12 Things You Can Teach Your Senator About Healthcare

The ACA is not collapsing in Utah

- Enrollment in Utah marketplace plans grew 12.3% in 2017
- 95% of Utahns have access to two or more insurers on healthcare.gov
- 85% of Utahns receive premium subsidies and 69% get cost-sharing reductions to lower deductibles and co-pays—which the BCRA limits
- Trump administration’s deliberate sabotage of cost-sharing payments is major source of marketplace uncertainty according to insurers

Trumpcare brings back the worst aspects of healthcare

- Latest CBO report predicts 22 million people will lose coverage by 2026
- Special enrollment period for birth/adoption cut in half to 30 days—increasing risk that Utah families will miss deadline to insure newborns
- Senators added a 6-month lockout for coverage gaps longer than 63 days during the previous 12 months—even during open enrollment. This means a Utah mom with cancer enrolling in November 2019 would start coverage in May 2020 instead of January 2020.
- States can seek waivers to cut essential health benefits like maternity care, mental health, and prescription drugs. This creates a backdoor route to discriminate against pre-existing conditions. E.g., insurers will offer plans that don’t cover insulin, chemo drugs, or maternity care—discriminating against people who need those benefits.
- Resetting the benchmark (ie. average) plan from Silver to Bronze increases out-of-pocket costs (deductibles & co-pays) while providing less coverage and potentially higher premiums
- Older Utahns will face 2x premium costs—up to 16% of their income

The AHCA is bad for everyone—not just the self-insured

- A loophole in the bill allows large employer-based insurance to bring back lifetime and annual caps on benefits
- $772 billion in federal cuts to Medicaid by 2026 will force states to cap enrollment, cut benefits, or reduce provider payments—or all three