

## PRACTICE ALERT

### **HEALTH CARE IN 2017** **Carrie Dorn, LMSW, MPA** **Senior Practice Associate**

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NASW has supported the Patient Protection and Affordable Care Act (ACA), which has extended health insurance for 20 million Americans. As the incoming Trump administration has promised constituents, changes to health care are likely in the upcoming year. Anti-discrimination provisions in the ACA that have been enacted to protect those with chronic conditions, women and individuals with mental health and substance use disorders, are at risk. The framework that advanced our health care system to think about preventive and value based care through the ACA may change. It is challenging to estimate the scope of the impact, as specific timelines and details of policy recommendations are not known at this time. It's important for social workers to be aware of the factors that may shift the health care landscape sooner than we may expect.

#### **Budget Reconciliation**

As early as January 2017 the budget reconciliation process can take place in Congress (<http://www.cbpp.org/blog/five-key-points-about-budget-reconciliation>). This unique process can define the budget for fiscal year 2017 and in the Senate, 51 Republican representatives have the exact number of votes needed to approve a measure. Through budget reconciliation, programs that are subject to financing can be changed. This process can be used to repeal elements of the ACA by removing funding for them and may be the strategy used to repeal the ACA swiftly.

#### **“Repeal and replace”**

President-elect Donald Trump has promised that he will repeal the ACA (<https://www.donaldjtrump.com/positions/healthcare-reform>). Many are encouraging that repeal efforts be paired with a replacement proposal so as not to put people at risk of losing health coverage. There are also calls to extend the timeline for full repeal for several

years. Although millions of consumers have signed up for health coverage plans through 2017, immediate repeal of the ACA could cause insurers to end participation in the health care marketplace

(<https://www.americanprogress.org/issues/healthcare/reports/2016/11/16/292394/republican-aca-repeal-bill-would-unravel-the-market-even-before-it-goes-into-effect/>). A discontinuation of the individual mandate and tax penalty, would likely result in healthier individuals opting out of purchasing health coverage. Considerations are being taken to stabilize the market through these changes.

Reforming Medicaid and Medicare is also on the Republican agenda. There is interest in changing the financing of Medicaid to a state block grant or per capita cap, and converting Medicare to a choice program that provides tax credits for individuals buying insurance, rather than providing coverage. Action steps to alter these programs may come later in 2017.

### **Ramifications**

Analyses from the Urban Institute suggest that repeal of the ACA will lead to an increase in the uninsured population by 30 million people

(<http://www.urban.org/sites/default/files/publication/86236/2001013-the-implications-of-partial-repeal-of-the-aca-through-reconciliatio.pdf>). Hospitals and providers are also concerned about the likely surge in uncompensated care for the uninsured. An independent analysis of the impact of ACA repeal, requested by the American Hospital Association and the Federal of American Hospitals, concludes that hospitals would lose more than \$100 billion dollars and have a devastating impact on health care jobs as well as services to communities (<http://www.aha.org/advocacy-issues/letter/2016/161206-let-aha-fah-congress-healthagenda.pdf>).

With Medicaid expansion now in 31 states and the District of Columbia, coverage has been available to single adults and families up to 138% of poverty level. The federal government has covered the cost of expanding Medicaid for 3 years at 100%, saving states from additional costs and encouraging economic growth in health care (<http://kff.org/medicaid/issue-brief/what-coverage-and-financing-at-risk-under-repeal-of-aca-medicaid-expansion/>). Changing Medicaid to a block grant or per capita cap is not sustainable over time. In order to minimize the impact of Medicaid costs on states budgets, states will likely have to institute more restrictive eligibility.

### **What can be done?**

This is a time of uncertainty. While January 2017 may bring changes, we encourage individuals to talk with their elected officials now to express their thoughts and concerns about health care. Social workers in all practice settings can be impactful by communicating stories and experiences with the health care system to stakeholders. Consumers who have benefited from

health coverage or protections as a result of the Affordable Care Act should inform lawmakers of their perspective.

NASW is aligned with advocacy groups and participating in coalitions including Families USA (<http://familiesusa.org/>), the Coalition for Human Needs (<http://www.chn.org/>), and many other coalitions that focus on the needs of children, older adults and women. These groups are working to better understand the new administration's strategy in 2017 and how they will impact the clients we serve and the social work workforce. Coalitions are educating elected officials and conducting analyses on the impact of proposed changes to the economy and vulnerable populations at the state and national level.

NASW will continue to advocate for policies and regulations that are consistent with our values and ethical standards. NASW supports health coverage and access to health services for all people.