95 American Health Care Stories
INTRODUCTION

We respectfully submit to Congress ninety-five stories and proposed amendments to the Senate Better Care Reconciliation Act (BCRA) and the House American Health Care Act (AHCA) bills. The health care stories described in our amendments take place in Arizona, California, Colorado, Florida, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New Mexico, New York, North Carolina Texas, Vermont, and Washington, but all of the stories describe situations that people in every state in the country experience. We are lawyers, artists, filmmakers, social workers, writers, historians, former health care administrators, volunteers, athletes, teachers, college administrators, computer programmers, legislators, dog walkers, researchers, parents, children, grandparents, and grandchildren, among other things. Some of us are well-off, some of us would be considered middle-class or working class, some of us are retired or on modest fixed incomes, and some of us fall below the poverty line. Many of us are currently insured through our employers, several of us and/or our family members have purchased individual health insurance policies, and some of us depend on Medicare and/or Medicaid.

ONE

My second daughter was born with liver disease -- biliary atresia and congenital hepatic fibrosis -- which was diagnosed nine weeks after her birth and required surgeries and lots and lots of medications and rehabilitations. Pediatricians, cancer specialists, heart doctors and family physicians all agree that the House and the Senate bills on health care reform will make things worse, not better.

I request that the Senate Better Care Reconciliation Bill be amended to make sure that everyone across the country has coverage for congenital and pre-existing conditions that includes all ten essential services as defined in the Affordable Care Act, that annual premiums and deductibles not be increased more than the overall percentage of annual inflation, and that everyone who qualifies currently for Medicaid will not find that their coverage is reduced or eliminated.

Thank you.

Shirley, Millis, MA
TWO

A childhood friend’s first grandson was diagnosed with a brain tumor at 20 months. He lives in Denver, Colorado, but the surgeons with expertise in this kind of tumor were at Boston Children’s Hospital. His family spent two months in Boston while he underwent surgery and post-surgical treatment and rehabilitative services.

If specialty surgery, hospitalizations and post-surgical treatment and rehabilitation had not been available he might not have survived. Please amend the BCRA to preserve these as essential services that all employer—offered and individual policies must have.

Pam, Concord, MA

THREE

My wife was diagnosed with AFIB seven years ago. Even though she was conscientiously taking her medication and having regular lab work, two years later she suffered a stroke. As a result of the stroke she requires daily medication and regular lab work, and she required physical and occupational therapy for some months after the stoke. She is now working again, but we are very worried about life-time caps, exorbitant deductibles, the cost of medication, and the possibility that essential services will be restricted to eliminate the ongoing medical monitoring, laboratory tests, medication, and the other services that she needs.

Please amend the Better Care Reconciliation Bill to prohibit life-time caps on any of the 10 essential services described in the Affordable Care Act regardless of whether they are in a base or secondary policy and require that all employers offer all of their employees the broadest coverage required by any state in which they do business.

Nancer, Medfield, MA

FOUR

A friend of mine in rural Maine began experiencing alarming symptoms. At her local hospital she was diagnosed with chronic leukemia and end stage lung cancer. She received excellent care from this rural hospital.

Cutting Medicaid will have a devastating impact on rural hospitals. Rural hospitals such as this one in Maine, have a disproportionately large older, poorer and sicker patient population than many urban hospitals, making them particularly vulnerable to cuts in Medicaid.
I request that the BCRA bill be amended to prohibit cuts to Medicaid that could adversely affect, or even lead to closure, of rural hospitals.

Pam, Concord, MA

FIVE

My nephew in New York state has asthma and requires costly inhalers and medication. His father’s insurance covers him now, but in the future prescriptions would not be covered if the state in which he lives now or may live in the future does not consider them to be one of the Ten Essential Services, or he works for an employer who has some employees in a waiver state. His prescriptions would bankrupt his family.

Please do not eliminate coverage for prescriptions under the BCRA or any other bill to repeal or replace the Affordable Care Act.

Andrea, Boston, MA

SIX

If reproductive and family planning services are restricted under the Better Care Reconciliation Act, more children will almost certainly be born as a result of such legislation, and they will need health care.

I request that the Senate Better Care Reconciliation Bill be amended so that all children in this country born after the passage of any health care reform act that restricts funding for family planning services, or any other legislation restricting or eliminating funding for Planned Parenthood or other organizations that offer family planning services, be fully covered for the ten essential services required by the Affordable Care Act until their 26th birthday without regard to their or their parents’ ability to pay.

Thank you.

Susan T, Medfield, MA

SEVEN

In 2015, my daughter at age 29 was diagnosed with a rare form of lymphoma. At the time, she was nearing completion of her PhD at University of Texas. Thanks to the ACA, she received excellent medical care while undergoing the arduous months of chemo. She managed to receive
her doctorate several months after finishing chemo and thankfully is now in remission. However, we worry that her pre-existing condition will prevent her from receiving adequate insurance coverage at a price she can afford, and that she will be at the mercy of the arbitrary whims of the insurance industry in her state.

I urgently request that the Better Care Reconciliation Bill be amended to include all 10 essential services as defined by the Affordable Care Act, eliminate the ability of insurers to impose lifetime caps on any policies that provide these services, and require that all employers offer the broadest coverage required by any state in which they do business.

Fran, Watertown, MA

EIGHT

A friend is a neonatologist, a neonatal intensive care doctor, who works at Dartmouth Hitchcock hospital in New Hampshire and sees many women and their babies who are dependent upon Medicaid for prenatal, natal, and postnatal care. Many of these babies require significant medical interventions.

Medicaid currently covers half the births in the U.S. and the House and Senate bills cut back the expansion of Medicaid that underlay Obamacare and reduce protection for mothers and their newborns.

Please amend the Better Care Reconciliation Bill so that all women are covered for the prenatal and natal services and they and their children receive all ten essential services currently required under the Affordable Care Act.

Margaret, Walpole, MA

NINE

A student of mine was watching in the 2013 Boston Marathon and was standing close to the backpack that exploded. She was able to run from the scene but one of her legs had dozens of bits of shrapnel imbedded in it. It took months, many operations, and lengthy physical therapy before she could walk again.

If employers’ policies are no longer required to provide hospitalization, rehabilitation, and lab services this young woman might never have walked again.

Please amend the BCRA to be sure that these services continue to be available to Americans. If this young woman had not had the benefit of this insurance she would not have been eligible for the ten essential benefits covered by her employer and she would forever be handicapped.
K.C., Brookline, MA

ELEVEN

My own child and my friends' children have needed unanticipated health care ranging from asthma interventions to in-patient treatment for mental health issues or eating disorders, to neuroblastoma that required two bone marrow transplants, to emergency heart surgery. In each case they were lucky enough to have parents with employer-provided insurance that covered the services that they needed and provided other support services from their savings. However, there are at least as many children in families that need the same services but do not have comprehensive employer-provided insurance or an emergency savings fund.
Dr. Fernando Stein, President of the American Academy of Pediatrics has noted that the Senate bill includes misleading so-called ‘protections’ for children with medically complex health issues by purportedly exempting them from certain Medicaid cuts.”

Paying lip service to certain children through “carve-outs” does little protect children’s coverage when the funding of the program providing the coverage is cut by 25%. If you don’t think 25% is a lot, imagine that four kids in your children’s school contracted an illness and the principal informed each of the parents that one of the four children would not receive the treatment required to recover.

Stripping the Medicaid program of hundreds of billions of dollars and transferring responsibility for health care to the states through inadequate block grants will force states to chip away at coverage for needed services and/or fail to adequately cover children living in poverty who do not have complex health conditions. In other words, the Senate and House bills as currently constructed are forcing states to play “Sophie’s Choice,” with their children.

Medicaid currently allows a college student with cerebral palsy to live independently. Medicaid pays for a toddler’s wheelchair, and as she grows over time, it covers the next one and the one after that.” The damage that will be done if Congress fails to provide adequate coverage for children and teenagers with complex and normal health issues will be incalculable.

I urgently propose that the BCRA be amended to maintain current Medicaid funding levels (or increased if that is appropriate) unless and until it has been demonstrated for three consecutive years that all ten essential services defined in the Affordable Care Act can be provided to everyone who would qualify under current Medicaid rules.

Thank you.

Nancer, Medfield, MA

TWELVE

I have fallen and needed emergency and surgical services at least three times for broken bones. I have also needed emergency services for pneumonia that I contracted ten times during a period of two years. Many costly lab tests were associated with these emergency visits. Please amend the BCRA to prevent cuts to Medicaid and private insurance services and limits.

Lydia, Waban, MA
THIRTEEN

My first cousin had breast cancer, and on her state-provided insurance (in Maryland), she was able to get a mammogram, and then get appropriate and ultimately successful treatments, monitoring, and post-treatment medical care for years.

Women who are not in her position are reliant in the first instance on breast exams provided by Planned Parenthood, which the new BCRA threatens. This means women’s breast cancers would not be detected in a timely fashion. This is life-threatening bill.

Please amend the BCRA so that Planned Parenthood retains its funding and all American women get a chance to obtain the technology tied to life. Save women’s lives. #Righttolive.

Margaret, Newton, MA

FOURTEEN

A close friend’s daughter has had multiple hospitalizations and outpatient treatment for ulcerative colitis. As part of her treatment she was prescribed prescriptions for pain under a doctor’s care. When she was in her early thirties my friend’s daughter developed an opioid addiction.

Opioid addiction is now so widespread that more people in the United States die from overdoses than from car accidents. People with opioid addiction often face a long costly course of care, but they can lead happy productive lives if treatment is available, and their condition is not stigmatized.

Reducing Medicaid by 25 percent will devastate the recovery prospects of many opioid addicted Americans and impair the ability of the many wonderful organizations and agencies that work with them to function.

Trying to disguise the horrendous impact of Medicaid cuts by creating a $2 billion (or even a $10 billion) dollar opiate fund does not begin to address the issue. Even Republican Senators have estimated the real cost of fighting the opiate epidemic to be more than $40 billion without Medicaid cuts. The $2 billion proposed in the Senate bill is less than a single fine levied against Google for allegedly skewing its browser search results.

I propose that the BCRA be amended so that Medicaid funding is NOT reduced, and that the BCRA, like the Affordable Care Act, cover opioid related treatment and other substance abuse treatment under all insurance policies. Eliminating a requirement for Essential Services that includes substance abuse treatment or rehabilitative care is cruel to the hundreds of thousands of Americans (to say nothing of their children and families) who have a chance at a happy and productive life with supportive treatment.
Lydia, Waban, MA

FIFTEEN

The 50-year-old, self-employed woman who cleans my house once a month is a true professional. She has been cleaning houses and doing housekeeping for 20 years. As a result of her labor, she has injured her back and shoulder. She must limit the hours she can work. She is not disabled, but her prospects are very limited. She is very independent and proud of her self-sufficiency, but she is vulnerable. She has no other marketable skill.

Medical treatment, including physical therapy, has made it possible for her to continue working despite her physical vulnerability. Her annual income is below $40,000. Without governmental assistance, she would not be able to afford insurance. (She lives in a shared apartment with shared bathroom, not exactly luxury for someone who has worked hard for over 20 years and is approaching old age.) Without insurance, she could not get the therapy that enables her to keep working. And, of course, she would not have access to medical care should she develop any other medical condition, which is likely for someone her age.

Our uncertain economy and its lack of security for all workers means that any of us could lose sources of income at any time. The human toll in illness and anxiety is terrible. A wealthy country like ours should provide a better floor of security for its citizens. I propose as an amendment that by 2030 we will complete a transition to a national program of Medicare for all.

Meanwhile, I urge that the BCRA be amended to require that rehabilitative and habilitative services be included as a non-waivable essential service. Thousands, if not millions of people’s work prospects depend upon the availability of physical therapy after they are injured or struck down by illness. Cutting the requirement that insurance and Medicaid provide these services, or increasing deductibles to effectively make them out-of-reach, is short-sighted and ultimately costly for the entire nation.

Naomi, Newton, MA.

SIXTEEN

In the 1960s, before America had any kind of universal health coverage, my grandmother was diagnosed with bladder cancer. She was operated on at Mass General, and every day her bill was presented on her breakfast tray. She did not have the resources to pay, and this was the source of intense anxiety. When she was sent home, she was not given any outpatient rehab services or follow-up nurse visits. When her leg started turning black, she did not seek treatment as she was still being hounded by the hospital for her previous bill. By the time she was seen, the leg had gangrene and ultimately had to be amputated.
The kind of rollbacks of coverage embodied in the BCRA would mean a return to this kind of tragedy for millions of Americans.

The BCRA needs to be amended so that the 10 essential services continue to be covered without crippling deductibles or any lifetime caps.

Pam, Concord, MA

SEVENTEEN

Last summer I was in a deeply rural area of New Mexico and got Bell’s Palsy. I was able to get to a very rural emergency room in a remote town in Arizona, two hours away, where I had a CT scan to rule out a stroke and to confirm that I had Bell’s Palsy. I noted that many of the people treated at this Medical Center were from nearby Indian Reservations or from other rural areas of Arizona. I am concerned that this fine facility cannot survive economically if Medicaid funding is cut significantly. I experienced how limited medical availability was in poor, rural communities and wonder how many people would die if they cannot get immediate treatment. Two hours by car was already a long time to have to travel.

Please amend the BCRA to eliminate cuts to Medicaid which could adversely affect or cause the closure of rural hospitals and medical centers.

Karin, Watertown, MA

EIGHTEEN

I have rheumatoid arthritis, and I am on self-injected medication that I must take twice a month, along with five oral medications. The retail cost of my medications is over $6,000 a month. Because my income is low, my medication cost is covered by Medicaid although I do have a $25 co-pay. If I were to lose Medicaid now, or in the next ten years, my medical expenses would likely exceed my ability to find a job that would pay for them, and I would end up in a wheel chair or worse.

Please amend the BCRA to eliminate the proposed cuts in Medicaid and require that prescriptions be offered as a required Essential Service. I understand that 45% of the $800 billion-dollar tax cut being proposed in the Senate bill will go to people earning in excess of $850,000 per year. I have not heard any of them claiming that they need to put me and others like me in wheel chairs or worse so that they can get a tax cut.

Susan S., Medfield, MA
NINETEEN

My breast cancer was detected early, after I felt a lump in my armpit. I was very fortunate. I had a biopsy and then a complete mastectomy but because it was caught early I did not need radiation or chemotherapy.

Breast cancer is extremely common. About 1 in 8 women will get it. It is also the second deadliest type of cancer for women. Over 240,000 people are diagnosed with breast cancer each year and 40,000 die from it.

Many women depend upon Planned Parenthood for their breast exams. Regular breast cancer screenings and mammograms enable early detection of breast cancer and extend women’s’ lives by many years. It is unconscionable to place women’s lives at risk when breast cancer can be caught early because some people object to family planning counseling.

Please amend the BCRA to provide funding for breast exams and other non-abortion services provided by Planned Parenthood. Also, I urge that the BCRA be amended so that no one can be denied insurance or Medicaid directly or indirectly because of a pre-existing cancer condition. Children should not lose their mothers because Congress wants to give a tax cut to the wealthy.

Laurie, Watertown, MA

TWENTY

My young son, age 8, cut his shin badly in a boating accident out of town, and needed to go to an emergency room at a rural hospital in North Carolina for stitches. He also needed a shunt to prevent infection, and this required a repeat visit. It would have been costly if we had not had insurance, and without that care, he might have developed a life-threatening infection. And if there had not been a good rural hospital in the area, we would have had to drive hundreds of miles to get his emergency treatment.

Many pediatric and doctors’ associations have said that the proposed BCRA could eliminate essential services for children. Also, Medicaid cuts could hurt rural hospitals and leave them less able to deal with all the needy, poor patients who have no other option. According to Jimmy Lewis, a rural hospital consultant, the Medicaid cuts proposed by the AHCA and the BCRA would “wipe out rural health care.”

I propose that the Senate vote be postponed until public hearings can be held to obtain impartial scientific advice from medical experts on the impact of the bill on patients and hospitals, particularly rural hospitals and hospitals that have a large poor population. I also request that any version of BCRA be amended to maintain coverage requirements for current “essential services.” And that rural hospitals retain their ability to stay open to treat the under-served populations in their region. Our children deserve this.
Margaret, Newton, MA

TWENTY-ONE

It is no surprise to anyone, that women with good prenatal care have healthier babies. March of Dimes President Stacey Stewart reports that Medicaid covers up to 6.5 million women of childbearing age and that any restriction imposed by the BRCA will make it harder for them to get healthy before they become pregnant. Why would any senator wish that on any woman?

We urgently propose that the BRCA be amended to ensure that all women who are currently eligible for Medicaid remain covered by any healthcare reform bill, and that prenatal services are required to be covered as essential services in all states.

Thea, Medfield, MA; Shirley, Millis, MA; Terry, Medfield, MA; Laurie, Watertown, MA; Pam, Concord, MA.

TWENTY-TWO

My friend’s daughter was born with cystic fibrosis. This is a life-threatening disorder that damages the lungs and digestive system and cannot be cured. She is not expected to live to adulthood. Her parents have sought out all possible options for treatment and are intent are giving her a rich life for as long as she lives.

The financial and emotional burden of caring for a child with this condition would be intolerable if health coverage became more limited.

Please amend the BCRA so that the ten essential services are required under every employer group policy and every individual base policy.

Pam, Concord, MA

TWENTY-THREE

In the neonatal unit where my son was cared for after his premature delivery several dozen infants whose mothers were drug users during their pregnancies and their babies were born addicted to drugs their mothers had used. A dedicated staff tended to these infants during the arduous withdrawal period.

The new Healthcare Bill makes deep and unconscionable cuts to addiction treatment coverage and will almost certainly result in less coverage for newborns.
I urge that the BCRA be amended so that neonatal and postnatal care cannot be excluded under any Medicaid or private insurance policy, and funding for drug addiction through Medicaid is not reduced.

Sincerely,

Lora, Provincetown, MA

TWENTY-FOUR

My granddaughter was thrown by a horse and landed on her head. She was evaluated in a hospital emergency room and given a diagnosis of concussion. She then saw several specialists to assess the extent of her injury, and they prescribed appropriate treatment. If my granddaughter had not had CAT scans and visits to specialists, she might have gone back to school too soon and suffered permanent brain damage.

Her care was covered by her mother’s policy with a large company. We are concerned that the BCRA might result in hospital, lab, or rehabilitation services being excluded from employee policies if they are waived in any of the states in which her company operates.

Please don’t let large companies limit their coverage nationwide to the levels of the states with the poorest health care coverage. Anyone who has ever been involved in “best practices” evaluations knows that the bill should work the other way around. We should be rewarding companies that provide comprehensive care to their employees, not penalizing them because the law has been written to favor competitors who are less compassionate.

Andrea, Boston, MA

TWENTY-FIVE

Our 26-year-old son had a stroke and required emergency open-heart surgery. This involved weeks of hospitalization and the intervention of world-class doctors. If we hadn't had the option of keeping him on our health insurance policy after he graduated from college, or our health insurance policy hadn't covered all of the 10 Essential Services in the Affordable Care Act our family would have incurred crippling debts that would have tragically affected our lives.

We urge that the Better Care Reconciliation Act be amended to require that all 10 Essential Services mandated by the Affordable Care Act continue to be required in all BCRA insurance policies.

David and Lora, Provincetown, MA
TWENTY-SIX

My good friend in Texas had a heart attack and a stroke on the same day in 2016. She was hospitalized and needed extensive physical therapy following her illness. She was able to pay her deductible (barely) but would not have been able to afford the services required to recover if her insurance had not covered rehabilitation, hospitalization, out-patient services, and medications. The American Heart Association and other medical professionals are denouncing the Better Care Reconciliation Act or BCRA. American Heart Association CEO Nancy Brown has called the bill “literally heartless.”

Please ensure that everyone in this country has insurance coverage for the ten essential services in the Affordable Care Act and that there are no lifetime caps on any of these services.

Amy, Millis, MA

TWENTY-SEVEN

My close friend’s brother had total renal failure two years ago, and received a live donor kidney transplant. This transplant saved his life. He is under frequent medical supervision and has to take a complex regimen of medications to stay alive. His care has been covered by his employer’s health insurance, but my friend is afraid that the BCRA will result in restrictions of coverage for his complex and volatile condition. For example, if his medications no longer had to be covered this would be lethal for him.

The BCRA needs to be amended so that prescription coverage is mandatory in all policies.

Lora, Provincetown, MA

TWENTY-EIGHT

I am on Medicare and have diligently saved money for the future. Although I am still earning money as an artist, my income has been less in my late 60s and now early 70s. My health is reasonably good but I worry about my future income and health and whether my savings will be enough to cover a possible inability to earn and any future health care I would require. It is impossible to predict what is going to happen to my health in the next couple of decades. What if I need constant care or need to be in a care-giving facility? If my savings are depleted, I would count on Medicaid to pay for the facility and my care until I die. What would happen to me, or
someone like me, or someone with less money saved if Medicaid is severely cut? Are we going to be left bereft and given a death sentence?

Please amend the BCRA to prevent cuts to Medicaid so that millions of Americans in my position can sleep at night.

Karin, Watertown, MA

TWENTY-NINE

I am a lawyer, and I represented a fully-employed New Hampshire resident with private insurance who was diagnosed with autoimmune hepatitis some years ago, before the passage of the Affordable Care Act. Her insurance company refused to provide coverage on the grounds that her hepatitis was a pre-existing condition. She'd had a single six-week bout of hepatitis as a child (which was blamed on a contaminated well that was immediately closed) before autoimmune hepatitis was known to be a condition. I took the case for free because I was so moved by her story. My client grew sicker every day and by the time the case went to mediation, she couldn't sit up for more than about twenty minutes. Fortunately, we were able to get her coverage, and she had a liver transplant and became a long-distance cyclist, but had she been required to pay for the legal services, she could not have afforded to sue and would have died because of the insurance denial.

I've seen first-hand the devastation caused by insurance denials based on pre-existing conditions, life-time caps, and so-called non-essential services. The BCRA must be amended to require coverage for the ten essential services identified in the Affordable Care Act to protect people who cannot afford to pay the retail cost of all the medical services they might need in the event of a life-threatening or catastrophic accident or illness. This includes everyone except the very rich.

Obviously, healthy well people will pay more in taxes or premiums than they use in services in a given year so that those who experience catastrophic illnesses can get the services they need. That is the nature of all insurance. Since the 1800's businesses have recognized that business insurance is essential to operating a stable business. Banks regularly require homeowners to insure their houses in order to extend a loan on the house, and many states require proof of auto insurance. We pay premiums on these policies even though no one plans on getting into a car accident or having their house or business burn down. Failing to create a program that enables and requires everyone who could ever need medical services to have health insurance for the essential services outlined in the Affordable Care Act puts a terrible and unnecessary burden on millions of responsible hard-working people and a huge strain on the entire system.

Nancer, Medfield, MA
THIRTY

My neighbor was born with Wilson disease, which prevents the body from metabolizing copper and can lead to liver failure and death if left untreated. He was extremely fortunate to be accurately diagnosed as a baby. His disease is managed by daily treatments of Syprine, which currently costs $300,000 a year. His life depends on continuing this treatment.

In the Senate bill, states can obtain a waiver with very weak insurance standards. This would allow states to allow prohibitive deductibles and lifetime coverage caps on many services associated with preexisting conditions. If this becomes the law, my friend will not be able to afford his treatment once he has reached these coverage caps. It would be a death sentence for him.

Please amend the BCRA to prevent “backdooring” coverage caps by eliminating the 10 essential services mandated by the Affordable Care Act.

Pam, Concord, MA

THIRTY-ONE

In high school, my son had mental health issues which required extended treatment and medication. He ultimately went to college and now holds a full-time job in a management position. But had mental health services not been available to him, the outcome would likely not have been as good. Because we were covered for mental and behavioral health services and medication under my employer’s policy he has a bright future as a contributing member of society.

Please ensure that mental health and behavioral health services are covered as essential services for everyone under the Senate Better Care Reconciliation Bill and that all “large” employers are required to provide family coverage that includes these services.

Susan T., Medfield, MA

THIRTY-TWO

My mother lives in a non-profit assisted living community. Residents are not evicted if they run out of money. Instead, their rent is substantially lowered and is paid by Medicaid. If Medicaid is deeply cut, these elderly people will literally land on the street. This is true for millions of elderly people throughout the country. Elderly people without financial resources are extremely vulnerable to cuts in Medicaid.
Please amend the BCRA to restore all cuts to Medicaid. All people deserve to live out their years with dignity without fear that they will have no place to live.

Pam, Concord, MA

THIRTY-THREE

My sister, who lives in Colorado, has Multiple Sclerosis and is disabled. She is extremely sensitive to temperature and suffers cognitive impairment when she is in a room where the temperature is above 55 degrees. She cannot go outside when it is sunny or warm. She cannot fly on planes, go out to eat in restaurants, or do many of the things that most of us take for granted. She needs monthly infusions to keep her MS under control and has a very strict diet and medication regimen. If she does not receive her infusions she will rapidly grow worse and could die.

MS causes damage to the central nervous system, so nearly any function can be adversely affected. Not everyone has my sister’s temperature sensitivity, but there are many other debilitating symptoms such as overwhelming fatigue, visual disturbances, altered sensation and difficulties with mobility. The BCRA will reduce access to coverage and make it less affordable to people with MS. And the coverage that they do get is likely to exclude certain needed services or impose life time caps.

The BCRA also eliminates Medicaid expansion which gives states additional funding to offer insurance to low-income people who make up to 133% over the poverty line. Over 480,000 people living with MS in the United States have register with the Multiple Sclerosis Society and the real number is probably quite a bit higher. By jeopardizing Medicaid expansion and cutting back on Medicaid funding and capping all federal Medicaid funding starting in 2025, the BCRA will force states to choose between providing treatment for people like my sister and providing neo-natal care or dialysis for people with renal disease, or people with AIDs.

I propose that the BCRA be amended to require that each of the 10 essential services identified in the Affordable Care Act be included in employer-based and private health care BCRA policies, and that people who qualify for Medicaid under current rules receive the same services as those covered by insurance under the ACA.

Thank you.

Nancer, Medfield, MA.

THIRTY-FOUR

My neighbor’s young daughter was diagnosed with osteosarcoma (bone cancer) in her leg when she was barely one year old. The traditional treatment for this terrible disease is amputation. Thanks to ground breaking research and treatments done in Boston Children’s Hospital, Clara’s
leg is intact and she is remission. Without her parents’ comprehensive insurance coverage which covered her treatment, surgery, and rehabilitative services Clara wouldn’t be the active, healthy 5-year-old she is today.

Please amend the BCRA so that all employers with more than 50 employees must provide insurance that includes the 10 essential serviced mandated under the ACA so that other children with bone cancer have the chance to lead whole lives.

Lora, Provincetown, MA.

THIRTY- FIVE

My twenty-seven-year old son has a serious mental illness that has involved police and court involvement. It has required multiple lengthy psychiatric hospitalizations, outpatient treatment and expensive medications. He is unable to obtain employer health insurance because he cannot hold a job. I have several friends whose children face similar devastating conditions.

The Better Care Reconciliation Act is "mean" if it does not include an amendment to require coverage for essential mental health and emergency services and prescription drugs under both private insurance policies and Medicaid. Please Amend the Better Care Reconciliation Act to preserve these coverages.

Thank you.

L.K., Newton, MA

THIRTY-SIX

My daughter has a job at a small company that is unable to provide health insurance for its employees. She has good insurance through Obamacare. Because the BCRA allows states to waive essential health benefits, she could potentially be one of the young people able to get insurance at a lower cost. However, she may not have coverage for pre-natal and natal services should she become pregnant. This is not a benefit to her or any children she may have.

Please amend the BCRA continue the requirement for insurance to cover the essential health benefits.

Margaret, Walpole, MA
THIRTY-SEVEN

My co-worker’s mother was admitted to the emergency room about ten years ago with an ailment that resisted diagnosis. Her mother was nearing death when an infectious disease specialist learned that she had recently visited China. He then tested her for a parasite found in China that attacks the liver. This proved to be the problem, and with six weeks of intensive antibiotics, she recovered fully. If BCRA becomes law, her insurance cost would increase fivefold for more limited coverage.

Please to amend the BCRA to provide that older people pay no more than three times the premiums that younger people pay and that laboratory tests and prescriptions are required to be covered under all BCRA policies.

Lora, Provincetown, MA

THIRTY-EIGHT

At local community events, I often see a family with a son who has severe cerebral palsy. They are lucky enough to have insurance through work, but I understand that the BCRA will allow employers with workplaces in multiple states to offer their employees policies that provide less coverage than their state mandates if they have an office or factory in another state that requires fewer essential services. If the BCRA is enacted, I don’t know how this family, who has several other children, will manage.

According to Dr. Matthew Davis, a professor of pediatrics and of medicine at Northwestern University Feinberg School of Medicine, although Senate Leaders characterize the BCRA as providing states with flexibility, the reality is that the bill will put considerable pressure on states to reduce the health care services they provide, including healthcare for children. Essentially, the current Republican bills are skimming 25% from Medicaid and punting current coverage problems and future hardships of their own making to the states so that others can be blamed when health care failures cause unnecessary deaths and economic disruption.

I respectfully request that the BCRA be amended to provide that all children receive at least the same scope of coverage at the same or less cost than is currently being provided under the Affordable Care Act.

Nancer, Medfield, MA

THIRTY-NINE

I was diagnosed with breast cancer through a mammogram. I was lucky enough to have private insurance. Women who are not in my position rely on Planned Parenthood for their breast exams. Defunding Planned Parenthood would mean that thousands of women would miss the opportunity for early detection. This would end up costing the system much more than early
intervention. Defunding Planned Parenthood for non-abortion services will also lead to unnecessary heartache for women and their families.

Please amend the BCRA to preserve non-abortion funding for Planned Parenthood and other organizations that perform legal abortions.

Lora, Provincetown, MA

FORTY

One of my friends has serious renal disease. Her life literally depends upon healthcare coverage and she cannot be without Medicaid and Medicare Insurance. Putting lifetime caps directly or indirectly by cutting the scope of essential services is a death sentence to people like her who have a chronic disease that requires continuous treatment. Isn’t the point of medical insurance to help people?

I don’t hear any good arguments for reforming healthcare in the manner being proposed. 45% of the tax cut is apparently going to people who already make more than $850,000. And the bill will kill people like my friend, and perhaps my friend. I’m sure the Affordable Care Act can be made better, as can the insurance marketplace and healthcare delivery. However, none of the problems in our current system are addressed by the AHCA or BRCA.

I propose that the BRCA be amended to require that all Americans receive the same scope of coverage that is provided under the ACA before any tax cuts are implemented.

Thea, Millis, MA

FORTY-ONE

I am concerned that people who are victims of terrorism will not get the services they need if the BCRA is enacted. A friend of mine ran the Boston Marathon in 2013, the year of the bombing. Victims of that incident required endless surgeries to save limbs, had limbs amputated, prostheses required, and many lost their jobs due to an inability to work. Without Medicaid, they may not be able to receive the treatment they needed. If this bill is passed, how many innocent victims of terrorism will die or go bankrupt after the next act of terrorism or violence?

Please amend the BCRA and/or AHCA so that all victims of terrorism or violence are covered for the 10 Essential Services mandated by the ACA with no lifetime caps.

Karin, Watertown, MA
FORTY-TWO

My darling aunt, who raised two children and worked all her life, is now at 96 and in a nursing home, where she is as independent as she can be, but also has her needs cared for. She could no longer live with her daughter, in her daughter’s tiny house—which they tried for about eight months with increasing emotional and physical difficulty on the part of the entire family. The Senate proposal would likely trigger deep cuts to the Medicaid program that covers millions of older Americans (and others with disabilities) who need long-term services and support. Medicaid cuts in the draft BRCA are unsustainable and will increase costs for my aunt’s family or drive her to despair.

I propose that the BRCA be Amended to maintain current eligibility rules and that those eligible continue to receive the current scope of services under the Affordable Care Act and other relevant federal laws.

Margaret, Newton, MA

FORTY-THREE

I am pretty healthy. For many years I barely used my health insurance. Until I was attacked by a dog while running, and my writing arm and hand were “partially degloved” --which is pretty terrifying when you aren’t wearing gloves. It would have been even more terrifying, if I hadn’t had insurance coverage for the three surgeries, hospitalizations, intravenous and oral medications, visiting nurses, dressing care, occupational therapy, physical therapy, and the PTSD therapy that I needed to return to work and, eventually, to running.

Please amend the BCRA to continue the requirement that insurance cover the ten essential health benefits required under the Affordable Care Act without lifetime caps or deductibles that exceed those allowed under the ACA. Health Insurance allows life to go on when something you never thought would happen occurs. It allows people to return to work and return to contributing to the economy. It prevents families from going bankrupt.

Nancer, Medfield, MA.

FORTY-FOUR

My father was diagnosed with chronic myelogenous leukemia when he was only 68 years old. He required chemotherapy, which delayed the onset of the acute phase of the disease for five years.

I worry that if the BCRA is passed that other families will not be so lucky, and hundreds of thousands of people will die prematurely.
Please amend the BCRA to require that all ten essential services identified in the Affordable Care Act continue to be required for all BCRA policies and that insurers cannot impose life-time caps directly, or indirectly.

Pam, Concord, MA.

FORTY-FIVE

At the age of fifty-seven (57) I was diagnosed with atrial fibrillation and put on several blood thinners to avoid potential blood clots. Two years later I suffered an Embolic stroke from a clot which developed in my heart. This happened even though, I was having blood tests every three weeks and was very reliable about taking my medication. As a result of the stroke I require daily medication and required physical and occupational therapy. I am quite concerned about life-time caps, the cost of medication, and the possibility that essential services will be restricted to eliminate the ongoing medical monitoring and services that I need. I also worry that I will never be able to change healthcare providers due to this pre-existing medical condition.

Please amend the Better Care Reconciliation Bill to eliminate life time caps on all 10 essential services as defined by the Affordable Care Act and require that all employers offer the broadest coverage required by any state in which they do business.

S.T., Medfield, MA

FORTY-SIX

My son had an emergency appendectomy on his way to college. Instead of driving him to his orientation session we drove to a suburban New York hospital where he had surgery. We were out of state, but the emergency room visit, the surgery, and his subsequent hospitalization were covered by our health insurance. Waving requirements for the 10 Essential Health Benefits could eliminate coverage for the care that others in similar circumstances receive in the emergency and operating room.

I urge you to amend the BCRA to preserve funding mandated by the ACA that covers these essential services.

L.B., Provincetown, MA

FORTY-SEVEN

For many years I have raised money for the Special Olympics which includes many athletes with Down Syndrome. One in every 700 babies born has Down Syndrome – about 6,000 babies a
year. Years ago, children born with Down Syndrome had very short life spans—most died before their twentieth birthday. However, with medical advances in antibiotics and corrective heart surgeries, 80% of people with Down Syndrome are now expected to live to at least 60. With appropriate services people with Down Syndrome can go to school, hold jobs, participate in social and community life, and lead happy and fulfilling lives. Many children with Down Syndrome live in families who are dependent on Medicaid for services.

The Center for Medicare and Medicaid Services reports that Medicaid currently covers 75 million people, including nearly 36 million children. Without adequate health care, children, especially those with Down Syndrome, are less likely to develop into adults that can live independently and become contributing members of society. It is short-sighted as well as cruel to deny health services to children.

Please ensure that all children currently eligible to receive the ten essential health care services mandated by the Affordable Care Act continue to receive such coverage before any tax breaks are given to those that make $200,000 or more per year, and that any tax cuts are conditional upon each child in this country receiving full coverage for outpatient services, hospitalization, rehabilitative and habilitative services (including coverage for autism related disorders), mental health and behavioral health, lab tests, and prescription medications with no lifetime caps.

Nancer, Medfield, MA

FORTY-EIGHT

I have a sister-in-law who had breast cancer at age forty. After two operations and chemo, she was told she also has lupus. Without the expensive medications she requires, her ability to function would be severely compromised. She would not be able to afford them after her savings ran out if her husband’s health care insurance didn’t cover them.

Coverage for prescriptions is an essential service for millions of Americans. The BCRA should be amended to include them as an essential service under all employer-based and individually purchased BCRA policies.

I strongly urge you to amend the BCRA to preserve prescription coverage for every plan in every state.

Andrea, Boston, MA

FORTY-NINE

My close friend, who is an avid cyclist, suffered a cycling accident in which she was thrown from her bike, hit the pavement, and was rendered unconscious. She was airlifted to an urban
hospital where she was treated for brain injuries and a broken collar bone. She underwent months and months of rehabilitative care.

Her insurance policy included coverage for the ten essential services mandated by the ACA. She is now riding a bike again and has returned to her full-time teaching job. Accidents like this happen to people who are careful and responsible. (She was wearing a helmet).

Lives should not be irreparably changed by lack of coverage for the services they need. My friend’s wasn’t, but I fear that others will not be so lucky under the current version of the BCRA.

Please amend the BCRA to require that all insurance policies include the ten essential services that were mandated under the ACA and saved the life of my friend.

Sincerely,

Laurie, Watertown

FIFTY

I was at the Boston Marathon in 2013, the year I which terrorists bombed the finish line, and I have a special feeling for those who were injured. Many the victims required multiple operations, rehabilitation, and prostheses. Even with insurance policies and the One Fund, several have already gone bankrupt, and more are sure to follow.

According to Kathryn Watson of CBS News, the Senate bill will allow states to opt out of offering essential services like rehabilitation. I propose that the BCRA be amended so that no victim of a terrorist attack be denied treatment or coverage for any of the ten essential services set forth in the Affordable Care Act. Since no one knows in advance what will befall them, all potential victims of a terrorist attack should be entitled to such protection as well. In other words: all of us.

Andrea, Boston, MA.

FIFTY-ONE

The husband of a friend of mine has Barrett’s esophagus, a precancerous inflammation of the esophagus. He requires regular endoscopies in order to monitor this condition and make sure that it is not developing into cancer.

If their insurance did not cover lab reports, outpatient visits, hospitalization, and rehabilitative care he would be at terrible risk and their lives would be filled with anxiety.

Please amend the BCRA to ensure that all employer and private BCRA insurance policies are required to include all of the Essential Services mandated by the ACA.
Thank you.

Lora, Provincetown, MA

FIFTY-TWO

My mother-in-law is at a point physically and mentally where she must be moved to a nursing home. She worked hard all her life and has good savings, but her resources will be depleted within two years. At that point, she would be covered by Medicaid, which currently covers two-thirds of all people in nursing homes. The drastic reduction to Medicaid funding in the BCRA is a huge concern to our family.

Please amend the BCRA to continue the expansion of Medicaid underlying Obamacare and continue the federal funding for the original program.

Sincerely,

Margaret, Walpole, MA

FIFTY-THREE

A friend’s daughter, diagnosed with liver disease soon after birth, required many services and medications. Her family hoped for a transplant, however even after moving to another state with more likelihood for a transplant, she did not survive.

I request that the Senate Better Care Reconciliation Bill be amended so that that everyone legally in this country has insurance for congenital and pre-existing conditions for at minimum, all ten essential services as defined in the Affordable Care Act, and that people seeking treatment for chronic illness not be denied or restricted because they cannot afford private insurance. There cannot be a cap on medical expenses incurred for treatment of chronic illness.

Amy, Millis, MA

FIFTY-FOUR

My neighbor and friend has a daughter with a very serious developmental disorder. The daughter’s habilitative care is currently covered by my friend’s insurance, but my friend is terrified that she and the network of parents of children with the same condition to which my friend belongs will lose their coverage if the BCRA is enacted, and employers are not required to provide their employees with insurance policies that include habilitative care, mental health and
behavioral care, and prescriptions. Many of the parents with children with this condition are dependent on Medicaid.

Obviously, children with these conditions and their families will also be severely harmed if lifetime caps or deductibles double or triple on services are allowed directly or indirectly as a result of waivers.

Please amend the BCRA to require that all ten services mandated by the Affordable Care Act are preserved in both Medicaid and all insurance policies provided by employers and private insurers.

Laurie, Watertown, MA

FIFTY-FIVE

My brother, who is 60 years old, is insured under Obamacare. Under the BCRA he would be on the high cost end - higher premiums and deductibles both due to the reduced subsidies and the punitive age rating.

Please amend the BCRA to continue the current level of subsidies and age rating.

Margaret, Walpole, MA

FIFTY-SIX

Ten years ago, I found an abdominal lump that ultrasound revealed to be a potentially cancerous ovarian cyst. My CA 125 test for ovarian cancer was negative, however, and a local surgeon therefore offered to remove the cyst laparoscopically by chopping it up and pulling out the pieces. Thanks to a second opinion with a Dana Farber surgeon, I learned that particular test for ovarian cancer is incorrect 50% of the time until the cancer has spread beyond the ovary. The Dana Farber surgeon successfully removed the cyst, which was later found to be cancerous.

If I had not been covered for second opinions and laboratory tests, I might not be alive today.

Please amend the BCRA so that all the services currently available under the ACA continue to be required in all employer and private BCRA insurance policies and that such services are also covered by Medicaid.

Pam, Concord, MA
FIFTY-SEVEN

Two close friends of mine suffered strokes before they were sixty. Medical monitoring (prevention benefits), medication, and rehabilitation services have been critical to recovery of significant functioning and their return to work. They, like most other people with cardiovascular disease, depend on medications, outpatient doctor visits, and medication. They have also needed on physical and mental therapy to adapt to reduced or different functioning.

According to the American Heart Association, Americans with cardiovascular disease and a broad array of other pre-existing conditions will suffer under this proposal because it would give states the ability to discriminate against the sick by obtaining waivers for essential benefits, and states will be induced to do so because so much money has been siphoned out of the health care programs in order to fund the BCRA tax cuts.

Anyone who has ever witnessed the Herculean effort and diligence of someone trying to recover from a stroke knows that medical support and treatment are critical to success. Picture telling someone who is spending ten or twelve hours a day re-learning to walk, to speak, to write and to tie their shoes that they will no longer receive therapeutic help because Congress is voting to give a tax break to the wealthy.

I urgently propose that tax cuts in BCRA be triggered only after 95% or more of Americans are covered for the ten essential services identified in the ACA for three consecutive years, that such tax cuts are limited to any surplus in funds due to innovations in treatment, cost containment in pharmaceuticals, and preventative program outcomes, and that the evaluation be conducted each year thereafter to ensure that such coverage levels are met before tax cuts are triggered for that year.

Nancer, Medfield, MA

FIFTY-EIGHT

My husband went to our doctor's office with what he thought was serious indigestion. The doctor saw immediately that it was a heart attack in progress. My husband was taken by ambulance to our local hospital where his heart actually stopped. Thank God, the doctors were able to start the heart again. Five stents were placed in his heart; he was in intensive care for days, and he was sent home with medication (which he continues to take).

American Heart Assn. CEO Nancy Brown has said the Senate draft health care bill “is literally heartless. If passed it would erode the very patient protection and coverage Americans need the most.” We owe my husband's life to conscientious heart treatment. I can't begin to imagine what life would be like if we did not have insurance protection for his treatment.

Please amend the Senate bill to ensure that all insurance policies and Medicaid continues to provide all heart-related services that are currently mandated under the Affordable Care act and provided under current Medicaid rules.
FIFTY-NINE

My cousin in New York state had assorted strange symptoms and eventually received a diagnosis of Lyme Disease. Without the appropriate insurance, he might not have been able to see enough doctors to get the proper diagnosis and might not have been able to have the extended courses of antibiotics he required. He could easily have suffered heart damage or paralysis or other effects of this strange disease if his insurance had a cap that would have kept him from getting appropriate care.

I strongly urge you to amend the proposed bill so insurance companies will not be able to put a cap directly or indirectly on therapy or treatment options.

Andrea, Boston

SIXTY

I have a progressive illness for which no cure has been developed and cannot be without my Medicaid and Medicare Insurance. My life depends upon health care coverage. Putting life time caps directly or indirectly by cutting the scope of essential services is a death sentence to people like me who have a chronic disease that requires continuous treatment.

There are no good arguments for reforming health care in the manner being proposed. I am sure the Affordable Care Act can be made better, as can the insurance marketplace and healthcare delivery. However, none of the ills in our current system are addressed by the BRCA.

I request that the BRCA be amended to require that all American receive the same scope of coverage that has been provided under the Affordable Care Act before any tax cuts are implemented.

Sincerely,

Amy, Millis MA

SIXTY-ONE
Medicaid currently covers “a grandmother’s chemotherapy and a newborn baby’s emergency heart surgery, a six-year-old’s hearing screening, and a teenager’s asthma inhaler.” If we eliminate coverage for these services today, tomorrow, or in five years, we are going to kill people whose conditions are no fault of their own. I know there are Republicans who do not want to sever services to innocent children and grandmothers. Please vote no on what many are now calling the Bruttally Careless Republican (Tax Cut) Act.

Alternatively, please amend the BCRA to require continued coverage under private insurance and Medicaid for the ten essential services identified in the Affordable Care Act. If you are serious about cutting the deficit, restore 600 billion to the Medicaid and Health Care Act programs and eliminate the tax cut for tanning salons and individuals earning more than $300,000 (gross) per year.

Sincerely,

Nancer, Medfield, MA

**SIXTY-TWO**

When I had symptoms of appendicitis, I went to the emergency room of a large hospital near me and had an appendectomy. A little later, I developed a blood infection and had to be seen in the emergency room of a hospital in Florida, where I was traveling at the time.

I am worried that under the new law, insurance companies will be able to raise their rates to charge for essential services they don’t cover, and that receiving treatment in a different state also might not be covered.

Please save the provisions of the ACA that provide for emergency room services wherever they occur and don’t limit them either by services or state.

A.R., Boston

**SIXTY-THREE**

I have a friend whose son is so allergic to peanuts that he cannot be in the same room with any peanut product. Epi-pens and medication and constant access to emergency care are a necessary part of their families’ life. Although they do not need to visit the emergency room often, without coverage for medication and emergency rooms, their lives would be filled with terror. No one should live like this.

Please amend the BCRA to include these services a mandatory Essential Services under all BCRA policies.
Pam, Concord, MA

SIXTY-FOUR

My first cousin, in her sixties, was diagnosed with a rare adrenal cancer, life-threatening. Her experimental treatments and rehabilitative services and nursing care were paid for by her own private insurance. She fought for life. She deserved to have such peace of mind in those devastating years.

Under the BCRA bill, states can obtain a waiver with very weak insurance standards, and could impose impossibly high deductibles or eliminate “essential services” that gave my cousin a decent quality of life. She would have had to buy a private secondary policy that could have exclusions for services she needed or lifetime caps for people with pre-existing conditions. The CEO of the American Heart Association calls this prospect “heartless.”

Please amend the BCRA bill so that it provides identical or enhanced coverage of high-quality care for people under 65 with life-threatening illnesses under all insurance policies and Medicaid. Don’t make any tax cuts until this has been achieved for at least three years in a row.

Margaret, Newton, MA

SIXTY-FIVE

For about ten years I have swum 1.6 miles in open ocean to raise money for people living with AIDS and HIV. Every year people with HIV thank me for my fundraising and effort, but my efforts seem very modest compared to the constant diligence and effort they must expend to survive and live good and meaningful lives. Although HIV is an extremely difficult diagnosis to get, recent improvements in treatment enable hundreds of thousands of men and women to continue working, contributing, making art, and being a meaningful part of their families and communities.

AIDS United, the National Coalition of STD Directors, NMAC, and The AIDS Institute—groups that are expert in the prevention and treatment of people with HIV—universally condemn the House and Senate health care bills as inhumane to those living with HIV. If enacted, the BCRA will take a hatchet to Medicaid, gut private insurance reforms that protect people living with or at risk of HIV and/or STDs, and undermine public health infrastructure.

This proposal guarantees limited access to care and benefits,” reports David C. Harvey, Executive Director of the National Coalition of STD Directors. “The changes to Medicaid, including the repeal of the expansion and the drastic cuts to funding beginning in 2020 will harm people living with and at risk for HIV and STDs.

Jesse Milan, Jr. President and CEO of AIDS United puts it even more bluntly: “The Senate healthcare bill will be catastrophic for our nation’s healthcare system. If passed, not only will
people living with or at risk of HIV and STDs suffer, but our efforts to end the HIV and STD epidemics will be impeded."

Paul Kawata, Executive Director of NMAC says that the Senate bill creates a false narrative that says it will help people with pre-existing conditions, but instead allows states to waive essential health benefits such as vital prescription drugs, mental and behavioral health services, and preventative services. These cuts would allow insurers to deny coverage to people who are living with, and who are at risk for, HIV and STIs and need to stay healthy.

The Senate bill also eliminates funding for vital services provided by the Prevention and Public Health Fund which funds 12% of the Centers for Disease Control and Prevention’s budget beginning in FY 2018, just over three months away.

Michael Ruppal, Executive Director of The AIDS Institute reports that “This will decimate the federal government’s response to public health issues, including HIV and other STDs, and exacerbate the effect of cuts proposed in the FY 2018 President’s Budget.”

Swimmers can help, but we cannot hold back the tsunami of problems that will ensue if Medicaid is cut by 25% or the ten ACA essential services are no longer required to be provided in employer policies.

Please amend the bill to provide that no one living with HIV/ AIDS or other chronic life-threatening illnesses shall be denied Medicaid that covers all ten of the Essential Services identified in the Affordable Care Act if he/she would qualify for Medicaid support pursuant to Medicaid regulations in effect as of June 1, 2017.

Nancer, Medfield, MA.

SIXTY-SIX

When my daughter was six months old she developed severe intestinal distress and diarrhea. She became dehydrated and was failing to thrive. She required many tests and labs before a diagnosis was arrived at. Although the diagnosis was complicated because she was having multiple simultaneous allergic reactions, once the diagnosis was complete, the treatment was simple and my daughter fully recovered. If we had not had adequate insurance coverage, she might have died.

Please do not pass a bill that will allow individual states to allow insurance companies not to cover essential services like lab tests. Amend the BCRA to require insurers to cover essential services that include lab tests, outpatient services and pediatric care.

Andrea, Boston, MA

SIXTY-SEVEN
My friend's wife had a relatively minor stroke in her late 50's. As a result of the stroke, she needs daily medication to go along with the physical and occupational therapy she had to have. She is now working again but might not have been able to return to work without rehabilitation services. She also currently relies on medication to maintain her health.

Please amend the Better Care Reconciliation Bill to eliminate lifetime caps on all 10 essential services as defined by the Affordable Care Act and require that all employers offer the broadest coverage required by any state in which they do business.

Thea, Millis, MA

SIXTY-EIGHT

I had a knee replacement and subsequent postoperative infection. My insurance covered two full weeks of hospitalization, visiting nursing care and 6 months of physical therapy. It also covered the care of an infectious disease doctor, numerous tests and outpatient services. Without insurance coverage, I would be unable to walk without devastating pain. Insurance allowed me to resume my life and go back to work.

I request that the Senate Bill be amended to require that employer and private insurance include rehabilitative care, hospitalization, outpatient care, and labs as essential services, and that no subsequent BCRA Amendment in 2017 can remove such services.

Lora, Provincetown, MA.

SIXTY-NINE

A friend of mine on Medicare, receives support from Medicaid. By law Medicaid is paying the premium on her Medicare Part B policy, her transportation, her co-pay, and a portion of her medications because she has end-stage renal failure/disease. If Medicaid is cut for her then she would have no way of obtaining the treatment now, or in the future that she needs and she could die. She is terrified, as are many other people in the same boat.

The Senate and House Health 20 Million Reduction in Care bills would likely force states to impose cruel cuts in the Medicaid program that is a life line for millions of Americans with chronic conditions such as renal disease and cancer, the elderly, and individuals with disabilities

Rick Pollack, president and CEO of the American Hospital Association has stated that the Medicaid cuts in the House and Senate bill are unsustainable. In the case of my friend, her very life is at stake.
Please amend the BRCA to require that Medicaid be offered to all those who are currently eligible and that the scope of our coverage not be reduced under the BRCA.

Thank you.

Shirley, Millis, MA.

SEVENTY

Some Republicans have suggested that the BCRA is doing Americans who qualify for Medicaid a favor by cutting the program so that they have the opportunity to purchase private insurance that will provide them with more provider choices because not all doctors accept Medicaid patients. This, of course assumes that people who have sufficient funds to pay for medical care, housing, food, and family expenses (such as child care or elderly care) but are prevented from choosing to purchase private insurance because of restrictive Medicaid regulations.

I have talked to many people on Medicaid and they have all told me that the only reason they are on Medicaid is that (a) they don’t earn enough money to buy protective health insurance—e.g., insurance that provides the coverage they need for treatment of their conditions and medication and/or (b) they are elderly or disabled and have already expended their savings and don’t earn enough on social security and/or their small pensions to pay for their own shelter, food, and health care.

If Congress people truly believed that Americans choose Medicaid for reasons rather than lack of money, then the remedy is not to cut Medicaid, but to provide that those eligible for Medicaid can ignore their eligibility and purchase protective health care from a private insurer. I’m not aware of any law or regulation that restricts those eligible for Medicaid from purchasing private insurance, so I suspect the Amendment would be unnecessary. Moreover, I know several people on Medicaid who have obtained or attempted to obtain supplemental private policies to cover services that were outside the scope of Medicaid and the Affordable Care Act.

I propose that the BCRA be Amended to maintain current eligibility rules for Medicaid and that those eligible continue to receive the current scope of services available under the Affordable Care Act and other relevant federal laws, and that nothing in such laws be deemed to be a prohibition against purchasing private insurance to supplement or replace coverage provided by Medicaid.

N.H., Medfield, MA

SEVENTY-ONE
My friend and editor’s daughter who is a nurse discovered that she had an extremely serious form of bone cancer. She was insured through MassHealth, a Medicaid program, and Medicaid paid for a bone marrow transplant from her sister, extensive chemotherapy, and kept in isolation during her treatment. Her family rallied around her during her treatment and owe her life to Medicaid coverage. Please, please do not eliminate any funding for Medicaid.

I request that the BCRA be amended to eliminate any provisions that would cut back on Medicaid funding for services that are expensive but life-saving. Also, amend the BCRA so that she cannot be denied insurance or Medicaid in the future directly or indirectly because of her pre-existing cancer condition.

Laurie, Watertown, MA

SEVENTY-TWO

My nephew in Washington State is on Medicaid because even though he works, he earns very little. Recently he found out that he has a lesion in his throat that is going to be biopsied. Depending on the outcome, he may need one or more operations and further cancer care.

According to Kim Lewis of the National Health Law Program, the proposed changes to Medicaid would mean substantially worse care for poor patients. My nephew might well end up being unable to be treated appropriately for what could be life-threatening throat cancer.

I urge you to amend this act so that Medicaid will not be affected.

Andrea, Boston, MA.

SEVENTY-THREE

My adult son needed a hip replacement. He works as a chef and was in terrible pain, unable to walk or stand for any period of time. His hip replacement and subsequent physical therapy was covered by insurance that he got through the Affordable Healthcare Act in Massachusetts.

However, I am concerned that if moves to another state and has another injury or illness he won’t be fully covered due to the changes proposed in the BCRA.

Please amend the BCRA to require that all large-employer policies and individual policies continue to include the ten essential services set forth in the Affordable Care Act.

Lora, Provincetown, MA
SEVENTY-FOUR

My husband ruptured his Achilles tendon while he was traveling in California. He was evaluated at an emergency room and operation on after flying home. Twenty years later he ruptured his other Achilles tendon and was seen in another emergency room. At that time, he was retired by not yet on Medicare, so we had individual policies of our own.

I understand that individual policies for older people, like us will now cost more because BCRA allows insurers to charge up to significantly more for our policies than the ACA allows. Also, if essential services are cut back, we will no doubt be required to pay more because we will have to purchase supplemental policies—if they are even available. And that supplemental policies for what are currently essential services may impose lifetime caps.

Obviously, my husband and I are not the only ones with this problem. I am concerned that this bill is being voted on and no public hearings are being held. The American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Congress of Obstetricians and Gynecologists, American Osteopathic Association and American Psychiatric Association said in a joint statement and that no bipartisan physician or patient expertise was sought during the BCRA’s development.

I request that the vote on the BCRA be postponed until public hearings are held.

Sincerely,

A.R., Boston, MA

SEVENTY-FIVE

I have several friends whose children have been able to start or continue a career because of availability of health care coverage for treatment for potentially debilitating mental illness. If they had not received treatment and had required repeated hospitalizations or worse--institutionalization--not only would their quality of life decline, but they also would not be contributing as taxpayers and be able to live independently.

I request that the Senate Better Care Reconciliation Bill be amended to ensure that treatment for mental illness provide coverage in outpatient and inpatient settings without caps on treatment costs. This should absolutely include treatment for addiction which has increased tremendously over the past decade. Please ensure that mental health and behavioral health services, and rehabilitation services, be covered as essential services for everyone under the Better Care Reconciliation Bill, and that all employers who employ more than 50 people be required to provide coverage that includes these services.

Amy, Millis, MA
SEVENTY-SIX

Medicaid is traditionally the state-federal health plan for the low-income, disabled, and children. Cutting Medicaid will have broad and deep repercussions across the health care system and society. Rather than seeking out preventative or early identification care, people who can’t afford private coverage will wait until they’re at death’s door to get treatment, or head to emergency rooms that by law must save their lives. Unable to afford prescriptions or rehabilitative care, they are likely to be repeat admissions with unnecessarily poor outcomes that place a drain on hospitals, caregivers, EMTs, employers, and others. Moreover, the costs will eventually get passed on to taxpayers.

It is obvious that driving around a car with a bent wheel or leaking manifold can do far greater damage to the car than seeing that it gets appropriate attention at an early stage. How can we not do the same for our children, our elderly, and those of us who are unlucky enough to be or become poor or disabled?

Please amend the BCRA to eliminate tax cuts to the extent needed to preserve a vibrant Medicaid program that will not throw anyone who would be eligible for Medicaid under current rules into a vicious cycle of postponing health care until their health grows worse and more expensive to society through lost work, substance abuse, family disruption, or more expensive interventions down the road.

Nancer, Medfield, MA

SEVENTY-SEVEN

My grandson has life-threatening food allergies. His mother is a teacher and his father works in food service. Neither of their jobs offers health care benefits. Their insurance comes from the Affordable Care Act. If they had to go to an emergency room and didn’t have insurance they would have been turned away or billed an amount of money they couldn’t possibly have afforded.

Please amend the BCRA to require that all private and employer based insurance policies include pediatric care and medications as essential services.

Thank you.

L.B., Provincetown, MA

SEVENTY-EIGHT
My oldest friend was diagnosed with lupus after years of troubling symptoms. She is under constant care to manage the pain and debilitating symptoms. She has managed to continue her job as a social worker in a hospital, which would not be possible without her medical care.

Please amend the BCRA to preserve the essential services array available under the Affordable Care Act which has allowed my friend to continue to work and live a much more fulfilling life that would be possible without monitoring and medication.

Pam, Concord, MA.

SEVENTY- NINE

My sister in Washington State lives in a small city there. When she had symptoms of appendicitis, she was able to be seen in the emergency room and have the necessary operation. Without the Ten Essential Services, anybody who goes to an emergency room risks financial ruin. Since she works as a part-time teacher, her savings would be decimated.

Please do not limit emergency services under the AHCA. I urge you to cover all necessary services and tests, including operations and follow-up care.

Andrea, Boston, MA

EIGHTY

Last summer a colleague of mine developed Bell’s Palsy while on vacation and was treated in a small hospital in Arizona. While there she noticed that many of the people treated at this Medical Center were from nearby Indian Reservations or from other rural areas of Arizona and did not seem to be very well off. I am concerned that hospitals, health centers, and doctors that serve the poor cannot survive economically if Medicaid funding is cut significantly.

Although the BCRA appears to phase out poor people currently on Medicaid expansion more slowly than the House bill, seven states— Arkansas, Illinois, Indiana, Michigan, New Hampshire, New Mexico, and Washington— have “trigger laws” that would immediately void their Medicaid expansions with any change in federal support.

Additional states would also probably have to abandon support for Medicaid Expansion benefit recipients before the end of the theoretical funding window due to the BCRA’s cobra-like constriction of future Medicaid funding in the guise of block grants.

Please amend the BCRA to eliminate tax cuts for those making in excess of $300,000 so long as those that qualify for Medicaid under current Medicaid Expansion rules are in need of support.
Thank you.

N. H. Medfield, MA
former New Hampshire and Michigan resident

EIGHTY ONE

My close friend’s teenage son needed long in-patient addiction treatment and then 6 months in a residential placement. Her health insurance paid for his treatment and his residency which allowed him to get sober, go to college and embark on a successful career. If her son were not eligible under her insurance policy for the Ten Essential Health Benefits, mental health services in particular, his life would have taken a tragically different path.

I strongly urge that the BCRA be amended to preserve the 10 Essential Services in all states.

Thank you.

Pam, Concord, MA

EIGHTY-TWO

My brother, who is 60 years old, is insured under Obamacare. Under the BCRA he would be on the high-cost end of higher premiums and deductibles both due to the reduced subsidies and the punitive age rating.

Please amend the BCRA to continue the current level of subsidies and age rating.

Margaret, Walpole, MA

EIGHTY-THREE

In the early 1980’s before the Affordable Care Act was passed, a friend’s brother committed suicide after twelve years of schizophrenia. The mental health services that were available to him were totally inadequate. He would occasionally be hospitalized for one to two weeks, and then discharged again. He lived on and off on the streets. His condition deteriorated to the point that he took his life.

Mental health services are a necessity for people with many different forms of mental illness. Schizophrenia is a particularly pernicious illness that requires ongoing medical supervision and medication.

Please amend the BCRA to restore, or even increase, coverage without caps for mental health care.
L.B., Provincetown, MA.

EIGHTY-FOUR

My mother always talked with great fear and anxiety about not wanting to go to the “poor house.” The passage of social security and Medicare / Medicaid allowed us, her children, to assure her that this was a thing of the past. However, if Medicaid is radically reduced, there will be a whole new generation of people who face the terror of not knowing how they are going to be taken care of. It is cruel to eliminate the safety net on which so many people depend, especially the poor, the old, and the disabled.

Section 134 of the BCRA discussion draft requires States to hold public hearings in connection with potential Medicaid block grant applications, so it’s obvious that the drafters of the BCRA recognize that public hearings are important to legislation that drastically effects so many lives, and that they know how to conduct such hearings.

Although I am not a health care administrator, I can’t help but think that the BCRA might truly be a better health care bill if tax cuts were delayed until it is demonstrated that whatever plan is instituted results in 90+% of the people legally living in this country being covered for the ten essential services with affordable deductibles as set out in the Affordable Care Act.

We also hear a lot about prescriptions sold here being less expensive in Canada and Mexico. Accordingly, I would also like to see a provision in the bill that limits the price of drugs in the United States to the lowest price offered in any NAFTA country.

I request that the BCRA be postponed until public hearings are held or that the BCRA be amended so its tax cut provisions, and any restrictions on coverage afforded under the original ACA, not be triggered until the BCRA’s CBO score is at least 10% better than the best ACA CBO score.

Sincerely,

Nancer, Medfield, MA

EIGHTY-FIVE

Several of my friends who have rheumatoid arthritis are taking medications that are unbelievably expensive. Some of these friends continue to work and are paying high co-pays for their medication. Some are unable to work and because of their low income, are eligible for Extra Help with their prescriptions.
I request that the Senate Better Care Reconciliation Bill be amended to ensure that those persons eligible for Extra Help with prescriptions continue to receive this benefit. In addition, I suggest that the pharmaceutical industry's pricing of medications be regulated more stringently so that people who have private insurance have manageable co-pays for their medications and that their premiums do not shoot up because of exorbitant drug costs.

Amy, Millis, MA

EIGHTY-SIX

A woman in her forties in my cancer support group has a poor prognosis. She would like to leave her job so that she can enjoy the short time she has left in her life, but she is afraid that if she leaves her job, she will not be covered by Medicaid.

I request that the BCRA be amended to eliminate any provisions that would cut back on Medicaid funding for cancer and pre-existing conditions.

Lydia, Waban, MA

EIGHTY-SEVEN

My friend's nephew has been highly allergic to peanut butter since he was a very young child. If he touches any food that contains nuts or nut products he goes into immediate stress, cannot breathe and must use an EpiPen and be taken immediately to the hospital, where he will be admitted and stay until the situation is stabilized. This can take many days. He has health insurance and his medications are covered by that insurance, but if his parents had to pay for his treatment they would be unable to maintain the treatment that he needs.

Please amend the BCRA to be sure that services needed for severe allergic reactions continue to be available to ALL Americans.

L.B., Provincetown, MA

EIGHTY-EIGHT

Several families who go to my church have, or have had, teenagers who have experienced serious mental health issues in high school that required extended treatment and/or medication. Although teenage mental health issues are not unusual, they are extremely stressful for both the teenager and the family and can be life threatening.
Please ensure that mental health and behavioral health services are covered as essential services for everyone under the BRCA and that all employers are required to provide family coverage that includes these services with deductibles no higher than those permitted under the 2016 version of the ACA.

Thank you.

Shirley, Millis, MA

EIGHTY-NINE

54,000 American died of overdoses in 2015 and even more died last year. The number of deaths in this country from drug overdoses has overtaken the number of deaths by car accidents. Ohio Senator Rob Portman and West Virginia Senator Shelley Moore Capito have requested $45 billion to address our drug epidemic and others have estimated the need to be significantly higher. The Senate bill currently contains $2 billion. According to Harvard Health professor Richard Frank, this level of funding is a joke, and is made far worse by the proposed cuts in Medicaid. Reducing Medicaid by 25 percent and offering even $10 billion dollar for opioid treatment will not address the issue or save enough lives.

I request that the BCRA be amended so that Medicaid funding is not reduced and that employer-based and individual policies be required to continue to cover opioid related treatment and substance abuse.

Nancer, Medfield, MA.

NINETY

My son was born during my 7th month of pregnancy. He was delivered by emergency c section and was in neo-natal intensive care of a major teaching hospital for five weeks. Both his care and mine were covered by health insurance. If the 10 Essential Health benefits requirements are removed, others in my son’s position might not be covered for the many months of follow-up care which were critical to our peace of mind and a good outcome.

The current version of the BCRA allows insurers to exclude maternity and newborn and/or pediatric services. This is unconscionable.

Please amend the BCRA so that neo-natal and post-natal care cannot be excluded under any Medicaid or private insurance policy.

Sincerely,

Lora, Provincetown, MA
NINETY-ONE

The health care bills in the House and Senate will enable insurance companies to charge older people 5 times more for insurance than they charge younger customers which will inevitably drive older people into poverty more quickly. Then to throw salt in the wound, the bill cuts 800+ billion in Medicaid, the health care coverage of last resort for the poor.

Dr. Bruce Johnson, president of the American Society for Clinical Oncology, states that Medicaid currently covers two-thirds of people in nursing homes. The BCRA legislation bill will not improve the nation’s health care or health by halting Medicaid expansion, indirectly reinstating annual and lifetime coverage caps on essential services and cutting coverage for essential health benefits including cancer screening.”

We request that the House and Senate Health Care bills be amended so that Medicaid remains an open-ended program to serve those who do not have comprehensive employer-based or private insurance that offers base or supplemental insurance for the 10 Essential Services identified in the Affordable Care Act.

Signed:

Margaret, Newton, MA; Karin, Watertown, MA. Susan T., Medfield, MA.

NINETY-TWO

As a 63-year-old woman, I am very concerned about the roll back in Medicaid and the increase in premiums for older Americans and the elimination of the 10-essential services requirement—all of which are included in the House and Senate repeal and replace Obamacare bills.

My mother worked for more than thirty years and lived very modestly but ran out of money in her last years, as did many of her colleagues in her assisted living facility. I have seen what can happen to very responsible people. The Senate Bill will allow insurers to charge 5 times as much for health coverage as is charged to younger people which means that people will exhaust their savings more quickly and be forced to rely on Medicaid earlier and longer.

Moreover, if insurers are allowed to offer policies without the ten essential services required under the ACA, people will be forced to seek secondary insurance for services not offered by their base policy which will no doubt increase their overall outlay and push them towards poverty and Medicaid.

The proposed health care bills in both the House and Senate restructure the open-ended funding of Medicaid to a per-capita cap scheme in which states receive a capped amount of funding each year per enrollee, or can choose to receive the funding up front in block grants.
The house bill included yearly funding by the medical Consumer Price Index plus 1 percent, a measure designed to keep per-capita caps roughly in line with inflation in the industry, but would also underfund Medicaid over time as the population ages, leading to a growing gap between the number of patients who would be eligible under current guidelines, and the funds available to pay for their care. The Senate version will create an even bigger gap.

Several independent analyses have concluded that both the House and Senate funding structure will lead to large-scale shortfalls in every state. States will be forced to reduce enrollment or benefits or both. It will also hurt their capacity to respond to disasters and public-health crises.

I request that the BCRA be amended to so that Medicaid and all employer and individual policies are required to provide the ten essential services mandated by the Affordable Care Act and that Medicaid funding not be reduced to a per capita amount which does not reflect that actual cost of care to those who would be eligible for Medicaid under today’s rules.

I also request that NO TAX breaks be given to those earning more than $250,000, or other sources of funding be eliminated, until every American receives full coverage under his/her employer’s policy, a single payer system, Medicare, Medicaid, a reasonably priced individual policy that offers the ten essential services identified in the Affordable Care Act, or some combination of these.

Nancer, Medfield, MA

NINETY-THREE

Restriction of funding for family planning services is not acceptable. The more children born to families or single parents who did not want to bear a child and cannot afford another family member the more children more prone to illness and abuse. It is contradictory to eliminate funding for contraceptives and abortion, as well as preventative care for women, and then to cut Medicaid.

I request that the Senate Better Care Reconciliation Bill be amended to make sure that funding for family planning services and preventative care for women will not be cut or eliminated.

Amy, Millis, MA

NINETY-FOUR

After President Trump called the House AHCA bill “mean” we expected the Senate to produce a more compassionate plan for providing a safety net to our poor, disabled, and elderly. Instead, the Senate plan deepens long-term Medicaid cuts. The Senate bill keeps the same basic inflationary index of the House bill until 2025. But after that, instead of using the more appropriate medical inflationary index (since costs in the healthcare sector increase faster than broader measures of inflation), the Senate plan uses the general Consumer Price Index for all urban consumers (CPI-U), which will dramatically slow the rate at which funding for the program increases. This might be justified if the bill included ways to rein in medication costs or
other incentivized innovation that could reduce the cost of services, but the bill contains no such provisions nor was there public hearings or expert testimony that could have provided insight and evidence on cost containment or reduction ideas that did not depend on reductions in care.

We request that the BCRA and House bill be amended so as to improve upon the scope of coverage (range of services and cost of insurance) and number of people covered under the Affordable Care Act and that no tax cuts be triggered unless and until this goal is met for three consecutive years.

We also suggest that there be innovation incentives to providers that can devise cost savings without degradation in treatment through innovative treatments, treatment delivery, and the cost of medication. Wellness exams, phone appointments, skype consultations with specialists, online consultations, and incentives for participation in group exercise, nutrition programs, stress reduction and other health-related programs should be considered.

We believe that each of the ten essential services identified in the Affordable Care Act should be required coverage in Medicaid and Medicare coverage, in all employer-based and in individual policies used to demonstrate health insurance coverage for purposes of a CBO score.

Sincerely,

Laurie, Watertown, MA; Thea, Millis, MA; Lydia, Waban, MA; Susan T., Medfield, MA; Andrea, Boston, MA; Nancer, Medfield, MA; Margaret, Walpole, MA; Pam, Concord, MA.; Amy, Millis, MA; Susan S, Medfield, MA; Lora, Provincetown, MA.; Margaret, Newton, MA

NINETY-FIVE

We all have parents and children and grandchildren and neighbors whose lives will be significantly affected by health care coverage. We are also concerned about the cost of insurance and especially concerned about the cost of insurance premiums individual purchasers. Large employers and groups are able to negotiate “discounts” on everything from doctor’s visits to surgery to physical therapy and mental health. Individual insureds and uninsured patients are then billed “retail” for such services. Either individuals are being overcharged for services, or they are subsidizing people who are on large employer and group plans. Since individuals who purchase insurance through the exchanges usually do so because they do not have access to federal health care insurance or employer group policies, it is unfair that smaller employers and individuals should be charged more for services. This disparity only serves to raise insurance premiums for those least able to afford them.

Unless a single payer plan is endorsed, we would like to see incentives offered to insurance companies whose policies include the ten essential services in the Affordable Car Act and who participate in exchanges where there are fewer than three participants and/or a public option that would allow non-federal employees to opt into the insurance program available to Congress and
other federal employees. If insurers believe that they have more to gain by leaving exchanges than they do by staying, they will, leave. If there are incentives for staying and the consequence of less than three insurers per market is a single payer system rather than a free-for-all opportunity for insurers to raise premiums for “non-essential” secondary policies, the insurance market is likely to “miraculously” become more robust.

We would also like to see bipartisan efforts to improve upon the Affordable Care Act that are not dependent giving tax cuts to those earning more than $500,000. We understand that 45% of the revenue cut from insurance assistance programs that serve those who cannot afford comprehensive insurance would go to those making $850,000 or more. If those making more than $850,000 believe they need tax cuts more than the poor need health care, let them make their case in public hearings. We have heard no such statements. Instead, hospitals, health advocacy organizations and non-partisan medical groups have unanimously condemned these bills ability to better serve America’s health needs and many have requested that they be able to make their case to Congress in public hearings.

We would also be delighted to participate in a focus group, organization, or other forum to brainstorm other ways in which the Affordable Care Act or other bills might be improved to provide comprehensive coverage to more people at a cost that all Americans and the government can afford.

Sincerely,

Nancer, Medfield, MA; Margaret, Walpole, MA; Andrea, Boston, MA; Pam, Concord, MA; Amy, Millis, MA; Susan S., Medfield, MA; Lora, Provincetown, MA; Margaret, Newton, MA; Laurie, Watertown, MA; Thea, Millis, MA