policies.[15]

Other GOP Proposals

Ryan proposal. House Speaker Paul Ryan presented his "Better Way for Health Care" on June 22, 2016. It would repeal most of the ACA's coverage provisions and virtually all of its revenue increases, and retain some of that Act's Medicare savings measures. Specifically, the Ryan plan would:

- Replace the ACA's income-based premium subsidies with a flat, refundable tax credit based only on age and available to anyone (regardless of income) who purchases insurance in the individual market.
- Repeal the ACA essential minimum benefits standard, leaving regulation of insurance plans to states.
- Allow people to purchase health insurance across state lines.
- Expand and encourage the use of Health Savings Accounts (HSAs) and Health Retirement Accounts (HRAs).
- Allow states who have opted to expand Medicaid under the ACA to continue the expansion, but gradually reduce the federal reimbursement.
- Continue to allow children under age 26 to stay on their parents' insurance plans.
- Continue the requirement that insurers offer coverage to everyone regardless of pre-existing conditions and eliminate the ACA's individual mandate (requiring individuals to obtain health insurance or pay a fine), but allow insurers to charge more for higher-risk customers who don't maintain continuous insurance coverage.
- Continue to limit "age rating" but lessen the limitation by allowing insurers to charge up to five times more for the oldest than the youngest enrollees, rather than three times more as under the ACA.
- Repeal the employer mandate (requiring employers to offer health insurance to their employees or pay a penalty) and small business insurance credits.
- Establish a $25 billion high risk pool for enrollees with high health care expenses.
- Repeal virtually all of the ACA's tax increases, including the 3.8% Net Investment Income Tax on passive income, the 0.9% Hospital Insurance surtax on income above $200,000, and taxes on medical device companies, health insurance providers, drug manufacturers and tanning services.
- Replace the ACA's "Cadillac tax" on high-cost insurance plans (scheduled to begin in 2020) with a tax exclusion cap on employer-provided health insurance.
- Repeal the Center for Medicare and Medicaid Innovation and the Independent Payment Advisory Board—two entities designed to help the Medicare system experiment with and implement cost control measures, and eliminate some of the ACA's reductions in the Medicare Advantage program.
- Revise Medicare by: raising the Medicare eligibility age from 65 to 67, enacting medical malpractice reform that imposes caps on non-economic damages from medical liability, increasing beneficiary cost-sharing, and moving toward a premium support (voucher)

plan by 2024, when Medicare enrollees would choose between private plans and traditional Medicare fee-for-service.
- Revise Medicaid (beginning in 2019) from the current federal matching system to a per-capita state allotment based on four categories (elderly, disabled, children, and able-bodied adults), with states able to set their own standard for benefits, eligibility levels, and provider payments.[16]

Hatch proposal: Republican Senators Orrin Hatch (Finance Committee Chairman), Richard Burr and Fred Upton introduced their own version of Obamacare replacement, the Patient Choice, Affordability, Responsibility and Empowerment (CARE) Act. It is similar to the Ryan plan, but with a few key differences. First, although like the "Better Way" proposal it would allow insurers to charge more for higher-risk customers who don't maintain continuous insurance coverage, the Hatch measure would mitigate this by having the government automatically enroll those who did not select insurance into a "default" plan in which the premium would be equal to the premium tax credit provided. However, "this means the premiums would need to be quite low…and likely provide pretty narrow, catastrophic coverage." Second, the CARE Act would provide means-tested, refundable premium tax credits so that lower-income individuals would receive the largest subsidies.[17] Finally, the CARE Act would not repeal the ACA's Medicare provisions (including cost containment and the HI surtax on high-income individuals).[18]

2015-2016 Reconciliation Bill (Restoring Americans' Healthcare Freedom Reconciliation Act of 2015). Assuming Trump and Congressional Republicans follow through on previous commitments for immediate repeal of Obamacare, it is almost certain they would have to employ the reconciliation process, which circumvents Senate filibusters and thus can be passed without Democratic support. Thus, it is instructive to look at the most recent such effort, which passed both houses of Congress but was vetoed by President Obama on January 6, 2016.[19] Because Senate rules provide that only provisions directly affecting spending or revenues may be included in reconciliation legislation, the 2016 bill did <u>not</u> repeal: the extension of family coverage for young people up to age 26, the prohibition on preexisting conditions exclusions, the requirement for inclusion of essential health benefits in insurance policies, and other insurance market reforms. The reconciliation measure did include:

- Effective elimination of the individual and employer mandates by reducing the penalties for noncompliance to $0.
- Repeal of the taxes on medical devices, high-cost employer-sponsored insurance coverage, tanning services and net investment income, and the Medicare HI surtax on high-income taxpayers.
- Repeal of the fees on pharmaceutical manufacturers and health insurance providers.
- Repeal of the authorizations for premium tax credits and cost-sharing subsidies.

- Expansion of Health Savings Account (HSA) benefits.
- Expansion of the medical expenses tax deduction by returning the threshold limit from current 10% back to its pre-ACA level of 7.5%.
- Repeal of the ACA Medicaid expansion.[20]

Comments on Plans to "Repeal and Replace" the Affordable Care Act

1. **General:** Sarah Kliff, Vox.com: "Obamacare repeal would leave an estimated 22 million Americans without coverage and wreak havoc on the individual insurance market. It's becoming increasingly clear that Republicans can't just repeal Obamacare—they need to replace it with *something*...There is significant variation in what the [Republican] plans propose. On one end of the spectrum, you see plans from President-elect Trump and Sen. Ted Cruz that would repeal Obamacare and replace it with virtually nothing. On the other end of the spectrum, there are plans from conservative think tanks that go as far as to keep the Affordable Care Act marketplaces and continue to give low-income Americans the most generous insurance subsidies. If we can say one thing about most Republican plans, it is this: They are better for younger, healthy people and worse for older, sicker people. In general, conservative replacement plans offer less financial help to those who would use a lot of insurance. This will make their insurance subsidies significantly less expensive than Obamacare's. Economic analyses estimate these plans reduce the number of Americans with insurance coverage. The actual amount varies significantly, from 3 million to 21 million, depending on which option Republicans pick."[21]

2. **Impact of ACA repeal:** *New York Times:* "What will happen if President-elect Donald Trump and Republicans in Congress carry out their pledge to repeal the Affordable Care Act, the 2010 health reform law? By most estimates, up to 22 million people, many of them poor or older Americans, will lose health insurance. Mr. Trump seems to recognize this would be disastrous – to an extent. Since the election, he has said that he wants to keep the part of the law that prohibits insurance companies from discriminating against people with pre-existing conditions. Without, this provision, insurers can deny those customers coverage, charge them exorbitant rates or refuse to cover treatment for those conditions. But Mr. Trump and other Republicans are delusional if they think that they can preserve that provision while scrapping the rest of the health care law. Insurers are able to offer policies to people with pre-existing conditions because the law greatly expands the number of people who are insured, thus spreading the costs of treating people with chronic conditions over a larger number of paying customers."[22]

3. **Impact on hospital industry:** "The nation's hospital industry warned President-elect Donald Trump and congressional leaders on Tuesday that repealing the Affordable Care Act could cost hospitals $165 billion by the middle of the next decade and trigger 'an unprecedented public health crisis…' The American Hospital Association and the Federation of American Hospitals (FAH) convened a news conference Tuesday to release [a consultant's study estimating the financial impact of undoing the Affordable Care Act] and draw attention to their concerns. 'Charles N. "Chip" Kahn III, president of FAH, a form-profit group, said the amount of money that hospitals could lose under a repeal of the Affordable Care Act was 'unsettling.' Joann Anderson, president of Southeastern Health, a financially fragile rural hospital in Lumberton, N.C., one of that state's most economically depressed areas, said the prospect of repealing the health law without a replacement to keep people insured is 'gut-wrenching…We cannot take additional cuts.'"[23]

4. **Impact on Medicare:** John Wasik, Forbes contributor: "Tearing apart Obamacare will almost certainly raise costs for Medicare beneficiaries and hasten its decline as a guaranteed, fee-for-service system. Embedded in the Affordable Care Act were a raft of pilot projects and provisions to make medical care for retirees less expensive. The drafters of the act wanted to make doctors more accountable, share in cost savings and cut hospital re-admissions. The Act even cracked down on fraud and abuse in Medicare. The result of the largely unheralded Medicare reforms in Obamacare? Lower operating costs, higher quality care and a sounder financial footing for the program. 'The protection of Medicare is ensured for years to come,' according to Obamacarefacts.com, in assessing how the Affordable Care Act made Medicare more fiscally sound. 'The life of the Medicare Trust fund will be extended to at least 2029 – a 12-year extension due to reductions in waste, fraud and abuse, and Medicare costs, which will provide you with future savings on your premiums and coinsurance.' 'Medicare's financing challenges would be much greater without the health reform law, which substantially improved the program's financial outlook,' according to the Center for Budget and Policy priorities. 'The Affordable Care Act strengthens Medicare's financing by increasing efforts to reduce waste, fraud and abuse; slowing the rate of increase in payments to providers; improving quality of care and phasing out overpayments to private Medicare Advantage plans, plans that are continuing to increase their enrollments each year,' the Center adds. 'The impact of these provisions has already resulted in extending the solvency of the Medicare Part A Trust Fund by more than a decade and lowering Part B out-of-pocket costs for beneficiaries.'"[24]

5. **High-risk pools:** A common element in Republican plans to replace the ACA is to return to high-risk pools in which individuals who were uninsurable prior to the 2010 law because of high health care costs due to pre-existing conditions could obtain special coverage and receive government subsidy to help pay for it. "But

states tried high-risk pools before ObamaCare, and they are widely seen as not having worked. In 2000, research from Boston University health economist Austin Frakt found that just 8 percent of sick people who could not get coverage elsewhere were getting coverage through high-risk pools. The main problem was lack of funding. Subsidizing coverage for sick people through high-risk pools costs a lot of money, and Republican would have to commit to a large, sustained funding stream, a tough task."[25] A more recent analysis for the Kaiser Family Foundation indicated that in the 35 state high-risk pools that operated prior to the ACA: nearly all excluded coverage of pre-existing conditions for a period of time, typically six to 12 months, which "made coverage less attractive for people who needed coverage specifically for their pre-existing conditions;" 33 imposed lifetime dollar limits on most covered services, generally ranging from $1 million to $2 million; and many of the plans offered had high deductibles (with the highest enrollment plan in 25 programs including deductibles of $1,000 or more).[26]

6. **Trump Plan:** In May 2016, the Committee for a Responsible Federal Budget estimated that Trump's ACA repeal and replacement plan would "cost roughly $330 billion over ten years, including estimates of faster economic growth, and $550 billion under conventional scoring. The plan would cause about 21 million people to lose their insurance coverage, as the replacement plan would only cover 5 percent of the 22 million individuals who would lose coverage upon the repeal of Obamacare. This would almost double the number of Americans without health insurance. Block granting Medicaid, meanwhile, could have a wide range of savings depending on details which have yet to be provided. Past proposals have often saved several hundred billions of dollars."[27] A September 2016 analysis by the RAND Corporation found that Trump's proposals "decrease the number of insured, increase out-of-pocket spending for consumers enrolled in individual market plans, and raise the federal deficit compared to the ACA. The federal deficit increases because repeal of the ACA would eliminate ACA's provisions that reduce spending and generate revenue, such as changes to Medicare payment policy, and taxes and fees levied on insurers, medical devices, and branded prescription drugs…People with lower incomes would be more affected than other groups. This is true largely because repealing the ACA means eliminating Medicaid expansion, which covers people with incomes below 138 percent of the federal poverty level. Sicker people would also be disproportionately affected, because the proposals would eliminate the ACA's rule that people with pre-existing conditions can't be denied coverage…The combined effect of the Trump proposals is to decrease the number of insured by 20.3 million and increase the federal deficit by $5.8 billion [in 2018]."[28]

7. **Ryan Proposal:** [NOTE: Many of the following comments apply to the Trump and Hatch proposals as well.] Center for American Progress: "The [Ryan proposal] outlines a plan to quarantine people who are old and/or sick in separate, more

expensive, and unsustainable markets. These reforms would transfer assistance from low-income people to high-income people and from the sick to the healthy. They would not only raise costs for older and less healthy Americans but would also destabilize the entire health care system, shift costs to parents and families, and make everyone's coverage less secure…The House Republican plan would again separate people whom insurance companies consider to be healthy from those they consider to be unhealthy, recreating the fragmented risk pools that never worked. In doing so, the plan would shift costs and risks away from insurance companies and the federal government and onto millions of Americans. Thanks to the ACA, insurers can no longer discriminate against people with preexisting conditions, charge women higher premiums than men, or engage in other unfair practices against patients and consumers…In place of the high-quality, comprehensive health plans now available to consumers on the marketplace, House Republicans would create a race to the bottom with bare-bones plans attractive to only the healthiest individuals. They would eliminate the ACA's essential health benefits and caps on out-of-pocket spending. As a result, plans would generally have less comprehensive coverage paired with higher deductibles…In addition to scaling back the comprehensiveness of coverage, House Republicans also would reduce financial assistance for consumers…The House Republican plan's tax credits would only be adjusted for age, rather than income. This means that, unlike under the ACA, the tax credits would not be structured progressively…Compounding this problem, House Republicans would eliminate the ACA's cost-sharing reductions. This additional financial assistance helps low-income marketplace enrollees afford their copays, deductibles and other forms of cost-sharing by effectively increasing the actuarial value of the plan in which they enroll. Currently, more than 6.3 million people benefit from the cost-sharing reductions. The [House Republican] plan presents an expansion of tax-advantaged health savings accounts as an alternative way to help people afford cost-sharing. However, research has shown that health savings accounts benefit the wealthy much more than low-income people, as the wealthy have more resources available to contribute…Although House Republicans claim that their plan will protect people with preexisting conditions, in reality only people who maintained continuous coverage would be protected from rate hikes….For people who are uninsured, House Republicans would offer only a single open enrollment period to get covered before they would lose protection from discrimination based on pre-existing conditions…The House Republican plan's actions to weaken the private insurance market would be compounded by the fact that they would simultaneously gut the health care safety net…The new plan includes block grants [for Medicaid] but includes a new wrinkle as well: giving states a choice between switching to either block grants or per-capita caps…Because the per-capita caps under this proposal would grow more slowly than annual health care inflation, they would dramatically reduce Medicaid funding over time…Either way, both of these proposals amount to huge cuts to a crucial part of the health

care safety net. A similar congressional proposal from earlier this year would have cut $1 trillion from Medicaid over 10 years…In addition to cutting the traditional Medicaid program, the House Republican plan also targets the expansion of Medicaid under the Affordable Care Act. The plan would massively reduce federal funding for the Medicaid expansion over several years, shifting costs to the states in a clear attempt to force them to roll back eligibility or cut benefits. In addition, it would foreclose any of the 19 remaining states that have not yet expanded Medicare from doing so in the future, affecting about 3 million people currently in the coverage gap…As in past proposals, House Republican would raise the eligibility age for Medicare from 65 to 67…Along with raising the eligibility age, House Republican would transform Medicare into a premium support system beginning in 2024. Medicare beneficiaries would have a set amount of premium support funding they could apply to a private sector health plan or to a traditional Medicare plan. The premium support payments would ultimately shift costs to seniors at a steadily increasing rate over time, because they would grow at a slower rate than health care cost inflation."[29]

With regard to the impact of the Ryan plan, the Committee for a Responsible Federal Budget has stated, "Though the House Republicans' blueprint offers a general framework for reform, it does not provide enough details to estimate the impact on coverage, economic growth, or the budget. Likely, the plan would result in less coverage than current law but more than before the Affordable Care Act. It would also likely encourage economic growth to a small degree. It is not clear without more details whether the plan would add to or reduce the deficit."[30]

8. **Hatch Proposal:** Commonwealth Fund: "We estimate that, in 2018, the CARE Act would reduce federal spending but increase the deficit by $17 billion [because of revenue losses], relative to current law. It also would increase the number of uninsured individuals by 9 million, and leave some population segments, including low-income individuals and older adults, with substantially higher costs for health insurance and medical care."[31]

9. **Impact of use of the Reconciliation process to repeal the ACA:** In December 2016, the Urban Institute analyzed the impact of reliance on the Reconciliation process to avoid a Senate filibuster and achieve a quick repeal of the ACA: "Since only components of the law with federal budget implications can be changed through reconciliation, this approach would permit elimination of the Medicaid expansion, the federal financial assistance for Marketplace coverage (premium tax credits and cost-sharing reductions), and the individual and employer mandates; it would leave the insurance market reforms (including the non-group market's guaranteed issue, prohibition on preexisting condition exclusions, modified community rating, essential health benefit requirements, and actuarial value

standards) in place…The key effects of passage of the anticipated bill [based on the vetoed 2015-2016 reconciliation bill] are as follows:

- The number of uninsured people would rise from 28.9 million to 58.7 million in 2019…The share of nonelderly people without insurance would increase from 11 percent to 21 percent, a higher rate of uninsurance than before the ACA because of the disruption to the non-group insurance market…
- Eighty-two percent of the people becoming uninsured would be in working families, 38 percent would be ages 18 to 34, and 56 percent would be non-Hispanic whites. Eighty percent of adults becoming uninsured would not have college degrees…
- If Congress partially repeals the ACA with a reconciliation bill like that vetoed in January 2016 and eliminates the individual and employer mandates immediately, in the midst of an already established plan year, significant market disruption would occur. Some people would stop paying premiums, and insurers would suffer substantial financial losses (about $3 billion); the number of uninsured would increase right away (by 4.3 million people); at least some insurers would leave the non-group market midyear; and consumers would be harmed financially.
- Many, if not most, insurers are unlikely to participate in Marketplaces in 2018—even with tax credits and cost sharing reductions still in place—if the individual mandate is not enforced starting in 2017…

This scenario does not just move the country back to the situation before the ACA. It moves the country back to a situation with higher uninsurance rates than before the ACA. To replace the ACA after reconciliation with new policies designed to increase insurance coverage, the federal government would have to raise new taxes, substantially cut spending or increase the deficit."[32]

Priorities for Unmarried Women in ACA Debate

- **Strategy:** Preserving the gains for unmarried women—who are disproportionately low-income and non-white—provided through the Affordable Care Act should perhaps be the highest priority for supportive groups in the next Congress. Pursuing this objective will put supporters in the position of seeking to preserve benefits that are widely supported (see polling data above) without necessarily having to defend some of the unpopular means of paying for those benefits (most notably the individual mandate and the "Cadillac tax" on high-cost health plans), while requiring opponents to go on record (hopefully via recorded votes) in opposing the benefits

- **Reconciliation:** Assuming Trump and the Republicans seek an early repeal vote through the Reconciliation process, the priorities should be: a) restoration of the Medicaid expansion; b) elimination of Medicaid reductions through block-granting or per-capita caps; c) restoration of income-based premium tax credits and cost-sharing reductions for private non-group insurance plans; and d) offsetting these provisions (which must be done under Reconciliation requirements) by restoring as many of the ACA's tax and fee increases as required (including the tax on net investment income and the Medicare HI surtax on high-income taxpayers as well as the fees on pharmaceutical manufacturers and health insurance providers, and, if necessary, the "employer mandate" penalty).

- **Insurance Coverage legislation:** In any subsequent (or parallel) legislative efforts by the GOP to address coverage and insurance practices not addressable through Reconciliation, the priorities should be: a) restoring of the full ban on denial of coverage because of pre-existing conditions by eliminating any limitation of the ban to those with "continuous coverage;" b) requiring insurance plans to provide coverage for a range of preventive health services without cost-sharing; c) prohibiting insurance companies and health providers receiving federal funding from discrimination based on race, national origin, age, disability or sex; and d) prohibiting use of gender or health status in determining premiums. Also, care must be given to make sure that the Republican plan retains the provision allowing young people to remain on their parents' insurance plans until age 26.

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