Comparison of AOA Priorities for Health Care Reform to House GOP Legislation, "American Health Care Act"

AOA Priority	Provisions That Conflict With It	Provisions That Align With It
1. Foundation based on prevention and care coordination	• Eliminates the Prevention and Public Health Fund, which is an HHS-administered advanced appropriation to support prevention, wellness, and public health initiatives	• Provides additional funding for the Community Health Center fund to award grants to Federally Qualified Health Centers
a. Supports use of health IT but revisits mandates	N/A	N/A
b. Supports patient-centered delivery models	N/A	N/A
c. Preserves coverage of preventive services without cost-sharing by patients	TBD	N/A
2. The patient-physician relationship must be preserved. Physicians' clinical judgments, in partnership with their patients, should be the primary driver of care decisions.	N/A	N/A
3. Development of a strong physician workforce is critical	N/A	N/A
a. AOA supports new and innovative models for the distribution of graduate medical education (GME) funding.	N/A	N/A
b. Payment models should incentivize physicians to provide care in rural and underserved areas, specifically in those specialties of greatest need.	N/A	N/A

AOA Priority	Provisions That Conflict With It	Provisions That Align With It
4. Coverage and access to care must be ensured	• Beginning 2020, repeals ACA cost sharing subsidies/tax credits designed to lower out-of pocket costs for consumers buying Silver-level exchange plans. • Replaces individual mandate (retroactively to 2016) with requirement that any consumer who has missed >63 days of payment of their insurance premiums will be charged a 30% surcharge for each of the following year's premiums. • Removes ACA "age rating" limit that prevented cost of most generous plan for older Americans to be no more than 3 times the cost of a plan for a younger American. • Repeals employer mandate requiring offering of coverage to employees for businesses >50 employees retroactively to 2016. • No Congressional Budget Office score has been released -- McKinsey analysis of early version of bill determined millions will lose coverage.	• Provides tax credits to consumers based on age to purchase coverage, from $2000/yr for those under 30, up to $4000/yr for those over 60. If individual income over $75,000, credits are reduced incrementally. • Allows tax credits to be used to purchase "catastrophic only" plans, instead of Exchange plans with minimum EHBs and actuarial values. • Creates a federal fund of $15b per year (through 2020), and then $10b (through 2026) that states can apply to fund creation of any of these programs: o Provide financial assistance to high-risk individuals who do not have access to health insurance coverage offered through an employer o Create "high risk pools" for the highest utilizers of health care services o Promoting participation in the individual market and increasing health insurance options o Promoting access to preventive services, dental care, vision care o Providing assistance to reduce out-of-pocket costs of individuals enrolled in health insurance coverage in the State. o Repeals limits on FSA contributions

AOA Priority	Provisions That Conflict With It	Provisions That Align With It
a. patient should have coverage for, and access to, a core set of essential benefits	• Repeals the federally defined "essential health benefits" requirement for Medicaid plans beginning in 2020 • Removes minimum actuarial standards requirements for insurance plans in individual market.	
b. patients should have coverage for and access to a broad network of physicians to include primary and specialty care across all aspects of medical and behavioral health	• Bars Medicaid from paying for any health services provided at Planned Parenthood clinics. Medicaid is already barred by federal law from paying for abortions there.	• Allows use of HSA or FSA preferred savings accounts to purchase over-the-counter medication.
c. patients should not be charged higher premiums nor denied coverage based upon their pre-existing health care conditions or past medical history, sex, disability, race or ethnicity, family history, or gender	• Preserves ban on charging higher premiums based on gender, but maternity care coverage no longer required.	N/A
d. there should be a safety net of care that is accessible to the most vulnerable in our nation of all ages who lack the resources to access coverage directly themselves.	• Reverts household income eligibility for poverty-related children for Medicaid coverage back to 100 percent of federal poverty level, down from 138%. • Requires individuals to provide documentation of citizenship or lawful presence before obtaining Medicaid coverage. Currently individuals can receive coverage and care for a "reasonable opportunity period" during which they can produce documentation. • Requires States with Medicaid expansion populations to redetermine expansion enrollees' eligibility every 6 months, instead of annually.	• Repeals the Medicaid Disproportionate Share Hospital (DSH) cuts for non-expansion States in 2018. States that expanded Medicaid would have their DSH cuts repealed in 2020 • Provides $10 billion federal funding over five years to non-expansion States for safety net funding. For CY2018 through CY2022, each non-expansion State may receive safety net funding to adjust payment amounts for Medicaid providers.

AOA Priority	Provisions That Conflict With It	Provisions That Align With It
	Beginning in 2020: • Repeals the requirement that State Medicaid plans must provide the same "essential health benefits" that are required by plans on the exchanges • States can no longer choose to expand their Medicaid eligibility. • Federal funding for states who have expanded Medicaid eligibility to 138% of poverty level, will drop back down to 100%. • Limits federal funding to a per capita model, or sets per enrollee limits on federal payments to states. Then increases annually based on percentage increase in medical Consumer Price Index o any State with spending higher than their specified targeted aggregate amount would receive reductions to their Medicaid funding for the following fiscal year.	