

January 13, 2017

The Honorable Mitch McConnell
Leader, U.S. Senate
Washington, DC 20510

The Honorable Paul Ryan
Speaker, U.S. House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader, U.S. Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Minority Leader, U.S. House of Representatives
Washington, DC 20515

Dear Leader McConnell, Minority Leader Schumer, Speaker Ryan, and Minority Leader Pelosi:

The undersigned organizations share a commitment to advancing the health and economic security of older adults, people with disabilities, and their families. We are writing to strongly urge that any legislation to repeal the Affordable Care Act (ACA) be accompanied by a detailed replacement plan that provides American families with equal or improved access to high-quality, affordable health coverage. We are deeply concerned by reports that Congress will vote to repeal the ACA without a meaningful and simultaneous replacement. Any such vote puts the well-being and financial stability of older Americans and people with disabilities at grave risk.

Repealing the ACA without an immediate replacement could cause 30 million Americans who rely on expanded Medicaid and the individual market to lose health coverage. Over 4.5 million people ages 55 to 64 could lose coverage and the share of uninsured people in this age group could double—from 8% to 19%.¹ People with disabilities also stand to lose, including those with Social Security Disability benefits in the Medicare two-year waiting period. About 1.5 million Americans are in this waiting period at any given time and frequently turn to Marketplace or Medicaid coverage provided through the ACA until their Medicare takes effect.²

As you know, the ACA includes numerous provisions that strengthen benefits and care for older Americans and people with disabilities, through both Medicare and Medicaid. As examples, the ACA made Medicare Advantage more efficient and improved its value for consumers. These changes extended the solvency of the Medicare Part A Trust Fund by 11 years.³ The ACA also closed the Part D prescription drug donut hole, saving \$20 billion on medicines for over 10 million people with Medicare;⁴ reduced or eliminated cost-sharing for cost-effective preventive care; improved access to home and community-based supports and services that save money and help keep families together, such as Medicaid's Community First Choice program; protected health insurance coverage for people with pre-existing conditions; invested in evidence-based prevention and public health initiatives that save money and improve health outcomes; launched payment and delivery system innovations to enhance care quality and lower costs; among many others. These important provisions must be preserved. No older American or person with a disability should be made worse off by a vote to repeal the ACA.

¹ Blumberg, L., Buettgens, M., and J. Holahan, "Implications of Partial Repeal of the ACA through Reconciliation," (Urban Institute: December 2016), available at: <http://www.urban.org/research/publication/implications-partial-repeal-aca-through-reconciliation>

² Calculated based on 2014 and 2015 data from the following Social Security Administration (SSA) data set: <https://www.ssa.gov/oact/STATS/dibStat.html>

³ P. Van de Water, "Medicare is not 'Bankrupt.' Health Reform Has Improved Program's Financing," (Center on Budget and Policy Priorities: July 2016), available at: <http://www.cbpp.org/research/health/medicare-is-not-bankrupt>

⁴ Centers for Medicare & Medicaid Services (CMS), "Press Release: More than 10 million people with Medicare have saved over \$20 billion on prescription drugs since 2010," (February 8, 2016), available at: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-02-08.html>

Our organizations believe any legislative effort to replace the ACA should both ensure that health insurance is available to individuals now receiving coverage through Marketplace plans and expansion Medicaid, as well as retain enhanced benefits for older adults and people with disabilities. Older adults and people with disabilities do not live in silos—they live in families, neighborhoods, and communities. Legislation that eliminates the health care coverage of family members, caregivers, and neighbors negatively impacts the older adults and people with disabilities that they live with, support, and care for. Further, many Americans ages 55 to 64, as well as people with disabilities under age 65, directly benefit from these coverage expansions.

As you consider the future of health care reform, we urge you to guarantee that older adults and people with disabilities continue to benefit from coverage at least as comprehensive and affordable as they have under the ACA, both through its Marketplaces and Medicaid, as well as the law's provisions to strengthen Medicare and Medicaid. Thank you.

Sincerely,

Advance CLASS

AFL-CIO

Aging Life Care Association

Alliance for Retired Americans

American Association on Health and Disability

American Diabetes Association

American Federation of Government Employees (AFGE)

American Federation of State, County and Municipal Employees (AFSCME)

American Federation of Teachers

American Foundation for the Blind

American Society on Aging

Amputee Coalition

Association of University Centers on Disabilities

Autistic Self Advocacy Network

Brain Injury Association of America

Campaign for America's Future

Caring Across Generations

Center for Medicare Advocacy, Inc.

Center for Public Representation

Christopher & Dana Reeve Foundation

Community Catalyst

Disability Rights Education and Defense Fund

Easterseals

Families USA

Generations United

Health & Disability Advocates

Justice in Aging

Little People of America

Lupus Foundation of America

Lutheran Services in America

Lutheran Services in America Disability Network

Medicare Rights Center
Mental Health America
MomsRising
National Alliance of State and Territorial AIDS Directors
National Alliance on Mental Illness
National Association of Area Agencies on Aging (n4a)
National Association of Nutrition and Aging Services Programs (NANASP)
National Association of Social Workers (NASW)
National Association of State Directors of Developmental Disabilities Services
National Association of State Head Injury Administrators
National Committee to Preserve Social Security and Medicare
National Consumers League
National Council on Aging (NCOA)
National Disability Rights Network
National Down Syndrome Congress
National Employment Law Project
National Health Law Program
National Hispanic Medical Association
National Multiple Sclerosis Society
National Partnership for Women & Families
National Physicians Alliance
National Respite Coalition
National Women's Health Network
NETWORK Lobby for Catholic Social Justice
Paralyzed Veterans of America
PHI
Raising Women's Voices for the Health Care We Need
Service Employees International Union (SEIU)
Social Security Works
The AIDS Institute
The Arc of the United States
The National Consumer Voice for Quality Long-Term Care
United Cerebral Palsy
United Spinal Association

CC: The Honorable Orrin Hatch, Chairman, Committee on Finance
The Honorable Ron Wyden, Ranking Member, Committee on Finance
The Honorable Lamar Alexander, Chairman, Committee on Health, Education, Labor & Pensions
The Honorable Patty Murray, Ranking Member, Committee on Health, Education, Labor & Pensions
The Honorable Susan Collins, Chairman, Senate Special Committee on Aging
The Honorable Bob Casey, Ranking Member, Senate Special Committee on Aging
The Honorable Kevin Brady, Chairman, Committee on Ways & Means
The Honorable Richard Neal, Ranking Member, Committee on Ways & Means
The Honorable Greg Walden, Chairman, Committee on Energy & Commerce
The Honorable Frank Pallone, Ranking Member, Committee on Energy & Commerce