

HOW THE GOP'S LAST DITCH REPEAL BILL WOULD HURT CALIFORNIANS

Senate Republicans are once again trying to repeal our health care through the same secretive, partisan approach they tried before. The bill introduced by Senators Graham, Cassidy, Heller and Johnson (Graham-Cassidy) would radically change our health care system - ending the Affordable Care Act tax credits and Medicaid expansion and changing them into block grants with dramatically less funding for states. It would also convert traditional Medicaid into a per capita cap program permanently. This bill would slash coverage, raise costs, eliminate protections for millions of people across America and gut Medicaid. In fact, it is the worst of the repeal bills that we have seen to date.

Graham-Cassidy Is Worse for States Than Other GOP Repeal Bills

Analysts Agree: Every State Loses Under Graham-Cassidy Affecting People's Care. [Multiple independent analyses](#) agree that the Graham-Cassidy repeal bill would cut federal funding to states. Over time, every state loses because Graham-Cassidy zeroes out its block grants and ratchets down its spending on the Medicaid per capita cap. This means people would not have access to the financial assistance to help lower their health care bills, and federal Medicaid funding would no longer adjust for public health emergencies, prescription drug or other cost spikes, or other unexpected increases in need.

Avalere: \$4 Trillion Cut To States Over Next Two Decades, Including \$800 Billion Cut To Californians. Independent analysts at Avalere estimated that states collectively would lose \$215 billion from [2020 to 2026](#) from the plans block grants and Medicaid cap, another \$283 billion in [2027](#) when the block grant funding disappears altogether and \$4 trillion over the [next two decades](#). California would see a \$78 billion reduction from [2020 to 2026](#), another \$129 billion reduction in [2027](#) and a \$800 billion cut over [two decades](#).

Fitch Ratings: Graham-Cassidy "More Disruptive." [Fitch Rating Agency](#) found that the Graham-Cassidy bill was "more disruptive for most states than prior Republican efforts."

Graham-Cassidy Would Cut Coverage

32 Million Would Lose Health Coverage, Including 4,552,000 Californians. As a result of zeroing out block grants for Marketplace tax credits and Medicaid expansion and additional cuts to Medicaid, the Graham-Cassidy bill is essentially [repealing the Affordable Care Act without replacing it](#), and at least 4,552,000 Californians would [lose coverage](#) by 2027.

3,626,433 Californian Enrolled Through Medicaid Expansion At Risk. The Graham-Cassidy bill would eliminate [Medicaid expansion](#), which has helped 3,626,433 Californians receive quality, affordable coverage, and put part of its funding into inadequate block grants. The bill would further punish states that expanded Medicaid by [redistributing](#) funds to states that did not expand Medicaid.

8,777,345 Californians with Traditional Medicaid Coverage, Including Seniors, People with Disabilities, and Children, Would Be At Risk. The Graham-Cassidy bill would turn traditional Medicaid into a per capita cap, meaning the 8,777,345 Californians who are [enrolled](#) on Medicaid would have their care jeopardized. Medicaid disproportionately helps children, seniors in nursing home care and people with disabilities. A study by [Avalere](#) found that Graham-Cassidy would cut funding for people with disabilities by 15-percent and 31-percent for children by 2036.

5,147,878 Californians Children's Care At Risk. 5,147,878 Californians children are currently [enrolled](#) in Medicaid and CHIP, whose care could be at risk because of the funding cuts in Graham-Cassidy.

No Explicit Funding to Combat Substance Use Disorder. The Graham-Cassidy bill would not include the inadequate \$45 billion fund in the last Senate bill to try to compensate for cuts in treatment. Even if the Senate bill's fund for treating opioid use disorders were increased, it would still be only a fraction of the \$468 million [cost of comprehensive coverage](#) for all people treated for opioid use disorders in California in 2026.

Veterans Across The Country Could Lose Coverage. The [Rand Corp](#) released a study showing Republican repeal efforts would increase the number of uninsured veterans. The report found that the ACA's Medicaid expansion was responsible for reducing the uninsured rate of veterans by about one-third, from 9.1% to 5.8%, in 2015.

Graham-Cassidy Would Raise Costs, Reduce Access to Care And Eliminate Protections for Pre-Existing Conditions

Premiums Will Increase 20 Percent in the First Year. According to the Congressional Budget Office, Graham-Cassidy includes provisions that would raise premiums up to [20 percent](#) in the first year.

1,181,085 Californians Who Receive Marketplace Tax Credits Could Pay More. Because the Graham-Cassidy bill eliminates block grant funding in 2027 with no guarantee of any other funding to take its place, that means there would be no funding [Marketplace tax credits](#) that help people pay for their premiums, which currently benefits 1,181,085 Californians.

Graham-Cassidy Would Raise Costs For People With Pre-Existing Conditions. Graham-Cassidy would allow states to let insurance companies once again [charge people with pre-existing conditions more](#), which could raise costs for up to 16,679,100 Californians that have a [pre-existing condition](#). For example, an individual with asthma would face a [premium surcharge](#) of \$4,340. The surcharge for pregnancy would be \$17,320, while it would be \$142,650 more for patients with metastatic cancer.

3,035,000 Californians Could See Lifetime And Annual Limits Again. Allowing states to opt out of the Essential Health Benefits coverage means that insurance companies could once again put [lifetime and annual limits](#) on the amount of care you receive, even impacting people with coverage from their employer. Up to 3,035,000 Californians with employer-sponsored coverage would [lose these protections](#).

Graham-Cassidy Could Lead to An Age Tax, Meaning 60 Year Old Californians Could Pay Up To \$17,149 More. The Graham-Cassidy bill would allow states to let insurers charge people over 50 high premiums without limits. The [AARP](#) said, “The Graham/Cassidy/Heller/Johnson bill would result in an age tax for older Americans who would see their health care costs increase under this bill.” AARP estimates that 60-year-old Californians could pay as much as a \$17,149 more in higher premiums and out-of-pocket costs in 2020.

Millions of Women Could Face Higher Costs or Lose Access to Care. Graham-Cassidy would end Medicaid expansion, which has allowed [3.9 million](#) women to gain access to care. It would end provisions that helped lower premiums and out-of-pocket costs for [9 million women](#). Graham-Cassidy slashes Medicaid, on which [one in five women](#) of reproductive age rely. The bill would defund Planned Parenthood and would allow states to let insurers forgo maternity coverage.

People Could Pay More For The Same Comprehensive Coverage. According to the [Brookings Institution](#), if a state waived the Essential Health Benefits, no one “would have access to comprehensive coverage. Insurers would likely sell separate policies for benefits not covered in their core plan offerings, but these supplemental policies would be subject to tremendous adverse selection, leading to very high premiums and enrollment almost exclusively by those with pre-existing conditions.” A woman who purchases a separate insurance rider for maternity care, for example, would have to pay [\\$17,320](#) more. For states that no longer required substance use disorders or mental health to be covered, coverage for drug dependence treatment could cost an extra [\\$20,450](#).

Key Health Care Stakeholders Oppose Graham-Cassidy

PHYSICIANS AND NURSES: [American Medical Association](#); [American Academy of Family Physicians](#), [American Academy of Pediatrics](#), [American College of Physicians](#), [American Congress of Obstetricians and Gynecologists](#), [American Osteopathic Association](#), [American Psychiatric Association](#); [American College Of Physicians](#); [American Nurses Association](#)

CONSUMER GROUPS: [AARP](#); [Consumers Union](#)

PATIENT GROUPS: [ALS Association](#), [American Cancer Society Cancer Action Network](#), [American Diabetes Association](#), [American Heart Association](#), [American Lung Association](#), [Arthritis Foundation](#), [Cystic Fibrosis Foundation](#), [Family Voices](#), [JDRC](#), [Lutheran Services in America](#), [March of Dimes](#), [National Health Council](#), [National Multiple Sclerosis Society](#), [National Organization for Rare Diseases](#), [Volunteers of America](#), [WomenHeart](#); [More Than 35 Cancer Organizations](#); [469 Mental Health And Substance Use Disorder Groups](#); [The Arc](#)

HOSPITALS: [American Hospital Association](#); [Children’s Hospital Association](#); [Federation of American Hospitals](#); [America’s Essential Hospitals](#); [Catholic Health Association](#); [Kansas Hospital Association](#); [Greater New York Hospital Association](#); [Kaiser Permanente](#)

INSURERS: [America’s Health Insurance Plans](#); [Blue Cross Blue Shield Association](#); [Association Of Community Affiliated Plan](#)