



Proposed  
Amendments to the  
Senate and House  
Health Care Bills



## **MENU OF POSSIBLE SENATE AND HOUSE HEALTH CARE BILL AMENDMENTS**

### **AMENDMENT REQUIRING EMPLOYERS TO PROVIDE MOST COMPREHENSIVE COVERAGE REQUIRED IN ANY STATE IN WHICH THEY DO BUSINESS**

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.

### **AMENDMENT TO PRESERVE MEDICAID FUNDING**

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.

OR

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.

OR

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.

### **AMENDMENT TO PREVENT TAX CUTS UNTIL THOSE QUALIFYING FOR MEDICAID EXPANSION UNDER CURRENT RULES ARE COVERED FOR TEN ESSENTIAL SERVICES**

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.

**AMENDMENT TO MAINTAIN COVERAGE FOR TEN ESSENTIAL SERVICES COVERED UNDER THE AFFORDABLE CARE ACT IN ALL STATES AND UNDER ALL POLICIES**

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

OR

Please amend the BCRA to preserve the essential services array available under the Affordable Care Act.

OR

I propose 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.

**AMENDMENT TO CONTINUE SUBSIDIES AND MANNER OF AGE RATING**

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

**AMENDMENT TO ELIMINATE TAX BREAKS UNTIL UNIVERSAL COVERAGE OF TEN ESSENTIAL SERVICES IS ACHIEVED**

I request that NO TAX CUTS 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 with deductibles no higher than permitted under the ACA in 2016, or some combination of these.

OR

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.

**AMENDMENT TO PRESERVE MENTAL HEALTH SERVICES AS ESSENTIAL SERVICE REQUIRED UNDER ALL POLICIES**

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

OR

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 increases in deductibles tied to an appropriate inflation index or 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.

**REQUEST FOR PUBLIC HEARINGS WITH EXPERTS TO GIVE TESTIMONY ON COST AND NATURE OF PROVIDING UNIVERSAL HEALTH CARE FOR TEN ESSENTIAL SERVICES BEFORE ANY BILL CUTTING FUNDING FOR MEDICAID OR HEALTH CARE CAN BE INTRODUCED**

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 affects so many lives, and that they know how to conduct such hearings.

OR

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.

OR

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.

**AMENDMENT TO ELIMINATE TAX CUTS, TO PRESERVE INTEGRITY OF MEDICAID PROGRAM, AND TO PROTECT HOSPITALS**



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 radiator 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 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.

#### **AMENDMENT TO PRESERVE FUNDING FOR 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.

OR

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 26<sup>th</sup> birthday without regard to their or their parents' ability to pay.

#### **AMENDMENT TO PRESERVE PEDIATRIC CARE AND PRESCRIPTION COVERAGE**

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

OR

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

#### **AMENDMENT TO FORBID LIMITATIONS BASED ON PRE-EXISTING CONDITIONS**

I request that the Senate Better Care Reconciliation Bill be amended to make sure that everyone across the country has insurance for pre-existing conditions with no caps on treatment or deductibles in excess of those offered under the Affordable Care Act for all of the services required to treat a life-threatening illness or acute care.

I also request that people of any age or severity/longevity of illness not be charged higher premiums for private insurance than they were charged under the Affordable Care Act or be denied coverage because of a pre-existing condition.

#### **AMENDMENT TO REQUIRE INSURANCE COVERAGE FOR HABILITATIVE CARE**

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 is short-sighted and ultimately costly for the entire nation.

#### **AMENDMENT TO PROVIDE COVERAGE FOR VICTIMS OF TERRORIST ATTACKS**

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 deductibles or lifetime caps.

#### **AMENDMENT TO PRESERVE FUNDING FOR HIV/AIDS AND OTHER LIFE-THREATENING ILLNESSES**

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 he/she would qualify for Medicaid support pursuant to Medicaid regulations in effect as of June 1, 2017.

**AMENDMENT TO PRESERVE REHABILITATIVE CARE, LAB SERVICES, HOSPITALIZATION AND OUTPATIENT CARE**

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.

**AMENDMENT TO PRESERVE EMERGENCY ROOM AND FOLLOW-UP CARE AS ESSENTIAL SERVICES**

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

**AMENDMENT TO ADDRESS ESCALATING DRUG PRICES**

We also hear a lot about prescriptions sold here being less expensive in Canada and Mexico. Accordingly, I propose the bill be amended to limit the price of drugs in the United States to the lowest price offered in any NAFTA country.

**REQUEST FOR PUBLIC HEARINGS & CBO SCORE BETTER THAN AFFORDABLE CARE ACT BEFORE BILL CAN PROCEED**

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 Senate and House Bills' CBO score is at least 10% **better** than the best ACA CBO score.

**AMENDMENT THAT WOULD FORBID LIFE-TIME CAPS OR PRE-EXISTING CONDITION EXCLUSIONS ON ANY OF ESSENTIAL SERVICES IDENTIFIED IN THE AFFORDABLE CARE ACT**

I request that the BCRA be amended to eliminate any provisions that would cut back on Medicaid funding for cancer and pre-existing conditions directly or indirectly by allowing them in secondary policies and cutting requirements for the ten essential services.

OR

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.

**AMENDMENT TO REQUIRE THAT MEDICATIONS AND EMERGENCY CARE FOR ALLERGIES BE COVERED BY MEDICAID AND ALL INSURANCE POLICIES**

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

**AMENDMENT TO REQUIRE MENTAL HEALTH SERVICES AS ESSENTIAL SERVICE IN ALL POLICIES**

I propose that the bill be amended so that mental health and behavioral health services are covered as essential services for everyone under the BCRA and that all employers are required to provide family coverage that includes these services with deductibles no higher than those allowed under the 2016 version of the Affordable Care Act rules.

OR

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.

**AMENDMENT TO REQUIRE POLICIES TO CONTINUE TO COVER OPIOID & SUBSTANCE ABUSE TREATMENT**

I request that the BCRA be amended so that Medicaid and employer-based and individual policies be required to continue to cover opioid related treatment and substance abuse treatment.

**AMENDMENT REQUIRING NEONATAL AND POSTNATAL CARE IN ALL POLICIES**

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.



## **AMENDMENT TO FORBID INSURANCE COMPANIES FROM CHARGING THOSE OVER 50 MORE THAN THREE TIMES THE PREMIUMS OF YOUNGER INSURED**

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. I request that the Bill be Amended to require that the difference in premiums between younger insureds and older insureds be no more than 300%.

## **AMENDMENT PROPOSING THAT MEDICAID REMAINS OPEN-ENDED PROGRAM**

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.

## **PREMIUM FOR TEN ESSENTIAL SERVICES NOT BE INFLATED BECAUSE MORE THAN ONE POLICY NEEDED TO PROVIDE THEM**

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. I propose an Amendment that would forbid insurers from requiring consumers or insureds to pay more for multiple policies that collectively provide ten essential services than for a single policy with such coverage would have cost under the Affordable Care Act rules.

## **NO TAX CUTS FOR THOSE EARNING MORE THAN \$250,000 UNLESS MEDICAID FUNDING FULFILLS ACTUAL NEED AND MORE AMERICANS RECEIVE COVERAGE FOR 10 ESSENTIAL SERVICES**

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.

OR

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.

OR

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

### **AMENDMENT TO CONTINUE FUNDING FOR FAMILY PLANNING AND BREAST CARE SCREENING**

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.

OR

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

### **REQUIREMENT THAT MORE PEOPLE BE COVERED FOR TEN ESSENTIAL SERVICES BEFORE TAX CUTS CAN BE IMPLEMENTED**

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.

### **PROPOSAL FOR PUBLIC HEARINGS ON REVENUE NEUTRAL INNOVATIONS TO PROVIDE TEN ESSENTIAL SERVICES AND BETTER CARE AT SAME OR LESS COST**

I propose 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.

## **PROPOSAL FOR BIPARTISAN EFFORTS TO IMPROVE AFFORDABLE CARE ACT AND PUBLIC HEARINGS ON HOW TO DO THIS**

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 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.

## **PROPOSAL FOR COST CONTAINMENT IN INDIVIDUAL PURCHASER POLICIES**

I am 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.

I propose that insurers' premiums be based on the cost of services applicable to employers with more than 500 employees to avoid unfair pricing on individual policies.

## **AMENDMENT TO PROVIDE INCENTIVES TO INSURERS TO STAY IN EXCHANGES AND CONSEQUENCES FOR FAILURE OF INSURERS TO BE ABLE TO PROVIDE MARKETS WITH AT LEAST THREE INSURERS**

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 Care 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 stabilize.