

The High Stakes of ACA Repeal and the 2017 Senate Health Care Plan

Overview: The Affordable Care Act (ACA) has been a polarizing policy and political issue for the past 8 years. This is due in large part to the fact that many Americans are unclear on exactly what is in it and how it impacts their health and, in the case of nurses, their patients and practices. The Senate's Better Care Reconciliation Act of 2017 (BCRA) and other proposals to repeal the ACA threaten to undo many of the positive gains made in the healthcare sector since the ACA was signed into law in March 2010. The impacts of these efforts would cut off access to care for tens of millions of Americans, undo progress made toward achieving better healthcare quality and better patient and financial outcomes, and remove incentives which encourage individuals to take their healthcare into their own hands by using preventive services. These healthcare reform efforts would also threaten the nursing workforce, making it more difficult for nurses to provide high quality, safe, and efficient care to their patients. Undoing the gains made under the ACA would go against all of the [American Nurses Association's Principles of Health System Transformation](#) and would represent an enormous step backward in the march toward quality healthcare for all.

Overarching Policy Themes:

- I) Access to Care, Coverage, and Cost
- II) Quality of Care and Value-Based Purchasing
- III) Preventive Services, Essential Health Benefits, and Efficient Use of Resources
- IV) Workforce

I) Access to Care, Coverage, and Cost – Removing the ACA's provisions on access to care, coverage, and cost reduction would both result in major reductions in the number of Americans with access to healthcare coverage and would result in millions more Americans not being able to afford healthcare services. The burden of these coverage losses and cost increases would fall squarely on the shoulders of some of the nation's most vulnerable – children, the elderly, and the sick.

- Under the BCRA, spending on Medicaid would be reduced by 26% by 2026 and by 35% by 2036 ([CBO report](#)) – leading to state budget squeezes, a reduction in services covered, and a reduced ability for providers to provide services to individuals.
- The reduction in access to care for children on Medicaid – CHIP and Medicaid cover nearly half of all children in the U.S. – under the BCRA would likely result in significant coverage losses; children's healthcare coverage has been shown to increase a child's chances to be a healthy adult and increases the likelihood that they will earn more as an adult.
- The phase down of Medicaid expansion under the BCRA starting in 2020 would reduce access to care and leave millions of Americans without any avenue to healthcare coverage.
- The BCRA's rollback of Medicaid eligibility and fewer requirements in private health insurance coverage would lead to erosion in the coverage of mental health and addiction services – particularly critical in light of the opioid epidemic.

- Medicare patients covered by Medicaid long-term care benefits and dual-eligible Medicaid-Medicare beneficiaries would be forced to find alternative sources of care even as these individuals face limited incomes and complex medical needs.
- Changes to the premium subsidy structure under the BCRA would reduce the availability of premium subsidies and shift costs onto older, low- and middle-income Americans
- The so-called “donut hole” in Medicare Part D benefits – phased out under the ACA – would re-emerge absent the ACA, raising pharmaceutical costs for Medicare Part D beneficiaries as they would be forced to pay more out of pocket for costly prescription drugs.
- The BCRA would allow states to easily receive waivers to opt out of ACA protections which protect individuals with pre-existing conditions, which would lead to the return of annual and lifetime benefit caps in the private insurance market.
- Provisions in the BCRA and proposals [like that floated by Sen. Ted Cruz](#) would encourage the creation of high risk pools and a bifurcated system of insurance products which would cause premiums to rise for individuals with pre-existing conditions.

II) Quality of Care and Value-Based Purchasing – The ACA has made great strides toward a more accountable and quality-driven healthcare system. Programs such as Medicare’s Hospital Readmissions Reduction Program, for instance, have saved billions of dollars and hundreds of thousands of lives since implementation. Care coordination provisions have encouraged practitioners to integrate care in order to achieve optimal patient outcomes and have elevated the role of the registered nurse in that care. Current healthcare reform efforts would reverse these positive gains in favor of a fractious and segmented system.

- Community-based care transitions program under the ACA provide options for elderly and disabled individuals to receive care in their homes and in the community and reduce costs; eliminating these would leave fewer options for elderly individuals to avoid nursing facilities in favor of remaining at home and in the community.
- The hospital value-based purchasing program under the ACA have led to gains with respect to quality care, outcomes, and payment system reforms which hold providers accountable for patient care; eliminating these provisions would reverse those gains and lead to adverse health outcomes and increased costs.
- Care coordination support was identified in fourteen separate sections of the ACA and encourages providers to deliver coordinated and integrated care to patients across healthcare settings; repealing the ACA would undo this system of care coordination and lead to a fragmented healthcare delivery system.
- The ACA includes several initiatives which develop metrics for quality care and which have reduced healthcare acquired conditions and readmissions, saving hundreds of thousands of lives and billions of dollars since their implementation.
- The ACA also initiated bundled payments for episodes of care, spreading risk and accountability across multiple providers in order to ensure coordination and integration.

- Cut to prevention funding to prevent and respond to health care associated infections across all health care settings and accelerate electronic reporting to detect HAIs at the state level.

III) Preventive Services, Essential Health Benefits, and Efficient Use of Resources – The ACA has incentivized the use of preventive services in order to ensure that Americans receive the care they need, when they need it – this not only prevents more complex, chronic, and serious health conditions in the long term, but also saves money on patient care. Provisions in the BCRA and repeal of the ACA would strip these incentives and instead put up barriers to receiving critical preventive services.

- The ACA requires all private health insurance plans to cover certain preventive services and screenings with no cost-sharing for the consumer; without the ACA, cost-sharing would return for preventive health services in private and government-sponsored health insurance, forcing individuals to make tough choices about whether to seek needed care.
- Roughly \$1 billion in annual appropriations would be eliminated under the BCRA for the Prevention and Public Health Fund for CDC programs, vaccinations, tobacco cessation, etc., which would have major implications in the public health sphere.
- Cuts to prevention funding would also have a negative impact on the ability of health departments at all levels to prevent and respond to health care associated infections (HAIs) across all healthcare settings and would hinder effort to accelerate electronic reporting to detect HAIs at the state level.
- The ACA includes support for Individual Wellness Plans and Employment Based Wellness Programs as well as the annual wellness visit included in the Medicare benefit package; elimination of these through ACA repeal would remove incentives for Medicare recipients to utilize preventive care measures.
- Restricted access to reproductive healthcare services for women who utilize Medicaid and Planned Parenthood under the BCRA would hinder women from receiving necessary reproductive health planning, screening, and other services.
- Increased reliance on Emergency Department care and Disproportionate Share Hospital allotments under the BCRA would discourage coordinated and preventive care and drive up medical costs and decrease quality of care.
- The BCRA removes the requirement that health plans include the ten essential health benefits designated under the ACA as covered services, reducing access to care and in some instances discouraging the purchase of coverage.

IV) Workforce – Employment in the healthcare sector has grown quickly in recent years in large part due to changes in the ACA and increased patient caseload. More nurses working in the healthcare sector allows for higher quality care delivery and better patient outcomes. The BCRA and ACA repeal would likely result in massive job losses in the healthcare sector, impacting the quality of care nurses are able to provide to their patients.



- Certified Nurse Midwife reimbursements under Medicare Part B would be cut by 35% if the ACA were to be fully repealed.
- [912,000 health care jobs would be lost by 2019; 1,003,000 health care jobs would be lost by 2023.](#)
- RN/APRN job losses would be significant; above average employment gains by 2015 and 2016 total 107,996 additional jobs (not counting self-employed and supervisory positions not included in Bureau of Labor Statistics Occupational Employment Statistics.)