



## MEMO

**TO:** Chairman Orrin Hatch and Ranking Member Ron Wyden

**FROM:** Aubrey Hill, Director of Health Systems Change, Center for Health Progress  
1245 E. Colfax Ave, Suite 202  
Denver, CO 80218

**DATE:** September 22, 2017

**RE:** Hearing to consider the Graham-Cassidy-Heller-Johnson Proposal, Monday, September 25, 2017

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Dear Chairman Hatch and Ranking Member Wyden:

We write to voice our extreme opposition to the Graham-Cassidy-Heller-Johnson proposal. We are very discouraged that instead of continuing down a bipartisan path and working on issues to improve the strength and stability of the Affordable Care Act's (ACA) marketplaces, the sponsors of this legislation have put forward a proposal that will:

- Eliminate the financial assistance that helps over 100,000 Coloradans purchase health care coverage;
- End expanded Medicaid coverage that 450,000 Coloradans rely on;
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for hundreds of thousands of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths;
- Undermine essential protections for people with pre-existing conditions and do away with essential health benefits that provide robust coverage;
- Resurrect - and worsen - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

Just last week, the Colorado Health Access Survey showed that Colorado's uninsured rate has reached an all-time low of 6.5%. The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of hundreds of thousands of Colorado seniors, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions. It undermines years of work that this state has undertaken to advance access to affordable coverage for our residents. Graham-Cassidy-Heller-Johnson does nothing to improve affordability or availability of coverage for consumers and will likely result in at least 600,000 Coloradans losing coverage by 2027, will undermine the financial stability of our health care system, destabilize the private insurance market, and place significant financial strains on

Colorado's state budget.

Below we've laid out in more detail our concerns with this proposal and the devastating impact it will have on consumers.

**Eliminates programs that serve as a lifeline for low- and moderate-income families.**

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA's successful Medicaid expansion, which has extended coverage to nearly 12 million newly eligible low-income adults, 450,000 here in Colorado. It also eliminates the ACA tax credits that 10 million low- and moderate-income people rely on to afford coverage in the individual market. Although it replaces this funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to former enrollees - and indeed the block grant is inadequate to pay for comparable benefits. According to an Avalere Health analysis, from 2020 through 2026, Colorado would experience a funding cut of \$6 billion under the Graham-Cassidy-Heller-Johnson proposal, as compared to current law. Moreover, the block grant ends in 2027, leaving Colorado and its enrollees with no help whatsoever. It appears unlikely that Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream - something that would be extremely difficult, if not impossible.

**Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.**

This proposal threatens the care of millions of low-income seniors, children, and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. By capping and slashing funding for the traditional Medicaid program by 12% (\$1,079 billion) between 2020 and 2036, the per capita cap will force Colorado to cut payments to health care providers and health plans, eliminate optional services, and restrict eligibility for enrollment - all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Because children make up almost one-half of Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. In fact, the Avalere Health analysis shows children nationally will see a 31% cut to their funding. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would also face painful cuts, since Medicaid is the primary payer for long-term services and supports. Community Based Services - the services that keep people with cognitive and physical impairments home and in their communities - are "optional" in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment has grown significantly.

**Pushes massive new costs onto states.**

All states, including Colorado, would take on new risks and costs because this proposal converts the overall Medicaid program into a per capita cap. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving Colorado with insufficient funding to meet its current obligations. This is funding that in Colorado we cannot easily replace because of the restrictions under the Taxpayer Bill of Rights (TABOR). In addition, states would be fully



exposed to any unexpected health care cost increases, such as from a natural disaster, an aging population, or medical innovations. The per capita cap alone would reduce federal Medicaid spending by 12% (\$1,079 billion) by 2036.

On top of those cost shifts, the 31 states – including Colorado – that expanded Medicaid under the Affordable Care Act will face far deeper cuts. This proposal ends all federal matching funds for the Medicaid expansion in 2020. Some of the funds that the federal government would have spent on Medicaid expansion get rolled into the block grant, but the block grant doesn't make up for Colorado's losses because the block grant is inadequate overall, the formula favors non-expansion states (it redistributes funding from expansion to non-expansion states), and it ends entirely in 2026, leaving states with no funding to replace the lost expansion funds.

Because federal dollars for Medicaid account for about 20% of state budgets, FitchRatings “believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond.” And by pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals. This is a completely irresponsible and unacceptable burden to place on the state of Colorado and our residents.

#### **Increases premiums and out-of-pocket costs and destabilizes the individual market.**

By repealing the individual mandate and eliminating advanced premium tax credits and cost-sharing reductions, this proposal would drive up premiums and cause insurers to exit the ACA's marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to increase by 20 percent. Furthermore, by replacing the financing of the ACA's financial assistance with a block grant without any guarantee that states would direct their temporary block grant funds toward financial assistance, this proposal puts over 100,000 Coloradans who currently rely on financial assistance at risk for sharply higher out-of-pocket costs and coverage loss.

Beyond the impact of this proposal on individuals, insurers currently selling in our state-based marketplace, Connect for Health Colorado, would face extreme uncertainty. Because this proposal allows states to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves from unpredictable claims costs or choose to exit the marketplace completely. This means that consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums and no guarantee of financial assistance to shield them from the increasing out-of-pocket costs.

#### **Eliminates critical consumer protections.**

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA—the prohibition on charging higher premiums based on a person's health status or a preexisting condition. This means that in states that choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a preexisting condition. Additionally, this proposal allows states to waive the requirement that insurers cover essential health benefits including mental health services, substance abuse treatments and maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT community) or consumers with specific chronic conditions (e.g., mental health or substance use disorders). For example, this could return us to a time

when insurers only covered short-term, minimal treatment for mental health or substance use disorders, if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment.

**Lacks transparency and opportunity for meaningful input.**

Finally, we object to the rushed nature and complete lack of transparency of this entire process. With only one hearing scheduled days before a possible vote with no opportunity of a mark-up, and without a full CBO score to properly evaluate the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for a true evaluation of and meaningful input on the policies in this proposal that would affect millions of people and one sixth of the US economy. We encourage a return to "regular order," as requested by many members of the Senate of both parties and supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers, and state policymakers to weigh in.

**Wright, Kevin (Finance)**

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**From:** Joshua Blum [REDACTED]  
**Sent:** Saturday, September 23, 2017 1:26 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

Dear Sirs and Madams,

Please hear my disapproval of the Graham-Cassidy bill being rushed through the US Senate.

I am a practicing physician. Removal of the protection against insurance denial based on pre-existing medical conditions is unconscionable. This simple protection allows millions of Americans to buy medical insurance: diabetics, heart disease patients, pregnant women, people with genetic disorders. All of us have the pre-existing condition of life, and all of us will fall ill.

What kind of nation denies its citizens something as simple as the opportunity to insure oneself against financial ruin by illness? Hopefully not my beloved country.

Meg A. Lemon, MD  
Denver, CO

**Wright, Kevin (Finance)**

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**From:** Virginia D [REDACTED]  
**Sent:** Saturday, September 23, 2017 1:10 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.

As a 62-year old retired woman my health insurance already costs me in excess of \$10,000 per year, with a huge \$4,500 annual deduction (this alone is almost 20% of my annual income). Under the Graham-Cassidy bill my annual premiums will skyrocket. My life partner is a recipient of expanded Medicaid and with a pre-existing heart condition would clearly be ineligible for any kind of insurance.

Thus I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it. The Cassidy-Graham is a complete travesty. It is clearly not about healthcare. It is about money and campaign donations from wealthy Republicans.

Sincerely, Virginia Dunlop

Mancos, Colorado, 81328

Ginnie (J. Virginia) Dunlop  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** [REDACTED] on behalf of Alicia Roxanne [REDACTED]  
**Sent:** Friday, September 22, 2017 11:53 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.

My father recently passed away after dealing with prostate cancer for the past seven years. He was a hard working man; dedicated to his family and lucky to benefit from the ACA. His biggest worry in his last days was what would happen to all the people with pre-existing conditions if the ACA is repealed. He knew the value of having solid health insurance. He believed in our government's promise to do right by its hard working people. I want to believe as he did...which is why I oppose the Graham-Cassidy bill and hope for a better solution.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Alicia

[Longmont, CO]

## Wright, Kevin (Finance)

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**From:** Sandra Garcia [REDACTED]  
**Sent:** Friday, September 22, 2017 11:59 PM  
**To:** gchcomments  
**Subject:** Re: Jen's activism checklist: One action that won't wait until Sunday

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.

Thanks to the expanded Medicaid, I have been able to have insurance for my daughter for several years that I wouldn't have been able to afford otherwise. I have worked hard to make enough money that I can now buy health insurance for us both. I am barely able to pay for insurance, but feel good about being able to provide this for my family. Even so, providing health care should not be such a hardship for the average American.

If the ACA is repealed, I will not only be to afford insurance, but will be turned down for pre-existing conditions. I am a hard-working, responsible person. This is not right. The ACA was a much-needed step in the right direction.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Sandra Garcia  
Nederland, Colorado

## Wright, Kevin (Finance)

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**From:** Christie Veitch [REDACTED]  
**Sent:** Friday, September 22, 2017 5:25 PM  
**To:** gchcomments  
**Subject:** Regarding Graham-Cassidy

I and my family rely/relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My pre-existing condition story is that I have serious asthma. It's 100% manageable with 2 doctor's visits a year and 3 prescriptions a month. In the years before the ACA I was often turned away from plans - I was never able to purchase insurance on my own, and even being employed didn't equal being insured. In those years, I was uninsured 4 times. During those times I could afford to see my doctors but couldn't always fill my prescriptions, leading to illness, ER visits, and hospitalizations. Since the ACA I have been able to get a plan through employers or purchase my own and haven't seen the inside of an ER or hospital for years! I can work, contribute to my community, and give back by volunteer teaching coding and math.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Best,  
Christie

Broomfield, CO 80020

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Christie Veitch, M.A., M.S.  
To ∞ & →

## Wright, Kevin (Finance)

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**From:** Catherine Woods [REDACTED]  
**Sent:** Friday, September 22, 2017 6:14 PM  
**To:** gchcomments  
**Subject:** Keep the Affordable Care Act!

To whom this concerns:

I am 66 years old and living with Pulmonary Arterial Hypertension, an incurable disease which has been stabilized by medications, ones which are very costly. Because I qualify for and have access to the Affordable Care Act, I have been able to keep a roof over my head and food on the table, and to continue to contribute meaningfully to my family as well as to society at large. I oppose the Graham-Cassidy bill and the negative impact this exclusionary bill would have on both my life and the lives of countless others! Instead, I would like to see a bipartisan Congressional effort to improve the ACA! Keep it and improve it!

Sincerely,

Catherine Woods

Fort Collins CO 80521



**Wright, Kevin (Finance)**

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**From:** sandy reavey [REDACTED]  
**Sent:** Friday, September 22, 2017 3:55 PM  
**To:** gchcomments  
**Subject:** How the Graham-Cassidy Bill would affect my life

Dear Senators,

I am writing to urge you to vote NO on this bill as it will hurt me and many of my friends and family. I was downsized 5 years ago and took retirement, so live on that now. I have health care through my former employer for two more years but it is almost \$500 per month and I paid \$10K last year which is 1/5 of my income! That was with one visit to my primary care physician. I am fearful what the increase will be this year! We truly need single payer for all which would save money individually and collectively! I recently visited my skin care dr to be looked over for skin cancer and it cost \$178 for about 10 minutes and I have to pay \$58 of that on top of the monthly contribution. My meds are also high, ridiculously so!

I also have minor pre existing conditions, of high blood pressure and low thyroid so I don't know if I could be denied. I am two years from Medicare yet. I can't afford more!

The ACA has helped friends who previously had no insurance. I have friends who are disabled on Medicaid too, some can work a bit and some cannot. This bill would hurt all of us and millions of Americans.

The health insurance CEO's make millions and those of us who pay into it, pay a lot and get little for it.

Thank you for listening,

Sandy Reavey  
Denver, Colorado

**Wright, Kevin (Finance)**

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**From:** Tina Kouch [REDACTED]  
**Sent:** Friday, September 22, 2017 4:48 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing comments

My family, including my two children ages 1 and 3, relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. ACA has made healthcare affordable and available to my family, especially for those family members with pre-existing conditions. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Tina Kouch

Denver, CO

**Wright, Kevin (Finance)**

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**From:** Ellen Hertzman [REDACTED]  
**Sent:** Friday, September 22, 2017 5:30 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy bill

Hello. My name is Ellen Hertzman. I live in Englewood CO, and I oppose the newest iteration of legislation to repeal the ACA.

As a 54-year-old unemployed woman, I am able to afford health insurance thanks to the ACA. I very much dislike the Senate's efforts to jam a bill through without due diligence, including sufficient committee review and a CBO assessment. I am not in favor of throwing the insurance problem to the states. In fact, I believe our best bet may be a Medicare for all system, although I would need to know a lot more details before I could endorse that.

Please ditch this wrong-footed bill, the sooner the better.

Regards,  
Ellen Hertzman

Sent from Yahoo Mail on Android

**Wright, Kevin (Finance)**

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**From:** S Walton [REDACTED]  
**Sent:** Saturday, September 23, 2017 1:59 PM  
**To:** gchcomments  
**Subject:** Graham / Cassidy Health Care Bill

I live in Evergreen CO and want these comments submitted for the official record, stating my opposition to the proposed 'repeal' of Obamacare.

I am a 59 year old retired, single woman. I pay for an individual plan through the exchange here in Colorado. I have Rheumatoid Arthritis and no way believe, after reading and research, that this bill guarantees me both access to AND affordable Health care options

One of those things without the other is unworkable.

And for the record the GOP's entire 'process' has shown completely how challenged they are to govern on any level.

Thank you for your consideration. No on Graham/Cassidyn

Susan Walton

[REDACTED]  
Evergreen CO 80439  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Lam, Huong [REDACTED]  
**Sent:** Saturday, September 23, 2017 3:54 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy

I am a physician, practicing internal medicine primary care at the University of Colorado in Denver. This health plan will hurt my most vulnerable patients. I do not support bill. Please vote no.

Huong Mindy Lam, MD  
Associate Medical Director  
University of Colorado Health Anschutz Internal Medicine  
[REDACTED]

Aurora, CO 80045  
[REDACTED]

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Amy [REDACTED]  
**Sent:** Saturday, September 23, 2017 3:24 PM  
**To:** gchcomments  
**Subject:** HELP

**HELP!**

**The Graham-Cassidy bill will cause havoc in every state. Insurance companies will take what they can and leave the most vulnerable behind again. Just fix the ACA, not repeal it – that makes so much more sense. Please don't be swayed by partisan politics. In good conscience, do the right thing, PLEASE!**

**Thank you,  
Amy Snow  
Douglas County, Colorado  
80108**

**Wright, Kevin (Finance)**

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**From:** Mary Jo Starmer [REDACTED]  
**Sent:** Friday, September 22, 2017 4:30 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy Bill!

I, and many others I know, rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.

As a behavioral health care manager, I talk to people every day who will not have access to crucial treatment if this bill passes. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it. Please do not allow this bill to pass!

Sincerely,  
Mary Jo Starmer  
Denver, Colorado

## Wright, Kevin (Finance)

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**From:** Dia Campbell [REDACTED]  
**Sent:** Friday, September 22, 2017 4:30 PM  
**To:** gchcomments

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I have watched the ACA improve quality of life for people I love by offering affordable health care to my mother, who is self employed and was uninsured before the ACA, as well as my sister and her son when she had no other reasonable options. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Casey Campbell

Denver, CO



**Wright, Kevin (Finance)**

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**From:** Sierra E. Fleenor [REDACTED]  
**Sent:** Friday, September 22, 2017 4:29 PM  
**To:** gchcomments  
**Subject:** Public testimony for Monday's Graham-Cassidy hearing

My family and I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I am a woman and having access to birth control and access to birth care should I choose to have a family is essential. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Sierra E. Fleenor

Denver, CO

**Wright, Kevin (Finance)**

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**From:** Candi MacConaugha [REDACTED]  
**Sent:** Friday, September 22, 2017 4:30 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy testimony

A member of my family relies on quality, affordable healthcare. Because of this I oppose the Graham-Cassidy bill. My nephew was born with a severe disability requiring significant medical attention that would be unaffordable without Medicaid.

I urge you to consider a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Carol MacConaugha  
Denver, CO

Sent from my iPad

## Wright, Kevin (Finance)

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**From:** Gayle Frommelt [REDACTED]  
**Sent:** Friday, September 22, 2017 6:20 PM  
**To:** gchcomments  
**Subject:** Aca

My family relies on quality, affordable healthcare. I am a cancer survivor and have 2 children with medical needs. Because of this, I oppose the Graham-Cassid I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Gayle Frommelt, Phd  
Boulder, CO

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Kristen Boysen [REDACTED]  
**Sent:** Friday, September 22, 2017 5:29 PM  
**To:** gchcomments  
**Subject:** Oppose the Graham-Cassidy bill

To whom it may concern,

I rely on quality, affordable healthcare. Because of this, I strongly oppose the Graham-Cassidy bill. I work for a small company that did not provide health insurance until required to do so under the ACA. Through the ACA, I have annual women's wellness checkups that are critical to maintaining my health and are affordable. Do not sabotage this program.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Kristen Boysen

Denver, Colorado  
80205

## Wright, Kevin (Finance)

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**From:** Dorinna Ruh [REDACTED]  
**Sent:** Friday, September 22, 2017 4:49 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

My family relies on quality, affordable healthcare, especially care for pre-existing conditions. Because of this, I oppose the Graham-Cassidy bill. I have had Crohn's disease since 1994 and count on benefits for a pre-existing condition. My son is now 8 and is recently struggling again with GI symptoms that have been present since he was an infant. He also needs care for a pre-existing condition.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Thank you. Dorinna ruh. Fort Collins. Colorado.

Dorinna Ruh, LCSW, CACIII  
Certified Therapist in EMDR  
Approved Consultant in EMDR  
[REDACTED]

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Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** [REDACTED]  
**Sent:** Friday, September 22, 2017 11:30 PM  
**To:** gchcomments  
**Subject:** Graham/Cassidy bill to repeal ACA

I family rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My story with cancer, pre-existing conditions, is unaffordable under your bill and I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely, Dana Albright

Erie, CO

Sent from XFINITY Connect Mobile App

## Wright, Kevin (Finance)

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**From:** Zita Xavier [REDACTED]  
**Sent:** Friday, September 22, 2017 8:06 PM  
**To:** gchcomments  
**Subject:** GrahamCassidy repeal of ACA

My sister works very hard taking care of the elderly. She helps so many people. But the fact is her wages are so low that she cannot afford healthcare. When the ACA came into existence, she was able to get the health care that she needs.

Without having received good healthcare, she would now be sick and destitute and unable to continue her good work with the elderly.

We need a bipartisan healthcare bill that improves the ACA rather than repealing it.

Sincerely,

Zita Xavier  
Bayfield, Colorado

**Wright, Kevin (Finance)**

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**From:** Claire [REDACTED]  
**Sent:** Friday, September 22, 2017 8:30 PM  
**To:** gchcomments  
**Subject:** Improve the ACA, not repeal it

A member of my family and a friend rely on quality, affordable healthcare. My sister is diabetic and my friend had a brain tumor 6 years ago. These preexisting conditions limit conventional insurance coverage. I would like to see a bipartisan Congressional effort to improve and not replace the ACA.

Sincerely,

Claire Ziller  
Denver, Colorado



## Wright, Kevin (Finance)

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**From:** Bonnie Dickinson [REDACTED]  
**Sent:** Friday, September 22, 2017 1:40 PM  
**To:** gchcomments  
**Subject:** so-called healthcare bill

My mother is 92, full dementia, in Medicaid nursing home. She NEEDS full time medical oversight. Low income earner her whole life.

Am I to go bankrupt because taxes that I pay are not to be used for her care?

That's deplorable.

Bonnie Dickinson  
Golden CO

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## Wright, Kevin (Finance)

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**From:** Kathy Lingo [REDACTED]  
**Sent:** Saturday, September 23, 2017 10:13 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy bill

Senators,

I strongly oppose the Graham-Cassidy health care bill and urge you to do the same.

I need affordable health care with no high-risk pools for pre-existing conditions, no lifetime caps, no annual caps, and no higher charges for seniors under 65.

I am a grandmother with multiple sclerosis (MS). My annual drug costs exceed \$70,000. Without the drug treatments, I would become disabled. I am 63 years old and not yet eligible for Medicare. I am not eligible for Medicaid. I cannot afford to pay for the MS drugs without insurance. I pay for my own individual insurance, which costs \$8400 in annual premiums plus \$5000 out-of-pocket copays and deductible. I reach the maximum out of pocket every year. I can barely afford \$13,400 every year, but I do it.

Under Graham-Cassidy, I would be placed in a high-risk pool. My premiums would skyrocket due to my age and my pre-existing condition. That is not "access" to health care. I would have to forego my treatments and let the disease take over.

Please don't do this to me. I've worked all my life, owned my own small business for the last 30 years, paid my taxes, invested what I could and contributed to the community. I do everything I can to support my health with exercise and a healthy diet, but some things like MS happen anyway. In other words: I have never been a "taker." I pay my fair share into the system and I expect the system to help me now, when I need it.

A bill of this magnitude must have an open and transparent review process including a full CBO score, multiple hearings and bipartisan negotiations. This bill had none of these. How can any of you support it without full information?

Senators, you are responsible to the American people, not to your donors. Your donors want tax cuts paid for by taking health care dollars from millions of people like me. I urge you to do the right thing and oppose the Graham-Cassidy health care bill.

Sincerely,  
Kathy Lingo  
Denver, Colorado

**Wright, Kevin (Finance)**

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**From:** Audrey Merket [REDACTED]  
**Sent:** Saturday, September 23, 2017 11:03 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My son has autism spectrum disorder and having his therapies covered by our insurance has been a lifesaver. My husband and I also cared for his mother before she died from lung cancer at the age of 57 as a non-smoker. Medicaid made it possible for us to get her the medical and eventually end of life care (hospice) that she needed without our young family going into debt. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Audrey Merket  
Golden, CO

**Wright, Kevin (Finance)**

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**From:** Kathy Partridge [REDACTED]  
**Sent:** Friday, September 22, 2017 5:11 PM  
**To:** gchcomments  
**Subject:** Medicaid Expansion is needed!

Dear Committee,

I have a family member who relies on the Medicaid expansion in Colorado to get the health care she needs. Like thousands of others like her, she deals with a mental illness diagnosis. Not severe enough to warrant full disability, she can work and contribute when her medications are balanced. Medicaid allows her to access the clinic and care she needs to thrive. Without it, the services would be unaffordable, and indeed, unavailable as the clinic is for Medicaid patients. Please do not allow a roll-back of the Medicaid expansion. Our country needs it.

Thank you,

Kathy Partridge  
[REDACTED]  
Longmont, CO 80502

**Wright, Kevin (Finance)**

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**From:** Kate Coleman [REDACTED]  
**Sent:** Friday, September 22, 2017 5:52 PM  
**To:** gchcomments  
**Subject:** Opposed to Graham-Cassidy Bill

Good afternoon,

My family and I rely on quality, affordable healthcare. My husband has had basal cell carcinoma and could be dropped from his insurance coverage or forced to pay more for health insurance if this bill goes into affect. Punishing Americans with pre-existing health conditions is not an American Value. Neither is a bill that would result in millions of Americans, particularly low-income or older adults, loosing their health insurance. I am also a primary care provider and my low-income mothers and their children would lose their access to primary care and contraceptive care. As a citizen, a healthcare consumer and healthcare provider, I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it. I am opposed to the Graham-Cassidy Bill and any other efforts to repeal the ACA and strip healthcare from millions of Americans.

Sincerely,  
Kate Coleman-Minahan PhD, RN, FNP-BC  
Denver, Colorado 80207

## Wright, Kevin (Finance)

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**From:** William Richards [REDACTED]  
**Sent:** Friday, September 22, 2017 5:56 PM  
**To:** gchcomments  
**Subject:** Saving our healthcare and medicaid, stop the Graham-Cassidy bill now!

It's time to put an end to the Republican shenanigans for taking us backward in our nation's health care system. My family member relies on the Medicaid programs and prescription assistance programs to maintain himself and even with this support he still has to pay out of pocket an additional \$ 2500 for living quarters with supervised care. Before the ACA he was a revolving door in and out of hospitals, skipping medications and getting into trouble created by his mental illness condition. Presently we still have issues however he is recovering with affordable proper care and doctors. Many families and individuals still are in need and there will be many more people seeking ACA assistance. Tell Senators Graham and Cassidy to improve the healthcare system, not take things away!

Sent from my iPhone

Thank you

Bill from Colorado

## Wright, Kevin (Finance)

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**From:** Kyra Long [REDACTED]  
**Sent:** Friday, September 22, 2017 5:40 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill comments

My family and I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.

I have multiple pre-existing conditions. I was born with endometriosis, a painful and life-long disease that is primarily treated with birth control pills and repeated surgery to remove growths. At times, the pain is crippling. One of these growths got too big, applying torsion to one ovary and crowding out a kidney. This led to life-threatening high blood pressure, two stents, emergency abdominal surgery, the loss of the ovary, multiple biopsies, four days in a hospital, and 6 weeks out of work. Another of these could happen at any time. I am also hypothyroid. I take daily medication for this. Because of my insurance, my out of pocket for my medications is minimal. The cost of my surgeries and hospital stays is manageable. This is extremely important, because we are a family with only one income - my husband stays home with our child because my job comes with insurance and his did not. If we didn't have the coverage that we have, I have no idea how we could make ends meet. My daughter is likely to have inherited endometriosis, as I inherited it from my mother.

My mother does not have health insurance, because she cannot afford it and the Medicaid wait list in Colorado is years long. When she is injured, she relies on the indigent care system. Emergency care in this country is excellent, and they will stabilize a patient or save their life - but then a person is on their own for preventative care or non-urgent care, and that means that it often can't happen. Years ago, before the ACA, she broke her wrist while working. She owned her own business, and couldn't afford health insurance. She was seen in an ER, and a temporary cast was put on the wrist. She was told that she needed surgery to restore the wrist to full functionality. She was discharged. She looked, but could not find a surgeon willing to do the surgery if she could not pay for it. She did not have access to a Doctor to take off the cast or check that it had healed, so she waited 8 weeks and removed it herself. The wrist is healed, but doesn't work quite right. It still does not hold weight like it used to, nor does it have the range of motion that it should. She still gets calls about the bills for that emergency room visit that indigent care didn't cover, from over 10 years ago. She will never be able to pay them.

My mother very likely has fibromyalgia. Before the ACA, close to 30 years ago, she had a Doctor tell her that it's likely that was what it was, but that she was still fairly functional, so she shouldn't do tests yet to confirm it or get treatment because then it would be a pre-existing condition and she wouldn't be able to get insurance to cover it when she really needed it. She was told to wait until it was really bad, get insurance, and then get as much care for it as she could before she was dropped or could no longer afford the insurance. Today, she tells me that she's glad that she didn't have insurance the last few years, because then she would have gotten treatment for her pain and it would be a pre-existing condition again when/if the ACA goes away. This is what this fight is doing. Even when people could theoretically get help, they are still afraid to because of the uncertainty of their coverage continuing. All of the people who finally got some help under the ACA now have pre-existing conditions that they may not have been willing to have on their records previously.

Healthcare is a human right. People should not suffer or die because they are poor or unlucky. Their lifespan and quality of life should not be determined by what state they happen to live in.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it. We need more coverage, not less.

Sincerely,

Kyra Long

Lakewood, CO

## Wright, Kevin (Finance)

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**From:** Carol Nudell [REDACTED]  
**Sent:** Saturday, September 23, 2017 11:20 AM  
**To:** gchcomments  
**Subject:** Fear about ACA repeal

I am a citizen of western Colorado. I'm 62 years old have severe asthma. I already pay nearly \$5,000 each year in co-pays and deductibles, mainly for asthma episodes. Last year I had emergency surgery for a ruptured disc and exceed my out-of-pocket cap. The ACA saved my home, our retirement savings, and saved us from bankruptcy. I am TERRIFIED of the GOP bill that will again put a cap on what the insurance pays, instead of the insured. I am also terrified of what my insurance will go up as a senior with pre-existing conditions - both ASTHMA and GERD. How in the world can someone on a fixed income afford a 60% increase in premiums?

I have worked all my life and am a proud and realistic tax payer. I do not mind paying my share of taxes. I DO mind tax money going to more military hardware and tax breaks for corporations - while MILLIONS of American lack health care, and 10's of THOUSANDS DIE every year because of the GOP. That's really it. The GOP "health careless" Bill is more deadly than ISIS, the Taliban, guns - all put together.

America First should be "Americans First." We take care of our OWN people before we spend on anything ANYTHING else.

*Carol L. Nudell*

*Corazon de Oro Paso Fino Horses*

*"The path to your horse's heart lies through your own."*



**Wright, Kevin (Finance)**

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**From:** Peggy Baker [REDACTED]  
**Sent:** Friday, September 22, 2017 9:44 PM  
**To:** gchcomments  
**Subject:** Lindsey Marie

I am a single mother caring for my 25 year old daughter, Lindsey. I had to stop working full time outside the home because she aged out of school services at 21 and she can only attend an adult day program a 20 hours a week.

She receives Medicaid through an HCBS Medicaid Waiver. She is developmentally disabled, non-verbal, has autism and epilepsy. She cannot care for herself let alone work for her health insurance! I have to provide all her care, change her diapers and watch her every minute of every day because she functions at a 24 month old level.

I do not understand how anyone would want to stop her Medicaid knowing that she would die without her seizure medications or direct care staff that helps provide the 24/7 care she requires.

PLEASE do not take away her Medicaid services, it really it a matter of life or death for her.

Peggy Baker  
Colorado

## Wright, Kevin (Finance)

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**From:** Teresa Grunewald [REDACTED]  
**Sent:** Saturday, September 23, 2017 1:45 AM  
**To:** gchcomments; Garcia, Cathy (Gardner)  
**Subject:** Graham-Cassidy Healthcare Bill

Please oppose the Graham-Cassidy Healthcare Bill. Colorado will lose Medicaid funding; rural hospitals and the people who depend on them for care and employment will suffer. Our Mt. San Rafael Hospital in Trinidad could be in danger. We are 90 miles from another hospital.

I have a niece who suffers from Crohn's disease. She needs the guarantee of coverage at the same premium price as a healthy person. Graham-Cassidy does not guarantee that, the ACA does.

I have daughters who need the availability of Planned Parenthood. So do many women.

Healthcare is a human right. Our rich, powerful, and compassionate country must embrace this idea. Congress should lead the way.

Please wait on a CBO score. To vote without one is very irresponsible.

My wish at this time is for the Congress to fix, not nix the ACA. This must be a bipartisan effort.

Thank you,

Teresa Grunewald,  
Cokedale, Colorado

## Wright, Kevin (Finance)

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**From:** Lauren Park [REDACTED]  
**Sent:** Thursday, September 21, 2017 8:08 PM  
**To:** gchcomments  
**Subject:** No on Graham-Cassidy

To the Senate Finance Committee,

The Graham-Cassidy bill appears to be worse than full ACA repeal. It's cruel, radical and would cause MORE disruption than the previous versions of Trumpcare. The GOP has a lot of nerve lying to our faces and calling this bill moderate. Why would you support a bill that would cause 32 million people to lose their health insurance?

Why would you support a bill that allows insurance companies to discriminate against families like mine who have a child with autism? Graham-Cassidy would wipe out protections for pre-existing conditions. We could see a 135% or \$5,510 surcharge on our premium because of my son's autism.

Why would you support a bill that eliminates the individual mandate without a replacement? This will cause utter chaos and all our premiums will spike as only the sickest people enroll.

Why would you support a bill that slashes federal healthcare funding? Colorado will lose 823 million by 2026 - this will gut funding of Medicaid and school services for people with disabilities like my son.

Why would you support a bill that doesn't follow regular order? No legitimate hearings, no mark ups, no CBO score, no bipartisan input. You are not fooling anyone - you sneak and rush because you know this is an unpopular bill and most Americans want the Senate to focus on stabilizing individual insurance markets and find bipartisan fixes to the ACA. We do not want Trumpcare!!

We do not want Graham-Cassidy!!

Lauren Park  
[REDACTED]

Boulder, Colorado 80302  
Sent from my iPhone

September 22, 2017

[REDACTED]  
Denver, CO. 80205

To the Senate Finance Committee Members:

I am writing as a person of faith from the Denver community asking that you vote against the Cassidy-Graham health care bill coming before you. All faith traditions require us to do justice, love mercy and walk humbly with our God, loving our neighbor, all human beings, as ourselves. This bill dishonors all such teachings, taking our taxes for uses other than healing and restoration. It is wrong, in fact it will mean increased sickness, death, bankruptcy, loss of jobs, loss of independence and opportunity, and despair for many.

Here in Colorado, we would lose coverage for thousands of children, families and the low income workers in the first year. By the end of 10 years, all those with disabilities and others with precious Medicaid would be dropped altogether. How can you justify this disaster for our communities? Our state is also hampered by a budget bill, the "Taxpayer Bill of Rights" that will prevent the state from making up the huge shortfall to prop up our citizens, potentially \$3 BILLION dollars. We all pay taxes but they will not be coming back into our communities and homes. Health care benefits individuals, providers, businesses and local governments, and all will suffer if these cuts are made.

As a physical therapist, there is nothing more frustrating than having a family with a child with cerebral palsy, one with easily treated Torticollis, a person with a stroke or Parkinsons, etc. arrive at your clinic only to be turned away due to lack of insurance. It is unconscionable that the richest country in the world throws away people, akin to having death squads roaming our streets.

The Cassidy-Graham bill is being supported with false numbers, comparing the damage to states from day one of implementation to cut-off (2018 to 2027) rather than from the present to that end date. It will devastate Colorado, particularly rural residents and hospitals, as well as most all other states. It must not be voted out of committee.

It is only right that the bill have a full hearing with testimony from citizens and not be rushed through just so the Senate can get points. It is immoral to play with people's very lives. I look for your votes against the bill. We will strongly support you in this position.

With hope and sincere wishes,

Judy Danielson  
Physical Therapist  
Mother of child with diabetes  
Grandmother of child in NICU for 5 weeks

**Senate Finance Committee Hearing on Graham-Cassidy Bill**

Hearing date: September 25, 2017

Rachel Graves  
[REDACTED]

Aurora, CO 80012  
[REDACTED]  
[REDACTED]

Dear Chairman Hatch and Ranking Member Wyden:

I write to voice my extreme opposition to the Graham-Cassidy-Heller-Johnson proposal. As a Medicaid recipient with a disabling illness, I am one of the millions of people likely to lose my health insurance and no longer be able to treat my illness if this bill becomes law.

Two years ago, my longtime neurological illness turned disabling without warning. For years I had had a constant, severe headache, but I had learned to overpower it. I graduated from law school, passed bar exams in three states, and started my career as a lawyer.

Suddenly, though, I was so dizzy I had to lie down during my doctors' appointments. Severe motion sickness made riding in a car torture. I had constant black spots swimming in front of my eyes and so much difficulty focusing that I was unable to do the reading required in my job. Light sensitivity forced me to wear sunglasses even in the operating room where I had multiple surgeries. Noise sensitivity made airports, restaurants, and even offices unbearable. I vomited in my sleep and had temperatures as low as 93 degrees.

I am still searching for a definitive diagnosis. I have not been able to work for almost two years, and I lost most of my income. Because of Medicaid expansion under the Affordable Care Act, I am able to get free health insurance. I pay a few dollars to see specialists, have expensive medical tests, and get my prescriptions—even for a medication that costs more than \$4,000 a month.

Under Graham-Cassidy, my state, Colorado, would likely no longer be able to afford to give me Medicaid. Because insurance companies will be able to charge whatever they want for my expensive pre-existing condition, I likely will not be able to find coverage. This bill guts Medicaid and pre-existing condition coverage, raises prices for individual consumers, and will be terrible for all but the richest Americans. I am lucky in that my illness does not appear to be life-threatening, so unlike tens of thousands of Americans, I will not die.

Like so many people who benefit from Medicaid and pre-existing condition coverage, I want nothing more than to be able to work and be economically independent. But unless I am able to get the health care I need, I will not be able to return to work. I will be doomed to a life of sickness.

Sincerely,

*s/ Rachel Graves*  
Rachel Graves

**Wright, Kevin (Finance)**

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**From:** Cara McDonald [REDACTED]  
**Sent:** Friday, September 22, 2017 11:41 AM  
**To:** gchcomments  
**Subject:** Public testimony on Graham-Cassidy

REGARDING:

Title Of Hearing: Graham-Cassidy Bill Hearing  
Date of the Hearing: September 25, 2017

FROM:

Cara McDonald, Evergreen Custom Media  
[REDACTED]. Tabernash CO

This letter is to vehemently oppose the Graham-Cassidy bill. My husband and I were able to quit our jobs and each start our own business because of the ACA. We now employ 12 people in our rural mountain community, and I am so proud that my company has been able to provide paid medical benefits to our employees for the first time this year.

All of us in my company have pre-existing conditions. The uncertainty and lack of patient protection regarding pre-existing conditions contained in Graham-Cassidy could have devastating effects and result in our inability to provide this benefit for employees.

Not only is this a hasty, poorly crafted rush job of a bill that would implicate 1/6 of our economy in unknown ways, but the American public sees this for the hate-motivated political maneuver this is. If it doesn't pass, the GOP faces a loss in funding from the Koch brothers, who hold that party and this country hostage with their billions and their agenda.

The American people have overwhelmingly expressed a desire to maintain and improve the ACA. We are watching, we are engaged, and we will not let the Senate Finance Committee or the entire US Senate off the hook for this travesty against the American people.

Regards,

Cara McDonald  
Editorial Director  
Evergreen Custom Media

Publishers of:  
Fort Collins Magazine  
Breckenridge Magazine  
Winter Park Mountain Living Magazine  
Town & Mountain Magazine (Frisco & Copper Mountain)  
Devil's Thumb Ranch Resort & Spa Wedding Magazine  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Alan Mackiewicz [REDACTED]  
**Sent:** Friday, September 22, 2017 10:53 AM  
**To:** gchcomments  
**Subject:** Comments for GRAHAM-CASSIDY Bill  
**Attachments:** Noah Backpack.jpg; Noah Birthday.jpg

I would like to share my story in the hopes that understanding my family's story will help persuade our representatives to NOT pass the Graham-Cassidy Health Care bill.

To whom it may concern,

My family depends upon Medicaid for my son Noah who was born with Down Syndrome and a heart defect, and I'm writing to plead that you do not pass this bill that would be so damaging to my family.

I work in the oil and gas industry, and have a good job which provides health care. When Noah was born, we didn't know that Medicaid could help pay for his astronomical bills from his heart surgery, or the three days he spent in the hospital a month later with seizures, or the month of a feeding tube that he required to keep him alive while we waited for his heart to get big enough for him to have surgery. Luckily, Children's Hospital has an interest free payment plan, which we'll be on for the foreseeable future. When one of the financial counselors at the hospital connected us with a social worker, and helped us get onto Medicaid, it was one of the most pivotal moments of my young family's life. Our future looked very much like we would just keep hitting our max out of pocket each year for services for Noah, and we'd just keep paying our monthly payment of what looked to be a constantly growing debt to Children's Hospital and others.

With Medicaid, suddenly we could see a future again where we might be able to afford for our daughter, Noah's sister, to do swim lessons again or maybe take a gymnastics class. It was extremely demoralizing before we had access to Medicaid. I'd done everything "right" in my life. Went to Notre Dame, got a good job, saved money for a down payment on a house, didn't carry any credit card debt, paid off my student loans within 3-4 years... and now just because of God's lottery and Noah's choosing us to be his parents, my family was staring down the barrel of financial ruin. Without Medicaid, we would not be able to afford a fraction of the services for my son that are available to him with it. Through the Down Syndrome community we've met so many other friends with similar stories of how Medicaid is their only life line. So many of us are blessed with a whole mess of challenges with our children and their many needs, to have Medicaid as the rock that offers some stability, is in many cases what keeps us sane. There's enough breakdowns dealing with feeding, speech, physical, and behavioral issues with our children, that I can't even begin to fathom how we'd deal with the uncertainty that would come from losing Medicaid.

The thing is that I know we'd do it. We are strong enough to get up every four hours, night or day, for a month straight to put milk into Noah's feeding tube, strong enough to watch him with every tube and wire coming out of his body before and after heart surgery, and even now wondering about an uncertain future without our family's most important service, I know we'd find a way. My plea is to please don't put us in that situation. Please take into consideration not only myself and my family, but all the families of Noah's friends that rely so heavily on programs that this bill looks to dismantle. If you could just meet Noah or his friends, I know that you'd see right away what we do. For kids that have supposedly been challenged with so much, they don't seem to show it. They are happy, they are high functioning, and most importantly they are just kids playing around on a fall afternoon. They are all here and doing so well in part because of Medicaid and the services they've been provided.

I would encourage you to please vote No

Thank you for your time,

Alan Mackiewicz

Colorado (80602)



## Wright, Kevin (Finance)

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**From:** Kelsey Devereaux [REDACTED]  
**Sent:** Friday, September 22, 2017 12:57 PM  
**To:** gchcomments  
**Subject:** Vote "No" on Graham-Cassidy Healthcare

Dear Senate Committee on Finance,

I am writing to urge you to vote no on new legislation for healthcare. As a physical therapist who works with a vulnerable population each day, I am horrified by the lack of support in this bill for patients with pre-existing conditions as well as for the Medicaid program. I do not see the benefit financially because I see and each of my patients faces the cost of this new healthcare legislation. It leads to inability to get out of the house because they may not get coverage for a motorized wheelchair for a patient with a spinal cord injury. I see a Family who is strapped for cash unable to stay at home to provide for their sick loved one, forced to try to work another job which takes them away from their home and my patient. This legitimately leads to more falls for the patient, less likelihood of taking medications on time, and therefore more ER visits...and more cost. These are real people that will suffer in this planned. Real children, real adults who have sacrificed for this country. It is unacceptable. Stop making politics out of my patients.

Kelsey Devereaux  
Fort Collins, Colorado

## Wright, Kevin (Finance)

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**From:** Adrienne Paradis [REDACTED]  
**Sent:** Friday, September 22, 2017 12:13 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Healthcare Bill Hearing  
**Attachments:** Graham.docx

Graham-Cassidy Bill Hearing

September 24, 2017

Adrienne Paradis  
[REDACTED]

Littleton, CO 80125

Greetings,

My name is Adrienne Paradis and I am the mother of a beautiful 11 year old boy named Aidan. Before I became pregnant, I was in the best shape of my life. During the pregnancy I exercised, ate whole foods, abstained from caffeine (even chocolate!) and had excellent prenatal care. Aidan was born healthy with big brown eyes and a head full of hair, but we started having concerns when he wasn't hitting milestones. At nine months old, he was diagnosed with a rare genetic disorder called Dup15q syndrome. We were told it is "de novo" (which means it randomly happens without cause) and we were thrown into the world of having a special needs child.

He has since received a plethora of other diagnoses (autism, apraxia, global developmental delay, intellectual disability, etc.). He has had numerous therapies, medical procedures and tests in his short life. We did not qualify for Medicaid for many years (we were over the income threshold), and paid for these things out of our pocket. I say "out of pocket" because during this time our private insurance, which we have always had without any gaps, would not pay for a majority of these required procedures and therapies. My husband and I both worked full time on opposite shifts in very good, well-paying jobs and we still nearly lost our home due to the bills.

The Affordable Care Act stopped the insurance companies from black listing our son. At the time, when I questioned their denials, they said it was due to his autism. They said it was an untreatable disorder and would not pay for any therapies. The denial of services was wide spread - denying even physical therapy to help him learn how to walk.

Repealing something that is flawed (ACA) and replacing it with the proposed Graham-Cassidy Bill would be taking us back to those dark days where insurance companies can black list a child due to their disability.

My son will need lifetime care and will be 21 in 2027 when Graham-Cassidy has the biggest cuts in Medicaid dollars. This is the age that parents of adult children call "falling off the cliff," because services go away and you are left all alone. If this bill passes, our future is not only bleak, it is potentially non-existent.

This partisan bill has been hastily put together without any oversight, foresight, or discussion and would hurt the most vulnerable Americans. Regardless of party, the majority of your constituents want a well thought out, well vetted, well researched bipartisan plan that would benefit the people and our country. Please slow down, take a moment and do this right! We are depending on you to vote NO on the Graham-Cassidy Bill.

Sincerely,

Adrienne Paradis

P.S. He still has big brown eyes and he is the light of our lives!

## Wright, Kevin (Finance)

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**From:** Renee Boyes Walbert [REDACTED]  
**Sent:** Thursday, September 21, 2017 1:13 PM  
**To:** gchcomments  
**Subject:** Testimony on Graham Cassidy Bill

My name is Renee Walbert from Denver, CO. Our Family is a Medicaid Family. My husband and I both work, him full time and me part time. We each are able to carry our own insurance through our employers. Our children are adults. Two live with disabilities requiring long term supports and services and they are each on a Medicaid waiver. Our other daughter also has a disability. Her husband is a vet and is attending college. He is covered by the V.A., but our daughter is covered under the Medicaid expansion, and our granddaughter has family Medicaid as well. It is likely that at some point in their lives, they will no longer need Medicaid, but for now, the Medicaid they receive keeps them thriving--living and working in their community and paying taxes. It allows our daughter to purchase her medication that keeps her healthy and able to work and care for their daughter while her husband attends school and also works part time.

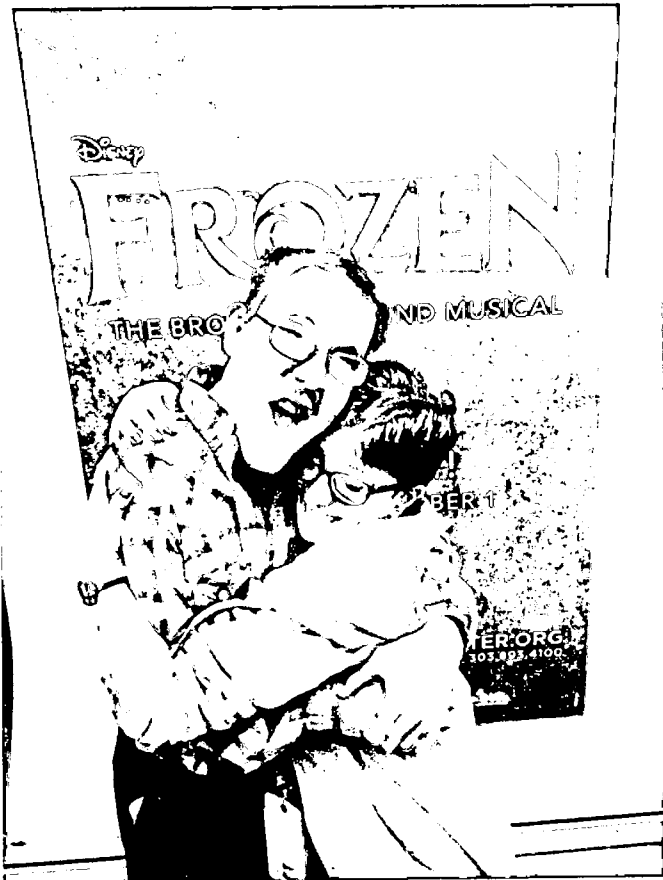
Both of our children with complex disabilities work part time. Without the Medicaid supports that they receive for home and community based services, they would be institutionalized and unable to work and live in their own homes and communities. Medicaid is a cost effective way to keep them alive and thriving, contributing to their communities and being the healthy and amazing people that they have become. They have jobs, friends, volunteer service, boyfriend/girlfriends, church, family, homes...all because of the support received through Medicaid. Our son has had over 54 surgeries in his life, he was an expensive child. Our younger daughter over 35 surgeries. She was expensive too. We always carried them on our insurance but those Medicaid waivers were what kept our family from facing bankruptcy and contributed to getting them to adulthood.

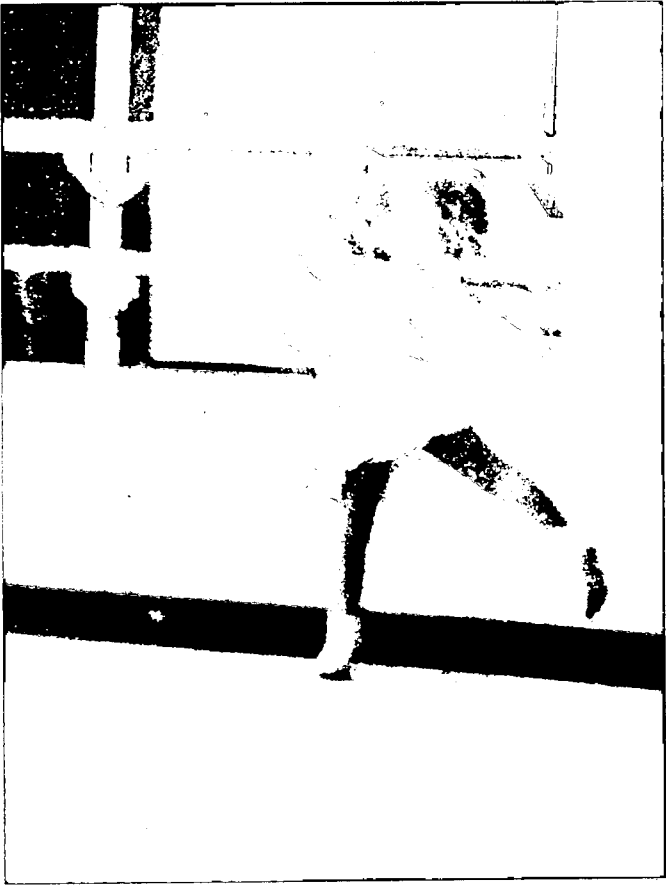
I cannot emphasize enough how devastating the Graham-Cassidy bill would be to our family. My husband and I and the two kids needing long term supports live in CO. Block granting Medicaid would not work here due to TABOR (go ask Senators Bennett and Gardner what a complicated law that is!) And frankly, in Colorado, we already have a great deal of flexibility and our state Medicaid agency works well with stakeholders of all types, persons with lived experience, providers, counties, advocacy groups and non-profits as well as communicating clearly with CMS to provide an efficient, cost effective but also robust program.

Don't screw it up and end up costing more for fewer services with worse outcomes!!!

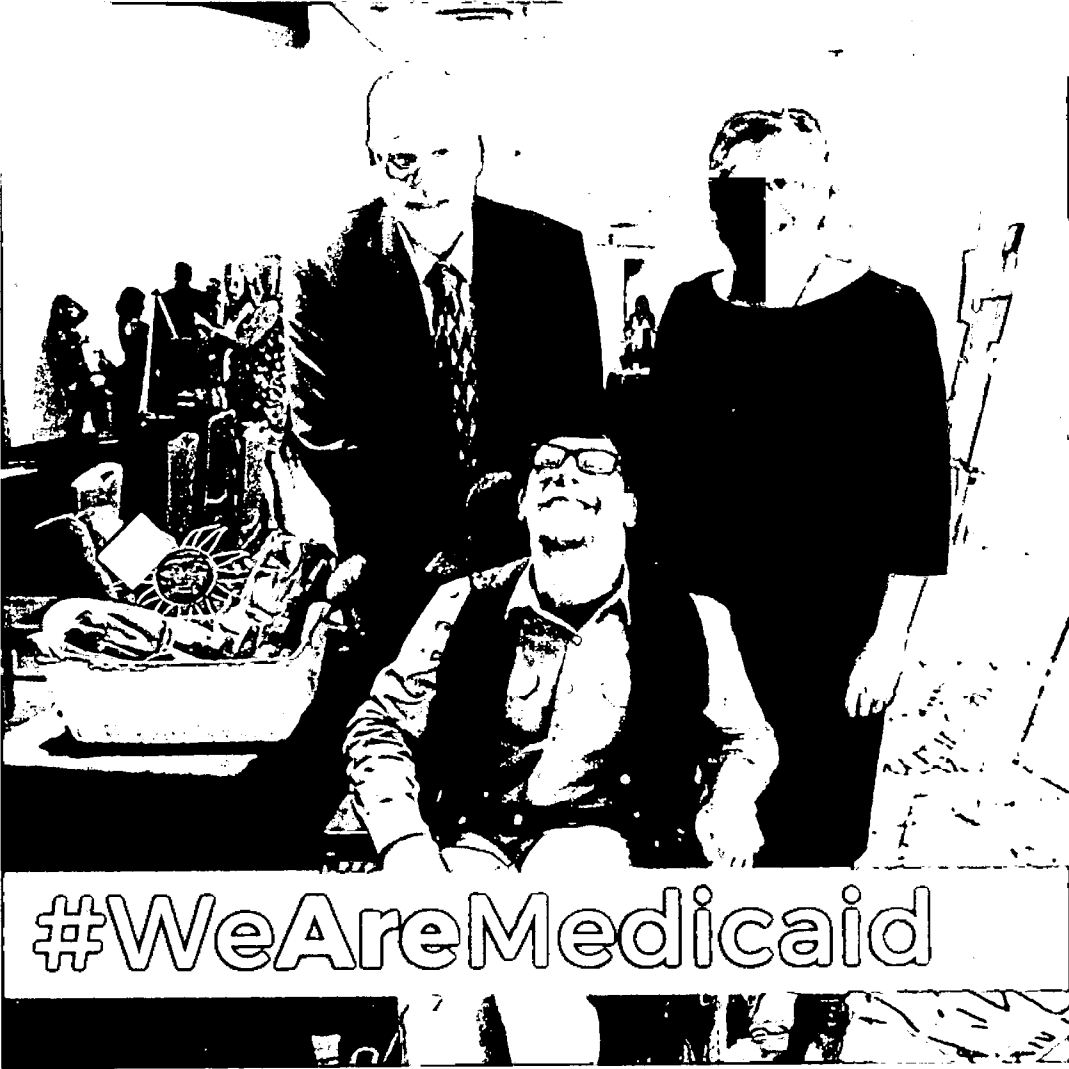
I grant you there are things that need tweaking in the ACA. Fine. Work at a bi-partisan level, listen to the governors like John Hickenlooper and John Kasich who have been crafting policies that will actually work, talk to the disability community (we know how to be thrifty and we are health and wellness focused because it's what keeps us alive!)

Below are some photos to put a face to our story. I am SOOOO Proud of my children and the challenges they have overcome to become the hard working, kind and compassionate adults that they are. They give back to their community in so many ways and the world would be less bright and less sparkling without them. Don't fail them. Vote no on the Graham-Cassidy bill.











**Wright, Kevin (Finance)**

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**From:** Danielle Short [REDACTED]  
**Sent:** Thursday, September 21, 2017 1:46 PM  
**To:** gchcomments  
**Subject:** Please protect Medicaid for individuals with disabilities.

My 6 year old son has Down syndrome and finished treatment for leukemia earlier this year. Without his Medicaid waiver I don't know how we could have afforded his treatment. Medicaid allows us to provide him with the therapies and support to help him grow into a productive member of society. I have become a CNA parent caregiver thanks to Medicaid. This allows me to earn a living while caring for my son. This bill would reduce Medicaid funding in my state, Colorado, and I fear the cuts that would be created.

Thank you for your concern.

Danielle Short

## Wright, Kevin (Finance)

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**From:** Cari Brown [REDACTED]  
**Sent:** Thursday, September 21, 2017 2:02 PM  
**To:** gchcomments  
**Subject:** Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal, September, 25th, 2017

Hello -

I wanted to write to express my opposition to the Graham-Cassidy-Heller-Johnson Proposal.

Last year (2016), I needed two hip surgeries. The prospect of trying to have two hip surgeries was incredibly stressful. I'm employed full-time, I volunteer heavily in the community, and I have a 7-year-old son. However, I was comforted by knowing that my insurance plan would have to provide essential health benefits and couldn't discriminate against me later on thanks to protections for people with pre-existing conditions. I cannot fathom the stress of these surgeries if Essential Health Benefits or protections for people with pre-existing conditions weren't there.

Thanks to these protections, both procedures were covered, my physical therapy was covered, my durable medical equipment was covered, and all of my follow-up care was covered. Despite needing two surgeries that billed out at \$60,000 (not including the physical therapy or durable medical equipment), our insurance company isn't allowed to drop us or charge us more.

I'm happy to say that I'm now doing very well and the odds of me needing additional surgery is low. Because I had insurance with essential health benefits, I was able to get the surgeries now as opposed to waiting. If I had needed to wait for even just 1 year, the cost of the surgeries would have increased, the procedures would have been much more invasive, the risk for complications would have gone up, and the outlook for recovery would have decreased.

This is why I'm very worried about the ability for states to waive protections for people with pre-existing conditions or essential health benefits. Those protections and essential health benefits are there for a reason - they shouldn't be optional and they shouldn't be able to be waived.

While I'm on private insurance, I'm also very opposed to the caps the proposal put on Medicaid. To put it mildly, these caps could decimate the Colorado state budget, putting HCBS waivers for people with disabilities at risk. These waivers support people with disabilities to live and work in the community. Everyone is better off when people with disabilities are fully included in every aspect of community life. If HCBS waivers are cut due to lost funding, this would mean that people with disabilities would be more segregated.

A different approach needs to be taken than the Graham-Cassidy-Heller-Johnson Proposal. It's going to hurt, not help, people who need help the most.

Thank you,

Cari Brown  
[REDACTED]

Fort Collins, CO 80524

**Wright, Kevin (Finance)**

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**From:** DJ Shoaf [REDACTED]  
**Sent:** Thursday, September 21, 2017 9:29 PM  
**To:** gchcomments  
**Subject:** GCH Comments

For: FINANCE COMMITTEE HEARING  
September 25, 2017

From: Denise Shoaf  
[REDACTED]  
Frederick, CO 80504

Our adult daughter has Down syndrome and relies on Medicaid to help her be an active and participating member of our family and community. Without Medicaid supports that our daughter receives, we fear the return of institutionalization in this country for our daughter and others with intellectual disabilities. We have come so far from the days of horrid institutionalization and cannot and must not go back. We demand that Medicaid remain intact and NO cuts be made to the program. Many lives are stake with cuts to Medicaid, not only the lives of people with disabilities, but also the lives of many children, seniors and others. Any cuts to these, our most vulnerable populations, is wrong. DO NOT pass this flimsy Graham attempt at re-vamping healthcare, it is not the right way to do things. Please, allow our daughter, and others with disabilities, to continue to thrive in this challenging world by NOT cutting their Medicaid support. We are counting on you to protect their Medicaid and their basic human rights and dignity. Thank you,

Sincerely,

Denise Shoaf  
[REDACTED]  
Frederick, CO 80504  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Indivisible Grand Junction [REDACTED]  
**Sent:** Thursday, September 21, 2017 4:03 PM  
**To:** gchcomments  
**Subject:** Healthcare

Not having healthcare can be devastating to young adults. My niece consider declaring bankruptcy after a bad car accident ten years ago. She was in the hospital for two weeks with her injuries that included a broken hip. Catherine has high moral standards and would not go the bankruptcy route. She worked with the healthcare providers and hospital to make payments. She keep up on this for ten years.

This young woman had just finished college and was focusing on landing a career when the accident happened and was temporarily not covered with health insurance. I can't imagine how much better her life would have been if ACA had been available to her. Now she has insurance coverage through ACA.

Do not repeal and replace just to get something done. Instead, work seriously and in a bipartisan way, to create a healthcare plan that will be the envy of the rest of the World. Take the best of ideas from other countries such as New Zealand, England, Canada and Germany to create our unique and wonderful system.

Kayla Dodson  
[REDACTED]

Grand Junction, CO 81507  
[REDACTED]

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"Comfort over style is the rule for garden clothes." Tovah Martin, horticulturist and author

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## Wright, Kevin (Finance)

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**From:** Jay Katz [REDACTED]  
**Sent:** Thursday, September 21, 2017 6:30 PM  
**To:** gchcomments  
**Subject:** ABI Waiver for the State of Massachusetts

Hello, my name is Jay Katz. I was just moving back to Colorado from Connecticut, (I had lived in Colorado once before, but that is a story for another time), almost 11 years ago, when I had a major stroke. I hadn't been in Colorado for two weeks, (I hadn't found a place to live yet, so I was staying at a Super 8 motel near Colorado Springs), when I had a major stroke. But at the time, I didn't know what was happening to me, (I was alone and all of the people I knew from when I lived in Colorado before, had moved away, so I didn't know anyone in Colorado). I was getting Hannukah presents for my nieces and nephew at Target when I had the stroke. I managed to drive back to the motel, even though I was now seeing double, but I never felt any pain, then or since. I was at the motel for 2 more days, before the manager of the motel had me go to the hospital in an ambulance. Remember, I didn't know what had happened to me, just I was seeing double, I wasn't in any pain. It was at the hospital they told me I had had a stroke, and my life changed forever.

At the hospital, I called my brother Mark, and he told my mother, who was living in Florida at time, what had happened, (my father and my brother David had passed away before that). I could talk for a couple days and then I couldn't anymore. I spent 3 1/2 months in the hospital after my stroke. I had to communicate by pointing on a card they gave me. I'd form words, then sentences. It was painfully slow. And I was still seeing double for the first month or so. They gave me an eye patch, until the seeing double went away. The only people to visit me in the hospital were my brother Mark and his family, my mother, my cousin from Florida and his wife, and a friend of my sister in-law, who lived in Colorado. The stroke only affected my body, not my mind. Most of the time, I was alone. It was pretty bad.

After my stroke, I also couldn't walk. Now I still can't walk (it's been almost 11 years since my stroke, I had a pretty bad stroke), but I am learning to walk again. I walk six times a day (with a walker and a gait belt), and someone is always following behind me, in case I fall. I haven't fallen yet while I practice walking. I had a G tube placed in my stomach so I could eat. That was taken out at the nursing home, about 8 months later. Until then, I couldn't eat solid foods. They just put nutritional things in the tube, I couldn't taste anything. I haven't driven or worked since my stroke. And I had no health insurance. I was going to get some through AARP, but I hadn't gotten it yet, when I had the stroke. I also found out, right after I had the stroke, (I could still talk then) that the engine was blown in my SUV. I had just bought the SUV, right before my trip out west. At least it made it out west to Colorado. After my stroke I found out I have type 2 Diabetes. When it rained, it poured. It was pretty awful back then.

After about 3 1/2 months, I was flown by a private airplane, to a nursing home in Longmeadow, MA, where my brother Mark still lives. I moved to be closer to be Mark and his family, and some of my friends. The nursing home was bad, but not as bad as the hospital.

When I first moved to the nursing home, I still couldn't talk, so they gave me a computer that would talk for me. I would type the words, and then the computer would say them for me. It was still slow going though, even though I used to type about 45 words per minute, once I had the stroke, I was reduced to typing with one finger, (my right arm is ataxic). Even writing this email, I am using one finger to type with, but I don't have to search for the letters when I type. And with lots of practice, I'm getting better at it. I had a private room at the nursing home, but I didn't socialize much at the nursing home. Some of the residents were more than 40 years older than I was. I started to talk again after I was at the nursing home for about two months. I didn't go out too much at the nursing home. I had 2 wheelchairs, 1 manual, and 1 electric, but the vans at the nursing home were only equipped to handle the manual wheelchair, and not too many people there wanted to push me. I was in the nursing home for more than 5 years.

Almost 5 years ago, I moved from the nursing home to a group home in Pittsfield, MA. The home is run by BCARC. BCARC stands for Berkshire County ARC, and was finished just before I moved in. I currently live in the house, and live with 2 other housemates, and they each have their own health issues. BCARC gets funded by the ABI program for the state of Massachusetts. ABI stands for Acquired Brain Injury (stroke is an acquired brain injury).

The ABI program is designed to get people like me, who have health issues, out of nursing homes, and back into the community. The program was new when my brother Mark found it, when I was still in the nursing home. Mark kept looking for a program to get me out the nursing home, but none was the right fit. It took a few years, but Mark finally found a program that did fit.

I get along fine with the other housemates. We each have our own bedroom, there is a laundry room (the washer and dryer were new when I moved in), 2 bathrooms, a kitchen (all the appliances were new when I moved in), a living room with a gas fireplace, a dining room, an office for the house manager and the staff, and a screened in deck with a roof. In my bedroom I have a dresser, an adjustable bed, 2 Bluetooth speakers, a nightstand, a flat screen T.V. mounted on the wall, a large closet, and a power recliner. I also have two wheelchairs, (1 manual and 1 electric). Both wheelchair were fitted to me and are mine; the ones in the nursing home belonged to the nursing home, and weren't fitted to me. I have a little arthritis in my knees, and they bothered me if I was in a wheelchair at the nursing home for a long time. Now they hardly bother me at all. Everything in the bedroom was paid for by the program, except the flat screen T.V., which also has a built in DVD/Blueray player, and the

Bluetooth speakers. We have satellite T.V. (Dish Network), which is also paid for by the program. Needless to say, I'm a lot happier here than at the nursing home.

In the living room, there is a 42" flat screen T.V. (there is a 32" T.V. in my bedroom) and a DVD/Blueray player. We usually watch movies on Friday nights on the 42" T.V.. Everyone that lives at the house has their own flat screen T.V. in their bedroom, but we usually come out to the living room to watch a movie. At the nursing home, there was one laundry that did the laundry for everybody that lived at the nursing home, (it was a big nursing home) and they lost a lot of my clothes. They also did laundry only once a week. Here, I do my laundry twice a week. There are only three people that live here, and one of them is a woman, so none of my clothes has been lost.

We have a weekly meeting where we plan the menu for the following week. The food at the nursing home wasn't that bad, but it was the same from week to week. Most of the staff here are good cooks, (I usually make my own lunches) and if we like something, we can have it, but not two weeks in a row, except for pizza and cheeseburgers.

I've been a lot of places and done a lot things since moving to the house. We have a van that we got a few months after I moved here, and it still only has about 23,000 miles on it. Since I had the stroke, I have to rely on other people to help me do a lot of things. I can't decide to do things by myself, like I did before my stroke.

If the Graham-Cassidy health care bill is passed, I and my fellow housemates may have to go back to a nursing home. The ABI program for the state of Massachusetts is funded by Medicaid.

Graham-Cassidy health care bill will

- **Allow insurers to charge individuals with pre-existing conditions more money for health coverage**
- **Cap and block grant Medicaid (the equivalent of Medicaid cuts)**
- **Cut funding for Medicaid expansion**
- **Cut funding for financial assistance that helps low-wage workers and moderate-income families buy private insurance**
- **Repeal the ACA individual and employer mandates**

Please don't pass the Graham-Cassidy health care bill. Thank you.

Jay Katz

Sent from [Mail](#) for Windows 10

## Wright, Kevin (Finance)

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**From:** Dawn Kirk [REDACTED]  
**Sent:** Thursday, September 21, 2017 11:35 PM  
**To:** gchcomments  
**Subject:** SFC Hearing for the Record on Monday - Cassidy Graham will make my children orphans.

Title of Hearing: Hearing to Consider the Graham-Cassidy Heller-Johnson Proposal

Date of the Hearing: September 25, 2017

Dawn Kirk  
[REDACTED]

Loveland, CO 80537

Dead children, dead veterans, dead cancer survivors, dead babies, dead people with treatable diseases, dead mothers, dead fathers, dead grandparents, dead daughters, dead sons, dead people who have accidents....like my brother, who died at 24 years old because he had just started a new job and didn't have insurance. Scott died when he should have lived because he was denied healthcare because he didn't have insurance. My brother was making a move to get a "real" job and stop working 5 part time jobs. He was a strong, kind, young leader who would be doing great things today if only he had insurance when he crashed his motorcycle because of a mechanical failure. My children never met their uncle and that is a great tragedy.

I am the mother of 4 children: ages 9 to 19. Two of my children have learning disabilities and work hard to be successful in school despite the challenges they face. My husband is a Navy veteran who served in Desert Shield, and 2 years ago he was diagnosed with terminal brain cancer that is from his time in the service. Let me repeat that....my husband has terminal cancer from serving our country in the Navy. Miraculously, through a very tough road, my husband's brain cancer is in remission and there is an 85% chance that he has been cured. Cancer diagnoses are terrifying and the costs associated with his care were daunting. In order to save his life, my husband's surgery had to be done out of state. Luckily, UCSF and the amazing brain surgeons there accepted our insurance because brain surgery cost over \$500,000. We have family in San Jose and generous friends created a Go Fund Me account to pay for our travel expenses. Another blessing is that his cancer was found when ACA was in full effect so we didn't have to worry about lifetime maximums, which he would have exceeded inside six months before ACA, or pre-existing conditions. While our out of pocket costs were challenging I am fortunate to have a great job with great benefits, which helped to ensure coverage even as my husband could no longer work through 30 daily treatments of radiation, and 14 months of chemotherapy.

However, even with great benefits and a full complement of resources to navigate the process, as well as my personal background with medical billing, I had to fight for my husband's life because our insurance carrier has teams of people dedicated to denying expensive treatments for any excuse they could find. It is only because of a desperate Facebook post I made in December of 2015 that my husband received chemotherapy treatment at all. Two lawyers dedicated multiple 10 hour days on our behalf working the denial from an ethical, legal, and every available angle to no avail. But a Facebook shaming triggered the insurance company's social media team of 5 people to get an approval within hours.

Thankfully, my husband's treatment has been a success and the care he received saved his life. I write this letter today also to represent my husband and other veteran families who face medical challenges from their service to their country.

I wish my story ended here, but sadly, it does not. On Inauguration Day, Trump signed an Executive Order to end ACA and the GOP in both the House and Senate have worked multiple bills that could kill my husband. In order to ensure that he stays cancer free he must have expensive MRIs on a regular basis for the rest of his life and he continues to need ongoing care to manage and treat side effects from brain radiation and an incredibly long chemotherapy cycle. So I



immediately adapted my advocacy for my husband and my children to include political advocacy. I speak out, stand up, partner, and fight for my family's medical needs. Then the House Bill was passed and the details in that bill made it clear that my life was in immediate jeopardy. See, while I seem like a normal, relatively healthy 42 year old mother I have had a lifetime of autoimmune diseases that have wrecked havoc on my body. Today, I take 23 pills a day and manage my diseases with lifestyle changes, supplemental treatment, and serious stress management, mind, body, spirit techniques. Most people who know me knew nothing of my diseases prior to the passage of AHCA because outside of an occasional flair up or the higher than average amount of surgeries I have had, I am a fully functional member of society. In fact, I have worked in public safety for 16 years. In my career, I have played a key role in catching the Boston Marathon Bomber, developing 9-1-1 solutions that save lives every single day, and creating nationwide 9-1-1 networks that were the foundation for supporting alternative technologies. Today, my work focuses on building leaders who will continue to make 9-1-1 work, leaders who run suicide prevention hotlines, leaders that build and support technology that save lives every day. However, without pre-existing condition coverage and lifetime maximums back in play with the Graham-Cassidy bill my life is in immediate risk. My medications are expensive and I will only live a few weeks without them. Additionally, I require more doctors visits, ER and hospital visits, and surgeries than the average woman my age. With good healthcare, I am able to recover quickly when my health is an issue and get back to the task of saving lives. With Graham-Cassidy, I will die quickly, my husband's health is at greater risk without my support and that means that our 4 children will be orphaned.

This is why I am passionate about this. I am proactively using my dying breath to fight for those of you who don't even know how this effects you and your loved ones. I want to live in a world where we cure people, where we treat people, where we comfort people, where we heal people, where we recognize the human right to healthcare, and our constitutional right to life. We talk about life being priceless but actually life is cheap here in America.

Sincerely,  
Dawn Kirk

--Sent from [Mail](#) for Windows 10

## Wright, Kevin (Finance)

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**From:** JEFF and GRACE HUNTER [REDACTED]  
**Sent:** Thursday, September 21, 2017 11:53 PM  
**To:** gchcomments  
**Subject:** vote no on Graham - Cassidy bill

My son has Cerebral Palsy. He is 19 and currently lives at home with his parents and siblings. He is cared for by nurses and family members, in his own home. He uses a wheelchair to get around, he uses a communication device at school. He is non verbal and uses a g tube to eat. He is on 20 or so medications and supplements. He has a contagious smile and before his tracheotomy surgery this summer, he had a wonderful giggle. Our son has a good quality of life, who is loved by his family. His life is full and is able to live at home because of Medicaid. He is on a Medicaid waiver that is in jeopardy if this new bill before the Senate is passed. Optional Medicaid waivers would be the first to go. This bill will eliminate the Federal matching funds that are used to help fund the waiver programs like the one my son is on. My son needs nursing home level of care, yet he is currently able to live in our family home, because we have the help of nurses and therapists who come to our home to treat and care for his needs. Please do not force my son to go to a nursing home, a very inappropriate place for him to live, just because Medicaid will be drastically cut if this bill passes the Senate. It is much less expensive and much more efficient to allow my son to continue to live in our home, than it would cost to have him in a nursing home. Please allow him to continue to live in our home, it will cost tax payers less money for him to stay in our home. Cutting Medicaid drastically as this bill would do, will actually cost much more for my son's care, if he is forced into an institution to get nursing care. This bill is being pushed through the senate, without hearings, without public testimony, without even time for Senators to research it well. This is not responsible governing. Please vote no on the Graham - Cassidy bill. Please do not vote for any caps to Medicaid. Please do not vote for any cuts to Medicaid. Please do not vote for block grants to Medicaid. This is just another way to cut Medicaid to the states. Colorado has TABOR and Colorado will not be able to raise taxes to make up for the loss in matching Federal fund to Medicaid if this bill passes. Please do not vote to balance the budget on the back of my developmentally disabled son. The Government should be caring for and helping to take care of its most vulnerable citizens.

Dawn Hunter  
[REDACTED]

Littleton, CO 80120  
[REDACTED]

## **Wright, Kevin (Finance)**

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**From:** [REDACTED]  
**Sent:** Thursday, September 21, 2017 8:15 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Healthcare Bill  
**Attachments:** For Senate Committee on Finance Graham-Cassidy Bill.docx

Attached is my testimony for the Senate Finance Hearing on the Graham-Cassidy bill to be held Monday, September 25, 2017 at 1:00 p.m. I have also copied and pasted the content of the letter into this email, just in case the attachment cannot be opened. Thank you.

From: Deborah Carson  
901 Strachan Drive  
Fort Collins, CO 80525

To: Senate Committee on Finance  
Attn: Editorial and Document Section  
Rm. SD-219  
Dirksen Senate Office Building  
Washington, DC 20510-6200

**Re: Graham-Cassidy Hearing**  
Monday, September 25, 2017  
1:00 p.m.

My husband has a condition called common variable immunodeficiency with panhypogammaglobulinemia. In a nutshell, this means he has only 2 of 5 antibodies in his bloodstream that fight disease. Neither of the two are the ones he needs to fight disease. Once a month, he gives himself an infusion of gamma globulin so that he stays healthy. This condition bills out at about \$100,000 a year. My husband is 57 years old, is a productive member of society, holds down a good job, pays his taxes, and is a good husband and a good father to our two grown sons. But, we don't make \$100,000 a year to pay for his treatment.

Can you imagine the surcharges the insurance company will tack on for his age and his condition per the Graham-Cassidy bill? We have private insurance through his employer, but there's no guarantee that the insurance companies won't find ways to exclude him (and probably me as well since I'm 62 with a couple of pre-existing conditions of my own) from coverage. Please kill this bill. My husband does not deserve a death sentence for having an easily treatable condition through no fault of his own. Please - I'm begging you - for my husband and for citizens all across America - we are depending on you to kill this bill in committee before it goes to the floor of the Senate for a vote.

Thank you for your consideration.

Deborah Carson  
Fort Collins, CO

## Wright, Kevin (Finance)

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**From:** Lori Retzer [REDACTED]  
**Sent:** Thursday, September 21, 2017 8:56 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

I am deeply disturbed that the Senate is even considering this bill, let alone, trying to shove it down our throats! And why? So the GOP can get their \$400M payout from the Koch brothers? For that the Republicans are willing to throw 32 million people off of health care insurance? Making everyone but the top 1% poor?

Let me tell you a little story. My brother was born in 1960 at NAS Millington, TN. We don't know who actually delivered him because my mother rendered unconscious for his birth. But we know that the doctor who claimed to have delivered him was not present. There were witnesses that saw him at a party at the Officers Club that night. My brother's skull was crushed during a forceps delivery. His medical records were missing when my mother took him back to the same hospital for his 6 weeks check up. Her medical records showed that she'd given birth but didn't mention whether it was a girl or boy, whether it lived or died. Because of the damage that was done, he is non-verbal. His functional level is that of about an 18 month old. He didn't learn to walk until he was 13. He requires 24x7 supervision because if the house caught fire, he wouldn't know that he needs to get out.

I am his guardian! I depend on Medicaid to help pay for his medical bills and to provide in-home care while I work. No, I won't institutionalize him. We were forced by Wisconsin and Texas to do that and he was sexually assaulted both times!

I am LIVID that Republicans was to take money away from healthcare to pay for tax cuts for the top 1% and to create a huge military budget. In my 58 years, I can't remember a time when we WEREN'T at war!

Enough is enough! Either our representatives start actually representing what the majority of their constituents want or they will be unemployed as soon as possible!!

The Resistance is sick of the games being played in Washington and we will fight back!

Lori Retzer  
Aurora, CO 80014

## **Wright, Kevin (Finance)**

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**From:** Alison Dawson [REDACTED]  
**Sent:** Friday, September 22, 2017 12:59 PM  
**To:** gchcomments  
**Subject:** Cassidy Graham Bill

I am on the Medicaid Buy in program which is a program created by Colorado to give working adults with disabilities Medicaid through a buy in. We pay a monthly premium depending on our income and in exchange, we are able to access healthcare. With this program, I am able to continue working with my disability and afford the health care I need. I work for a small non profit working with people with all types of disabilities with no benefits. Without this program, I will be unable to work and unable to afford premiums. If you cap Medicaid or block grant it, creative programs like this one will be gone. The opportunity created for adults with disabilities to work while being able to affordably access health care will be gone. This will have a domino effect by creating more people with disabilities who are DEPENDENT on the system rather than being happy, involved productive members of their communities.

My daughter is on Medicaid through the Medicaid expansion under the ACA. She has multiple disabilities and is waiting on the long process to get Social Security disability benefits. With the Medicaid expansion, my daughter has been able to access the mental and physical health care she needs. Without this program, she would be medically bankrupt at 25 and in an even worse position than she is already. Before the Medicaid expansion, I saw people like her unable to access healthcare and saw them literally die without access to the specialized care they needed. This is not an exaggeration. The Medicaid expansion has been one of the biggest blessings to my daughter and many people with disabilities that has happened in a long time. Please do not destroy this blessing.

I work at an agency that serves people with all types of disabilities. Many are on Medicaid. Some are on the two previous Medicaid programs I mentioned, but others are on waiver programs. If you cap or block grant Medicaid, my clients are at risk of losing their very ability to be independent and live in their communities. Additionally, the agency I work for runs an innovative Medicaid nursing facility transition program that allows people to get out of nursing homes with supports in place. If Medicaid is capped or block granted, we will lose this program and these jobs at our agency. Capping or block granting Medicaid will not only cause our clients to lose healthcare it will cause many to lose their independence. Additionally, it could cause our very small agency to lose the positions created through the transition program. Capping Medicaid could be a job killer around my state, Colorado and every state across the union on multiple levels.

Please ditch this bill and come up with a good bipartisan bill to address issues with the ACA. We need to stop this vendetta against people in poverty and find a better way.

**Alison Dawson  
Laporte, CO 80535**

**Wright, Kevin (Finance)**

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**From:** Kathleen Riley [REDACTED]  
**Sent:** Saturday, September 23, 2017 10:17 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill

Everyone dear to me relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My dearest friend would not be alive today without it and would not be getting surgery to continue a quality life--for one example. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Kathleen Riley  
Denver, Colorado 80206

## Wright, Kevin (Finance)

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**From:** Ann Kent [REDACTED]  
**Sent:** Saturday, September 23, 2017 10:19 AM  
**To:** gchcomments  
**Subject:** Graham Cassidy bill

Hello:

I would like to express my concern about this bill. First a little introduction to me and my situations that cause concern. I am a 68 year old woman raised in the south presently living in Colorado. I am currently working as a certified nursing assistant with a professional home health organization. The majority of our clients are on Medicaid. The proposals of this bill will probably cause a lot of cuts in our clientele and therefore cut cuts in jobs. That is a nationwide issue.

I have been working for this company for about eight years. Prior to this I worked as a legal assistant for about 18 years. I am currently on Medicare. Before reaching the age of 65 there were many years that I did not have insurance at all even though I work for a law firm. Finally when the firm did actually get a plan, within a year I was booted off of the plan because of a medical report following a biopsy which resulted in a diagnoses of atypical endometrial hyperplasia. This occurred in the beginning stages of menopause and I never had any other trouble, just the diagnoses. This is the way insurance operated at the time. I did later get insurance by getting a second job at a casino for several years, and later with another law firm. I have remained unusually healthy and am grateful that from 2008 - 2014 I was able to make it without in Insurance and have been on Medicare since 2014.

Hopefully Medicare is safe from the "knife" of the Republican Party, though I know many would like to kill it. However, I do have another MAJOR CONCERN. My great grandson was born cystic fibrosis and cerebral palsy and is currently being covered through CHIPS

Sent from my iPad

## Wright, Kevin (Finance)

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**From:** [REDACTED]  
**Sent:** Monday, September 25, 2017 10:49 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy healthcare bill

Dear Committee members,

I am strongly to opposed to Graham-Cassidy, and to any legislation that does NOT:

1. Protect people with pre-existing conditions from losing coverage either from being denied coverage or charged ridiculously high premiums.
2. Prevent Insurance companies from putting annual and lifetime caps on benefits, which would then leave people without coverage.
3. Provide healthcare options for unemployed/low income people
4. Provide access to low-cost women's healthcare (ob/gyn, mammograms, family planning, birth control, as well as abortion per existing laws, etc.) such as that provided at Planned Parenthood clinics.
5. Provide coverage for poor children as is done under CHIPS

Our family's experience:

My daughter-in-law is self-employed as she builds her own business and also works part-time. My son is fully employed at a small business with 6 employees that does not offer health insurance. They need reasonably affordable health coverage. Right now they pay more for health insurance - silver plan with I think a \$2,500 deductible - than they do for their mortgage. They are concerned about having children because they fear they cannot afford the health care for the child and don't want to be irresponsible. They don't want to be on Medicare, they want to be able to afford to pay for health insurance. Premium supports help them afford their insurance but they still struggle with the co-pays and deductibles. She also has a medical condition which might cause their insurance to be too expensive if the controls on how much insurance companies can charge people with pre-existing conditions are not continued. I fear greatly for them if this bill is passed.

I have cancer, not in treatment at this point but - will I be able to get coverage under Graham Cassidy? My husband has heart disease. Will we be priced out? Will we die because we cannot get insurance and healthcare? Are you going to kill us, and millions like us, with this bill?

Insurance companies make massive amounts of money. They are more interested in paying their shareholders and CEO's than patient care. I cannot understand how "for profit" can ever be reconciled with quality patient care, sick people are expensive, how can you make money on them? I am leaning toward some form of universal health care so that everyone is taken care of and we all share the burden, rather than the rich get great care and the middle-class and poor suffer. Imagine the economic growth if businesses no longer had to pay for their employees' health care, and individuals were free to work wherever they wanted or build their own businesses, free from the economic constraints of paying for unexpected healthcare costs.

Fix the problems in the ACA, continue the premium subsidies and stop destabilizing the markets by causing insecurity for the insurance companies and making it more difficult for people to enroll in the healthcare.gov plans by cutting staff, hours and days for enrollment!

We are watching the Republicans sabotage the ACA; it is not imploding, it is being torpedoed. Most people prefer the ACA to this bill, so work on making the ACA better and fix the problems with it, rather than destroy a system that has helped many millions of people obtain much-needed health care.

Sincerely,



**Wright, Kevin (Finance)**

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**From:** Deidre Hayden [REDACTED]  
**Sent:** Monday, September 25, 2017 10:49 AM  
**To:** gchcomments  
**Subject:** Reject current ACA appeal efforts

Do not pass any version of the Cassidy healthcare bill. Patching together payoffs to states is an irresponsible way to make public policy. No hearings, no CBO score. No repeal. You will seriously harm millions of Americans.  
Deidre Hayden, Portland Oregon

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Erin Ogletree [REDACTED]  
**Sent:** Friday, September 22, 2017 10:59 PM  
**To:** gchcomments  
**Subject:** Comments on Graham Cassidy Bill

Hello - I am writing from Trinidad, Colorado. I have purchased Affordable Care Act insurance every year since its inception, first in Arizona, and now in Colorado. While premium costs have increased each year (as they also did in the years before the ACA was passed), I have been grateful to have the opportunity to purchase it. Why? Because without the ACA's protection of coverage for those of us with pre-existing conditions (which pretty much includes everyone, one way or another), and prevention of premium discrimination against those of us with pre-existing conditions, I would be uninsurable. I have multiple sclerosis. The treatment and medicine I receive now is preventing me from suffering greater levels of disability than I already have and keeping me afloat financially. Without these protections, I will suffer physically and be bankrupted.

For the love of God, please stop trying to kill the ACA. Instead, work with your colleagues to fix and strengthen it.

Take a moment and think how much better life in the US could be if EVERYONE had access to healthcare without having to worry that their senator or congressman was working to take it from them. The reduction in stress alone would improve everyone's well-being and I would be able to get some sleep.

Erin A Ogletree  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Sarah Lavery [REDACTED]  
**Sent:** Monday, September 25, 2017 10:49 AM  
**To:** gchcomments  
**Subject:** Against Graham Cassidy

I oppose the Graham Cassidy bill. In 1970 I was born with a congenital heart defect. Like many Americans I have a pre-existing condition. This bill would make it nearly impossible for most of the millions of American with pre-existing condition to get quality affordable healthcare. This bill was a thoughtless proposal that will do nothing but harm people and destroy our economy..

I want bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Sarah Lavery  
Brooklyn, NY

Don't normalize the Hate. Resist.  
Sarah Lavery

**Wright, Kevin (Finance)**

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**From:** David Munk [REDACTED]  
**Sent:** Saturday, September 23, 2017 12:09 PM  
**To:** gchcomments  
**Subject:** Protect our healthcare. Reject Graham-Cassidy.

Finance Committee,

The newest version of Trumpcare would kick 32 million people off of healthcare, devastating working families and rolling back the progress we've made in protecting so many Americans. Also, hidden in this bill—known as Graham-Cassidy—is a \$20 billion tax break for the highly-profitable medical device industry, which has \$230 billion in profits stashed offshore on which it has not paid a dime in U.S. taxes.

In 2009, the Affordable Care Act was reviewed by three different Senate committees, received dozens of hearings and 169 hours of consideration. This week's ONE hearing is an embarrassment and outrage given the life and death matters at stake.

I urge the Senate and the Senate Finance Committee to reject Graham-Cassidy and to protect the healthcare of millions of Americans. It's also time that wealthy corporations pay their fair share in taxes! When they do, we'll be able to invest in our country's future, including healthcare for working families.

David Munk  
[REDACTED]  
[REDACTED]

CARBONDALE, Colorado 81623

## Wright, Kevin (Finance)

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**From:** Marion Haygood [REDACTED]  
**Sent:** Monday, September 25, 2017 10:49 AM  
**To:** gchcomments  
**Subject:** ACA repeal bill

Dear Sirs,

I urge you to strongly reconsider this bill. One thing that appears to be the case is that this is being rushed to check off a box. An issue as serious and life impacting as this requires more exploration, review and debate. Apparently there was a bi-partisan committee working on the issues related to ACA, but their progress was circumvented by this rushed bill. It is demoralizing as a citizen to see how often personal and party agendas inform legislation. I am a veteran and a DoD employee. I have been sworn in repeatedly and I know you are too. I beg you to consider those moments and keep your word. You are not putting in the time and effort. I notice that even our legislators are running with sound bytes and rhetoric. I, like so many other citizens implore you to do a more thorough and compassionate job for all of us. I also have serious resentment regarding the special and generous health benefits you enjoy for what should be a position of service to your country. It is reprehensible that your health insurance is not the same as every other civilian employee. You are here to serve us not enjoy elite benefits on our backs. I am baffled by the actions of all of you. Be the person who makes a better choice. Have you noticed how much respect SEN. McCain is receiving ? There is a reason for that and it is not about his personal health, it is about his ability to stand for what is right.

Sincerely,  
Marion Haygood  
Colorado Springs, CO 80917  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Brian Cocco [REDACTED]  
**Sent:** Saturday, September 23, 2017 12:09 PM  
**To:** gchcomments  
**Subject:** Protect our healthcare. Reject Graham-Cassidy.

Finance Committee,

The newest version of Trumpcare would kick 32 million people off of healthcare, devastating working families and rolling back the progress we've made in protecting so many Americans. Also, hidden in this bill—known as Graham-Cassidy—is a \$20 billion tax break for the highly-profitable medical device industry, which has \$230 billion in profits stashed offshore on which it has not paid a dime in U.S. taxes.

In 2009, the Affordable Care Act was reviewed by three different Senate committees, received dozens of hearings and 169 hours of consideration. This week's ONE hearing is an embarrassment and outrage given the life and death matters at stake.

I urge the Senate and the Senate Finance Committee to reject Graham-Cassidy and to protect the healthcare of millions of Americans. It's also time that wealthy corporations pay their fair share in taxes! When they do, we'll be able to invest in our country's future, including healthcare for working families.

Brian Cocco  
[REDACTED]  
[REDACTED]

Boulder, Colorado 80301

## Wright, Kevin (Finance)

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**From:** Kathy Bowman [REDACTED]  
**Sent:** Monday, September 25, 2017 10:48 AM  
**To:** gchcomments  
**Subject:** Fwd: Graham Cassidy Bill Hearing testimony. September 25, 2017

Sent from my iPhone

Begin forwarded message:

**From:** Kathy Bowman [REDACTED]  
**Date:** September 25, 2017 at 4:46:28 AM PDT  
**To:** [GCHcomments@finance.senate.g](mailto:GCHcomments@finance.senate.g)  
**Subject:** Graham Cassidy Bill Hearing testimony. September 25, 2017

September 25, 2017  
Hearing on the Graham Cassidy Bill

Testimony from:  
Katherine Bowman, Ph.D.  
[REDACTED]  
Berkeley, CA 94708

I am writing to express my strong opposition to passage of the Graham Cassidy Bill.

Passage of this bill would toll a death knell to Medicaid or Affordable Care Act insurance plans upon which tens of millions of Americans rely for obtaining health care. Without insurance these millions of people will have no choice but to rely upon emergency room services which are not designed to provide ongoing health care. This will result in inadequate care and therefore increased mortality and will, in addition, drive up the cost of healthcare to the general public, upon whom the cost of this healthcare will ultimately fall. In addition, it is my understanding, that under this bill provisions currently in ACA requiring coverage for mental health and substance abuse treatment and prohibiting denial of service for individuals with preexisting conditions will no longer be in effect. The suffering, and indeed mortality, that will result from inability of all but the wealthy, who can afford to pay for these services out of pocket, will be enormous. This is heartless, cruel, inhumane and totally unacceptable in a country as wealthy as the United States, a country that can allocate \$80 billion for defense spending. No other developed nation in the world allows such a high number of its population to go without necessary healthcare as would occur under this bill.

Personally, passage of this bill would affect me on several levels.

First of all, I have several pre-existing conditions and would likely be bankrupted by or totally unable to afford treatment for them should it be required without my health insurance. I

have had cancer twice and have osteoporosis. Aside from not wanting to die from lack of treatment, I believe that my death would be a loss to the community, in particular to the patients that I serve as a psychologist and in my volunteer activities, as well as to my family and friends. I do not believe that my life is worth any less because I am not wealthy enough to pay for all of the treatment that I might require.

Secondly, I would be affected in that my son and daughter-in-law, who currently cannot afford health insurance on their own and rely upon Medicaid for their health needs, would no longer have access to healthcare. These are bright young people who will, when they have completed their education, have much to offer to the community.

Finally, I will be personally impacted financially should this bill be passed. As I noted above, I am a psychologist. My work is primarily with individuals suffering from chronic illnesses and/or depression. A large proportion of these clients are on disability, unable to work because of their conditions. Many of them depend upon health insurance plans provided under the current Affordable Care Act to pay for my services. Their suffering would greatly increase without my assistance in helping them to cope with the effects of their disability and/or their chronic illness(es). My services help them to be as productive and functional in their lives as possible. Without such assistance their ability to give back to their communities would be diminished. These people are valuable members of society but do not have the wealth to pay for mental and physical health care without insurance. The ripple effect on my ability to afford to keep my psychology practice open in my specialty area would be profoundly negative.

Finally, I am strongly opposed to this bill because I feel that it is heartless, mean-spirited and inhumane. I strongly believe in the golden rule, that we have a responsibility as individuals and as a nation to do unto others as we would have them do unto us. Our country is certainly wealthy enough to take care of those who are less fortunate but no less valuable as human beings than are the wealthy and powerful.

I urge you as strongly as I can to vote NO on the Graham Cassidy Bill.

Thank you.  
Katherine Bowman, Ph.D.

Sent from my iPhone



**Wright, Kevin (Finance)**

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**From:** Ren Burke [REDACTED]  
**Sent:** Saturday, September 23, 2017 10:20 AM  
**To:** gchcomments  
**Subject:** Graham/Cassidy bill

My family & I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I'm self-employed with a pre-existing condition. I was able to start my business thanks to gaining health insurance through the ACA.

For that reason (and many more!) I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Adrienne Burke - Fort Collins, CO

**Wright, Kevin (Finance)**

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**From:** J.R. [REDACTED]  
**Sent:** Monday, September 25, 2017 10:47 AM  
**To:** gchcomments  
**Subject:** Re: Resist Graham-Cassidy.

Dear Committee Members,

With the money I saved on doctors by enrolling in Medicaid while unemployed, I was able to go to school. Now, I am a fully employed, tax-paying citizen who doesn't need Medicaid any longer.

The ACA is the best thing that ever happened to this country since WWII and the GI Bill. Please work to strengthen it.

DOWN WITH GRAHAM-CASSIDY!!

Best regards,

**Jason T. Rosenfeld**  
**Brooklyn, New York. 11215**

**Wright, Kevin (Finance)**

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**From:** Kate Soderman [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:46 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

My family relies on quality, affordable healthcare, as do millions of Americans. Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Thank you!  
Katherine Soderman  
Charlottesville, VA

**Wright, Kevin (Finance)**

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**From:** John and Linda Crawford [REDACTED]  
**Sent:** Monday, September 25, 2017 10:44 AM  
**To:** gchcomments  
**Subject:** RE: Graham-Cassidy Healthcare Bill

Dear Committee,

My family relies on quality, reliable healthcare. In fact, we take it for granted because we can afford it. Not all Americans are so lucky.

I support a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Linda Crawford  
Lewes, Delaware

**Wright, Kevin (Finance)**

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**From:** Lauren Humphrey [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:46 PM  
**To:** gchcomments  
**Subject:** Please vote "no" on Graham-Cassidy

To Whom it May Conern:

I am a 33 year old breast cancer survivor living in Hamden, CT. Please vote "no" on Graham-Cassidy. I fought like hell to beat cancer during a grueling year of active treatment in 2014 which included neoadjuvent chemotherapy, surgery and recovery, and radiation. I had many complex decisions to make and difficult conversations to have. Because of ACA, none of those were with health insurance companies. I was (and am currently) covered through my employer and had access to the best possible care at Smilow Cancer Hospital through Yale New Haven health. Three years later, my treatment continues as I do my best to keep cancer at bay. Cancer recurrence haunts me, but it's Republican efforts to repeal the ACA that keep me up at night-- Exorbitant premiums as a part of a high risk pool, being kicked off health insurance because of the random bad fortune of a cancer diagnosis, these are now my nightmares. Please vote "no" on Graham-Cassidy.

Sincerely, a survivor and concerned American,

Lauren Humphrey Byer

## Wright, Kevin (Finance)

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**From:** Bruce Tow [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:46 PM  
**To:** gchcomments  
**Cc:** Lois  
**Subject:** What the Graham-Cassidy Bill Would Mean to Me

My wife and I are self-employed. She has leukemia. Without the ACA she wouldn't have medical insurance. Without the ACA we will use up all our retirement savings paying for her care. Without the ACA, we'll be bankrupt and/or she'll be dead. Would you want to make that choice for your wife?

She was diagnosed with Chronic Lymphocytic Leukemia (CLL) in 2006. I was laid off in 2008 early in the Great Recession, so we lost our employer-paid medical insurance – an eye-opening experience on what medical insurance costs! We paid for COBRA to keep insurance. After fruitless job searching, I decided to start a business. Every year it got more expensive to insure our family. When we no longer qualified for COBRA, we moved to coverage under HIPAA, often considered the last resort. HIPAA plans often go into death spirals because only those at high cost/high risk or uninsurable like my wife buy them. In 2014, we were relieved to get insurance (unsubsidized) under the ACA.

Under the Graham-Cassidy bill:

- We may not be able to afford any kind of insurance coverage for my wife, or the insurance that we can afford may not cover all of her cancer treatment, such as the drugs she needs. The next time she needs treatment, it will be with the new oral chemotherapies. They are very effective, controlling the leukemia completely for most CLL patients – like insulin for diabetics, but it is very expensive.
- We will no longer be able to count on the pre-existing conditions protections we have under the ACA.
- We will no longer be able to count on the age-rating protections we currently have under the ACA.
- We will lose the protection from annual and lifetime caps, a very real concern. She has lived with leukemia for over 11 years and her prognosis for living many more years is good. How cruel and inhumane for cancer patients to beat the disease and then be unable to have insurance coverage for the rest of their lives!
- Health Savings Accounts (HSAs) do not provide anywhere near enough money to pay for care.
- High risk pools fail. They lead to a “death spiral” of ever increasing costs that become unaffordable and ultimately cost as much as having no insurance.

Bruce Tow  
[REDACTED]

Jamaica Plain MA 02130

cc: Senator Elizabeth Warren

Senator Ed Markey

**Wright, Kevin (Finance)**

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**From:** Lisa Ehrlich [REDACTED]  
**Sent:** Monday, September 25, 2017 10:48 AM  
**To:** gchcomments  
**Subject:** Comment re Graham-Cassidy Bill

Dear Senate Finance Committee,

I am writing to express my extreme opposition to the newest (and the older) versions of the Graham-Cassidy bill. All independent analyses show the bill will cause over 30 million americans to lose health coverage. In addition, doctors, hospitals, nurses, patient advocacy groups, and even insurance companies and state medicaid directors have come out against the bill. It is merely a way for Republican senators to play out their ego at the expense of the American people that they ostensibly serve, and is a true disgrace. I urge all Senators to vote no.

Respectfully,  
Lisa Ehrlich

**Wright, Kevin (Finance)**

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**From:** lisa barondes [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:46 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy bill

**To Whom it May Concern:**

My family and I rely on quality, affordable healthcare as do most Americans. Because of this, I oppose the Graham-Cassidy bill. I am 60 years old and self employed. Right now I have a COBRA policy which cost 1/3 of my income but has better coverage than I can get through the exchange. But in a few months I will need to find another policy and will be dependent on the exchange for the ACA. I am living in fear that I will not have health insurance in a few months as it will become unaffordable or unavailable. Please do not repeal Obamacare. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Lisa Barondes  
Northampton MA



**Wright, Kevin (Finance)**

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**From:** Carla Stashin <[REDACTED]>  
**Sent:** Monday, September 25, 2017 10:48 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill VOTE NO

Vote NO on Graham-Cassidy healthcare bill! All Republicans MUST work with all Democrats for every single bill to pass!  
Do it right and Repair the ACA!

Stop wasting our hard earned dollars on partisan politics! This is not your money to waste!

Carla Stashin

**Wright, Kevin (Finance)**

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**From:** Yoko Momoyama MD [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:45 PM  
**To:** gchcomments; Pearson, Beth (Warren); Hurt, Nikki (Markey)  
**Subject:** Healthcare bill

*Members of the Senate Finance Committee,*

*As a physician who cares deeply about the ability of America's patients to access the care they need, I write in opposition to the Graham-Cassidy bill to replace the ACA. This bill is just as bad as the ACA repeal efforts that came before. My home state has worked hard to improve the well-being of its residents, and this bill would clearly undo many of the gains that we have worked hard to achieve over the years.*

*Any physician knows that when it comes to our patients, coverage doesn't always mean care. By overturning protections for patients with preexisting conditions and by slashing coverage of essential health benefits, this bill would leave too many patients between the cracks – especially the most vulnerable.*

*Rather than stripping health care from millions of Americans, Congress now has an opportunity to take a bipartisan approach toward stabilizing the insurance markets and fixing the ACA. I urge you to take that opportunity and join me in opposing Graham-Cassidy*

Yoko Momoyama MD  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

For appointments, please go to [REDACTED]  
follow me [REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

---

**From:** Jennifer Flint [REDACTED]  
**Sent:** Monday, September 25, 2017 10:48 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

Affordable healthcare is critical for my family's quality of life and our ability to lead healthy, productive lives. Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Jennifer Flint  
Concord, Mass.

## Wright, Kevin (Finance)

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**From:** Maya Garza [REDACTED]  
**Sent:** Monday, September 25, 2017 10:48 AM  
**To:** gchcomments  
**Subject:** Opposition to Graham-Cassidy

I am writing to express my opposition to Graham-Cassidy.

At this point in the public debate, I doubt my voice is needed for the committee to see how damaging this bill would be for Americans - we have already heard from doctors, nurses, hospitals, insurers, patient advocate groups, and the governors and other officials who would be charged with implementing this new policy.

It is clear to everyone watching the process that the motivation for this bill has nothing to do with policy or even political ideology. If there was any doubt about that, it disappeared when we saw a truly bipartisan process derailed in favor of this rushed, disgraceful bill. Instead, this bill is blatantly motivated by the desire to claim a partisan win, dismantle President Obama's legacy, and appease major donors. Any elected officials who put those things ahead of the lives of their constituents deserve the damage that will be done to their legacy.

This is a vote that the American public will remember. If Graham-Cassidy passes, we will be reminded of it every time we pay a premium that's higher than it should be, every time we have to take a sick day because of chronic illness we can't afford to treat, and every time we have to decide the course of medical treatment for ourselves and our loved ones based on what we can afford instead of what will have the best results.

I hope that those elected to represent us will reject this shameful bill and refocus their efforts on improving the ACA.

Maya Garza  
West Chester, PA

## Wright, Kevin (Finance)

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**From:** sharon carroll [REDACTED]  
**Sent:** Monday, September 25, 2017 10:48 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy healthcare

In 1986, my husband had a heart attack. In January, 1987, our premiums started rising due to him now being a high risk. By the end of 1987 our premiums had gone from \$87 for a family to \$257. We were a small business owner & could not afford the insurance. We have no choice but to drop it & then that became a pre-existing condition. We had to take bankruptcy in 1992, because our hospital expense was too great to keep up with. Embarrassing to say the least. Our 2 children only had school policies that were good for injuries, but not illnesses. This was a very scary & unsure time for us. In 1996, my husband went to work for a company that had insurance, but he had to go a year without any heart issues before they would cover the pre-existing conditions. As it happened he went over a year and 7 months before having another heart attack and the need for open heart surgery. The bill was staggering. It was around \$60,000. We would have faced another bankruptcy.

For us as senior citizens with pre-existing conditions, we would once again be faced with the choice of could we afford our supplements to Medicare. Our supplements, excluding prescription drugs, runs \$316 a month. With the passing of the Graham-Cassidy bill would put us right back to the 80's & 90's where insurance companies can raise premiums or not cover those ailments. All of the healthcare associations have rejected this as an alternative. Even Blue Cross/Blue Shield has rejected. There are millions of people that will be affected, as well as, the healthcare industry.

Thank you for allowing us to express our opinions.

Sincerely,

C. Thomas and Sharon Carroll



Virus-free. [www.avast.com](http://www.avast.com)

## Wright, Kevin (Finance)

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**From:** Katherine Fye [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:45 PM  
**To:** gchcomments  
**Cc:** Katherine Fye  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

My family relies on high-quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.

In 2014 my husband was working on his PhD, and our family (including our two young sons) lost our university-sponsored health insurance after his fellowship ended. Without the ACA we would have had no health insurance. During the next two years, we went from getting insurance through the Marketplace to Medicaid, and then back to the Marketplace. I am not sure how Medicaid fits into the ACA picture, but I do know that being on that insurance while I was pregnant allowed me to have excellent prenatal care. My pregnancy was considered high risk for various reasons, and without a plan that included free or low-cost care I would not have been able to go to all of the appointments. Our 20-week fetal scan also indicated that our baby might have a heart condition and/or genetic condition, so having affordable care became all the more important. At 22 weeks gestation we had a fetal echocardiogram, which the cardiologist was 95% sure showed no problems.

In 2015, we had our third son. As a follow-up to his fetal echo, they scheduled an infant echo when he was eight days old. That echo revealed that he did indeed have two congenital heart defects, one that would not let him leave the hospital without first undergoing life-saving surgery. He will need to see a cardiologist every year for the rest of his life. Having the ACA has meant that he faces no annual or lifetime limits for his coverage, that he cannot be denied coverage due to his pre-existing condition, and that he can stay on our insurance until he is 26 years old.

On election night, I watched in horror as the returns came in clearly predicting that our next president would be someone who wanted to repeal the Affordable Care Act. I started crying when it occurred to me that our sweet little boy's life could be so drastically different if our lawmakers decide to take away a law that protects our child from being unfairly charged for, or worse, shut out of health insurance. We live in the United States of America. One of the things that makes our country great is how we always strive to give every citizen equal access to the American Dream. Affordable and comprehensive health coverage is a human right, and if you take it away from millions of people, our country will be taking a truly horrific turn for the worse. People will die without the provisions mandated in the ACA. Our little guy might not be able to see a cardiologist when he is older, and depending on how his heart is doing, that could have catastrophic consequences. The problem of health insurance in our country is a daunting one, and it does not have an easy solution. But eliminating the key provisions of the ACA is not the answer.

Sincerely,  
Katherine Fye

[REDACTED]  
Columbus, OH 43202

**Wright, Kevin (Finance)**

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**From:** Jorge Reyes [REDACTED]  
**Sent:** Monday, September 25, 2017 10:49 AM  
**To:** gchcomments  
**Subject:** NO TO CASSIDY BILL

Dear committee-

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My niece has chronic problems with her digestive system due to premature birth. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Alexeis Reyes  
New York

Sent from my iPhone

## Wright, Kevin (Finance)

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**From:** [REDACTED]  
**Sent:** Monday, September 25, 2017 10:49 AM  
**To:** gchcomments  
**Subject:** Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
Senate Finance Committee  
Date: Monday, September 25, 2017  
Time: 02:00 PM  
Location: 215 Dirksen Senate Office Building

Testimony for Inclusion in the Public Record

[REDACTED]  
[REDACTED]  
Geneva, IL 60134

Dear Chairman Hatch and Ranking Member Wyden:

I am writing to oppose the Graham-Cassidy-Heller-Johnson proposal in light of Committee efforts to stabilize the health exchanges. Illinois has benefitted as evidenced by improved public health indicators as a result of the ACA and Medicaid Expansion. The following put our citizens at jeopardy.

- Eliminate the financial assistance that helps low- and moderate-income families purchase health care coverage;
- End expanded Medicaid coverage that helps millions of low-income adults;
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths
- Undermine essential protections for people with pre-existing conditions;
- Resurrect - *and worsen* - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.



**Wright, Kevin (Finance)**

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**From:** Matthew [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:45 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

[Your name]  
[City, State]

**Wright, Kevin (Finance)**

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**From:** Linda Ochs [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:45 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

The American people must come first. If we don't, then how can you call yourselves public servants?

Linda Ochs, Senior Citizen  
Cinnaminson, New Jersey

**Wright, Kevin (Finance)**

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**From:** Amy Ingles [REDACTED]  
**Sent:** Monday, September 25, 2017 10:49 AM  
**To:** gchcomments  
**Subject:** Protecting our health care

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My son has a pre existing condition and my mother just retired and needs comprehensive and affordable Medicare coverage. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Amy Ingles and family

Park Ridge, IL

Sent from my iPhone

## Wright, Kevin (Finance)

---

**From:** Tom Conway [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:45 PM  
**To:** gchcomments  
**Subject:** My Statement on Healthcare: Please Stop the Graham-Cassidy Healthcare Repeal Bill

Please do what you can to stop the Graham-Cassidy healthcare repeal bill from passing. The ACA may have flaws, but it is at least an attempt to address a serious problem. There are too many Americans who lack access to adequate healthcare.

As a teacher, I work with kids of every ethnicity from all sorts of backgrounds. They all have two things in common:

- 1) They are kids
- 2) At some point, they all need access to healthcare.

I can't understand how any of you, in good conscience, can accept that a child in this country could be denied treatment, or that any parent should have to choose between paying their mortgage or getting the treatment their child needs. Finding a working solution to this problem is very difficult, and I respect the need for a great deal of discussion and debate, but leaving Americans without access to health coverage is not an option.

Every other developed nation in the world has some sort of public healthcare. Why is America the only exception?

As a working and voting citizen of this country, I pay my taxes, serve my community, and ask for nothing. I am grateful, however, for everything the government provides to me, from highways and bridges to safe food and water to the police officers, first responders, and members of the military who protect us. I believe in our democracy, and in its ability to solve problems and help improve the lives of all Americans, regardless of their race, religion, income, abilities, or political beliefs.

And I am counting on you, now, to prove that my faith in this government is not unfounded. I work hard every day to help my students grow into good citizens and productive members of society. Making sure they have healthcare, however, is not something I have any power to control.

You have that power. Please use it to do the right thing.

Sincerely,

Thomas J. Conway

[REDACTED]  
Thornburg Middle School  
Spotsylvania, Virginia

## Wright, Kevin (Finance)

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**From:** Fink, Mary J [REDACTED]  
**Sent:** Monday, September 25, 2017 10:48 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill

Dear Senate Finance Committee members,

As a senior physician and teacher/mentor in the Columbia Medical School, I am keenly aware of the challenges facing the American health care system. The struggles of families in urban and rural communities is well known to me.

However, the proposed changes in this bill will neither address the system's ills nor minimize patients' suffering. Instead both will be exacerbated.

I implore you to vote NO on the proposed Graham-Cassidy bill.

Sincerely,

Mary Johanna Fink, MD  
Family and Community Medicine  
College of Physicians and Surgeons  
Columbia University  
New York, NY

**Wright, Kevin (Finance)**

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**From:** joanne Kimball [REDACTED]  
**Sent:** Monday, September 25, 2017 10:47 AM  
**To:** gchcomments  
**Subject:** Please Oppose the Graham-Cassidy Plan

Dear Chairman Hatch and Ranking Member Wyden:

Rare disease patients and their families rely on the patient protections that the Senate is considering eliminating by passing the Graham-Cassidy plan. Specifically, this legislation brings back annual and lifetime caps, limitless out-of-pocket costs, and inadequate coverage by rolling back essential health benefits. This bill would also allow insurers to discriminate against rare disease patients by charging them premiums based upon their health status, thus pricing them out of the market.

In addition, rare disease patients and their families rely on Medicaid for life-sustaining and life-saving care. Under the Graham-Cassidy plan, federal funding of Medicaid would be substantially weakened by per capita caps and block grants, resulting in states potentially delaying or outright refusing coverage for necessary care.

I am asking you to stand up for the rare disease community by opposing the Graham-Cassidy plan.

Thank you for your time and consideration.

joanne Kimball  
[REDACTED]  
Simsbury, CT 06070  
[REDACTED]

**Wright, Kevin (Finance)**

---

**From:** daystaryellow [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:44 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

Senators:

I oppose the Graham-Cassidy bill because it lacks clear protections for pre-existing conditions. Should this bill pass, health care for my family and me and for millions in the U.S. would become unaffordable.

Please stop trying to rush health care through Reconciliation; give this issue the time and bi-partisan debate it deserves. Personally, I'd like to see a single-payer system, but absent that, I urge you to put your efforts into improving--not repealing or repealing and replacing--the Affordable Care Act.

Thank you for your consideration.

Sincerely,  
Lori Davis  
Britton, Michigan

## Wright, Kevin (Finance)

---

**From:** Margaret Coit [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:45 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I have a Master's degree in Public Health, specializing in health policy. I am also a recent brain cancer widow, one that would have been bankrupted but for the excellent, reasonably priced health insurance paid for by my 36 year old spouse. We never saw the cancer coming; we were not healthy people subsidizing the sick but healthy people subsidizing our future illness. And this illness, these catastrophic worst-case scenarios— they happen in every family, even if we never want to believe it can happen to us.

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities. Please help protect families like mine in our most devastating moments.

Margaret Coit  
Somerville, Massachusetts



## Wright, Kevin (Finance)

---

**From:** Jean Knapp [REDACTED]  
**Sent:** Monday, September 25, 2017 10:47 AM  
**To:** gchcomments  
**Subject:** ACA repeal

I live in Springfield MO. My daughter worked for many years in the retail industry for companies that did not offer health insurance as a benefit. After passage of the ACA, she was able to enroll in health insurance. She qualified for the subsidy which make the premium affordable for her. While on the insurance she was in a car accident and also delivered a baby. I don't know what she would have done if she had not had health insurance through the ACA. I ask that this committee not pass the Graham-Cassidey bill on to the Senate floor for a vote because, in its present form, it leaves millions of hard working citizens like my daughter without affordable healthcare. Is this how the greatest country in the world will treat it's citizens?

Regards,  
Jean C Knapp

**Wright, Kevin (Finance)**

---

**From:** Betsy [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:45 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill

My family and I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My story with pre-existing conditions and affordable care follows. Before the ACA, I was unable to afford health insurance, though I worked full time. The one time I did apply for insurance, I was denied coverage because of a pre-existing condition, a condition that I do not want to seek treatment for - psoriasis. Now, my family and I have affordable full coverage and are scared we will lose it.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Betsy Gram

Ithaca, NY

**Wright, Kevin (Finance)**

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**From:** kate buford [REDACTED]  
**Sent:** Monday, September 25, 2017 10:47 AM  
**To:** gchcomments  
**Subject:** Latest Health Care bill

Dear Senate Finance Committee:

Please note this strong voter's opposition to the Graham Cassidy bill. Others have laid out all its flaws. We need to have a bipartisan push to fix the ACA, not a rush to ram this last desperate effort through.

Thank you.

Kate in Charlottesville

--

Sent from Gmail Mobile

**Wright, Kevin (Finance)**

---

**From:** Kathryn Morbit [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:44 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

It will hurt us particularly hard in New Jersey because we are a State that expanded Medicaid under the Affordable Care Act. Many seniors and veterans will suffer.

Please reject the Graham-Cassidy Act. Thank you.

Kathryn Morbit  
Toms River, NJ 08753

Sent from my iPhone

## Wright, Kevin (Finance)

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**From:** Reba Bandyopadhyay [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:44 PM  
**To:** gchcomments  
**Subject:** NO on Graham-Cassidy; YES to bipartisan regular order

Dear Honorable Senators of the Senate Finance Committee,

As a scientist, former Senate staffer, Floridian, and US citizen, I am writing to express my extreme horror at the prospect of "repealing and replacing" the ACA in a rushed, partisan process; and at the prospect of block-granting crucial Medicaid funding for the states. The Graham-Cassidy bill will result in millions of citizens losing healthcare and needed services. Saying that people have "access" to health care means NOTHING if they cannot afford that care without bankrupting themselves and their families. Finally, after the passage of the ACA, the number of Americans without health insurance has fallen to record lows and people are getting the necessary preventative care that they need - and which ultimately costs much less money than treating them after their illnesses have progressed because they did not receive treatment early.

I lived in the United Kingdom for 8 years, first as a student and then as a university employee who paid taxes, including taxes for the National Health Service. I do not begrudge a single penny because it was worth it for the peace of mind - knowing that any health care issue I (or my friends, or anyone in the country) had could be treated without regard to employment status or income. The freedom that universal insurance (in whatever form it comes) grants to citizens is much more valuable than the "freedom" to go without insurance. Citizens are able to be stay at home parents, leave big businesses to start up small ones, be entrepreneurs, be caregivers for elderly parents, or work in low-wage jobs without fear of losing everything because of one illness or accident.

We should be working together, Republicans and Democrats, to provide this type of freedom and personal health security for all our citizens - not trying to ram a bill through a partisan process. Especially not a bill that has been condemned by every major medical, insurance, and patient association in America, and which 2/3rds of the public opposes. Democrats represent at least 50% of the voters in this country - our voices, through our party's elected representatives, deserve to be heard at the table when legislation this important is drafted and discussed. And we have not forgotten how Republicans in Congress complained endlessly that the ACA was "rammed through" without input from their party - both of which claims are entirely untrue (the process for drafting and passing the ACA took nearly a year, many public hearings, amendments from both parties, and was based on a Republican plan to begin with). Yet here now, Republican leadership is trying to do what they unjustly and inaccurately accused the Democrats of doing with the ACA - but on steroids.

Sens. Alexander and Murray, who have a history of working well and productively together in a bipartisan manner, began real hearings to figure out how to revise the ACA to address those problems with the law that both parties have long acknowledged exist. Yet Sen. Alexander abruptly ended these hearings because of leadership's insistence on pushing this terrible bill - which doesn't even have a complete CBO score so we know its impact - forward. Please, heed Sen. McCain's call to return to regular order, and go back to a bipartisan process with hearings and collaboration on a bill to make our healthcare system stronger, to fix the flaws in the ACA and help our most vulnerable citizens who need Medicaid.

I love the Senate. Please let's stop breaking it. Thank you.

Sincerely,  
Reba Bandyopadhyay

**Wright, Kevin (Finance)**

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**From:** [REDACTED] on behalf of Jessica Goodman [REDACTED]  
**Sent:** Monday, September 25, 2017 10:47 AM  
**To:** gchcomments  
**Subject:** Public Testimony for Graham-Cassidy

My Grandma, relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I am also incredibly anxious about preexisting conditions protections that Graham-Cassidy gets rid of. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Jessica Goodman  
[REDACTED]  
Austin, Texas  
7870\

--  
Jessica Goodman

## Wright, Kevin (Finance)

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**From:** Heather Tunis [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:44 PM  
**To:** gchcomments  
**Subject:** Keep the ACA as is!

My husband and I believe in quality, affordable healthcare. We are fortunate to have access to healthcare coverage through our employers, I am also a new enrollee in Medicare, which has also been invaluable for both of my parents' complex and consuming medical conditions over the years. We know however that many millions of people in our country have significant challenges accessing health care, one of the only developed countries around the world in which this is the case. We strongly oppose the Graham-Cassidy bill and want to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Heather Tunis

Pasadena, CA

**Wright, Kevin (Finance)**

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**From:** atkdgirl2 [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:44 PM  
**To:** gchcomments  
**Subject:** Healthcare Bill

I am writing to let you know of my strong opposition to the Graham-Cassidy Bill.

According to the polls, 75 percent of the American population are opposed to this bill. So why are the Republicans so dead set on repealing the Affordable Care Act with this terrible alternative? I am afraid that our representatives are listening to big donors and not thinking about the millions of people who will go without insurance under this new Bill. Grants to states will totally disrupt our entire system. Please look at the incredibly long list of medical organizations that have opposed this bill. A lack of insurance leads to death. This is a fact. Moving forward with this bill means Americans with serious illness will go bankrupt or worse yet, will die. Please -do not allow this to happen.

Anne Sanders  
Washington DC 20016



**Wright, Kevin (Finance)**

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**From:** June Bryant [REDACTED]  
**Sent:** Monday, September 25, 2017 10:47 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy plan

Senator Graham,

I have been diagnosed with Stage 4 Metastatic Breast Cancer at the age of 68. Pre-existing conditions CANNOT be allowed when providing Health Care for Americans.

I would like to see a bi-partisan effort to improve the ACA , not repeal it. Your job is to do the BEST you can for the American citizens. If this is the Best you can do, thank GOD you are retiring! Go home to your racist state of South Carolina and stay there! Maybe SC can elect someone who will actually work progressively for all citizens instead of being determined only to undo the work of President Obama and the Democrats.

You, sir, are a selfish, racist who would spend his last days as a public servant trying to kill as many American citizens who are sick as is possible. May God forgive you---I can't.

June Bryant  
[REDACTED]  
Macon, GA 31216

**Wright, Kevin (Finance)**

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**From:** Fahad AlGheshyan [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:44 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Fahad AlGheshyan  
Coral Gables, Florida

## Wright, Kevin (Finance)

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**From:** Shar Wood [REDACTED]  
**Sent:** Monday, September 25, 2017 10:00 AM  
**To:** gchcomments  
**Subject:** Graham Cassidy Bill

Without a proper CBO score I fail to see how the finance committee can pass it out for votes. The reconciliation rules require that a bill will SAVE money. You don't know if it will or how much without SBO scoring

Additionally all polls show 56% of the public is AGAINST this bill with only 33% for it. Because it will hurt a LOT of people.

A bill that encompasses 1/6 of our economy should not be rushed through like this without public hearing.

Doctors are against it. ALL 50 STATES Medicaid directors have come out against it.

It's a bad bill - being pushed through merely for political gain and not for the best interest of the public.

**Wright, Kevin (Finance)**

---

**From:** Liz Camerer [REDACTED]  
**Sent:** Monday, September 25, 2017 10:47 AM  
**To:** gchcomments  
**Subject:** Regarding the Proposed Healthcare Legislation

Hello, my name is Liz Camerer and I am a nurse living in Denver, CO. I work with a residential company who provides services to adults with developmental disabilities. My job is to make sure these adults are taken care of, they get their meds, they go to doctor's appointments, and they have a healthy, fulfilling life. These people depend on this Medicaid carve-out. This carve out depends on federal funding. I ask the Senate oppose the Graham-Cassidy proposal and any future effort to repeal or weaken the ACA. Instead, I urge the Senate to continue the bipartisan efforts to improve and build upon the successes of the ACA, and ensure health insurance coverage to the more than 28 million who still lack coverage.

LIZ CAMERER, LPN | Director of Medical  
Parker Personal Care Homes  
[REDACTED]  
Lakewood, CO 80401  
Office: [REDACTED] ext [REDACTED] | Cell: [REDACTED] | Fax: [REDACTED]

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**Wright, Kevin (Finance)**

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**From:** [REDACTED]  
**Sent:** Monday, September 25, 2017 10:00 AM  
**To:** gchcomments  
**Subject:** Fwd: Don't rush it through

Colleen

Begin forwarded message:

**From:** [REDACTED]  
**Date:** September 25, 2017 at 8:56:40 AM CDT  
**To:** [REDACTED]  
**Subject:** Don't rush it through

Colleen Mittag  
[REDACTED]  
[REDACTED]

No to Graham-Cassidy without further debate, communication, consideration and perhaps compromise.

Colleen

**Wright, Kevin (Finance)**

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**From:** Chloe Castro [REDACTED]  
**Sent:** Monday, September 25, 2017 10:45 AM  
**To:** gchcomments  
**Subject:** STRONGLY OPPOSE THE GRAHAM-CASSIDY BILL

I rely on quality, affordable healthcare. Because of this, I strongly oppose the Graham-Cassidy bill. Thanks to the ACA, I was able to find out within the last year that I have hypothyroidism and will have to take a pill every day for the rest of my life. Now I have a pre-existing condition. I personally would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.  
Sincerely,

Chloe Castro  
Oakland CA, 94608

## Wright, Kevin (Finance)

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**From:** Jennifer L. Michel [REDACTED]  
**Sent:** Monday, September 25, 2017 9:59 AM  
**To:** gchcomments  
**Subject:** Comment on Graham Cassidy

To Whom is May Concern,

I am writing today about the proposed bill we refer to as Graham-Cassidy which will make changes to the ACA. Unfortunately, I cannot see this bill as something I support or something that will ultimately be a benefit to the American public. Quite the opposite in fact. I cannot support any bill that affects 1/6th of our economy and has not been scored by the CBO. I support the bi-partisan efforts to enhance the ACA; efforts to strengthen it and upgrade it. Why? Because it saved our family from financial ruin after having our little boy.

In June 2014, I discovered I was pregnant after our first attempt! My husband and I had been married since August 2006, and had never tried for children after the 2008 recession made us financially unable to move forward with our family aspirations. I was 34 years old, and we needed to try for children or else face the possibility of not being able to expand our family. A week after our positive test, I informed my employer of our wonderful news. A week after that, I was let-go due to down-sizing. I was also, of course, let go at the end of the month, and my employer health care terminated. The cost of COBRA was prohibitively expensive and not an option. We tried to get me on my husband's employer's plan, however that took a month. I had not yet seen a doctor and was well into my first trimester. I called everywhere. No one would see me without coverage. Fine. We waited anxiously and finally were seen August 2014. Our baby was almost recognizable he was so many months along! We rushed to get caught up on our important scans, tests, ultra-sound, blood work, etc. All these tests cost so much money. Because of the way I was treated after disclosing the pregnancy, we decided I had to change careers (from Title & Escrow to Commercial Property Management). Being on unemployment and training for a new career, I could not stop feeling dread over how much money we would owe and how we would pay. To our joy and surprise, the costs were covered because of the ACA. Our son was born as healthy as anyone could wish for. Although we are still paying the hospital back for the delivery services, we are paying. Without the ACA, not only would we be ruined financially, but I am almost certain we would have had to declare bankruptcy. To this day, I credit the ACA for saving our family every single day.

Our story is not unique. Our story is universal. We must care for our American families and not devastate them. We must encourage families to take good care of themselves. The ACA is the mechanism for that to happen. Let's go back to regular order and working together. I extend my hand to yours.

Thank you for your consideration,

--

Jenny Michel  
[REDACTED]  
[REDACTED]

## Wright, Kevin (Finance)

---

**From:** Penny Barron [REDACTED]  
**Sent:** Monday, September 25, 2017 10:46 AM  
**To:** gchcomments  
**Subject:** ACA

We are very concerned about the bill to repeal the ACA. It appears to be a rush job without the kind of thought needed to make good revisions. We all agree it needs revision, but rushing to repeal it without adequate information about the impact on millions of people, and without giving careful thought to HOW we should revise it, just seems like a bad idea. We do not have confidence that the individual states have the ability to put good healthcare plans in place in the time allotted.

Please help in promoting a THOUGHTFUL revision rather than a rushed repeal.



**Wright, Kevin (Finance)**

---

**From:** Karyl Poppe [REDACTED]  
**Sent:** Monday, September 25, 2017 10:46 AM  
**To:** gchcomments  
**Subject:** ACA

My name is Karyl poppe and I'm pleading for you to vote no on graham- Cassidy health bill. My family and I have received great healthcare from the ACA and want to keep it. Sincerely Karyl Poppe Julian, ca  
Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Lise Brenner [REDACTED]  
**Sent:** Monday, September 25, 2017 10:00 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

I rely on quality, affordable healthcare. So does my extended family, especially my nephews who are no longer covered by my sister's insurance. I have had friends literally die due to untreated conditions because they couldn't afford to go to the doctor. My family's story is like many other families - we are basically healthy, but things happen. My nephew has pre existing gastrointestinal conditions. My sister has heart issues that have been a problem since she was a little girl.

Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely  
Lise Brenner

**Wright, Kevin (Finance)**

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**From:** Anne LoVerso [REDACTED]  
**Sent:** Monday, September 25, 2017 10:00 AM  
**To:** gchcomments  
**Subject:** Kill the Bill

Please don't let this bill pass, it will be disastrous for those who rely on it for care.

**Wright, Kevin (Finance)**

---

**From:** Mary Ann Turner [REDACTED]  
**Sent:** Monday, September 25, 2017 10:47 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

I oppose the Graham-Cassidy bill. I work in healthcare and while the ACA is not perfect, I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it. Hastily pushing bills through government just to get something passed does not help actual humans you are supposed to represent. Wait, think things through properly, and write legislation that does not take healthcare away from millions of people.

Sincerely,  
Mary Ann Scaper PA-C  
[REDACTED]  
Martinez, GA 30907

**Wright, Kevin (Finance)**

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**From:** Alan Septoff [REDACTED]  
**Sent:** Monday, September 25, 2017 10:00 AM  
**To:** gchcomments  
**Subject:** No for Graham-Cassidy

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My story with [Medicaid, pre-existing conditions, disabilities, affordability, etc.] is... I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Alan Septoff  
Bronx, New York

--  
Alan Septoff  
[REDACTED]

**Wright, Kevin (Finance)**

---

**From:** Les Hartzman [REDACTED]  
**Sent:** Monday, September 25, 2017 10:47 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

I'm appalled at how blatantly hateful and biased this bill is. It aims to uninsure millions of people, many of whom will die as a result of it, and to punish blue states and reward red states in a huge redistribution of funds. Who are you doing this for? Insurers, doctors, nurses, and hospitals are all against this. Is it because of your extreme hatred for Obama that you want to reverse something that has helped millions?

Keep in mind that should this pass, the issue will stay alive into the next election in 2018 as well as for 2020. And even though we can't all vote against you because we don't live in your states, our money can cross state lines - praise Citizens United!

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"Two things are infinite: the universe and human stupidity; and I'm not sure about the universe." *Albert Einstein*

## Wright, Kevin (Finance)

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**From:** Gloria Dennison [REDACTED]  
**Sent:** Monday, September 25, 2017 10:41 AM  
**To:** gchcomments  
**Subject:** Healthcare

To the Senate of the United States:

I have been a nurse since 1980. I have always worked in Women's Healthcare, in obstetrics and family planning. Our abortions rates have decreased because of access o birth control. The use of LARC methods allows women to choose when to have a child enter their lives. I have always been in favor of single payer health care. As time has passed, I ask, if an insurance based health care system is so wonderful, why aren't other countries changing to our way?

This bill destroys Medicaid as we know it by fundamentally and permanently transforming the funding for the program into a capped system,

The caps limit how much federal money states have to spend on Medicaid limits coverage, access, and states' options when more people need coverage, which could mean people go without coverage,

The caps to Medicaid could mean the elderly are kicked out of nursing homes - elderly account for 2/3 the cost of medicaid (4) the bill eliminates protections for people with pre-existing conditions - even if your state makes a law that pre-existing conditions will be covered, insurance companies will just pull out and focus on states with no such law,

The new tax breaks for HSAs may cause employers to just put tax-free money into these HSAs and stop offering their staff health insurance all-together,

The bill has total prohibition on any covered insurance plans from offering abortion coverage - this could be life-threatening for many women,

The bill takes money from states that expanded Medicaid and gives it to states that did not, which simply makes no sense whatsoever outside as a carrot for senators from those states to vote for the bill.

Conclusion: This bill is just like other TrumpCare bill in that it destroys Medicaid as we know it by turning Medicaid into a capped system. This hurts children with disabilities, seniors, and even victims of natural disasters like Harvey and Irma. It also takes away funding to help people afford health insurance through the marketplace, and it hurts states that have expanded Medicaid.

Sent from Yahoo Mail for iPad

**Wright, Kevin (Finance)**

---

**From:** Tara Cleveland [REDACTED]  
**Sent:** Monday, September 25, 2017 9:58 AM  
**To:** gchcomments  
**Subject:** Statement on Graham-Cassidy  
**Attachments:** Tara-Cleveland-Statement-on-Graham-Cassidy.pdf

September 25, 2017

Senate Committee on Finance  
Attn. Editorial and Document Section  
Rm. SD-219  
Dirksen Senate Office Bldg.  
Washington, DC 20510-6200

**Re: Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal on Monday, September 25, 2017 at 2:00PM EST**

Dear Members of the Senate Finance Committee:

There is no way to sugar coat this news. The Graham-Cassidy bill WILL BE CATASTROPHIC for America's most vulnerable. This "health care" bill is disguised as one that gives health care over to the states - the GOP's old song and dance. They have no intention of replacing the ACA - their only goal is to repeal it. In reality, this bill cuts funding to crucial Medicare and Medicaid programs which benefit our oldest and our newest members of society. Billions of dollars will be slashed and where will that leave new mothers and infants who desperately rely on care? It has been shown that the USA has the highest rate of maternal deaths in the developed world. We need to INVEST in our mothers, not treat them as a pre-existing condition. I urge all members of congress to "First, do no harm..." by vehemently opposing this tragic excuse for a health care bill. The Graham-Cassidy bill is not right and if congress really cares about the people of this country they will vote it down.

Sincerely,

Tara Cleveland



## Wright, Kevin (Finance)

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**From:** Amanda Goad [REDACTED]  
**Sent:** Monday, September 25, 2017 10:45 AM  
**To:** gchcomments  
**Subject:** Comments in opposition to HR 1628, Graham-Cassidy-Heller-Johnson Substitute re health care

I urge Senators to oppose the Graham-Cassidy bill because:

— Working as a legal services lawyer during the last administration I saw how access to expanded Medi-Cal saved and transformed lives, improving productivity and giving parents much greater confidence about their families' futures. Stepping backward by cutting Medicaid funding and ensuring that millions more people (mostly in otherwise underresourced red states) go without subsidized coverage would be morally reprehensible as well as economically irresponsible.

— My life partner has a chronic form of cancer for which she takes daily medication that retails for \$11,000 per month — with it, she is in remission, working, and living life fully, but without it she would deteriorate and die. If current preexisting condition protections waver at all, she is the sort of “expensive case” whose premiums and copays would shoot up. Allowing states to get out of the preexisting condition protections based on vague assurances that affordable care will remain accessible are nowhere near enough to ensure the level of financial and health security that our highly developed nation can and should provide to every American. And incidentally, my other half was diagnosed with cancer at 37 amidst an active vegetarian lifestyle...recent public arguments by Senators and their surrogates that higher premiums and copays for sick people are fair or appropriate as a matter of “personal responsibility” are incredibly offensive and reflect ignorance of how many disease processes work as well as how a properly functioning insurance market works.

Please kill this bill once and for all. America deserves better.

—Ms. Amanda Goad

[REDACTED] Los Angeles, CA 90007

**Wright, Kevin (Finance)**

---

**From:** Jessica Sturm [REDACTED]  
**Sent:** Monday, September 25, 2017 9:59 AM  
**To:** gchcomments

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal, September 25, 2017  
Jessica L. Sturm, Ph.D.  
[REDACTED]  
Lafayette, IN 47905

Trumpcare is morally reprehensible and fiscally irresponsible. Those who vote "yes" on Trumpcare will be remembered in the next election and in history books as anti-American. The medical profession is against it as are the majority of voting citizens in this country.

--  
"Only the curious have something to find."  
-- Nickel Creek, "This Side"

**Wright, Kevin (Finance)**

---

**From:** Jen Moore Smith [REDACTED]  
**Sent:** Monday, September 25, 2017 10:46 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill

Thank you for taking time to read this. Please do not support the Graham-Cassidy bill. This bill will negatively impact my household. But my concerns go beyond my immediate family. If mental health coverage does not continue to be a priority, every teacher in public school will be impacted. Every police person, every healthcare worker especially those caring for our Veterans will encounter more people who will have had received diminished services and for whom diminished services results in destructive or harmful behaviors. Don't put these caring hardworking people in harms way by passing this bill.

With appreciation,  
Jennifer Smith  
26 Lefurgy Ave.  
Hastings-on- Hudson, NY  
10706

Jen Moore Smith  
[REDACTED]  
[REDACTED]

Sorry for any typos-sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** David T [REDACTED]  
**Sent:** Monday, September 25, 2017 9:59 AM  
**To:** gchcomments  
**Subject:** Graham Cassidy Healthcare bill

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

David Topchik  
Montclair, NJ 07042

## Wright, Kevin (Finance)

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**From:** Chris Beal [REDACTED]  
**Sent:** Monday, September 25, 2017 9:59 AM  
**To:** gchcomments  
**Subject:** No to GCH Bill

Like all Americans, I and my family rely on affordable access to quality healthcare. Because of this, I am deeply opposed to the Graham-Cassidy bill. Access to healthcare is literally a life-and-death issue. Coupled with the fact that healthcare makes up 1/6th of the US economy, changes to the system must be studied and considered intently.

The GCH bill has barely been written and is certainly not well understood by anyone. Rushing this bill through without proper discussion, consideration and analysis is reckless and dangerous. The list of experts including insurers, medical providers, bipartisan state governors, and state Medicare directors that have all come out in opposition to this bill is staggering and telling. When this many experts are all telling us that passing this bill is a bad idea, we should listen.

I encourage congress to work towards improving the healthcare system. For something as important as healthcare, I strongly encourage a bipartisan effort. The GCH bill is not that. Please end consideration of this bill and focus on re-authorizing the children's healthcare program and helping Puerto Rico recover from recent hurricanes.

Thank You -  
Chris

Chris Beal  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Maggie [REDACTED]  
**Sent:** Sunday, September 24, 2017 12:07 PM  
**To:** gchcomments  
**Subject:** Photo from Twitter

Do not pass the graham - Cassidy bill. You will throw millions off insurance and I, as a senior with pre-existing condition, will die.

Margaret cruz

[REDACTED]  
San Pedro, ca 90731

**Wright, Kevin (Finance)**

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**From:** Martha Rich [REDACTED]  
**Sent:** Monday, September 25, 2017 9:59 AM  
**To:** gchcomments  
**Subject:** Public Comment on Graham-Cassidy Bill

Dear Chairman Hatch and Ranking Member Wyden:

I am concerned about the Graham-Cassidy-Heller-Johnson proposal currently being pushed through the Senate because I rely on the ACA.

I am women-owned, small business and the insurance I was able to get helped me be able to take more risks with my business. Without worrying about my health I put that worry aside and focused on my business.

Since the ACA was put in place my business has tripled. I was able to pay back my subsidy and I was able to buy a house. I now pay more taxes too.

But all the uncertainty this and all the other proposed bills has caused is making me concerned for my business. I am now holding back.

The ACA is good for our country. Investing in the citizens of the USA is a GOOD thing. Having good healthcare for all helps EVERYONE. Even your big corporate donors.

Martha Rich

19147  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Amy Ariel [REDACTED]  
**Sent:** Monday, September 25, 2017 10:44 AM  
**To:** gchcomments  
**Subject:** IMPROVE THE ACA - DO NOT REPEAL IT

Senate Finance Committee:

I rely on quality, affordable healthcare. I oppose the Graham-Cassidy bill.

In 2010 I was diagnosed with acute myelogenous leukemia, and in 2011 I had a bone marrow transplant. I think that qualifies as a pre-existing condition, but this issue is much bigger than me. Destroying the ACA will harm millions of people. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Amy Ariel  
Saint Paul, MN

--

**"Remember that there is meaning beyond absurdity. Know that every deed counts, that every word is power... Above all, remember that you must build your life as if it were a work of art."**

Rabbi Abraham Joshua Heschel



## **Wright, Kevin (Finance)**

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**From:** Christine Cooper [REDACTED]  
**Sent:** Monday, September 25, 2017 9:59 AM  
**To:** gchcomments  
**Subject:** Comment for Monday's Graham-Cassidy hearing.

### **Dear Members of the Committee:**

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I have a number of pre-existing conditions, in particular Crohn's disease, a painful autoimmune disorder that can ulcerate any lining within my digestive system. Thankfully, because of quality care, my disease is currently under control, but autoimmune disorders remain an area that medical science knows little about. There is no known cause; there are only iterative treatments--you try this, it may or may not work, you try something else. You hope to find the balance of treatment (some prescriptions, some lifestyle adjustments, careful communication with your various service providers) that will keep you pain-free, able to eat and absorb nutrition, living your life. Not in the hospital, which is what inevitably happens if the condition goes untreated.

I have been fortunate to have healthcare coverage most of the time since I was first diagnosed in 1997. There were years when I was a graduate student and lacked care, that I stumbled along without treatment, trying not to get so bad that I was anemic, that I needed to go to urgent care or the ER.

Because I now live in Massachusetts (a relocation because of a job), my family had the opportunity to buy into a state healthcare program when we had a toddler and my husband was out of work for a time and then free-lancing. We weren't penalized for my pre-existing conditions; and we needed steady care for an active fearless little boy. We were able to purchase a plan that bridged the time until my husband was again employed and at an office.

My brother, who works construction and lives in New York State, was not so lucky. He was out of work a number of days that threatened his healthcare, even though he was in a union. His family, with two teenage boys, had to risk no healthcare for a time and pay out of pocket--a financial burden that left one of my nephews with glasses that no longer met his prescription needs and left the family as a whole at the mercy of medical expenses that couldn't be avoided.

No one's healthcare should be allied to the variability of employment, where despite an able body and mind and a desire and will to work, the vagaries of the marketplace leave people out of jobs and steady work. Healthcare should be available outside of the workplace, whether in state exchanges or government programs (local or national). People who have done nothing wrong, who have played by the rules and worked every moment they could, should not be punished by medical expenses they are left to pay out of pocket.

The healthcare system in this country is a mess: for profit at every level, from the pharmaceutical companies (who every party likes to demonize) to the health insurers to many hospitals and providers (who struggle with 15-min appt slots to meet the needs of insurers and not patients so that they can make a living and support their own families). This is nonsense and America deserves better.

Repealing the ACA does not address or fix any of these systemic problems. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

## Wright, Kevin (Finance)

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**From:** Jan Vautard [REDACTED]  
**Sent:** Monday, September 25, 2017 10:45 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

This bill would be devastating for anyone with a pre-existing condition, which applies to millions of Americans, in fact, among those above 40, probably virtually all Americans in one way or another. Anyone with diabetes, asthma, a previous treatment for cancer, high blood pressure, or heart disease could be denied insurance or have rates jacked up so high as to make it completely impossible to afford. Perhaps that doesn't touch members of Congress who are already covered by government insurance, but that alone dooms millions of Americans to lose insurance coverage.

Add to that the decimations to Medicaid, and the stipulation that older Americans can be charged higher rates, and you've taken insurance away from most Americans. Perhaps you're willing to vote for a bill that, in effect, says the health of the majority of Americans is unimportant just to keep the GOP "promise" (some would call it a threat) to repeal and replace, but I hope not.

Government is supposed to be "of the people, by the people, and for the people", not of the political parties, by the lobbyists, and for the wealthy. The people don't want this, by a ratio of about 2 to 1. Medical professionals AND insurance associations oppose it. Virtually every health organization (ALA, ADA, AMA, ACS, among hundreds of others) along with advocacy groups like AARP and others oppose it. With so many stakeholders against it, I urge you to do the right thing and defeat this bill.

If the ACA has problems, then reach across the aisle to work on them. Involve all stakeholders and knowledgeable professionals and get answers to critical questions. Work transparently and take the time necessary to fix what isn't working. Hold multiple hearings and get CBO numbers about how Americans -- ALL Americans will be impacted before rushing into a vote for nothing but political purposes that will harm millions. We, the people, deserve that much consideration.

**Wright, Kevin (Finance)**

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**From:** rain karen [REDACTED]  
**Sent:** Monday, September 25, 2017 9:59 AM  
**To:** gchcomments  
**Subject:** improve the ACA, don't repeal it

I rely on quality affordable healthcare. My family and friends also rely on quality, affordable healthcare. Because of this I oppose the Graham-Cassidy bill. I lived in Canada for five years and I was very impressed with their healthcare system. While of course it is not perfect, it is much better than ours. What I noticed was that on the whole people in Canada suffered from less anxiety than here, because there is a safety net.

There was significantly less violence as well because peoples' basic need for health care was being met. There is a system to take care of them if they are unable to take care of themselves. We all suffer when not everyone can get quality affordable healthcare.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Karen Rain  
Amherst MA

**Wright, Kevin (Finance)**

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**From:** Maryann Durmer [REDACTED]  
**Sent:** Monday, September 25, 2017 10:45 AM  
**To:** gchcomments  
**Subject:** No on Graham Cassidy

If you expect Americans to be covered by this bill, that you as members of the Senate, must be covered by this bill. We deserve equal medical treatment. This is a "No" vote - period.

Where is your conscience? Where are your standards. We are all equal and demand to be covered equally.

Sincerely,  
Maryann Durmer

**Wright, Kevin (Finance)**

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**From:** Rebecca Humphreys [REDACTED] >  
**Sent:** Monday, September 25, 2017 10:45 AM  
**To:** gchcomments  
**Subject:** NO Graham-Cassidy

Please vote no on Graham-Cassidy. America's vulnerable populations need better protected. My children with pre-existing conditions included. Please stop the negative energy of this fight, and instead use your power for things like helping Puerto Rico.

Rebecca Humphreys  
Hendersonville TN

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Lynne S. Brandon [REDACTED]  
**Sent:** Monday, September 25, 2017 10:46 AM  
**To:** gchcomments  
**Subject:** hearing

I am writing to strongly oppose the Graham Cassidy bill. Along with many others, I agree that there are adjustments that must be made to the Affordable Care Act, so that it can be more effective for Americans. But the proposed GCH changes are draconian, and will hurt many more people than might be helped, including myself. All of America needs better health care, more efficiently delivered, and not dependent on which state governments one has, with their wildly-differing needs and solutions. A rising tide lifts all boats. Let's keep them in the water while we work on the ocean!

Sincerely,  
Lynne Brandon  
Watertown, MA

## Wright, Kevin (Finance)

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**From:** Kim Rudek [REDACTED]  
**Sent:** Monday, September 25, 2017 10:30 AM  
**To:** gchcomments  
**Subject:** Affordable Care Act

To Whom it May Concern,

I have a brother, Patrick Callahan who suffered a Traumatic Brain Injury two years ago, he was in a coma for two weeks and had to reconstruct his entire life not only to rehabilitate physically, but also had to overcome the emotional and mental difficulties of living with brain damage every day.

Luckily, with Obamacare he qualifies for Medicaid. After two years in a Traumatic Brain Hospital, he was move to a rehab assisted living program where he has mentors, activities, therapy, care and a much better quality of live. He is highly functional but will never be the same and cannot live on his own. Patrick is moving into his new apartment today with a roommate and mentors on site to assist with his daily needs and support. Patrick recently returned to the work force and secured a job loading and unloading boxes at the local Kmart. He used to be a photographer but due to damage to his eyes and tremors in his hands, he cannot perform that role anymore. After a heartbreaking journey, Patrick is finally getting on his feet and feels like he is getting his life back, he will never have his "before brain injury" life but at least he has the opportunity for a new life with purpose, while working and interacting in society as well as getting the aid and assistance he requires. He is a new person and is a loved family member.

Please don't take that away from him.

My nephew, Garrett Hood has special needs. He was born with a neurological impairment, diagnosed bi-polar and ADHD. He has gone through both public schools, Special Needs programs and hospitalizations his entire life since young age of 5 years old. Garrett was very proud to attend a Special Needs College Program and graduated. However, he will never be able to be fully on his own but desperately wants to be in an environment that is immersive with activity and friends his age. He is a thriving young man with so much personality and love to give! There are programs out there to assist, but they need the support of Obamacare. My nephew desperately wants to be a part of society and enjoy life as a normal young man looking forward to a bright future. Without Medicaid, he will not have his current or future opportunities especially when his Parents are gone. He deserves an immersive, interactive and fulfilling life not just short term. We need to know that he will have this opportunity and security for the rest of his life.

Please don't take that away from him.

Vote against this appeal.

### **What the Graham-Cassidy Bill Does:**

- It eliminates the Medicaid program as we know it and ends the entitlement by placing a per-capita cap on the traditional Medicaid population and block granting funding for the expansion population until 2026. After 2026 there will be no funding for this population.
- It places the Essential Health Benefits at risk and allows states to remove covered services like rehabilitative care, opioid treatment, and mental health treatment.
- It allows insurance companies to discriminate against people with pre-existing conditions, such as brain injury, and all but guaranteeing these individuals will pay higher premiums, and potentially be priced out of the market.

I am contacting you to ask you to vote *against* the passage of the Graham-Cassidy bill.

**Wright, Kevin (Finance)**

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**From:** J Beam [REDACTED]  
**Sent:** Monday, September 25, 2017 10:45 AM  
**To:** gchcomments  
**Subject:** Please Oppose the Graham-Cassidy Plan

Dear Chairman Hatch and Ranking Member Wyden:

Rare disease patients and their families rely on the patient protections that the Senate is considering eliminating by passing the Graham-Cassidy plan. Specifically, this legislation brings back annual and lifetime caps, limitless out-of-pocket costs, and inadequate coverage by rolling back essential health benefits. This bill would also allow insurers to discriminate against rare disease patients by charging them premiums based upon their health status, thus pricing them out of the market.

In addition, rare disease patients and their families rely on Medicaid for life-sustaining and life-saving care. Under the Graham-Cassidy plan, federal funding of Medicaid would be substantially weakened by per capita caps and block grants, resulting in states potentially delaying or outright refusing coverage for necessary care.

I am asking you to stand up for the rare disease community by opposing the Graham-Cassidy plan.

Thank you for your time and consideration.

Mr. J Beam  
[REDACTED]  
Lincolnwood, IL 60712  
[REDACTED]



**Wright, Kevin (Finance)**

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**From:** Jaia Lent [REDACTED]  
**Sent:** Monday, September 25, 2017 10:33 AM  
**To:** gchcomments  
**Subject:** Statement from Generations United on Graham-Cassidey proposal  
**Attachments:** Generations United statement hearing on Graham-Cassidy.docx

Thank you for the opportunity to submit the attached statement for the record from Generations United for today's hearing to consider the Graham-Cassidy-Heller-Johnson proposal.

Regards,

Jaia Peterson Lent  
Deputy Executive Director  
Generations United

[REDACTED]  
Washington DC 20001

Check out our new 2017 State of Grandfamilies Report, *In Loving Arms: the protective role of grandparents and other relatives in raising children exposed to trauma.*

Support Generations United through [Amazon Smile](#).

**Wright, Kevin (Finance)**

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**From:** Lizzie Scott [REDACTED]  
**Sent:** Monday, September 25, 2017 9:57 AM  
**To:** gchcomments  
**Subject:** Oppose the Graham-Cassidy Healthcare Bill

I am a mother of two children, and my family needs affordable and reliable healthcare. Because of this, I oppose the Graham-Cassidy bill. I am extremely concerned because this bill will allow insurance companies to raise insurance for people with pre-existing conditions, and to drastically raise premiums should any of us become seriously ill. Right now if this bill were law my sister-in-law would be dying of breast cancer rather than getting the treatments she needs.

We need a responsible bipartisan Congressional effort to improve the ACA rather than these rushed partisan attempts to repeal it.

Elizabeth Scott  
Brooklyn, NY

--  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Kate Grandfield [REDACTED]  
**Sent:** Monday, September 25, 2017 10:45 AM  
**To:** gchcomments  
**Subject:** Public Testimony re: Graham-Cassidy

My husband and I, like millions of Americans, rely on protections for pre-existing conditions. Before the ACA was passed, we spent more than a thousand dollars trying to get my husband's chronic pain diagnosed. Eventually, we ran out of money and he learned to live with the pain. Last spring, complications emerged that finally made his problem clear: malrotation of the intestines, a congenital defect requiring surgery to correct. Thankfully, the ACA ensured that we would be covered for this surgery, and my husband is finally living without constant pain. I cannot help but think how much better (and safer) our lives would have been if his problem could have been diagnosed all those years ago when the insurance company was rejecting our claims.

Sincerely,

Kate Grandfield  
[REDACTED]  
Ann Arbor, MI 48105  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** eBay [REDACTED]  
**Sent:** Monday, September 25, 2017 9:58 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Chelsea Deklotz  
Brooklyn, NY

**Wright, Kevin (Finance)**

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**From:** Melissa Markquart [REDACTED]  
**Sent:** Monday, September 25, 2017 9:58 AM  
**To:** gchcomments  
**Subject:** Cassidy-Graham hearing Monday Sep 25

I oppose the Cassidy-Graham bill.

I want affordable healthcare for all Americans.

As a pastor and church member, I am tired of Go Fund Me pages and church spaghetti dinners to help people pay medical bills when their kid gets cancer, or empty their retirement accounts to pay the bills.

I am fed up with our country's system that relies on employers to provide health insurance and then the employers such as Walmart, McD's, Walgreens (and on and on and on) don't provide insurance to their employees!! They get wealthy while my taxes pay for the insurance that they don't provide.

Improve ACA or make Medicare available to everyone. Cut out the money that insurance companies, pharma, and for-profit hospitals and clinics sequester for themselves while the middle class bows under the weight of that stress.

Thanks  
Melissa Markquart  
Oregon, WI 53575

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Peace and Blessings,  
Melissa

"The world is my parish"--John Wesley

**Wright, Kevin (Finance)**

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**From:** Amy Reich [REDACTED]  
**Sent:** Monday, September 25, 2017 9:59 AM  
**To:** gchcomments  
**Subject:** Repeal of ACA

If the GOP passes this monstrosity just to please mega wealthy donors, I will make it my mission in life to work to get Democrats elected.

Fix the ACA. It's cheaper than a whole new bearuocracy. The GOP is supposed to be the part of fiscal responsibility. Prove it!

Or, if you pass this, then YOU LEGISLATORS go on it, too-just like the rest of us!

-Amy Reich

Sent from my iPad

**Wright, Kevin (Finance)**

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**From:** [REDACTED] on behalf of Kathleen Hayes [REDACTED]  
**Sent:** Monday, September 25, 2017 10:34 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

I and my elderly mother rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Kathleen Hayes  
West Hempstead, NY

**Wright, Kevin (Finance)**

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**From:** Kevin Grimm [REDACTED]  
**Sent:** Monday, September 25, 2017 10:44 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy-Heller-Johnson Health Care Bill

I am strongly opposed to the Graham-Cassidy-Heller-Johnson "Health"care Plan.

All major estimates indicate that the plan drastically reduces federal funding for healthcare and does not protect people with pre-existing conditions from being completely priced out of the health insurance market. And we do not even have a CBO score for this major piece of legislation!

I currently have employer sponsored health insurance, but was considering retiring before 65. Given health issues which have developed in the last two years, and would now be defined as "pre-existing" conditions, I dare not retire early, or consider moving to another state. The uncertainty and insecurity embedded in this bill are extra-ordinary. It would create an uneven patchwork of health care coverages all across the country, far worse than the current situation.

In addition, the National Association of Medicaid Directors has issued a unanimous statement against the bill, and national health care associations are resoundingly against the Graham-Cassidy-Heller-Johnson bill.

Polls this year demonstrate that over 50% of Americans approve of the ACA. Over 60% do not want ACA repealed, and over 70% support bipartisan reform of ACA. 70%! When was the last time 70% of Americans agreed on anything?

This bill can barely be considered health care at all; it is thinly veiled, divisive and destructive politics.

Thank you for your attention,

Kevin T. Grimm

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**Wright, Kevin (Finance)**

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**From:** Ashley Anderson <[REDACTED]@m>  
**Sent:** Monday, September 25, 2017 10:44 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy

To Whom it May Concern:

I am writing in opposition to the current healthcare legislation proposed by Senators Graham & Cassidy.

As a Utahn, and a mom, I am particularly troubled by the way insurers are not required to cover maternity or newborn care, as well as other pre-existing conditions.

My son was born with a rare scalp tumor most likely caused by the air pollution where I live. Without the ACA, I would have been denied his coverage and forced to pay for his two surgeries, oncology visits, and all other consultations, while caring for a newborn. Because I am an educator with limited (unpaid) maternity leave this would also mean I would have lost my job, insurance, and access to my own postpartum care. His tumor and the associated stress also caused me to seek counseling support so I could continue to raise my family despite my extreme fears about my newborn's health. To add insult to injury, postpartum counseling would also no longer be covered.

Because of Obamacare none of this happened. My son's pre-existing condition is protected and he will not lose coverage because of this condition from birth. I was able to get the support I needed to remain strong in a crisis. I was able to have another son who I love very much and keep my job through which I serve my community.

This bill would take that away from my family and countless other families whose circumstances are even more severe.

Please table this legislation and work on real solutions for American families.

Sincerely,

Ashley Anderson  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Sandy Larson [REDACTED]  
**Sent:** Monday, September 25, 2017 10:34 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

I am strongly urging our state senators, Cornyn and Cruz, to vote NO for the Cassidy- Graham bill and YES for the Dream Act. This is the right thing to do for our seniors, children with disabilities, and the children that have called the US home since childhood!

Sandy Larson, Austin, Texas

Sent from my iPad

**Wright, Kevin (Finance)**

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**From:** Lisa Veshecco [REDACTED]  
**Sent:** Monday, September 25, 2017 10:32 AM  
**To:** gchcomments  
**Subject:** NO to Graham/Casey

Greeting!

I ask that you put an end to this bill and vote no

Furthermore I ask that you spend your time and energy towards working with all parties and finding real solutions to the need for healthcare. If you can't represent the people, and their needs and serve as your position requires, please find another job and let others who have the desire to lead in these challenging times step up.

I say this with respect.

Lisa Veshecco  
10023

## Wright, Kevin (Finance)

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**From:** Amy [REDACTED]  
**Sent:** Monday, September 25, 2017 10:44 AM  
**To:** gchcomments  
**Subject:** NO on Graham-Cassidy Statement

**Importance:** High

I am a Pediatric Nurse Practitioner from Pennsylvania who works with Head Start children and families. I oppose the Graham-Cassidy bill for these reasons:

- Overall federal funding for coverage expansions and Medicaid would be \$160 billion less than current law under the Graham-Cassidy bill over the period 2020-2026. Thirty-five states plus the District of Columbia would face a loss of funding.
- Federal funding under the new block grants would be \$107 billion less than what the federal government would have spent over the period 2020-2026 for ACA coverage.
- There would be a significant redistribution in federal funding across states under the block grant. Overall expansion states would lose \$180 billion for ACA coverage and non-expansion states would gain \$73 billion over the 2020-2026 period. A typical Medicaid expansion state would see an 11% reduction in federal funds for coverage compared to an increase of 12% in a typical non-expansion state.
- The Medicaid per enrollee cap would lead federal spending for the traditional Medicaid program to be \$53 billion lower from 2020-2026 than it would be under current law. This represents one-third of the reduction in federal funds from the block grant and the per capita cap over that period. Because per enrollee caps become more binding over time, by 2027, federal spending for the traditional Medicaid program would be \$15 billion lower than under current law.
- Almost all states face a potential loss of federal funds for their traditional Medicaid programs under the per enrollee cap; thus, the per enrollee cap offsets some or all of the gains some states may realize under the block grant and further cuts federal spending in states that may see a loss under the block grant.
- Block grants under the Graham-Cassidy bill end in 2026. If they are not renewed, federal funding for coverage would decrease by \$240 billion in 2027 alone.

Sincerely,

Amy Requa, MSN, CRNP  
State Oral Health Coordinator  
PA Head Start Association  
A partner in the PA Oral Health Collective Impact Initiative

## Wright, Kevin (Finance)

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**From:** Zoe Fay-Stindt [REDACTED]  
**Sent:** Monday, September 25, 2017 10:32 AM  
**To:** gchcomments  
**Subject:** Testimony AGAINST Graham-Cassidy

To those discussing the future of our nation's health:

My mother might not be alive today were it not for the Affordable Care Act. My mother's breast cancer appeared in 2014, just a year before she was set to retire after over thirty years as a professor. She spent the better part of two years fighting it, breaking her back halfway through as her body weakened from the cancer treatment. And, on top of it all, she persevered in her lifetime struggle with chronic depression.

But my mother is lucky. Because of her near-lifetime spent as a dedicated employee, her mostly reliable health care (and until recently, mine) was covered. If she were less fortunate and was left to fend without her employer's coverage, her depression, cancer, and newly broken back would have left my mother hard-pressed to pay the premiums associated with her pre-existing conditions, which, under the new health care bill, would increase at least 700% from her breast cancer alone, according to a TIME analyses.

Without the ACA's essential benefits, she wouldn't be able to afford her prescriptions. She wouldn't be able to afford the out-of-pocket costs as she waited out the 6-12 month waiting period it would take for a high-risk health insurance to start covering her radiation treatments. According to research done by American Health & Drug Benefits, breast cancer costs on average \$85,000 annually. Even with my mother's somewhat prestigious career in this country, which paid her at the peak around \$90,000 - working overtime, mind you - as she still supported a daughter and paid her mortgage, she would have to go into debt to afford her cancer. To afford to fight.

Again, my mother is lucky - she's well above the country's poverty level, so she has a chance. She has managed and will continue to manage the terrifying shadows of her illnesses, but with the new bill, the future doesn't look as promising.

If it leaves the weakest among us without essential health benefits, the Senate will be leaving the country in the dust. And in enacting the McArthur amendment and allowing states to opt-out of covering pre-existing conditions like my mother's cancer, well, the Senate will be hard-pressed to convince the rest of us of their humanity.

I demand to see a bipartisan Congressional effort to improve the ACA, not repeal it. Our country deserves more.

Thank you for your time,

Zoë Fay-Stindt  
[REDACTED]

Austin, Texas, 78702

**Wright, Kevin (Finance)**

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**From:** Marlayna Proctor [REDACTED]  
**Sent:** Monday, September 25, 2017 10:44 AM  
**To:** gchcomments  
**Subject:** vote NO on the Graham-Cassidy-Heller-Johnson Health Care Proposal.

Dear Members of the Senate Finance Committee:

I urge you to vote **NO** on the Graham-Cassidy-Heller-Johnson Health Care Proposal. I am particularly concerned about the impact the bill will have on people with mental health or substance use disorders. I oppose the bill for the following reasons:

**It allows states to drop the requirement to cover mental health or substance use care.** Today, Exchange plans are required to cover essential health benefits, which include treatment for mental health and substance use conditions. Under this bill, each state will have the freedom to drop or change these requirements, putting mental health and substance use benefits at risk.

**It shifts Medicaid funding to a "per capita cap" system.** Shifting to per capita cap funding (a fixed amount of funding per person) may sound reasonable, but would not keep up with growth in costs and needs. This would result in states being forced to cut Medicaid services and eligibility, which would harm children and adults with mental illness.

**It effectively ends Medicaid expansion.** One in three people covered by Medicaid expansion plans lives with a mental health or substance use condition. Under this bill, Medicaid expansion would be converted to a smaller, temporary block grant that states could use for health coverage or any other health purpose, with no guarantee of mental health or substance use coverage.

**It reduces help to purchase health insurance.** Block grants would provide a fixed amount of temporary federal funding to replace insurance subsidies, severely cutting federal help for people to buy insurance. This will leave many people unable to afford the coverage they need for mental health or substance use treatment.

Please vote **NO** on this potentially devastating bill.

Sincerely,  
*Marlayna Proctor*

Marlayna Proctor  
[REDACTED]  
[REDACTED]

Home of that crazy wrap thing!

## Wright, Kevin (Finance)

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**From:** [REDACTED]  
**Sent:** Monday, September 25, 2017 10:32 AM  
**To:** gchcomments  
**Subject:** healthcare finances

I was actually pleasantly surprised by the good start to PP-ACA, which started us on a transition to a more inclusive system. However, we in the single-payer movement always realized that the focus on providing government subsidies to private insurers would not be sustainable long-term. (In addition, there is some principled resistance to using government funds to generate profits for private shareholders—not that a private company is not entitled to profit, it is, but those profits should not be generated by our tax dollars.)

Cutting to the chase, as I have been posting recently, #SinglePayerISConservative. Medicare operates with a 3 to 4% overhead, as compared to private insurers' 11 to 31%. About 90% of medical professionals accept Medicare, generally without referrals needed, which makes it easy for people to find doctors with whom they can work—and without fear that the private insurer will suddenly remove a provider from the network, leaving one with a choice of finding someone new or finding a way to pay one's previous doctor outside insurance—rarely affordable even if all are willing, and of course negating the point of the premium paid. Most professionals are quite happy to accept Medicare because, unlike Medicaid (managed by federal and state agencies, and varied as to speed and amount of payment), Medicare may pay about 20% less than the private insurers, but pays regularly and on time—without the endless sequences of claim rejection and resubmission that causes medical practices to pay the equivalent of a full-time salary on administration. Our medical professionals and facilities are drowning in paperwork—one hospital famously noted that it had one bookkeeper per bed, though not an equal number of nurses.

PP-ACA is a 1000 page bill that was so complicated that Nancy Pelosi infamously said, "Pass it before we read it", whereas John Conyers' H.R. 676 is merely 36 pages in length. Republicans ask for small government; Democrats want the widest coverage possible; residents want to know that they can work directly with their doctors and professionals without interference from industry bureaucrats. It seems to me that Medicare for All is the best possible solution to meeting everyone's needs to the greatest extent possible.

Sally Jane Gellert  
Woodcliff Lake, N.J.  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Linda Champ [REDACTED]  
**Sent:** Monday, September 25, 2017 10:44 AM  
**To:** gchcomments  
**Subject:** Graham/Cassidy Bill

Do not pass this bill.

Graham-Cassidy is even worse than the BCRA. It destroys Medicaid as we know it, guts protections for people with pre-existing conditions and is a potential death sentence for sick and vulnerable Americans.

It is reckless and immoral to ram through such profound changes without regular process. It is wrong for America and its values.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

This bill is another tactic by the Koch brothers, their cronies, and rich donors to avoid paying taxes. Members of Congress work the citizens of this country not the 1% who will try anything to avoid doing their part to keep this country great.

Sincerely,

**Linda M. Champ**



**Wright, Kevin (Finance)**

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**From:** Emily Rideout [REDACTED]  
**Sent:** Monday, September 25, 2017 10:44 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill

To anyone involved with the Graham-Cassidy bill:

I am a hardworking freelance musician without access to employer-based health care. My health and freedom to do the work I love **DEPEND** on the ACA. Without the ACA, I would not have access to basic health care.

The ACA is the first legislation that has attempted to provide health care to hardworking Americans who are not employed full-time by companies offering health insurance. Because of the prohibitive costs of health services in this country, **WE NEED THIS LEGISLATION**. Without the ACA, millions of hardworking Americans would be at the mercy of a system of insurance that discriminates against them and takes away their freedom to choose their career and have access to care.

**REPEALING THE ACA WOULD BE CRUEL AND FUNDAMENTALLY UNAMERICAN. PLEASE DO EVERYTHING IN YOUR POWER TO PROTECT THIS PLAN, WHICH SAVES LIVES EVERY DAY.**

I'm horrified to see the actions of the current leaders to try and replace this bill without a CBO report, without fully informing the public, without any bipartisan efforts. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Emily Rideout  
Cambridge, MA

**Wright, Kevin (Finance)**

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**From:** Melisa Moore [REDACTED]  
**Sent:** Monday, September 25, 2017 10:32 AM  
**To:** gchcomments  
**Subject:** This horrible bill

Please do not move forward with the Graham Cassidy bill. It decimates protections for pre-existing conditions, especially in its latest form. No one wants this. All major healthcare organizations have spoken out against it. It has no CBO score.

If you move forward with this, you cannot pretend that you are governing for the people. That much will be clear.

The ACA has helped my family and millions of others. You are helping no one other than your donors. Please stop this madness.

Melisa Moore  
TN

**Wright, Kevin (Finance)**

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**From:** Sivan Spector [REDACTED]  
**Sent:** Monday, September 25, 2017 10:44 AM  
**To:** gchcomments  
**Subject:** VOTE NO ON G-C BILL

Hello!!

I am a USA Citizen, an Economics student in the Boston area and I urge you to NOT PASS the new healthcare bill! America's most vulnerable will be negatively impacted!!

VOTE NO!

Sivan Spector  
Brandeis University

**Wright, Kevin (Finance)**

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**From:** Lorraine Kawecki [REDACTED]  
**Sent:** Monday, September 25, 2017 10:33 AM  
**To:** gchcomments  
**Cc:** Casework\_Portman@portman.senate.gov?subject=Vote%20NO%20on%20Graham-Cassidy  
**Subject:** Vote NO on Graham-Cassidy

This bill will allow denial of insurance for people with pre-existing conditions, will reduce Medicaid supplements for people who need them, will allow state governments to decide distribution of funds for insurance supplementation, and will create conditions for higher private insurance rates by allowing healthy people to opt out of the insurance pool.

VOTE NO ON Graham-CASSIDY.

*Lorraine Kawecki*

Lorraine Kawecki  
[REDACTED]  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** mulemagic1 [REDACTED]  
**Sent:** Monday, September 25, 2017 10:41 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Healthcare Bill

Health care is a complicated subject and rushing a bill through the system without really knowing what it is going to do, and giving extra incentives to states with holdout Senators just to get the thing passed, puts all Americans at risk. It's an "end justifies the means" philosophy, sad for American citizens.

I am 62 and I ALREADY pay almost \$800 a month for health insurance. If this bill passes, what will happen to my premiums? Nobody can say for sure. It's frightening.

Katherine Reid  
[REDACTED]

Ramona, CA

Sent from my iPad

**Wright, Kevin (Finance)**

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**From:** Allyson Whipple [REDACTED]  
**Sent:** Monday, September 25, 2017 10:33 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Comment

To Whom It May Concern,

Members of my family rely on quality, affordable healthcare. (I was reliant on the ACA until very recently, when I finally got promoted to full-time at my job.) My mom is struggling with getting a new full-time job with benefits after being laid off in her 60s. She needs the ACA to stay healthy and deal with age-related medical issues. I have a friend who went bankrupt pre-ACA because of expenses incurred due to his wife's fatal cancer. He went broke and now his wife is gone. Clearly, the ACA could use improvement. I felt this was true even when I used it. However, Graham-Cassidy is not the solution. I would like to see bipartisan Congressional effort to improve the ACA not repeal it.

Sincerely,

Allyson Whipple

[REDACTED]  
Austin, TX 78723  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Jen K [REDACTED]  
**Sent:** Monday, September 25, 2017 10:33 AM  
**To:** gchcomments  
**Subject:** Opposition to the Graham-Cassidy Health Care bill

My name is Jennifer Kardys. I am an independent registered voter within the state of Florida. My address is [REDACTED] Miami, FL 33186 and my telephone number [REDACTED]. My e-mail address is [REDACTED]

I want to stress again that I am a registered voter in the state of Florida.

I want to voice my VEHEMENT OPPOSITION to the Graham-Cassidy Health Care bill.

I am sorry - but I fall into the camp where health care is a right - not a privilege. Here are my issues and concerns with the Graham-Cassidy Health Care bill:

The Graham-Cassidy Health Care bill would give states the power to waive the requirement of covering pre-existing conditions without charging more, which was mandated under the Affordable Care Act. People with disabilities or chronic diseases, people who have had cancer, and parents of children born with health problems - would be unable to afford health insurance.

The federal/state Medicaid insurance program provides health care for 20 percent of all Americans, including 40 percent of children, half of all births, 60 percent of nursing home expenses and 25 percent of mental health care. The Graham-Cassidy bill would transform the structure of Medicaid, giving states control over how they spend federal funds. The bill cuts Medicaid funding over time. Meaning people who rely on Medicaid in order to receive medical care - like my sister-in-law, who suffered a massive intracerebral hemorrhage from an arteriovenous malformation at the age of 36 - and then was diagnosed with breast cancer at 44 - would be unable to seek out medical care, because over time, Medicaid would no longer cover their medical expenses.

Essential Health Benefits: The Affordable Care Act requires that insurers cover 10 "essential health benefits," including maternity care, mental health, hospitalization, prescription drugs, emergency care, and children's health. The Graham-Cassidy bill would let states opt out of those requirements, affecting insurance sold on the exchanges and employer-based coverage. But economists say that won't lower health costs as much as the bills' backers may hope, since the three biggest drivers of health costs are hospital care, doctor visits and prescription drugs — three things states may be most reluctant to cut.

Thank you.

**Wright, Kevin (Finance)**

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**From:** william byrne [REDACTED]  
**Sent:** Monday, September 25, 2017 10:41 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

My wife Jackie and I reside in Ft. Myers, Fla., zip 33901, and recently returned from our Irma induced evacuation.

We are opposed to the Graham-Cassidy bill. Rather than cut much needed funding for Florida residents and put every state in the position of having to start their own health care systems mostly from scratch, we urge you to work in a bipartisan manner to identify the weaknesses in the current Affordable Health Care Act and improve them, which should bring better health care to all citizens.

It will be also more cost effective and faster to do so.

Thank you,

Bill Byrnes



**Wright, Kevin (Finance)**

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**From:** Karen Kohlhaas [REDACTED]  
**Sent:** Monday, September 25, 2017 10:41 AM  
**To:** gchcomments  
**Subject:** NO on this immoral, unhelpful bill. YES to bipartisan fixing of ACA!

Senators,

This bill is morally reprehensible, not thought out, and is only being attempted to be rushed through for political reasons.

The LAST thing it is about is helping Americans.

You must throw it out, or vote NO if it actually comes to a vote.

Sincerely

Karen Kohlhaas, NYC

**Wright, Kevin (Finance)**

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**From:** William O'Hearn, [REDACTED]  
**Sent:** Monday, September 25, 2017 10:41 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

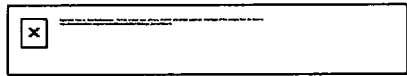
Dear Finance Committee,

My name is Bill O'Hearn, and I live in northern New Jersey. Like many U.S. citizens over 50, I have some pre-existing conditions that would make it very difficult for me to get healthcare insurance if I lost my job. I also don't want to see my fellow New Jerseyans and Americans lose the Medicare protections provided by the current ACA bill.

I strongly reject the Graham-Cassidy proposed bill to repeal ACA, and urge our U.S. Senators to oppose it as well. Please turn down this bill, and put your efforts toward a bipartisan Congressional effort to improve the ACA, not repeal it. Thank you.

Sincerely,

Bill  
**William P. O'Hearn**  
*Communications/Outreach Manager* | [REDACTED]  
[REDACTED]



[offshorewindus.org](http://offshorewindus.org) | [Fb](#) | [@](#) | [in](#)

UPCOMING EVENTS  
April 3-6, 2018 Princeton, NJ  
Fifth Annual International Offshore Wind Partnering Forum (IPF)  
The leading technical conference for offshore wind in the US

**Wright, Kevin (Finance)**

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**From:** cecilia briceno hinojosa [REDACTED]  
**Sent:** Monday, September 25, 2017 10:33 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

Why won't GOP do something for the people? We have spoken: We want ACA to live & be repaired.

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

[Your name]  
[City, State]

From iphone

**Wright, Kevin (Finance)**

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**From:** HEATHER AND KEN KELLEY [REDACTED]  
**Sent:** Monday, September 25, 2017 10:33 AM  
**To:** gchcomments  
**Subject:** Please fix ACA - don't repeal

**My family relies** on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.

In Feb. of 2014 I had a Sudden Cardiac Arrest. Although I was only 48 years old and very fit my heart's electrical system stopped working properly. Without health insurance we would not have been able to afford the hospital stay and subsequent surgery for an implanted defibrillator. This device has saved my life by shocking my heart into a normal rhythm five times since it was implanted. With my heart condition I require daily medication and continual monitoring. Without insurance I would most likely be dead and my two teenager daughters would be forced to navigate life without their mom.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Heather Kelley

Bellevue, WA

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Amanda Clay [REDACTED]  
**Sent:** Monday, September 25, 2017 10:41 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Hearing Comment

Good morning,

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My family and I will lose coverage if the ACA is repealed. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Amanda Clay

Houston, TX

**Wright, Kevin (Finance)**

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**From:** Bryanne Lotter [REDACTED]  
**Sent:** Monday, September 25, 2017 10:33 AM  
**To:** gchcomments  
**Subject:** Cassidy-Graham Proposal

My partner and myself both rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. We have pre-existing conditions and do not deserve to be charged higher premiums for something we have no control over.

This bill allows insurance companies to charge higher rates after obtaining federal waivers for offering "adequate and affordable coverage" to individuals with pre-existing conditions. What is "adequate and affordable coverage"? What standards with they be held to? This is not a guarantee for Americans like me and my partner.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Bryanne Lotter  
Philadelphia, PA

## Wright, Kevin (Finance)

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**From:** Caroline Bailey [REDACTED]  
**Sent:** Monday, September 25, 2017 10:33 AM  
**To:** gchcomments  
**Subject:** Hearing to Cassidy-Graham-Heller-Johnson Proposal Monday September 25, 2017

Dear Senate Finance Committee-

I am writing to oppose this proposal which would remove the requirements put in place by the Affordable Care Act that health insurance policies cover essential health benefits such as mental health services with no pre-existing condition exclusions or lifetime caps.

My 26 year old daughter is currently struggling to complete college after having it delayed by both mental health and physical health issues. She is only able to work part-time at the moment. I have been able to assist her in buying an individual health policy so that she can get the care that she needs, stay on her medications and have peace of mind while she studies. When she graduates she may need to depend on income based subsidies to continue health insurance.

The Cassidy Graham proposal would take this country backwards in weakening these requirements as well as removing income based subsidies for individuals who buy health insurance for themselves.

Caroline J. Bailey  
[REDACTED]

Aurora IL 60504

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Colleen M [REDACTED]  
**Sent:** Monday, September 25, 2017 10:42 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

My family and I rely on quality affordable healthcare. Because of this I oppose the Graham-Cassidy bill. I was recently diagnosed with MS and I am terrified that my coverage will be reduced or lost. It was hard enough to receive this diagnosis however now I have to worry about the quality & price of my healthcare. I have always been healthy and still am despite the diagnosis however, cutting and compromising the quality of my healthcare could saddle me with potentially debilitating problems because I will not have access or be able to afford quality care.

Please enact a Congressional bipartisan effort to improve the ACA, not repeal it.

Sincerely,  
Colleen R. Meiring  
[REDACTED]  
Carleton, MI 48117



**Wright, Kevin (Finance)**

---

**From:** John Boyd [REDACTED]  
**Sent:** Monday, September 25, 2017 10:33 AM  
**To:** gchcomments  
**Subject:** Response to the Graham-Cassidy Bill

Dear Senate Finance Committee,

My brother died of Amyotrophic Lateral Sclerosis in 2005. As anyone who is familiar with ALS knows, it is a painful and debilitating disease that affects those suffering from it, potentially, for years. Without the support of Medicaid and access to affordable, quality healthcare, my family would never have been able to provide the care that my brother needed in the last years of his life.

I oppose the Graham-Cassidy bill because it is cruel. It eliminates the protections for patients with preexisting conditions that are currently provided under the Affordable Care Act, it eliminates current assistance for individuals who lose their jobs because of a medical diagnosis, and it undermines the support provided to citizens by Medicaid. Furthermore, the bill is opposed by the ALS Association along with dozens of other medical advocacy groups. According to the ALS Association, the Graham-Cassidy bill will “Dramatically cut access to Medicaid by cutting and capping funds through block grants impacting not only people living with ALS who depend solely on Medicaid, but also those who receive both Medicare and Medicaid.” (See the ALS Association website at [REDACTED])

American citizens deserve better. I strongly urge our representatives in Congress to work together to support and improve the ACA, not to repeal it.

Sincerely,

John Boyd

Chestertown, MD 21620

**Wright, Kevin (Finance)**

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**From:** Kimberly Saavedra [REDACTED]  
**Sent:** Monday, September 25, 2017 10:34 AM  
**To:** gchcomments  
**Subject:** I Oppose the Graham-Cassidy Bill

Several members of my family who live in various states rely on the ACA and Medicaid for healthcare: some are very young children who are currently being raised by a hard-working mother who barely makes ends meet and also my sister who is disabled and suffers from multiple diseases and lives in constant pain. I am a breast cancer patient and therefore have a preexisting condition.

Everyone needs affordable quality healthcare and my family would suffer immensely without the Affordable Care Act and its subsidies.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Kimberly Saavedra  
Claremont, California

## Wright, Kevin (Finance)

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**From:** Daniel Colpoys [REDACTED]  
**Sent:** Monday, September 25, 2017 10:41 AM  
**To:** gchcomments  
**Subject:** GCH Comment

- People with disabilities rely on Medicaid, and the per capita caps and cuts included in Graham-Cassidy will jeopardize our health, threaten our independence, and put lives at risk.
- The Medicaid cuts in Graham-Cassidy will limit access to home and community-based services, which will result in more disabled people and older adults being forced into costly institutions.
- Allowing states to waive protections for people with pre-existing conditions will make coverage unaffordable for many - and many of those are people with disabilities.
- Also, share your personal story! Tell them how Graham-Cassidy will impact you personally!.

Daniel Colpoys  
Director of Community Engagement  
WNY Independent Living

[REDACTED]  
Niagara Falls, NY 14301  
[REDACTED]

dcolpoys@wnyil.org

[www.wnyil.org](http://www.wnyil.org)

In the last year, we saved N.Y. State taxpayers over \$71 million by helping individuals leave or avoid institutionalization through practicing the principles of education, empowerment and equality for persons with disabilities.

Connect with us on social media!

Facebook: [www.Facebook.com/wnyil](http://www.Facebook.com/wnyil)

Instagram: <http://instagram.com/wnyil/>

Twitter: <https://twitter.com/wnyil>

**Wright, Kevin (Finance)**

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**From:** Keith Elliston [REDACTED]  
**Sent:** Monday, September 25, 2017 10:34 AM  
**To:** gchcomments  
**Subject:** Graham Cassidy Bill

Dear Representatives,

I work in the healthcare field, and am deeply concerned about the proposed Graham Cassidy bill. It would leave 10's of millions of people without healthcare, and would result in an inequitable distribution of funds to the states. I am also deeply concerned that the GOP would consider passing such a devastating healthcare bill without appropriate hearings, and without seeking bipartisan support.

Please, do not support the Graham Cassidy bill.

Best regards,

Keith

--  
Keith O. Elliston, PhD

[REDACTED]  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Gemma Cooper-Novack [REDACTED]  
**Sent:** Monday, September 25, 2017 10:43 AM  
**To:** gchcomments  
**Cc:** cschumer@senate.gov; kgillibrand@senate.gov  
**Subject:** Opposing Graham-Cassidy

Dear Senators,

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. The last seven years of my life were spent as a freelancer, in large part because my severe chronic illness made it difficult for me to maintain the standard schedule of a 9-5 job, given the weeks at a time when I couldn't stray more than ten feet from a bathroom. It was only through Massachusetts' comprehensive universal healthcare system, superseded by the Affordable Care Act, that I was able to survive. As a graduate student, it would never be possible for me to afford the premiums for pre-existing conditions that Graham-Cassidy promises. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Yours sincerely,  
Gemma Cooper-Novack  
Syracuse, New York

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"Imagining what it is like to be someone other than yourself is at the core of our humanity. It is the essence of compassion, and it is the beginning of morality."

-Ian McEwan

**Wright, Kevin (Finance)**

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**From:** Cencula, Lindsey [REDACTED]  
**Sent:** Monday, September 25, 2017 10:41 AM  
**To:** gchcomments  
**Subject:** Graham Cassidy

I work at Cincinnati Children's Hospital Medical Center and the families I work with rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. More than 45 percent of the children we serve at Cincinnati Children's rely on Medicaid for their health coverage. That's 133,000 children. Nationally, 30 million children are on Medicaid. They represent almost 50 percent of all enrollees, yet account for only 20 percent of the program's costs. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Lindsey Cencula  
Cincinnati, OH

Lindsey Cencula  
Program Director  
Cradle Cincinnati Connections  
Cincinnati Children's Hospital Medical Center  
[REDACTED]  
Cincinnati, OH 45205

ph: [REDACTED]  
fax: [REDACTED]  
[lindsey.cencula@cchmc.org](mailto:lindsey.cencula@cchmc.org)  
[www.cincinnatichildrens.org](http://www.cincinnatichildrens.org)

## Wright, Kevin (Finance)

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**From:** Donna Behrens [REDACTED]  
**Sent:** Monday, September 25, 2017 10:34 AM  
**To:** gchcomments  
**Subject:** Reject Graham-Cassidy

**Importance:** High

To GHC members:

DO THE RIGHT THING! For the sake of our country and for the sake of every elderly and vulnerable person in our country that depends on its government to help them when they are in need, we have to count on you to do the right thing and not on the outrageous bill!

Donna Behrens

**Wright, Kevin (Finance)**

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**From:** Robin LaVoie [REDACTED]  
**Sent:** Monday, September 25, 2017 10:43 AM  
**To:** gchcomments  
**Subject:** NO on Graham-Cassidy

I am an Arizona constituent and I oppose the Graham-Cassidy bill.

It makes no sense to "provide" states with "flexibility" for Medicaid while slashing funding for the programs they need to protect the disabled, poor, and elderly.

My son is severely disabled, and relies on Medicaid for important home and community based services.

NO cuts or caps to medicaid.

NO on Graham-Cassidy.

Please find a bi-partisan solution to fix our healthcare system.

Sincerely,  
Robin LaVoie  
Fountain Hills, AZ 85269



**Wright, Kevin (Finance)**

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**From:** Zelda Drew [REDACTED]  
**Sent:** Monday, September 25, 2017 10:30 AM  
**To:** gchcomments  
**Subject:** ACA

My family needs affordable, quality healthcare. Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it! My husband is on Medicare with a supplement. He has affordable healthcare through Medicare. I would support Medicare for all. I have insurance through my previous employer as a retiree. It increases in cost every year. We need single payer healthcare for all - insurance companies are making way too much money from our problems. Do not pass the Graham-Cassidy bill!

Sincerely,  
Zelda Drew  
Eagle Nest, NM

**Wright, Kevin (Finance)**

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**From:** Andrew Howse [REDACTED]  
**Sent:** Monday, September 25, 2017 10:30 AM  
**To:** gchcomments  
**Subject:** Graham Cassidy Heller - appears to be a dreadful bill

Senators,

I'm very concerned about this bill. It seems designed primarily to push responsibility for solving problems in our nation's healthcare delivery to the states, without allowing time or funds to do anything approaching a reasonable job of that. In other words, it ignores any progress to date in favor of a doctrinaire approach, and creates 50 new sets of problems.

Please, set this aside and support the Murray/Alexander bipartisan approach to making the necessary improvements in the existing model. There can be no benefit to the country in depriving 25-35 million citizens of their existing coverage and peace of mind when there is no tangible solution in place.

I sincerely hope that a rational approach will prevail.

Andrew Howse  
Larchmont, NY

**Wright, Kevin (Finance)**

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**From:** Melody [REDACTED]  
**Sent:** Monday, September 25, 2017 10:43 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

To Whom It May Concern:

My daughter had a very hard time when she was in high school. She suffered from anxiety and depression to the degree that she was hospitalized 7 times as a danger to herself (suicide risk). She was also diagnosed with Hashimotos disease and PMDD. Fortunately, we were able to provide her with the health care and therapy she needs through our family insurance.

She is 22 years old now, in her junior year of college and working full-time as she attends classes part-time. She is--and will be--a productive member of society.

However, if the Graham-Cassidy bill passes, I am convinced she will never be able to afford health insurance because of her medical history. This is grossly unfair. She has worked hard to get healthy and does not deserve to be marginalized because of her problems as a teen.

Please reconsider the damage this bill will do to many, many Americans.

Thank you.

Melody Haakenson

**Wright, Kevin (Finance)**

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**From:** J.R. [REDACTED]  
**Sent:** Monday, September 25, 2017 10:42 AM  
**To:** gchcomments  
**Subject:** Resist Graham-Cassidy,

Dear Committee Members,

With the money I saved on doctors by enrolling in Medicaid while unemployed, I was able to go to school. Now, I am a fully employed, tax-paying citizen who doesn't need Medicaid any longer.

The ACA is the best thing that ever happened to this country since WWII and the GI Bill. Please work to strengthen it.

DOWN WITH GRAHAM-CASSIDY!!

Best regards,

**Jason T. Rosenfeld**

mobile: [REDACTED]

linked in: [REDACTED]

**Wright, Kevin (Finance)**

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**From:** Jeffrey Smith [REDACTED]  
**Sent:** Monday, September 25, 2017 10:44 AM  
**To:** gchcomments  
**Subject:** Please Oppose the Graham-Cassidy Plan

Dear Chairman Hatch and Ranking Member Wyden:

Rare disease patients and their families rely on the patient protections that the Senate is considering eliminating by passing the Graham-Cassidy plan. Specifically, this legislation brings back annual and lifetime caps, limitless out-of-pocket costs, and inadequate coverage by rolling back essential health benefits. This bill would also allow insurers to discriminate against rare disease patients by charging them premiums based upon their health status, thus pricing them out of the market.

In addition, rare disease patients and their families rely on Medicaid for life-sustaining and life-saving care. Under the Graham-Cassidy plan, federal funding of Medicaid would be substantially weakened by per capita caps and block grants, resulting in states potentially delaying or outright refusing coverage for necessary care.

I am asking you to stand up for the rare disease community by opposing the Graham-Cassidy plan.

Thank you for your time and consideration.

Dr. Jeffrey Smith  
[REDACTED]  
Darien, CT 06820  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Kaete Ritter [REDACTED]  
**Sent:** Monday, September 25, 2017 10:41 AM  
**To:** gchcomments  
**Subject:** The ACA - My Christmas Miracle

It's two days before Christmas, and my mother has just been diagnosed with a very rare, very deadly cancer. I hang up the stockings with her, full of terror that she won't be there next Christmas.

My mother has always been the epitome of actual, real, personal responsibility. She and my father are small business owners who often struggled to make ends meet but always kept the best health insurance they could afford, even if that meant taking out equity of their home or dressing the entire family in hand-me-downs. The problem was, before the ACA, the "best insurance you can afford" as an individual small business owner was almost worthless.

My father once fell off our roof while repairing the house, and the insurance claimed his fractured back was a pre-existing condition, because he had back pain in the past. Even when they finally relented and accepted the accident, the insurance policy only covered part of the costs, and my parents were left with a debt that took years to pay.

My mother was surely thinking of that struggle as she hung the Christmas stockings with me, wondering where they were going to get the money to pay for treating such a rare cancer. Maybe she touched the mantelpiece of our hearth and wondered if this was the last Christmas we could afford to stay in the home they'd lived in since I was born.

And then – a Christmas Miracle. This was the year the individual exchanges started. I sat down with my mother on her clunky old computer that could barely turn on, and we looked through the ACA options, and found a plan that would cost less than her old insurance, while covering everything instead of just a tiny part! I distinctly remember looking at the "maximum out of pocket costs" and crying because now I knew my parents might be in for the fight of their life, but at least they wouldn't have to face losing everything they worked so hard for as well.

Years later, my mother is alive. Her cancer had a 20% survival rate, but she is ALIVE. Because the ACA let her get care from one of the few specialists with experience in it. Because she was able to get medical care instantly without having to fight the company over pre-existing conditions or other nonsense. Because she was able to stop worrying about losing their house and their business and concentrate on getting better.

THE ACA IS A CHRISTMAS MIRACLE THAT SAVED MY MOTHER'S LIFE.

This Christmas, I will be home again, with my two grandchildren who have a grandmother they adore because of the ACA. Every Christmas, I hang up the stockings and whisper a quiet prayer in thanks – thank you for one more year with my mom – thank you to the doctors and the people in Congress who saved her life.

Let me make say that prayer again this Christmas. Be that Christmas miracle again, for all the families out there who need your help.

Thank you,

Kaete Ritter Syed

## Wright, Kevin (Finance)

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**From:** Steve Foelsch [REDACTED]  
**Sent:** Monday, September 25, 2017 10:30 AM  
**To:** gchcomments  
**Subject:** GCH Comment

My name is Steve and I am a 52-year-old man who, because of a spinal cord injury in 1985 and resulting quadriplegia, cannot feed himself or go to the bathroom by himself but nonetheless works and lives by himself in downtown St. Louis. I enjoy my life and my job. I pay for my apartment, food, clothes, car etc. I am involved in my community. I have an active social life, including a girlfriend. And though I believe my life to be full and meaningful I am absolutely terrified of losing it all and living a mind-numbing and soulless existence in a nursing home.

After my motorcycle accident which left me paralyzed and suicidal, I was introduced to Centers for Independent Living and Missouri Vocational Rehabilitation. These organizations showed me that my life not only had value but that, with acceptance, perseverance, adaptation and hard work, I could be a productive member of society. And Voc Rehab invested heavily in my rehabilitation and education.

I attended school at MIZZOU and earned a Bachelors in history and a Masters degree in education, with certificates to teach Social Studies and Spanish. After being rejected by 5 public school principals in the city of St. Louis who didn't believe a person in a wheelchair could teach in an "urban learning environment", I remained determined to be as independent as I could. I was reliant on food stamps and living in HUD housing and even though I was living in drug infested unsafe conditions I was living by myself. Many things in my life began to change for me after I met Ms. Colleen Starkloff, who offered me a job creating and teaching college classes.

I took the job which qualified me for what was then called, "Ticket to Work", a Missouri Medicaid waiver program. In this program I paid a monthly insurance premium, based on the money I earned. This program allowed me to advertise for, interview, hire, train, schedule and fire my own personal attendants that are essential for me to live and work as independently as I can. I was finally in control of my life, working and a productive member in my community.

I ask you. No, I plead with you to ask yourself if it makes any sense at all for the state of Missouri to have scraped me off the highway 35 years ago, invested heavily in my education



and rehabilitation, only to allow me to fall through the cracks and end up being a 52-year-old college professor watching Gilligan's Island reruns in a nursing home?

Have you ever visited a nursing home, much less lived in one? I have and I am terrified at the prospect of being warehoused once again. If you have ever even visited one of those places I would imagine that you, as an educated, independent and professional would most likely have the same reaction as me.

I want to drop the whole appeal of my personal story and just talk about common sense and dollars and cents.

- If I am able to keep my attendants, my job and my apartment. I will pay into the Medicaid program (and be able to pay increased premiums as my salary increases)
- If I am living by myself and working, both my workers and I will be paying taxes and spending every cent that is earned into the Missouri economy.
- If I am living by myself and working I am not using other Missouri resources such as SNAP, HUD housing, "Circuit Breaker" tax credit or many other resources that the state of Missouri provides.
- The state of Missouri will pay much, much more to warehouse me in a more expensive nursing home that is probably owned by people from out of state.
- I will receive less personalized care in a 24 hour facility, that I don't need or want, than if I had my own Personal Attendants for 6 hours a day.
- If I end up in a nursing home I will guarantee you that I will end up either in the hospital, the emergency room or even the ICU with an infection, bed sore or impaction in a year.
- A week in the hospital or even a couple days in ICU would easily pay for the program that I am on now for a couple of years!

Basically, the U.S. Congress has 2 choices. It can either;

Create a Medicaid system that makes more economic sense and addresses the needs of taxpayers as well as the needs of people with significant disabilities.

Or

Cut this Medicaid program in order to save a little bit of money in the immediate future by squandering investment in human potential, dignity and independence and paying much more money in the long run to incarcerate and warehouse people with disabilities in nursing homes.

This may be just a matter of dollars and cents to many people but to people with significant disabilities this is a matter of life and death or if not life and death a matter of dignity, work and independence vs. living a meaningless existence.

I want to thank you for your time and your interest and I would like to invite you to contact me and ask me any questions you may have or to come and visit me at my home, work and community and then go visit a nursing home where many people will end up if these devastating cuts to the Medicaid program are realized.

Thank You Very Much,

Steven J. Foelsch

[REDACTED]  
St. Louis, MO 63102

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
**Steve Foelsch**  
Director of Disability Studies



*The Workforce, Workplace Disability Advisor*  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Anne Patricia Lafferty [REDACTED]  
**Sent:** Monday, September 25, 2017 10:41 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

Dear Chairman Orrin Hatch and Members of the Senate Finance Committee:

Please vote against sending the Graham-Cassidy Bill to the Senate floor.

This bill allows states to undermine protection for people with pre-existing conditions and to reduce the services that must be covered by insurance plans. It is not an adequate replacement for the ACA.

Thank you for your attention.

Sincerely,

Anne Lafferty

**Wright, Kevin (Finance)**

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**From:** Valerie Wiley [REDACTED]  
**Sent:** Monday, September 25, 2017 10:41 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Valerie Wiley  
Chicago IL

## Wright, Kevin (Finance)

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**From:** Linda Muhlhausen <[REDACTED]>  
**Sent:** Monday, September 25, 2017 10:41 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill Hearing 9/25/2017 Comments

Linda Muhlhausen  
[REDACTED]

TO: Senate Finance Committee

RE: Graham-Cassidy Bill

Hearing on Monday, September 25, 2017

It is reprehensible that the co-sponsors of the Graham-Cassidy (GC) bill and certain other Republican senators have taken to the media to lie to the American people by suggesting that it is somehow unfair that some states chose to accept the ACA funding to expand their Medicaid programs, when the fact is that ALL states had the option to accept that funding. States that declined to accept the funding did so from a petty vindictive resolve to resist anything that came from the administration of our first black president. They chose to refuse what would have been a really good deal for their constituents. Well, that was their decision, and they are stuck with the blowback they should receive from their voters. The GC bill is a transparent attempt by its cosponsors to buy the votes of GOP legislators from the states that refused the ACA Medicaid expansion and are now squirming as their voters begin to understand how their elected legislators threw their own citizens under the bus with regard to healthcare. This attempt to gain political leverage through dishonesty to the American people is, right off the bat, a compelling reason to reject this bill.

Other reasons to reject the GC bill, in brief, include:

- There has been no bipartisan consideration of its details and no CBO report on which either the public or the Senate can base an informed judgment. From interviews given, it is evident that even the senators who wrote the bill don't know/understand/ain't sayin' how it will impact the healthcare system.
- It seems obvious that in addition to being used as a political vehicle to buy support, the bill is a way to relieve the economic 1% of the extra taxes that are part of the funding structure of the ACA. These wealthiest Americans represent a large base of GOP political donors, making the bill a transparent give-back to the rich that robs the 99% of American citizens of affordable healthcare.
- Shifting healthcare funding into Block grants to the states leaves the use of the money up to interpretation by each state. It's my understanding that there will be no guarantee that states will

apply the money to efficient and equitable healthcare programs – or, that it would be applied to healthcare at all!

- The ACA has created at least a working system that has provided essential healthcare to large numbers of Americans who previously could not afford it, especially in states like New Jersey that cared enough to embrace its benefits like the Medicaid expansion.
- Many Americans do not receive health insurance benefits from their employers, for a variety of reasons. My own daughter works for a small firm that can't afford medical coverage for its employees, but under the ACA she was able to afford a policy. She also has a pre-existing condition. If her rates go up significantly under a so-called "free" insurance market, as they undoubtedly will, she will not be able to afford coverage. Ditto with my other daughter who is self-employed. This brings us to the next bullet:
- Private insurers are motivated by profit, not by the welfare of their customers. Giving Big Insurance their Big Profits is another way in which the GOP intends this GC bill to keep those Big Donors happy and their fingers writing those big checks to GOP legislators.
- Constricting and restricting healthcare coverage by contracting funding sources and throwing it to the whims of the states and private markets is a crime against the neediest and sickest of our citizens and will result in death and misery.
- The only moral and just direction in which healthcare legislation should now be crafted is to improve and increase support for the ACA, with the intention of moving with all speed to a single-payer Medicare for all system that the majority of the American people want. If the GOP ignores this clear public mandate in favor of the regressive GC bill, they should be prepared to OWN the consequences.

## Wright, Kevin (Finance)

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**From:** Angela Lorio [REDACTED]  
**Sent:** Monday, September 25, 2017 9:00 AM  
**To:** gchcomments  
**Subject:** Story against graham cassidy

The following are a few stories of Trach Mommas in Louisiana whose children would have died without the healthcare services they had and losing them would be devastating resulting in institutionalization or death.

### Christie Davila Story

So proud of my sweet pea!! She started out in pre k at 3 years old, when she aged out of early steps therapy. At that time we went to our first iep at walker south. This was right after the horrifying hospital stay when she got rsv, and we almost lost her. Out of all the things we been through with Olivia, this was the absolute worst time ever. She had just got her trach out so we thought the worst was behind us. No way!!!! She ended up staying in picu at Olol 6 weeks. She was in extreme critical condition and there wasn't anything else they could do for her. Too critical to go to operating room and too critical for transfer to another hospital with more equipment that could help her. Man was this a slap in the face after what she been through the past 2 years, and now we thought rsv was going to take her life. Anyways to make a very very long story short, when she was released from hospital she couldn't walk, talk and could barely pick her head up. She was on soooooo much meds that it took us 3 1/2 months to wean her off. It's was misery:/ so we took our little girl to this iep meeting because they were going to help us get Olivia on track. And with them and all the outside therapy, Olivia is on track and I thank god every day that she is where she is today. This girl is smart, brave, strong, beautiful and she gives me my strength. She has been in special needs class for 2 years, and now she will be in kindergarten. Others like her won't make it without the services provided.

The story of our two boys who would be in an institution or die without services- we are working hard in disaster Releif to all hurricanes currently also--

Awesome story! I am Angéla Lorio and Jessica Michot and I are CoFounders of Trach Mommas of Louisiana. We began this grass roots support system

which is now a 501c3 nonprofit so no other mom who has a baby or child that has to get a tracheostomy would feel isolated and alone in the overwhelming task of taking care of a medically fragile and technology depended child. We have been working tirelessly to account for all of our Trach Mommas and their families and find out what they need to keep their children breathing and well during this unreal event. Jessica's son Gabe and my son John Paul both have tracheostomies and we usually have critically needed home staff of full time nurses and personal care attendants to help care for our children who must have visual supervision 24-7 to keep their airway of the Trach clear from secretions. The diameter of a Trach is about the same as a pipe cleaner so we must be extremely vigilant to keep it clear so our kids don't experience a drop in oxygen or not be able to breathe at all. In addition to this overwhelming devastation of loosing everything our families have a child that would not survive their weak lungs going back to any type of mold or compensated air quality as the Trach goes through their neck directly into heir trachea and lungs. They don't have the advantage of breathing through their nose to filter out any air debris or impurities. So our parents will have a long road before they can bring their medically fragile children home. In addition each child is technology dependent to be able to breathe and/or maintain an open airway. This means that they really on medical equipment that requires power. These are unique and extreme challenges on days where they are home without being displaced without medical staff or all of their supplies. Our parents can not both go back to their homes that were flooded to work together to rebuild their lives because one must stay behind with their medically fragile and technology dependent child. Jessica Michot lives in a neighborhood in Denham Springs off Joe May road and Hammock and did not get water in houses but the neighbors was surrounded by the flood water with no way in or out. Miraculously they did not loose power and Jessica has a generator for a power outage to power he son Gabe's ventilator which is covered by Medicaid NOT their private insurance!

John Paul who would die without services...

Angela Lorio's 4-year-old son John Paul is one of those waiver recipients that would be threatened under cuts to Medicaid. John Paul was born severely premature, and requires a tracheotomy tube to breathe. John Paul was approved for the waiver when he was about 6 months old. The Residential



Options Waiver pays for about 40 hours of nursing care and 50 hours of personal care for John Paul every week. The waiver also pays for some of the expensive medical equipment at the house.

Every year waiver recipients like the Lorios lobby state legislators to protect their funding amid state budget cuts. But if Medicaid was cut, health officials say, it's optional services like the ROW that could be most vulnerable.

Without the home supports paid for by the waiver, John Paul might have to live in a nursing home.

"We're supposed to be able to provide for our kid. We're supposed to be able to take care of him," Lorio said. "No one plans on having a kid who is dependent on technology to live and who is medically complex. When it does happen, at least you know this help exists. And then to have that threatened in any way, you're threatening his life and our life as a family."

This is who we are and we work hard with no pay to provide support.....

Trach Mommas of Louisiana provides emotional and practical support and guidance to all who seek help for themselves, their children or family member who are technology dependent and medically complex. Funding is needed to continue to provide the following support: delivery and housing of medical supplies, 24/7 support by phone and social media, in person monthly meetings, home and hospital visits, practical guidance preparing for discharge and transitioning home, purchase of specialty items not provided by insurance to allow medically complex children thrive, provide emergency preparedness and other training to first responders and families. TMOL also offers a binder guide to assist in navigating health care providers, insurance, durable medical equipment provider, home nursing and direct staff workers, therapy teams, medication management, emergency preparedness, state assistance programs and best home practices. TMOL is a member of Louisiana Association of NonProfit Organization and Louisiana's Emergency Management Disability & Aging Coalition (EMDAC). TMOL played a major role of rescue and recovery surrounding the August 2016 flood to assist individuals who are dependent on technology to live and have medical complexities. They received over 2.5 tons of medical supplies donated from throughout the country. They worked alongside state and federal agencies to distribute needed supplies to disabled flood survivors in the 26 parishes with emergency declarations. We are not

**Wright, Kevin (Finance)**

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**From:** Gaylynn Burroughs [REDACTED]  
**Sent:** Monday, September 25, 2017 9:00 AM  
**To:** gchcomments  
**Subject:** Statement for the Record: Hearing to Consider Graham-Cassidy Proposal 9/25/17  
**Attachments:** FM Statement on Graham-Cassidy\_SenFinance.pdf

Please see the attached statement from the Feminist Majority for inclusion in the hearing record.

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
Senate Committee on Finance  
September 25, 2017

Gaylynn Burroughs  
Policy Director  
Feminist Majority  
Feminist Majority Foundation  
[REDACTED]  
Arlington, VA 22209  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Aisha Ellis [REDACTED]  
**Sent:** Monday, September 25, 2017 10:30 AM  
**To:** gchcomments  
**Subject:** Improve the ACA, don't repeal

To whom it may concern,

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. We are on one income and keeping health care affordable is critical to my family. I have an amazing doctor who allows me to make decisions about my health care. Recently she said I could or could not treat my blood pressure with pills. I picked up the pills but did not take them. I'm working on it on my own. However this would be seen as a pre-existing condition and could follow me for life, even though my MD said I don't need it.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely, aisha ellis in Chicago, IL

Beauty begins the minute you decide to be yourself- Coco Chanel

## Wright, Kevin (Finance)

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**From:** Kelley Gordon <[REDACTED]>  
**Sent:** Monday, September 25, 2017 9:01 AM  
**To:** gchcomments  
**Subject:** Protect our healthcare

My life is a prayer. Every day, with every fiber of my being, every ounce of my faith, and every beat of my heart, I pray that a moment will come when I will look into the eyes of my grandson as a strong young man. Two decades from now, when that moment comes, I hope that I will be able to tell Rhett that during a dark, chaotic time in our nation's history, I raised my voice, I stood up, I marched, and I joined hands with others to defend our values and be the change I wanted see in the world. I was not silent. I did not turn away or surrender to fear or despair. In short, I persisted.

But my prayer is dependent on my grandson winning his daily battle against the life-threatening disease of cystic fibrosis. If you met our beautiful, shining boy – a curious, joyful, loving almost two year old who is apparently robust & thriving - you might not believe that every day he is fighting for his life. His health depends on the life-saving therapies made possible by the research of the Cystic Fibrosis Foundation and the expert medical care he receives from the CF Center at Johns Hopkins.

Before every meal Rhett swallows six enzyme capsules to enable him to digest his food. Without them, he would quickly fail to thrive. The prescription costs \$6200 per month and that will only increase as he grows and the dosage increases. Twice a day he receives 30 minutes of chest compression therapy from a mechanical vest and pump that costs \$12,000. This keeps his lungs clear and protects him from deadly infections to which he is prone. This equipment will have to be replaced throughout his lifetime.

My daughter and her husband are amazingly brave, dedicated parents with successful, well-paying careers. But, their ability to ensure that Rhett receives all of the care he needs to thrive is dependent on the protections of the Affordable Care Act. If it is repealed without a replacement that assures these protections, there is no way that they could absorb these ongoing healthcare costs. And that doesn't even address the expenses they will inevitably incur due to hospitalizations and other complications inherent in CF. For example, the breakthrough drugs becoming available average \$300,000 annually. A typical two week hospitalization which is common for CF patients runs \$100,000 or more. Without the vital protections of the ACA, a CF patient like Rhett would exhaust his lifetime maximum benefit by age four, if he could even get coverage. After his parents and extended family exhausted all of their savings and incurred crippling debt to provide the care he so desperately needed, he would ultimately die from lack of care.

This is only one story of one small boy and his family. There are tens of millions of stories like his effecting families all across our nation. It is my conviction that in our prosperous nation, no one should ever face bankruptcy or homelessness due to catastrophic healthcare expenses. Likewise, no one should ever be denied lifesaving

services because they have exceeded their coverage limits or are too ill to work and afford coverage before age 26.

I am speaking out to defend these protections in every way that I can, even when it is uncomfortable, exhausting and overwhelming to do so. I am urging my elected representatives to listen to my story and all of the stories pouring out from families everywhere and to act with wisdom and compassion to protect us. I do this so that one day my prayer will be answered and Rhett and I will reflect on this turning point in history as a time when justice, faith and compassion prevailed.

In faith,

Kelley Gordon

  
Hampstead, MD 21074-1706

--  
So many of our dreams at first seem impossible,  
then they seem improbable,  
and then, when we summon the will,  
they soon become inevitable.  
Christopher Reeve

**The Honorable Bill Cassidy, M.D., United States Senator, Louisiana.** Senator Cassidy has served as the U.S. Senator from Louisiana since 2015. He is one of the Graham-Cassidy-Heller bill's original co-sponsors, and has worked on his own legislation to repeal the ACA for months. In May 2017, he entered the national spotlight on the issue when he appeared on Jimmy Kimmel Live! to discuss health care and the ACA's repeal. Senator Cassidy said that legislation to transform the national health care system must meet the Jimmy Kimmel test: "Would a child born with congenital heart disease be able to get everything he or she would need in that first year of life?" Senator Cassidy was previously the U.S. Representative for Louisiana's 6th Congressional District from 2009 to 2015. Senator Cassidy also served in the Louisiana State Senate from 2006 to 2009. Senator Cassidy holds an M.D. from Louisiana State University School of Medicine and a B.S. from Louisiana State University.

**Wright, Kevin (Finance)**

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**From:** Maranda Pennini [REDACTED]  
**Sent:** Friday, September 22, 2017 9:34 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy Should Not Pass

Dear Senators,

The Graham Cassidy bill would be a disaster to our healthcare in this country. Allowing caps to return on coverage, increasing premiums to people with pre-existing conditions, and denying coverage in the already limited field of mental health, is unacceptable.

Even without the concerns of content, the process through which this is being pushed is not how our government is designed to work. Healthcare is too important of an issue to not be a bipartisan effort.

How many times do the American people need to speak up before you will stop trying this approach to sneak through a healthcare bill? How many times has this already failed?

It's time to kill this for good and allow good bipartisan work to take place.

Sincerely,  
Maranda R Pennini  
Franklin, MA

--  
Maranda Pennini, LMHC  
School Adjustment Counselor  
GRAIS

The contents of this e-mail, and any attachments, are the property of the Freetown-Lakeville Regional School District, and are subject to the Public Records Law, M.G.L. c. 66, Sec. 10.

The contents of this e-mail, and any attachments, are the property of the Freetown-Lakeville Regional School District, and are subject to the Public Records Law, M.G.L. c. 66, Sec. 10.

**Wright, Kevin (Finance)**

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**From:** MICHAEL BAILEY [REDACTED]  
**Sent:** Friday, September 22, 2017 9:35 PM  
**To:** gchcomments [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Comments on Graham-Cassidy-Heller-Johnson Proposal. Monday, September 25, 2017.

Hearing to Consider The Graham-Cassidy-Heller-Johnson Proposal. Monday September 25, 2017.

Members of the Finance Committee.

My name is Michael E. Bailey. My address is [REDACTED]  
92692.

I have disabilities and medical conditions that require medical visits and also services and supports from the Regional Center of Orange County. The ACA and the Medicaid Expansion are of critical importance to me. The services and supports from Regional Center are of critical importance for me to be able to live and be a part of the community to the maximum extent I am able to. The ACA and Medicaid Extension in the ACA are crucially important not only to me but millions like me with disabilities. They making living in the community possible and avoid the much higher cost options of a nursing home or a state developmental center. But the Graham-Cassidy proposal would end the Medicaid Expansion that does so much to make living in the community possible. I also need to see doctors a lot and the ACA makes sure I have the medical access I need. Patients need medical access, not a Graham-Cassidy state block grant. And, after Graham-Cassidy expires, it is replaced by nothing--a glaring oversight. I urge you to do what is best for the people--all the people of the country;and not what is best for any party and its lobbyists or what is best for 1 or 2 or 3 political officials in any certain party. I urge a "No" vote on Graham-Cassidy. Thank you.



## Wright, Kevin (Finance)

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**From:** Donna Atkinson [REDACTED]  
**Sent:** Friday, September 22, 2017 9:33 PM  
**To:** gchcomments  
**Subject:** Single payer healthcare

America needs single payer healthcare! Please stop promoting your "Obamacare reolacement" as it will leave middle class citizens without necessary health insurance.

With your plan, low-income citizens would lose insurance, which means no doctor visits for flu, strep throat, bronchitis and pneumonia, autoimmune disease treatment, arthritis treatment, and much more. People will start dying from influenza and other treatable illnesses simply because they cannot afford to see a doctor.

We do not live in a 3rd world country, but your program will make us feel like we do.

Every other civilized nation but one has universal single payer health care. Why is the richest nation in the world the only one without it? You need to get on the bandwagon for single payer healthcare. It's the right thing to do!

Donna Atkinson  
Moscow, Idaho

**Wright, Kevin (Finance)**

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**From:** Lara [REDACTED]  
**Sent:** Friday, September 22, 2017 9:46 PM  
**To:** gchcomments  
**Subject:** Graham - Cassidy Bill

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My brother in law passed away from cancer. Without adequate health insurance my sister would not have been able to support her four children. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Lara Ho

Washington, DC

Envoyé de mon iPhone

**Wright, Kevin (Finance)**

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**From:** Carole Allen [REDACTED]  
**Sent:** Friday, September 22, 2017 9:42 PM  
**To:** gchcomments  
**Cc:** [REDACTED]  
**Subject:** preserve health care coverage for children/ sick

Dear Members of the Senate Finance Committee,

As a pediatrician with 37 years practice experience, a recent member of the Board of Directors of the American Academy of Pediatrics, and a commissioner on Massachusetts' Health Policy Commission, I join with my physician colleagues in urging you to oppose the proposed Graham-Cassidy bill. Rather than reducing the burden of rising health care costs on governments, businesses, and individuals, this bill will merely shift it to those most vulnerable and at risk. It will destabilize hospitals and provider networks which will not have a predictable revenue stream. It will pit children, who make up 43% of Medicaid enrollees, against frail seniors and disabled individuals in the fight for Medicaid dollars. Moreover, removing coverage of essential health benefits, such as preventive care and EPSDT, will ultimately create a sicker and more expensive population. Ironically, the threat of removing protections for preexisting conditions and permitting lifetime caps on coverage will adversely impact the same pool of people.

You have in your power the ability to work collaboratively to improve the ACA and stabilize insurance markets across the country. Providing affordable, reliable health insurance coverage to all our residents is one proven way to both decrease health care costs and promote a healthy workforce. Please demonstrate leadership; start by opposing Graham-Cassidy.

Sincerely,  
Carole Allen, MD, MBA

*Carole Allen, MD, MBA, FAAP  
Child Health Advocate  
Health Policy Expert  
Arlington, Massachusetts*

[REDACTED]  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Cailin O'Connor [REDACTED]  
**Sent:** Friday, September 22, 2017 10:00 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing testimony

Americans deserve quality, affordable healthcare like the citizens of other developed countries. We need to move toward universal healthcare, not backward to a profit-driven, unfair system that punishes people for becoming sick and denies care to people when they need it the most. In 2011, I watched my 31-year-old friend fight insurance companies to cover her treatments even as she died from cancer, then watched her husband deal with crushing debt at the same time he tried to heal his broken heart. This should not be our reality in a civilized society. Under the Affordable Care Act, their story would have been very different. Please don't take us back to that dark time. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Cailin O'Connor

Madison, Wisconsin

**Cailin O'Connor**  
[REDACTED]  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Sophy Chaffee [REDACTED]  
**Sent:** Friday, September 22, 2017 9:57 PM  
**To:** gchcomments  
**Subject:** My vehement opposition to the Graham-Cassidy Healthcare Plan

I am the mother of an autistic teen-ager. The summer began for him with spinal fusion surgery to correct a life-threatening curve in his spine from kyphosis (not uncommon among autistic people). The summer ended for him with a grand mal seizure that left him unconscious for 10 minutes and required two ambulance trips. In the end he was diagnosed with epilepsy (also not uncommon among autistic people, especially in adolescents). I am a cancer survivor (melanoma).

Our private health insurer has come out against the plan. The cuts to MediCal in my state of California, which will insure my son when he becomes an adult, are catastrophic.

If you pass this bill, it's clear to me that my son and I will be dropped from our private insurance because of our preexisting conditions. If you pass this bill, so many services for disabled Californians like my son (from special education to medical care to home care) will be slashed. If you pass this bill, you imperil many lives, including our own.

By trying to pass this bill so quickly and recklessly, you imperil our country. Do you know how many people will lose their insurance? Do you know how many health care workers will lose their jobs? Do you know how many small, rural hospitals will close? Do you know how many people could die or go bankrupt from medical debt? Do you know how this bill will impact the healthcare sector, which makes up 1/6th of the U.S. economy? If you don't know the answers to these questions, you cannot in good conscience vote for it.

Table this bill until you have answers and hearings and a very clear picture of how these drastic changes will impact so many of us.

Respectfully,  
Sophy Chaffee  
Encinitas, CA

**Wright, Kevin (Finance)**

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**From:** Ann Garrambone [REDACTED]  
**Sent:** Friday, September 22, 2017 9:55 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy hearing

I, my family, and friends rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I feel those with pre-existing conditions and/or disabilities, as well as those who are further marginalized by not being able to afford healthcare under this bill will be adversely affected. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Ann Garrambone  
Flagstaff, AZ

**Wright, Kevin (Finance)**

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**From:** Rachel Ulfers [REDACTED]  
**Sent:** Friday, September 22, 2017 9:55 PM  
**To:** gchcomments  
**Subject:** Quality health care is a universal right

Hello Committee Members.

We believe access to affordable, quality health care is a basic human right. We expect a bipartisan attempt to continue to improve upon the ACA, not repeal/replace it. I know our Senators Klobuchar and Franken, and Congressman Ellison are working in our favor to this end. We implore and expect the same of you.

Furthermore, you should be subject to the exact same healthcare plan you are voting on for the American public. It's only decent to expect this equity. Please look in your hearts and extend your best efforts across party lines to make our great country healthier and stronger.

You have a real opportunity to enact positive change at this moment. Do not waste this opportunity.

Dr. Rachel and Mr. Karl Ulfers + family

Sent from Yahoo Mail on Android

**Wright, Kevin (Finance)**

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**From:** Amber TerBeest [REDACTED]  
**Sent:** Friday, September 22, 2017 9:55 PM  
**To:** gchcomments  
**Subject:** Please Oppose the Graham-Cassidy Plan

Dear Chairman Hatch and Ranking Member Wyden:

Rare disease patients and their families rely on the patient protections that the Senate is considering eliminating by passing the Graham-Cassidy plan. Specifically, this legislation brings back annual and lifetime caps, limitless out-of-pocket costs, and inadequate coverage by rolling back essential health benefits. This bill would also allow insurers to discriminate against rare disease patients by charging them premiums based upon their health status, thus pricing them out of the market.

In addition, rare disease patients and their families rely on Medicaid for life-sustaining and life-saving care. Under the Graham-Cassidy plan, federal funding of Medicaid would be substantially weakened by per capita caps and block grants, resulting in states potentially delaying or outright refusing coverage for necessary care.

I am asking you to stand up for the rare disease community by opposing the Graham-Cassidy plan.

Thank you for your time and consideration.

Mrs. Amber TerBeest

[REDACTED]  
Ripon, WI 54971  
[REDACTED]



## Wright, Kevin (Finance)

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**From:** Jenny Grass [REDACTED]  
**Sent:** Friday, September 22, 2017 9:52 PM  
**To:** gchcomments  
**Subject:** ACA: Oppose the Graham-Cassidy Bill

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I was laid off from my job in 2012 and I had the fortunate opportunity to be able to freelance. However, I was denied health insurance that I was willing to pay \$500/month for due to the fact that I has been treated with anti-depression medication in the past. Without the ACA, I would be relying on ineffective catastrophic insurance for my healthcare. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Jenny Grass  
Billings, MT

## Wright, Kevin (Finance)

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**From:** Sylvia Baldwin [REDACTED]  
**Sent:** Friday, September 22, 2017 9:51 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy Healthcare Bill

Dear Members of the Finance Committee, I am writing to convey my strong conviction that the Graham Cassidy Bill if passed would be a disaster. There is no clear way forward with this plan and the result would be the inevitable dissolution of healthcare delivery in this country. Please take seriously the concerns of the AMA, the insurance industry, hospitals and providers, the AARP, patient advocacy groups, and economists who have knowledge and experience in the field. In the face of such opposition the purely political motives urging this bill will not even benefit the people who vote in its favor when it comes time for their re-election. Please do whatever you can to prevent this travesty from passing.

Yours respectfully, Sylvia Baldwin, Brookline MA

## Wright, Kevin (Finance)

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**From:** [REDACTED]  
**Sent:** Friday, September 22, 2017 9:50 PM  
**To:** gchcomments  
**Subject:** what Graham - Cassidy would mean for our health care system

Passing this bill would be an abomination for the all Americans and your constituents. Please don't let your big Pharma and insurance donors again rule your judgement. The poor, handicapped, and women will suffer greatly if this bill is passed and YOU KNOW IT!

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"You're entitled to your own opinion but not your own facts." US Senator Moynihan

Kathleen Mauro  
Retired US Army Nurse  
Tucson, AZ

**Wright, Kevin (Finance)**

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**From:** Bianca S [REDACTED]  
**Sent:** Friday, September 22, 2017 10:09 PM  
**To:** gchcomments  
**Subject:** For the sake of our lives, do not pass Graham-Cassidy

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My story with pre-existing conditions is that I have suffered with chronic depression for over half of my life. Without the therapy and care provided to me by the ACA, I would likely have killed myself. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Bianca S

New York, NY

**Wright, Kevin (Finance)**

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**From:** Rachel Larkey [REDACTED]  
**Sent:** Friday, September 22, 2017 10:20 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy opposition

My friends, family members, and especially patients rely on quality, affordable healthcare. I strongly oppose the Graham-Cassidy Bill. If this bill is passed, I will watch my patients die of easily treatable conditions while I am helpless to do anything because of their lack of healthcare. The ACA might have flaws, but gutting Medicaid is no way to fix that. We need to move closer to single-payer healthcare, like every other developed nation that cares about its citizens. I do not want to see a repeal of the ACA, for the good of the American people.

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All the best,

Rachel Larkey  
New York, NY

**Wright, Kevin (Finance)**

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**From:** Pat Clancy [REDACTED]  
**Sent:** Friday, September 22, 2017 10:44 PM  
**To:** gchcomments  
**Subject:** "Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal, Monday, Sept. 25, 2017"

I urge you one and all to reject this bill. Similar to other bills proposed (and failed) by the Republican congress, it will not improve the health care of our citizens but deprive many of their much needed benefits. Too much latitude is given to states, allowing them to eliminate choices that are important to many individuals and families. Please consider that healthy citizens, able to obtain the care they need, are better able to work and be a part of a prosperous society.

I am a senior citizen and a beneficiary of Medicare. I am in good health and able to pay the premiums on a supplemental plan in addition. In my opinion, a Medicare For All plan would be best for our country. You in the Senate and House of Representatives have a premium health plan paid for by taxpayers. Vote for a plan that you would accept for your own family.

Sincerely,  
Patricia J. Clancy  
Lisle, Illinois 60532

Dear Chairman Hatch and Ranking Member Wyden:

We write to voice our extreme opposition to the Graham-Cassidy-Heller-Johnson proposal. We are very discouraged that instead of continuing down a bipartisan path and working on issues to improve the strength and stability of the Affordable Care Act's (ACA) marketplaces, the sponsors of this legislation have put forward a proposal that will:

- Eliminate the financial assistance that helps low- and moderate-income families purchase health care coverage;
- End expanded Medicaid coverage that helps millions of low-income adults;
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths
- Undermine essential protections for people with pre-existing conditions;
- Resurrect - *and worsen* - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of millions of Americans including older adults, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions. It does nothing to improve affordability or availability of coverage for consumers and will likely result in at least **25 plus million people** losing coverage by 2027 and will undermine the financial stability of our health care system and place additional fiscal strains on our state budget. Below we've laid out in more detail our concerns with this proposal and the devastating impact it will have on consumers.

**Eliminates programs that serve as a lifeline for low- and moderate-income families.**

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA's successful Medicaid expansion, which has extended coverage to nearly 12 million newly eligible low-income adults. It also eliminates the ACA tax credits that 10 million low- and moderate-income people rely on to afford coverage in the individual market. Although it replaces this funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to former enrollees - and indeed the block grant is inadequate to pay for comparable benefits. From 2020 through 2026, block grant funding would be at least \$10-50 billion below projected spending under current law. Regardless, the block grant ends in 2027, leaving states and former enrollees with no help whatsoever. We do not believe it is likely that Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream - something that would be extremely difficult, if not impossible.

**Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.**

This proposal also threatens the care of millions of low-income seniors, children and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. By capping and slashing funding for the traditional Medicaid program by 12% (\$1,079 billion) between 2020 and 2036, the per capita cap will force ILLINOIS to cut payments to health care providers and health plans, eliminate optional services, and restrict eligibility for enrollment - all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Since children make up almost one-half of the Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would also face painful cuts, since Medicaid is the primary payer for long-term services and supports. Community Based Services - the services that keep people with cognitive and physical impairments home and in their communities - are "optional" in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment is especially high.

**Pushes massive new costs onto states.**

All states, including ILLINOIS would take on new risks and costs because this proposal converts the overall Medicaid program into a per capita cap. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving ILLINOIS with insufficient funding to meet its current obligations. In addition, states would be fully exposed to any unexpected health care cost increases, such as from a natural disaster, an aging population or medical innovations. The per capita cap alone would reduce federal Medicaid spending by 12% (\$1,079 billion) by 2036.

On top of those cost shifts, the 31 states that expanded Medicaid under the Affordable Care Act will be at risk for far deeper cuts. This proposal ends all federal matching funds for the Medicaid expansion in 2020. Some of the funds that the federal government would have spent on Medicaid expansion get rolled into the block grant, but the block grant doesn't make up for ILLINOIS losses because the block grant is inadequate overall, the formula favors non-expansion states (it redistributes funding from expansion to non-expansion states), and it ends entirely in 2026, leaving states with no funding to replace the lost expansion funds.

Because federal dollars for Medicaid account for about 20% of state budgets, FitchRatings "believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond."<sup>1</sup> And by pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals.

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<sup>1</sup> "Fitch: Latest ACA Bill Includes Medicaid Repeal and Replace Provisions for States", <https://www.fitchratings.com/site/pr/1029238>.



### **Increases premiums and out-of-pocket costs and destabilizes the individual market.**

By repealing the individual mandate and eliminating advanced premium tax credits and cost sharing reductions, this proposal would drive up premiums and cause insurers to exit the ACA's marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to increase by 20 percent. Furthermore, by replacing the financing of the ACA's financial assistance with a block grant without any guarantee that states would direct their temporary block grant funds toward financial assistance, this proposal puts the 25 million plus who currently rely on financial assistance at risk for sharply higher out-of-pocket costs and coverage loss.

Beyond the impact of this proposal on individuals, insurers currently selling in the ILLNOIS' MARKETPLACE would face extreme uncertainty. Because this proposal allows states to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves from unpredictable claims costs or choose to exit the marketplace completely. This means that consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums and no guarantee of financial assistance to shield them from the increasing out-of-pocket costs.

### **Eliminates critical consumer protections.**

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA - the prohibition on charging higher premiums based on a person's health status or a preexisting condition. This means that in states that choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a preexisting condition. Additionally, this proposal allows states to waive the requirement that insurers cover essential health benefits including mental health services, substance abuse treatments and maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT community) or consumers with specific chronic conditions (e.g. mental health or substance use disorders). For example, this could return us to a time when insurers only covered short-term, minimal treatment for mental health or substance use disorders, if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment.

### **Lacks transparency and opportunity for meaningful input.**

We believe that everyone should have a say in the decisions that affect their health. With only one hearing scheduled days before a possible vote, and without a full CBO score to properly evaluate the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for a true evaluation of and meaningful input on the policies in this proposal that would affect millions of people and one sixth of the US economy.

We encourage a return to “regular order,” as requested by many members of the Senate and supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to weigh in.

Sincerely,

Claire Chalifoux

Illinois Resident and Human Being who has a right to healthcare. All human beings have a RIGHT to healthcare.

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal, September 25, 2017

Submitted to: GCHcomments@finance.senate.gov

cc: kirsten\_gillibrand@gillibrand.senate.gov,  
Scheduling\_schumer@schumer.senate.gov

from:

William Holshouser  
185 Prospect Park Southwest #407  
Brooklyn NY 11218  
wholsho@twc.com

To the Senate Finance Committee:

My mother is a retired minister (United Church of Christ) living in Massachusetts. Due to her advancing Parkinson's disease, she has required greater and greater levels of care, and now needs help to perform even the most basic activities of daily living. Thanks to a joint federal/state program funded partly by Medicaid, she is able to live in a nursing home and get the care she needs. Because she worked in a low-earning profession, dedicating her life to the service of others, she needs the assistance of Medicaid to be able to afford the astronomical costs of nursing home care.

I am deeply concerned about what would happen to my mother, and others like her, if the Graham-Cassidy bill should become law. I am outraged that the Senate would consider cutting Medicaid so deeply when so many Americans depend on it for their health care. This bill would take medical care away from the poor, the elderly, and children in order to fund tax cuts for the wealthy and for political donors. This bill would make it possible once again for insurance plans to exclude individuals based on pre-existing medical conditions. These would clearly not be improvements to our health care system.

Please reject this cruel piece of legislation, and please stop trying to deprive our elders of their medical care.

Sincerely,  
William Holshouser  
Brooklyn, NY

September 22, 2017

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal

Date: Monday, September 25, 2017

There is a real possibility that we will go back to punishing people with pre-existing conditions. As much as I hate to talk/think about myself as a disabled person, I hope someone will read my story and think twice about doing this to a new generation.

I was diagnosed with Cerebral Palsy at 6 months old. Eventually my constricted muscles led to a severe scoliosis. It affected my vision, reaction time, & my left arm and leg. At 18 years old I took myself off of disability. I wanted to work like everyone else. I usually worked 2 jobs, even though I usually worked 25 - 29 hrs a week per job because employers didn't want to offer me insurance and that was considered part-time. I couldn't get a policy on my own and I didn't know about CHP yet (IL High Risk pool), so I went without, which meant which meant not having check-up, making due without braces, and going to the emergency room for everything.

With the help of family & friend driving me, I graduated college Suma Cum Laude with a degree in Elementary ED. I taught full-time for 7 years, but 3 other teachers and I were let go in 2009 when the economy collapsed. Being 45 & disabled did not make me the first choice in a bad economy. I worked for a religious school so they didn't have to offer unemployment or COBRA. That's when I enrolled in Illinois' high-risk pool. My deductible was \$2000. My last premium was just over \$600 a month and many things still weren't covered.

During this period I needed medical care for the effects of living with CP & the emotional effects of not finding regular work. For the first time in my life, I felt handicapped which I couldn't avoid. While I waited for Obamacare to be activated, between the premiums and my out-of-pocket expenses I was now over \$20,000 in debt. I had to apply for disability so the back pay would help me get out of debt. It was the saddest day of my life.

I'm telling you my story because I believe that if there hadn't been a high-risk pool, the Medicaid expansion was already in place along with the basic coverage mandates I would still be working (not as much though) and paying taxes contributing instead of taking.

The way Graham-Cassidy is constructed, all people will pay more for healthcare. 1<sup>st</sup> because there will be fewer healthy people in the pool without the individual mandate. Changing Medicaid expansion will also cause the poor to use emergency rooms as their primary physician. We will be paying for their care when it is at its most expensive. If individual states compound that by pushing people with pre-existing conditions into a more expensive high-risk pool, the unintended

consequence will be a rise in disability and public assistance claims. Rather than subsidizing insurance, the government will be responsible for all the expense.

People with moderate disabilities don't want that any more than you do. We want to work even more than a healthy person does because our identity depends on being as useful as anybody else. Increasing the number of hours we have to work to be insured by an employer, or adding a multiplier to the insurance we have to buy on our own costs the government money in the long run and us dignity.

Wendy LaFauce

[REDACTED]

Belvidere, IL

[REDACTED]

## Senate Finance Committee Hearing on Graham-Cassidy Bill

Dear Chairman Hatch and Ranking Member Wyden:

I am personally writing to voice my, my family's, and my communities extreme opposition to the Graham-Cassidy-Heller-Johnson proposal. We are very prepared to continue to fight for the health and well-being of this county and are discouraged that instead of continuing down a bipartisan path and working on issues to improve the strength and stability of the Affordable Care Act's (ACA) marketplaces, the sponsors of this legislation have put forward a proposal that will:

- Eliminate the financial assistance that helps low- and moderate-income families purchase health care coverage;
- End expanded Medicaid coverage that helps millions of low-income adults;
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths
- Undermine essential protections for people with pre-existing conditions;
- Resurrect - *and worsen* - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of millions of Americans including older adults, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions. It does nothing to improve affordability or availability of coverage for consumers and will likely result in at least 665,000 losing coverage by 2027 and will undermine the financial stability of our health care system and place additional fiscal strains on our state budget. Below we've laid out in more detail our concerns with this proposal and the devastating impact it will have on consumers.

### **Eliminates programs that serve as a lifeline for low- and moderate-income families.**

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA's successful Medicaid expansion, which has extended coverage to nearly 12 million newly eligible low-income adults. It also eliminates the ACA tax credits that 10 million low- and moderate-income people rely on to afford coverage in the individual market. Although it replaces this funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to former enrollees - and indeed the block grant is inadequate to pay for comparable benefits. From 2020 through 2026, block grant funding would be at least 7% (\$95 billion) below projected spending under current law. Regardless, the block grant ends in 2027, leaving states and former enrollees with no help whatsoever. We do not believe it is likely that Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the

baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream – something that would be extremely difficult, if not impossible.

**Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.**

This proposal also threatens the care of millions of low-income seniors, children and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. By capping and slashing funding for the traditional Medicaid program by 12% (\$1,079 billion) between 2020 and 2036, the per capita cap will force my current state of residence and my home state to cut payments to health care providers and health plans, eliminate optional services, and restrict eligibility for enrollment - all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Since children make up almost one-half of the Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would also face painful cuts, since Medicaid is the primary payer for long-term services and supports. Community Based Services - the services that keep people with cognitive and physical impairments home and in their communities - are “optional” in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment is especially high.

**Pushes massive new costs onto states.**

All states, including MA and CA, would take on new risks and costs because this proposal converts the overall Medicaid program into a per capita cap. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving MA and CA with insufficient funding to meet its current obligations. In addition, states would be fully exposed to any unexpected health care cost increases, such as from a natural disaster, an aging population or medical innovations. The per capita cap alone would reduce federal Medicaid spending by 12% (\$1,079 billion) by 2036.

On top of those cost shifts, the 31 states that expanded Medicaid under the Affordable Care Act will be at risk for far deeper cuts. This proposal ends all federal matching funds for the Medicaid expansion in 2020. Some of the funds that the federal government would have spent on Medicaid expansion get rolled into the block grant, but the block grant doesn't make up for MA's and CA's losses because the block grant is inadequate overall, the formula favors non-expansion states (it redistributes funding from expansion to non-expansion states), and it ends entirely in 2026, leaving states with no funding to replace the lost expansion funds.

Because federal dollars for Medicaid account for about 20% of state budgets, FitchRatings “believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond.”<sup>1</sup> And by pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals.

### **Increases premiums and out-of-pocket costs and destabilizes the individual market.**

By repealing the individual mandate and eliminating advanced premium tax credits and cost sharing reductions, this proposal would drive up premiums and cause insurers to exit the ACA’s marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to increase by 20 percent.

Beyond the impact of this proposal on individuals, insurers currently selling in the CA and MA’s marketplace would face extreme uncertainty. Because this proposal allows states to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves from unpredictable claims costs or choose to exit the marketplace completely. This means that consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums and no guarantee of financial assistance to shield them from the increasing out-of-pocket costs.

### **Eliminates critical consumer protections.**

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA - the prohibition on charging higher premiums based on a person’s health status or a preexisting condition. This means that in states that choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a preexisting condition. Additionally, this proposal allows states to waive the requirement that insurers cover essential health benefits including mental health services, substance abuse treatments and maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT community) or consumers with specific chronic conditions (e.g. mental health or substance use disorders). For example, this could return us to a time when insurers only covered short-term, minimal treatment for mental health or substance use disorders, if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment.

### **Lacks transparency and opportunity for meaningful input.**

We believe that everyone should have a say in the decisions that affect their health. With only one hearing scheduled days before a possible vote, and without a full CBO score to properly

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<sup>1</sup> “Fitch: Latest ACA Bill Includes Medicaid Repeal and Replace Provisions for States”, <https://www.fitchratings.com/site/pr/1029238>.



evaluate the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for a true evaluation of and meaningful input on the policies in this proposal that would affect millions of people and one sixth of the US economy. We encourage a return to "regular order," as requested by many members of the Senate and supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to weigh in.

Think twice before shitting where you eat. You are on the wrong side of history if you try and take away my healthcare.

May you and your family be healthy, and if the day shall come that your loved one falls ill, I hope your loved ones are able to get the care they deserve. Welcome to America.

TO: GCHcomments@finance.senate.gov  
Senate Finance Committee Chairs, Senators Hatch and Wyden  
CC: Senators Elizabeth Warren and Ed Markey  
RE: Senate Finance Committee Hearing on Graham-Cassidy Proposal, September 25, 2017

FROM:  
Eva Marie Stahl

[REDACTED]  
Holliston, MA 01746

To Whom it May Concern:

I am writing in opposition of the Graham Cassidy proposal being considered by the Senate Finance Committee today, September 25, 2017. The brief hearing or false hearing intended to jam through this piece of legislation is reprehensible—both is commitment to process and to substance.

As a mother of three children, one of who has a chronic illness, I am horrified by the ease in which some Republican members approach swiftly stripping coverage from over 30 million people.

My child will never NOT be on the autism spectrum and will never NOT need services and supports to be a healthy contributor to our community. The Graham Cassidy proposed budget cuts target states that made a commitment to cover our most vulnerable in society; the bill is monstrous. If passed, millions will lose access to continuous coverage and needed care. PEOPLE WILL DIE. For me, my child will forever carry a scarlet letter of chronic illness – he will be charged more for coverage, he may forgo care all together because premiums are too high for him to access needed services and he will be unhealthy and labeled.


This bill simply rewards those state lawmakers that refused to find solutions for the most vulnerable in their states – many who are disproportionately people of color and have faced a lifetime of stress and trauma thanks to generational poverty and structural racism. Let's be real – what will Texas do with all its funding? It will deny women access to birth control and maternity care and supplant their local public health funding with federal dollars. It will not cover people in need. It will not provide children with autism access to continuous care. It will make us all sicker, increase mental and financial stress and kill jobs.

These efforts to dismantle are health care system are rash and shortsighted – where is legislating? Where is consumer voice? Where is a full CBO score? Americans want bipartisanship. Republicans are taking us down a path of no return – toward hate, toward inequity and chaos. Even if you don't care about people in blue states, one would think that lawmakers care about the economy – and don't think that this won't reverberate throughout state economies causing job loss and increasing medical debt for even those who are middle class and well off.

As a voter and as a mother – I ask that you ask hard questions today about implications of this bill for ALL people in ALL states – and that you listen to your conscious and not a fringe base and VOTE NO.

Respectfully,

Eva Marie Stahl

  
Holliston, MA 01746

Written Testimony  
Of  
The American Congress of Obstetricians and Gynecologists  
409 12<sup>th</sup> St. SW, Washington, DC, 20024  
Before the  
Senate Committee on Finance  
Regarding  
Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
September 25, 2017

Chairman Hatch, Ranking Member Wyden, and distinguished members of the Senate Finance Committee, thank you for giving the American Congress of Obstetricians and Gynecologists (ACOG), representing more than 58,000 physicians and partners in women's health, the opportunity to submit written testimony in response to your September 25, 2017 hearing titled: "Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal."

As the nation's leading organization of women's health providers, ACOG is keenly aware of many of the benefits, and shortfalls, of the Patient Protection and Affordable Care Act (ACA). While ACOG reluctantly opposed the ACA, we engaged extensively with both parties and both chambers of Congress during its development and implementation.

ACOG strongly supports the landmark advances in women's health access and coverage that our patients gained through the ACA, and urges Congress not to turn back the clock on women's health. Our principles for measuring all ACA reform bills include one simple bottom line: None of our patients should be worse off than they are today. The Graham-Cassidy-Heller-Johnson proposal (Graham-Cassidy) turns back the clock on women's health, making our patients much worse off than they are today.

ACOG is fully committed to working with this Committee and the full Congress on bipartisan efforts to strengthen and stabilize our Nation's individual insurance market, and to address the serious issues of narrow networks and high copays and premiums. We insist that proposals that would affect millions of families and every state should go through regular order, including hearings and markups in the Committees of jurisdiction, opportunities for expert analysis and public comment, CBO score, and, importantly, opportunities for meaningful input from America's ob-gyns and other physicians.

This long-standing legislative process – how a bill becomes a law – was created for a reason: to ensure the soundness, factual underpinnings, and understanding of legislation brought to a vote. Bringing far-reaching legislation to the floor that bypasses this process is a scenario that must end.

Graham-Cassidy would put in jeopardy valuable women's health protections that have improved access to critical health and wellness services for women and their families, such as pregnancy and newborn care, and recreates a health system of state-by-state variability that would exacerbate inequities in coverage. The ACA, with its national coverage requirements, helped ensure that a woman's access to care is not determined by her zip code, employer, or income.

Graham-Cassidy puts women's health at risk. Research shows that women routinely face financial barriers to affording health care – in fact, unmet health care needs due to cost are significantly more common among women than among men.<sup>i</sup> ACOG is particularly concerned about the following:

- Graham-Cassidy threatens patient protections guaranteed by the ACA's Essential Health Benefits. By allowing states to waive certain standards about which benefits insurers must cover, insurers are given more latitude to increase out-of-pocket costs (e.g., deductibles, co-insurance, co-pays) and exclude coverage of certain services, such as maternity care, contraceptive coverage and mental health and substance use disorder treatment. Under the proposal, states could shift costs for these basic and essential services to women and families, putting them out of reach.
  - Regarding maternity care specifically, it is important to note that before the ACA, only 12 percent of individual market plans covered maternity services. The costs of having a baby were often devastating to young families that lacked coverage. An estimated 8.7 million women gained access to these vital services thanks to the ACA.<sup>ii</sup>
  - More than 55 million women gained coverage of women's preventive services with no cost sharing, including contraception.<sup>iii</sup> Before the ACA, women were spending between 30% and 44% of their total out-of-pocket health costs just on birth control.<sup>iv</sup>
- Graham-Cassidy allows states to waive prohibitions against charging higher premiums for those with pre-existing conditions. The ACA ensures that the 65 million women with a pre-existing condition aren't denied or charged more for coverage.<sup>v</sup> Stripping this protection would put women with conditions such as depression, having a prior C-section, or prior treatment for domestic violence at risk.
- The Graham-Cassidy proposal strips health care coverage from tens of millions of people by replacing marketplace subsidies and the Medicaid expansion with a block grant that would end in 2026.
  - Hundreds of thousands of women with a substance use disorder are receiving treatment under Medicaid expansion. Maintaining this coverage is essential as our nation struggles with an opioid epidemic. Women are more likely to have chronic pain, be prescribed higher doses of prescription pain relievers, and use them for longer time periods than men. In fact, prescription pain reliever overdose deaths among women increased more than 400% from 1999 to 2010.<sup>vi</sup>
  - The Medicaid expansion enabled millions of no-income and low-income non-pregnant women to access coverage, contributing to a reduction in the uninsured rate among women ages 18-64 by nearly half.<sup>vii</sup>
- Graham-Cassidy fundamentally restructures the Medicaid program to the disadvantage of women and their doctors by shifting massive costs to states. This unprecedented shift means millions of people will lose Medicaid coverage, including women, children, seniors, disabled individuals, and other vulnerable populations who rely on the program. As obstetrician-gynecologists and patient advocates, we know that Medicaid:
  - Ensures access to family planning services, including contraceptives. In 2015, 20% of all reproductive-aged women in the U.S. were covered by Medicaid.<sup>viii</sup> Medicaid accounts for 75% of all public dollars invested in family planning<sup>ix</sup>, which helped bring our Nation's teen pregnancy rate to the lowest level in our nation's history;
  - Ensures healthy moms and babies. Medicaid covers approximately half of all births in the United States. These cuts would jeopardize women's access to essential maternity care.

- Ensures coverage for children. Medicaid covers 35 million children, and is critical to caring for the pediatric population. On average, 52 percent of patients at children's hospitals are covered by Medicaid; and
  - Is a key driver to our nation's economy, and helps our patients succeed. Girls enrolled in Medicaid are more likely to attend college, with an estimated \$656 increase in wages for each additional year of Medicaid coverage from birth to age 18.<sup>x</sup>
- Graham-Cassidy eliminates Medicaid coverage for primary and preventive care at women's health clinics, including Planned Parenthood health centers. ACOG rejects this bold-faced political interference in the patient-provider relationship as well as the dangerous precedent that would be set in allowing Congress to pick and choose among qualified providers who may participate in this essential program. We are concerned about patient access -- any reform needs to increase physician participation in Medicaid, not create additional barriers to providers.
    - Cutting qualified providers who practice at Planned Parenthood out of the Medicaid program would decimate access for those in rural areas and areas without other options, and cost taxpayers \$77 million more in Medicaid spending by 2026.<sup>xi</sup>
  - Graham-Cassidy includes a Medicaid per capita cap that would have a widespread impact on low-income women's ability to get care as capping would shrink overall dollars available for Medicaid. This proposal would put at risk access to care for low-income women with high-risk pregnancies, such as those with Zika virus, substance use disorder, or preeclampsia.

We urge this Committee, and the entire Senate, to dispose of this harmful legislation, and instead focus on substantive bipartisan efforts to make our health care system work better, stabilize the individual insurance market, create competition among insurers, and lower the costs and increase access to health care for our patients.

We stand ready and willing to work with the Senate Finance Committee on bipartisan policies to build upon the progress we have made in extending health coverage and improving patient protections for millions of previously uninsured women and families. Thank you for your consideration of this testimony.

<sup>i</sup> Shartzter, A, Long, S.K., & Benatar, S. (2015). Health Reform Monitoring Service: Health Care Costs Are a Barrier to Care for Many Women. Urban Institute Health Policy Center. Retrieved 9 March 2017, from <http://hrms.urban.org/briefs/Health-Care-Costs-Are-a-Barrier-to-Care-for-Many-Women.html>

<sup>ii</sup> Garrett, D. National Women's Law Center, Turning to Fairness: Insurance Discrimination Against Women Today and the Affordable Care Act (Mar. 2012), available at [http://www.nwlc.org/sites/default/files/pdfs/nwlc\\_2012\\_turningtofairness\\_report.pdf](http://www.nwlc.org/sites/default/files/pdfs/nwlc_2012_turningtofairness_report.pdf).

Henderson JW. The Cost Effectiveness of Prenatal Care. Health Care Financing Review. 1994;15(4):21-32, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4193436/>.

<sup>iii</sup> Simmons, A et. al. The Affordable Care Act: Promoting Better Health for Women. Office of the Assistant Secretary for Planning and Evaluation Issue Brief. Department of Health and Human Services. June 14, 2016, available at <https://aspe.hhs.gov/sites/default/files/pdf/205066/ACAWomenHealthIssueBrief.pdf>.

<sup>iv</sup> Caroline S. Carlin, Angela R. Fertig and Bryan E. Dowd. Affordable Care Act's Mandate Eliminating Contraceptive Cost Sharing Influenced Choices of Women with Employer Coverage. Health Affairs 35, no.9 (2016):1608-1615.

<sup>v</sup> <https://aspe.hhs.gov/basic-report/risk-pre-existing-conditions-could-affect-1-2-americans>

<sup>vi</sup> Centers for Disease Control and Prevention. (2013, June). *Prescription Painkiller Overdoses: A Growing Epidemic, Especially Among Women*. Retrieved 19 September 2017, from <http://www.cdc.gov/vitalsigns/prescriptionpainkilleroverdoses/index.html>

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<sup>vii</sup> Simmons, A et. al. The Affordable Care Act: Promoting Better Health for Women. Office of the Assistant Secretary for Planning and Evaluation Issue Brief. Department of Health and Human Services. June 14, 2016, available at <https://aspe.hhs.gov/sites/default/files/pdf/205066/ACAWomenHealthIssueBrief.pdf>.

<sup>viii</sup> Guttmacher <https://www.guttmacher.org/gpr/2017/03/why-protecting-medicaid-means-protecting-sexual-and-reproductive-health>

<sup>ix</sup> Guttmacher <https://www.guttmacher.org/gpr/2017/03/why-protecting-medicaid-means-protecting-sexual-and-reproductive-health>

<sup>x</sup> Brown, D.W., Kowalski, A.E., and Lurie, I.Z. (2015). *Medicaid As an Investment in Children: What Is the Long-Term Impact on Tax Receipts?*, National Bureau of Economic Research Working Paper, 20835. Available at: <http://www.nber.org/papers/w20835>.

<sup>xi</sup> The Congressional Budget Office. (2017). American Health Care Act. Budget Reconciliation Recommendations of the House Committees on Ways and Means and Energy and Commerce.

# JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

September 21, 2017

United States Senate Committee on Finance  
Attn. Editorial and Document Section  
Rm. SD-219  
Dirksen Senate Office Bldg.  
Washington, DC 20510-6200

**RE: Statement for the Record on Monday, September 25, 2017 Hearing to Consider the Graham-Cassidy Heller-Johnson Proposal**

Dear Chairman Hatch, Ranking Member Wyden, and Members of the Committee:

Justice in Aging is writing to strongly oppose the Graham-Cassidy Amendment to H.R. 1628. We urge you to reject this proposal and continue the transparent, bipartisan dialogue that the Health, Education, Labor and Pensions Committee began to enact needed reforms to enhance health care access and affordability for older adults, people with disabilities, and their families.

Justice in Aging is an advocacy organization with the mission of improving the lives of low-income older adults. We have decades of experience with Medicaid and Medicare, with a focus on the needs of low-income individuals, including those dually eligible for both programs.

First and foremost we oppose the Graham-Cassidy amendment because it fundamentally changes the promise and structure of Medicaid by imposing a per capita cap on federal funding for state Medicaid programs. Over six million older adults rely on Medicaid,<sup>1</sup> and two-thirds of all Medicaid spending for older adults goes to essential long-term care services in nursing homes and at home and in the community.<sup>2</sup> Medicaid coverage is particularly important for older adults who need services not covered by Medicare, who cannot afford Medicare premiums and cost-sharing,<sup>3</sup> who require mental health care or substance abuse treatment,<sup>4</sup> and who live in rural communities.<sup>5</sup> The proposed Medicaid per capita caps threaten the care of all of these seniors and would place undo financial and emotional strain on their families. [This short video](#) illustrates how services provided by Medicaid enable an older woman, Sadie, to remain at home and connected to her family and community.

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<sup>1</sup> See Molly O'Malley Watts, Elizabeth Cornachione, and MaryBeth Musumeci, "Medicaid Financial Eligibility for Seniors and People with Disabilities in 2015" (Kaiser Family Foundation, March 2016) available at <http://kff.org/medicaid/report/medicaid-financial-eligibility-for-seniors-and-people-with-disabilities-in-2015/>.

<sup>2</sup> Kaiser Family Foundation, "Medicaid's Role in Meeting Seniors' Long-Term Services and Supports Needs" (August 2016) available at <http://files.kff.org/attachment/Fact-Sheet-Medicoids-Role-in-Meeting-Seniors-Long-Term-Services-and-Supports-Needs>.

<sup>3</sup> See Catherine Bourque and Georgia Burke, "Proposed Cuts to Medicaid Put Medicare Savings Programs At Risk" (Justice in Aging: July 2017) available at: [www.justiceinaging.org/wp-content/uploads/2017/07/Proposed-Cuts-to-Medicaid-Put-Medicare-Savings-Programs-At-Risk.pdf](http://www.justiceinaging.org/wp-content/uploads/2017/07/Proposed-Cuts-to-Medicaid-Put-Medicare-Savings-Programs-At-Risk.pdf).

<sup>4</sup> See Han et al. Addiction, "Substance use disorder among older adults in the United States in 2020" (2009) available at: <https://www.ncbi.nlm.nih.gov/pubmed/19133892>.

<sup>5</sup> See Rural Health Information Hub, "Medicaid and Rural Health" available at <https://www.ruralhealthinfo.org/topics/medicaid>. See also Vann Newkirk & Anthony Damico, "The Affordable Care Act and Insurance Coverage in Rural Areas," (Kaiser Family Foundation, May 2014) available at <http://kff.org/uninsured/issue-brief/the-affordable-care-act-and-insurance-coverage-in-rural-areas/>.

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Oakland, CA 94612



Medicaid is a lifeline for older adults who need long-term services and supports (LTSS). Medicaid pays for approximately 61 percent of all LTSS spending,<sup>6</sup> including services in a person's home, in assisted living, adult foster homes, and nursing facilities. With the costs of nursing home care averaging over \$82,000 annually,<sup>7</sup> few persons can afford this level of expense on an ongoing basis, and more than half of nursing home residents rely on Medicaid.<sup>8</sup> In addition, home and community-based services (HCBS) waiver programs benefit over 1.5 million Medicaid enrollees in 47 states and the District of Columbia.<sup>9</sup> However, the older adults who rely on these services may no longer be able to receive them if Medicaid funding is capped.

The proposed per capita cap would cut Medicaid program federal spending by \$164 billion by 2027 and by over \$1 trillion by 2036, on top of massive cuts to other federal funding for Medicaid expansion and health insurance subsidies.<sup>10</sup> By design, caps will leave states without enough funds to meet the health and long-term care needs of older adults over time and will inevitably lead states to scale back benefits, tighten eligibility, impose waiting lists, implement unaffordable financial obligations, or otherwise restrict access to needed care for older adults. Additionally, a decrease in available funds means that states would not be able to provide the upfront investments and incentives needed to help providers transform their practices to provide more integrated services, better care coordination, or increase capacity to provide care at home and in communities.

Graham-Cassidy would also end the ACA's Community First Choice Option, a successful and popular program that helps older adults and people with disabilities live in their homes and communities. The proposed replacement in the Graham-Cassidy amendment is temporary and far more limited, and would cover only an estimated 4% of what states would otherwise have spent on home and community-based services.<sup>11</sup> In short, the caps and reduced funding for HCBS would prevent states from taking the actions needed to improve care and lower long-term costs for their older residents.

Furthermore, per capita caps would particularly strain state budgets in light of the aging baby boomer demographic. Regardless of their growth rate—which could too easily be dialed down when additional federal savings are desired—the caps would fail to adjust for increasing longevity and significant state differences due to an aging population and the fact that older adults aged 85+ have 2½ times higher Medicaid costs than those aged 65-74.<sup>12</sup>

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<sup>6</sup> See O'Shaughnessy, Carol V., "National Spending for Long-Term Services and Supports (LTSS), 2012," (National Health Policy Forum, March 27, 2014), available at <http://nhpf.org/library/details.cfm/2783>.

<sup>7</sup> Genworth Cost of Care Survey 2016, available at [genworth.com/about-us/industry-expertise/cost-of-care.html](http://genworth.com/about-us/industry-expertise/cost-of-care.html)

<sup>8</sup> See Charlene Harrington & Helen Carrillo, Nursing Facilities, Staffing, Residents and Facility Deficiencies, 2009 Through 2014, at 1, 8, (Kaiser Family Foundation, 2016) available at <http://kff.org/medicaid/report/nursing-facilities-staffing-residents-and-facility-deficiencies-2009-through-2014/>.

<sup>9</sup> See Terence Ng & Charlene Harrington, Medicaid Home and Community-Based Services Program: 2013 Data Update, at 1 (Kaiser Family Foundation 2016), available at <http://kff.org/medicaid/report/medicaid-home-and-community-based-services-programs-2013-data-update/>.

<sup>10</sup> Elizabeth Carpenter and Chris Sloan, "Graham-Cassidy-Heller-Johnson Bill Would Reduce Federal Funding to States by \$215 Billion" (Avalere Health: September 20, 2017), available at: <http://avalere.com/expertise/life-sciences/insights/graham-cassidy-heller-johnson-bill-would-reduce-federal-funding-to-sta>

<sup>11</sup> Stephen Kaye, "The Potential Impact of the Better Care Reconciliation Act on Home and Community-Based Services Spending" (Community Living Policy Center: July 2017), available at: [http://clpc.ucsf.edu/sites/clpc.ucsf.edu/files/reports/Impact%20of%20BCRA%20on%20HCBS%20spending%20updated%207-14-17\\_0.pdf](http://clpc.ucsf.edu/sites/clpc.ucsf.edu/files/reports/Impact%20of%20BCRA%20on%20HCBS%20spending%20updated%207-14-17_0.pdf).

<sup>12</sup> Jacobson, G., Neuman, T., and MB, Musumeci, "What Could a Medicaid Per Capita Cap Mean for Low-Income People on Medicare?," (Kaiser Family Foundation: March 2017), available at: <http://files.kff.org/attachment/Issue-Brief-What-Could-a-Medicaid-Per-Capita-Cap-Mean-for-Low-Income-People-on-Medicare>

In addition to our concerns about per capita caps for the older adults who are included in Medicaid's elderly category, we are also concerned that by ending Medicaid expansion, this bill will take away care for low-income older adults under age 65. We know that millions of older adults rely on Medicaid to see their doctors and meet their medical needs before they qualify for Medicare, thanks to the expansion, and millions more have benefitted from other coverage under the Affordable Care Act.<sup>13</sup> Coverage and care for all of these adults is threatened by this proposal.

On top of these devastating funding cuts, the Graham-Cassidy Amendment proposes other changes to Medicaid that would greatly harm older adults with limited income and resources. For example, Graham-Cassidy would end federal funding of retroactive Medicaid eligibility. Retroactive coverage is vital for persons needing nursing facility care or other long-term services and supports. Medicaid eligibility rules for long-term care are complex, and it can take a significant amount of time to put together an application and required documentation. Without retroactive eligibility, many older adults who need long-term services and supports would either be saddled with unaffordable health care bills or not be able to receive the care they need in the first place.

Finally, eliminating consumer protections will cause older adults buying health insurance in the individual market to face prohibitively high costs. The Graham-Cassidy Amendment is even more dangerous to seniors than other versions of this bill the Senate has considered because it allows states to waive three of the ACA's critical consumer protections: the age-ratio limit, community rating, and the essential health benefits package. Eliminating any of these protections would essentially impose an "Age Tax" on our seniors, 84 percent of whom have pre-existing conditions<sup>14</sup> and have greater health care needs. We know that without these vital protections, the individual market will return to the pre-ACA days when older adults and anyone with significant health care needs could not afford comprehensive health coverage.

We firmly believe that the massive changes being contemplated in this legislation demand a full and transparent process with time for ample input from stakeholders, most especially the millions of Americans who rely on Medicaid and the ACA for their health care. Rushing to vote on this bill without knowing its full impact is irresponsible. We strongly urge you to reject the Graham-Cassidy Amendment and any legislation that includes per capita caps and other structural changes and cuts to Medicaid.

If you have questions, please contact Jennifer Goldberg, Directing Attorney, at [REDACTED]  
Thank you.

Sincerely,



Kevin Prindiville  
Executive Director  
Justice in Aging

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<sup>13</sup> See Linda J. Blumberg, Matthew Buettgens, and John Holahan, "Implications of Partial Repeal of the ACA through Reconciliation," (Urban Institute Dec. 2016) available at [http://www.urban.org/sites/default/files/publication/86236/2001013-the-implications-of-partial-repeal-of-the-aca-through-reconciliation\\_1.pdf](http://www.urban.org/sites/default/files/publication/86236/2001013-the-implications-of-partial-repeal-of-the-aca-through-reconciliation_1.pdf).

<sup>14</sup> See HHS ASPE, "Health Insurance Coverage for Americans with pre Existing Conditions: The Impact of the Affordable Care Act" (January 5, 2017) available at <https://aspe.hhs.gov/system/files/pdf/255396/Pre-ExistingConditions.pdf>.



**Statement as testimony for:  
Senate Finance Committee  
Hearings to examine the Graham-Cassidy-Heller-Johnson proposal  
Monday, September 25, 2017**

**Submitted by the following organizations:  
National Latina Institute for Reproductive Health  
In Our Own Voice: National Black Women's Reproductive Justice Agenda  
National Asian Pacific American Women's Forum  
National Partnership for Women & Families  
Washington, DC**

# ATTACKS ON THE AFFORDABLE CARE ACT, PLANNED PARENTHOOD, AND MEDICAID ARE ATTACKS ON REPRODUCTIVE JUSTICE FOR WOMEN OF COLOR

UPDATED SEPTEMBER 2017 | FACT SHEET

*Reproductive justice will be attained when all people have the economic, social and political power and means to make decisions about their bodies, sexuality, health and families. Because of the Affordable Care Act (ACA), millions of women of color have gained access to affordable coverage and critical health care. The ACA is working — in the majority of states, more than 80 percent of women of color ages 18-64 are now insured.<sup>1</sup> Conservative lawmakers are gambling with the health and economic stability of Black, Latina and Asian and Pacific Islander (AAPI) women, families and communities. Women of color will be disproportionately impacted by proposed rollbacks to health care coverage and stand to lose the most if current protections and policies are eliminated. Our health and lives are on the line.*

## **REPEAL OF THE ACA WOULD PUSH COVERAGE OUT OF REACH FOR WOMEN OF COLOR, EXACERBATING HEALTH DISPARITIES.**

The ACA led to significant coverage gains for women of color,<sup>2</sup> but rolling back the ACA's financial assistance and coverage expansions will lead to women of color losing health coverage. If women lose coverage, this means cutting off access to one of the ACA's most important advancements for women's health: the guarantee of no-cost-sharing coverage of preventive services. Women of color would lose access to the types of services that combat pervasive health disparities, such as contraceptives, screening for breast and cervical cancer and well-woman visits.

- 15 million Black people now have coverage for preventive services without cost sharing.<sup>3</sup> Between 2012 and 2014, the uninsured rate among Black women fell by nearly seven percent.<sup>4</sup>
  - Black women have higher breast cancer mortality rates compared to other racial and ethnic groups.<sup>5</sup> In 2010, the Centers for Disease Control and Prevention reported that the breast cancer death rate for Black women aged 45-64 was 60 percent higher than that for white women.<sup>6</sup> Coverage for preventive services without cost sharing removes barriers to care, enabling Black women to access essential health care such as breast cancer screenings.
- 17 million Latinos/as now have coverage for preventive services without cost sharing, and between 2012 and 2014, the uninsured rate among Latinas fell by nine percent.<sup>7</sup>
  - Cervical cancer is highly preventable, but Latinas have the highest rates of cervical cancer in the United States.<sup>8</sup> Coverage for preventive services without cost sharing removes barriers to care, enabling Latinas to access essential health care like cervical cancer screenings.
- 8 million Asian-Americans now have coverage for preventive services without cost sharing.<sup>9</sup> Between 2010 and 2015, the uninsured rate among Asian-Americans and Pacific Islanders (AAPI) fell over 7 percent.<sup>10</sup> Over 2 million Asian-Americans gained coverage under the ACA, giving more AAPI women coverage for preventive services without cost sharing.<sup>11</sup>
  - Cancer is the leading cause of death for AAPI communities<sup>12</sup>, and cervical cancer incidence rate is higher in several Asian American, Native Hawaiian, and Pacific Islander (AANHPI) subgroups than in non-Hispanic whites. For instance, the incidence rate is twice as high in Cambodians as in non-Hispanic whites, and 40 percent higher among Vietnamese women.<sup>13</sup> Coverage for preventive services without cost sharing removes barriers to care, enabling AAPI women to access essential health care like cancer screenings.

## **ATTACKS ON THE ACA'S IMPORTANT PROTECTIONS FOR PEOPLE WITH PREEXISTING CONDITIONS WOULD FURTHER EXACERBATE HEALTH DISPARITIES FOR WOMEN OF COLOR.**

Under the ACA, marketplace plans are not able to deny coverage or increase premiums based on prior health conditions or medical history, including for pregnancy and childbirth.<sup>14</sup> Without such protections, already existing health disparities for women of color and their families could be exacerbated. An estimated 133 million Americans have preexisting conditions,<sup>15</sup> any of whom could have been denied coverage or subject to increased cost without the current ACA protections. Proposals for repealing and replacing the ACA would have allowed states to waive two ACA protections that are vital to people with preexisting conditions — the Essential Health Benefits and the prohibition against insurers charging higher premiums for those with preexisting conditions.<sup>16</sup> This would open the door for insurance companies to charge individuals with preexisting conditions astronomically higher premiums, thereby denying them access to affordable coverage.

Prior to the ACA, insurance companies could define preexisting conditions to include conditions such as asthma, menstrual irregularities, obesity, diabetes, or if someone has ever received mental health treatment, had cancer or been pregnant.<sup>17</sup> Rolling back these protections could allow insurers once again to discriminate against women by allowing them to consider pregnancy, having a C-section or even receiving medical treatment for prior domestic violence as preexisting conditions.

Repeal of the ACA would put the health of millions of women of color at stake.

- African American women are twice as likely to develop diabetes as white women.<sup>18</sup> And, Black women have 14 percent higher cancer death rates than non-Hispanic white women, despite a six percent lower incidence rate.<sup>19</sup>
- Hispanic women are twice as likely to develop diabetes as white women.<sup>20</sup> Diabetes affects more than one in 10 Hispanics. Among Hispanic women, diabetes affects Mexican-Americans and Puerto Ricans most often.<sup>21</sup> Compared to non-Hispanic whites, cervical cancer incidence rates are 44 percent higher for Latinas, and liver and stomach cancer incidence rates are about twice as high.<sup>22</sup>
- Other health conditions, like the Hepatitis B virus (HBV), were also considered preexisting conditions prior to the ACA.<sup>23</sup> Chronic HBV affects about 1.3 million people in the United States, and AAPIs account for over half of the chronic hepatitis B cases and resulting deaths.<sup>24</sup> AAPI women are 20 percent more likely to die from viral hepatitis as compared to non-Hispanic whites.<sup>25</sup>

## **DEFUNDING PLANNED PARENTHOOD FROM THE MEDICAID PROGRAM JEOPARDIZES WOMEN OF COLOR'S ACCESS TO CRITICALLY IMPORTANT HEALTH CARE.**

Defunding Planned Parenthood further threatens women of color's access to essential preventive health services, including reproductive health care such as sexually transmitted infection (STI) testing and treatment, contraceptives and counseling, and cancer screenings.<sup>26</sup> Planned Parenthood health centers provide high-quality primary and preventive health care to many women of color who otherwise would have nowhere to turn for care. Defunding Planned Parenthood would unravel the safety net that our communities rely on for trusted care.

- In 2014, 15 percent of Planned Parenthood patients were Black,<sup>27</sup> 23 percent were Latino/a<sup>28</sup> and four percent were AAPI.<sup>29</sup>
- Planned Parenthood health centers are a lifeline for quality health care for underserved communities. Fifty-four percent of Planned Parenthood health centers are in underserved areas. In 21 percent of counties with a Planned Parenthood health center, Planned Parenthood is the only

safety-net family planning provider, and in 68 percent of counties with a Planned Parenthood health center, Planned Parenthood serves at least half of all safety-net family planning patients.<sup>30</sup>

### **ADDITIONAL RESTRICTIONS ON ABORTION COVERAGE WOULD FURTHER COMPROMISE WOMEN OF COLOR'S ABILITY TO MAKE REPRODUCTIVE HEALTH DECISIONS WITH DIGNITY AND WITHOUT POLITICAL INTERFERENCE.**

Attempts to repeal the ACA also include harsh abortion restrictions, which have the adverse effect of tightening restrictions on those who receive health care tax credits, prohibiting them from purchasing health care plans that include abortion coverage and disincentivizing insurance companies from offering plans that cover abortion care.<sup>31</sup>

- Women of color experience disproportionately high rates of unintended pregnancy and<sup>32</sup> are more likely to live in poverty,<sup>33</sup> and thus less likely to be able to afford abortion care (or other health care) out of pocket.
- When politicians restrict insurance coverage of abortion care, low-income families, people of color, immigrant women and youth are hardest hit. A recent study found that a woman who seeks but is denied abortion care is three times more likely to fall into poverty than a woman who is able to get the care she needs.<sup>34</sup>

### **ATTACKS ON THE MEDICAID PROGRAM WOULD TAKE AWAY HEALTH CARE FROM MILLIONS OF WOMEN OF COLOR.**

Ending the ACA's Medicaid expansion and slashing billions in federal funding would leave millions of women and families<sup>35</sup> without health care coverage and increase health and economic disparities for communities of color. Medicaid is integral to women's health. Medicaid finances over half of all births in the United States, and accounts for 75 percent of all public dollars spent on family planning.<sup>36</sup> One in five women of reproductive age, and nearly half (48 percent) of all low-income women of reproductive age, are enrolled in the Medicaid program.

Under these same proposals, new mothers who are enrolled in Medicaid could be forced to return to work within 60 days after giving birth in order to keep their Medicaid coverage. These harsh work requirements are unnecessary and are an attack on women of color's ability to make thoughtful decisions about their health and the way they choose to raise their children. Work requirements such as these prey on stereotypes that stigmatize mothers of color. Rather than provide incentive to work, these requirements can further push women of color and their children into poverty by eliminating healthcare coverage at a time when they need it most. Medicaid is particularly important for women of color.<sup>37</sup>

- Nearly one-third (31 percent) of Black women of reproductive age are enrolled in the Medicaid program.<sup>38</sup>
- Over one quarter (27 percent) of Latinas of reproductive age are enrolled in the Medicaid program.<sup>39</sup>
- Nearly one-fifth (19 percent) of AAPI women are enrolled in the Medicaid program. The program is particularly important for Southeast Asian and Pacific Islander women.<sup>40</sup> For example, 62 percent of Bhutanese women, 43 percent of Hmong women and 32 percent of Pakistani women currently receive their insurance through Medicaid.<sup>41</sup>

### **INCREASING COST SHARING AND PREMIUMS HITS WOMEN OF COLOR HARDEST BECAUSE OF GENDER- AND RACE-BASED WAGE GAPS.**

The ACA provides financial assistance that low- to middle-income families need to afford coverage. Repealing the law and replacing it with substantially lower financial assistance would result in millions losing coverage.

Repeal of the ACA would put healthcare coverage out of reach for many, but for those who can retain coverage, the erosion of Essential Health Benefits standards could drastically increase cost sharing. By gutting the Essential Health Benefits provision, coverage for maternity and newborn care, mental health services, and certain pediatric services, among other benefits that women of color depend on, could be denied. Approximately 13 million women who gained access to maternity coverage under the ACA<sup>42</sup> would stand to lose their coverage.

Possible replacements could include continuous coverage provision that would allow companies to charge exorbitant penalties for those who have experienced a gap in coverage. Increasing premiums, higher cost sharing and soaring penalties would hit women of color harder because they already earn less due to pervasive racial and gender inequalities. Additional burdens, if repealed, would be placed on low- to middle-income women of color by pushing quality, comprehensive health coverage out of reach and exacerbating the already high rates of poverty experienced by Black,<sup>43</sup> Latina<sup>44</sup> and AAPI women.<sup>45</sup>

- Black women are typically paid 63 cents for every dollar paid to white, non-Hispanic men.<sup>46</sup>
- Latinas are paid 54 cents for every dollar paid to white, non-Hispanic men.<sup>47</sup>
- While Asian-American women as a whole earn 85 cents for every dollar paid to white, non-Hispanic men, Southeast Asian and Pacific Islander women experience some of the widest wage gaps compared to other racial and ethnic groups. For example, Burmese and Marshallese women make only 44 cents for every dollar paid to white, non-Hispanic men.<sup>48</sup>

## **Attacks on the ACA, on Planned Parenthood, or on our nation's Medicaid Program would have a devastating, long-term impact on women of color's health, economic security and progress.**

### **These are attacks on reproductive justice.**

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**STATEMENT OF CENTERLINK: THE COMMUNITY OF LGBT CENTERS FOR HEARING TO CONSIDER THE GRAHAM-CASSIDY-HELLER-JOHNSON PROPOSAL  
MONDAY, SEPTEMBER 25, 2017**

Dear Members of the Senate Finance Committee:


On behalf of over 200 LGBT Centers, CenterLink: The Community of LGBT Centers writes to express strong opposition to the Graham-Cassidy health care repeal bill. Centers serve over 43,500 individuals every week and this bill would cause many of them to lose coverage.

The bill will also increase premiums for people with pre-existing conditions, including many significant, chronic health conditions for which LGBTQ people are at greater risk of experiencing relative to their peers. For example, people with major depressive disorder will see a premium surcharge of \$8,490, while someone with breast cancer will see a surcharge of \$28,660.<sup>1</sup> Research shows that 65% of LGBTQ people have a pre-existing medical condition, such as diabetes or heart disease.<sup>2</sup> Rather than increasing coverage, passage of this bill will cause millions of people to lose coverage while making coverage unaffordable for those who remain in the market.

LGBTQ adults are more than twice as likely to be uninsured as non-LGBTQ people. The ACA was a massive step towards narrowing the coverage gap, but the Senate health care bill could roll back that progress—all while costing millions of people their health insurance and forcing many others to pay more for worse coverage. LGBTQ communities can't afford to go back.

CenterLink urges Senators to abandon the irresponsible and unpopular effort to repeal the Affordable Care Act and instead work on a bipartisan basis and through normal order to stabilize insurance markets and strengthen ACA.

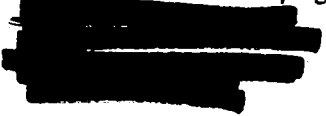
Sincerely,

  
Lora L. Tucker  
CEO

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<sup>1</sup> <https://www.americanprogress.org/issues/healthcare/news/2017/09/18/439091/graham-cassidy-aca-repeal-bill-cause-huge-premium-increases-people-pre-existing-conditions/>

<sup>2</sup> <https://www.americanprogress.org/issues/lgbt/news/2017/07/06/435452/senate-health-care-bill-devastating-lgbtq-people/>



GRAHAM-CASSIDY BILL HEARING  
September 25, 2017

Testimony submitted by:  
Jolene Sharp

[REDACTED]  
Brentwood, TN 37027

I have many roles, but my proudest is mom to two beautiful children. My youngest, Lina, just turned five last week. She is a smart, sassy blonde-haired girl who loves books, music, and babies and pretty much always knows exactly what she wants. She also happens to have Down syndrome.

Lina is in her last year of public early childhood preschool before she begins kindergarten next year at the public school her brother attends. We are very fortunate to live in one of the best school districts in our state. Lina's learning progress is a testament to the excellent special education services she has had access to since shortly after her birth, starting with early intervention and transitioning to our local school district when she turned three. She has had hundreds of hours of speech, occupational, and physical therapy to help her communication and motor skills. Her preparedness for kindergarten and her ability to be successful throughout her academic experience is directly linked to those services and their continuation in the years ahead.



You are hopefully aware that Medicaid pays for many of those special education services. School districts rely heavily on Medicaid funding for many special education therapies, specialized equipment, and other accommodations that allow students to successfully learn. This is just one of many reasons I am adamantly opposed to the Graham-Cassidy health care bill. The per capita caps to Medicaid included in this bill will result in a dramatic loss of funding to Medicaid, and that in turn

will result in a dramatic reduction of funding for the special education services so critical to my daughter's learning.

Lina is a very bright child. In fact, her teacher is working this year to teach her to read ahead of kindergarten, a goal her entire education team believes is in reach. But Lina's ability to learn and achieve depends on access to quality special education services. And her ability as she gets older to live independently, get a job, and be a contributing member of her community will depend on her access to Medicaid, particularly home and community based services (HCSB). Because these services are not legally required but provided under state waivers, they will almost certainly be cut as Medicaid funding to states is restricted. These services have allowed millions of people with disabilities to become more self-sufficient, and they will be vital to Lina's future success. HCBS provide job training, transportation to work, in-home medical care, nutritional counseling, help with hygiene, financial management, home maintenance, and much more. Without these services, many people with disabilities will be dependent on family or returned to the institutionalization we all hoped was a thing of the past.



Life expectancy for a person with Down syndrome in 1983 was 25; today it is 60. That dramatic improvement can be traced directly to services and policy changes that have allowed people like my daughter to grow up at home with their families, receive an education and find purpose as contributing members of their local communities. We will see a devastating reversal to that progress if funding for special education and home and community based services disappears.

In the end, I hope my daughter's story will lead you to ask, "What values do we believe in as Americans? Do we really believe that *every person* deserves the opportunity to live up to his or her full potential? Do we believe it is worth investing in education and supports that allow people with disabilities to be fully participating members of our society?" If you believe, as I do, that the answer to those questions should be an obvious yes, then the only response to the Graham-Cassidy bill is to vote it down.

Thank you for your time and service, and God bless the United States of America.

September 22, 2017

Attn: Senate Finance Committee

Dear Senators:

As a constituent concerned about preserving access to lifesaving mental health and addiction services, I am writing today to urge and request your support for preserving recent gains in access to coverage and care for people living with mental illness or addiction.

I am not only writing as an advocate, but as someone who can personally vouch for the monumental impact affordable access to mental health coverage can have. All through my adolescence and early adulthood I felt unable to enjoy life as those around me did. I was productive and academically skilled, but as my feelings of hopelessness worsened I became isolated, self-medicated, and withdrew from my social and academic responsibilities.

As I entered my final semester at the University of Illinois I had a 3.5 GPA, a loving family, and lots of friends. Yet I found myself with no will to continue, with school or life in general. Desperate, I sought help through a University psychiatrist, who diagnosed me with Major Depressive Disorder. I started taking antidepressants and regularly attending therapy, where I was able to process through my thoughts and feelings, gain a sense of purpose, and round out my schooling to become a productive member of society, rather than a burden upon it. Today I have a Master's Degree in Social Work, and am employed full time helping others to gain and maintain access to the mental health services that helped me get here.

Recent health insurance data show that Americans with mental health and substance use disorders are the single largest beneficiaries of Medicaid expansion. Nearly one in three people who receive health insurance coverage through the Medicaid expansion either have a mental illness, substance use disorder or both. If the Medicaid expansion were to be repealed, this population of vulnerable Americans would be left without access to lifesaving treatment, driving up costs in emergency room visits and hospital stays.

I am also concerned about the impact that Graham-Cassidy plan to restructure Medicaid as a block grant or capped program would have on people who rely on Medicaid for addiction and mental health care. By reducing federal investment in Medicaid, these proposals would shift costs to states and place individuals' coverage at risk – potentially leaving millions of Americans without access to needed mental health and addictions treatment in our state and communities.

Please work with your colleagues to protect our nation's most vulnerable patient population and preserve their access to prevention and treatment.

Thank you for your hard work and consideration of this important matter.

Sincerely,



Kevin Schultz, LMSW

[REDACTED]  
Lansing, MI 48933



marylandnonprofits.org



September 21, 2017

Senator Benjamin L. Cardin  
509 Hart Senate Office Building  
Washington, DC 20510

Subject: Graham-Cassidy "Repeal and Replace" Proposal

Dear Senator Cardin:

This proposal, to be heard in the Senate Finance Committee on September 25, poses a serious threat to many of the children, families, and seniors that nonprofit organizations in Maryland serve every day, whether their specific programs involve recreation or cultural experiences, education, childcare, job-training, or actual direct health or mental health care.

The Affordable Care Act and the expansion of Medicaid services it has allowed, have effectively cut by half the number of Marylanders without health insurance, and the impact in rural areas of the State has been even greater. That reduction has resulted in a significant decline, more than \$300 million, in the cost of uncompensated care required of Maryland hospitals from Fiscal year 2013 to 2015.

The proposal before the Committee on Monday could effectively reverse these benefits for previously uninsured Marylanders, and the savings realized by all other insureds through our all-payer system.

Further, as Fitch Ratings reported last week, the longer-term reductions in Medicaid funds to states across the nation embedded in this proposal pose a budgetary threat to other entities or programs dependent on state funding, including public schools, towns and cities, and higher education. Maryland alone would lose over \$4.8 billion by 2026, while the Kirwan Commission is expected to report later this year that public schools in the state will require an increase in funds of a similar scale over roughly the same period.

The Affordable Care Act needs to be strengthened and improved – not dismantled – to assure that all Marylanders can have affordable access to quality health care. We agree with Governor Hogan that "Unfortunately, the Graham-Cassidy bill is not a solution that works for Maryland. It will cost our state over \$2 billion annually while directly jeopardizing the health care of our citizens."



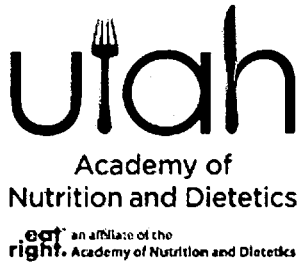
*Maryland Nonprofits' mission is to strengthen organizations and networks for greater quality of life and equity.*

We urge you and Senator Van Hollen to continue your efforts to defeat the Graham-Cassidy proposal and to advance bi-partisan attempts to improve on the success that the Affordable Care Act has already achieved.

Sincerely,

A handwritten signature in black ink that reads "Heather Iliff". The signature is written in a cursive, flowing style.

Heather Iliff  
President and CEO



**eat right.** Academy of Nutrition and Dietetics

[REDACTED]  
[REDACTED]  
[REDACTED]  
Chicago, Illinois 60606-6995  
[REDACTED]  
[REDACTED]  
Washington, D.C. 20036

September 20, 2017

The Honorable Orrin Hatch  
Senate Finance Committee Chairman  
United States Senate  
H-104 U.S. Capitol  
Washington, DC 20510

Dear Senator Hatch:

The Academy of Nutrition and Dietetics (Academy), the nation's largest organization of food and nutrition professionals representing registered dietitian nutritionists (RDNs), nutrition and dietetics technician, registered (NDTRs), and other nutrition professionals, knows that nutrition services, prevents disease, improves chronic disease and health outcomes and save money and more importantly lives. The Utah affiliate (UAND) represents about 900 RDNs in our state and shares the mission and vision of the Academy, with an additional focus of improving the lives of Utahans. For that reason, we continue to strongly oppose the American Health Care Act (H.R. 1628), as amended by the Graham-Cassidy proposal on September 13, 2017.

As it stands, the Graham-Cassidy amendment would eliminate investments in prevention and public health, reverse advancements made in disease prevention and chronic care management, and according to nonpartisan analysis of the underlying bill, would result in the loss of health care coverage for at least 22 million Americans.<sup>1</sup>

The Academy and UAND oppose the repeal of the Prevention and Public Health Fund, which would remove vital resources that are effective in improving health across the country, and specifically in Utah. The Prevention Fund provides critical support for nutrition interventions led by nutrition professionals to improve community health, and these jobs will be gone without this critical investment. We can provide specific examples of the impact these actions would have in Utah.

<sup>1</sup> Congressional Budget Office; <https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/52849-hr1628senate.pdf>.

The Academy and UAND also oppose the provisions that would allow states to block grant or utilize per capita caps for Medicaid spending, drastically reducing access to preventive services and to home and community-based services (HCBS). This reduction in Medicaid spending will result in fewer opportunities for patients to have access to vital nutrition services provided by registered dietitian nutritionists for disease prevention and treatment.

Additionally, allowing states to opt out of requiring that health plans cover the Essential Health Benefits would reduce access to these cost-saving services; allow insurers to charge people higher premiums based on pre-existing conditions like nutrition-related diseases, including diabetes and heart disease; and increase out-of-pocket costs for vulnerable older adults. Finally, the Graham-Cassidy amendment to H.R. 1628 fails to meet the Academy's five tenets of health care:

- The health of all Americans should improve as a result of our health policy choices. Sufficient resources must be made available to ensure optimal health.
- Access to quality health care is a right that must be extended to all Americans.
- Nutrition services, from pre-conception through end of life, are an essential component of comprehensive health care.
- Stable, sufficient and reliable funding is necessary for our health care system to provide everyone access to a core package of benefits.
- Health care must be patient-centered.

For these reasons, the Academy of Nutrition and Dietetics and its Utah affiliate strongly urges the Senate to oppose passage of the current version of the bill.

The Academy urges the Senate to continue the bipartisan work of the Senate Health, Education, Labor and Pensions Committee to draft common-sense reforms that would improve access to quality and affordable health care for all Americans. The Academy continues to offer to work with you to improve the nutrition and health of the country.

Sincerely,



Robin Aufdenkampe, MS, RDN, CD, FAND

UAND President, 2017-2018

<sup>1</sup> Congressional Budget Office; <https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/52849-hr1628senate.pdf>.



[REDACTED]

September 21, 2017

The Honorable Orrin Hatch  
Chairman  
Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate  
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

The Academy of Nutrition and Dietetics, the nation's largest organization of food and nutrition professionals representing registered dietitian nutritionists (RDNs), nutrition and dietetics technician, registered (NDTRs), and other nutrition professionals, knows that nutrition services save money, improve chronic disease outcomes and save lives. For that reason, the Academy continues to strongly oppose the American Health Care Act (H.R. 1628), as amended by the Graham-Cassidy proposal on September 13, 2017.

As it stands, the Graham-Cassidy amendment would eliminate investments in prevention and public health, reverse advancements made in disease prevention and chronic care management, and according to nonpartisan analysis of the underlying bill, would result in the loss of health care coverage for at least 22 million Americans.<sup>1</sup>

The Academy opposes the repeal of the Prevention and Public Health Fund, which would remove vital resources that are effective in improving health across the country. The Prevention Fund provides critical support for nutrition interventions led by nutrition professionals to improve community health, and these jobs will be gone without this critical investment.

The Academy also opposes the provisions that would allow states to block grant or utilize per capita caps for Medicaid spending, drastically reducing access to preventive services and to home and community-based services (HCBS). This reduction in Medicaid spending will result in fewer opportunities for patients to have access to vital nutrition services provided by registered dietitian nutritionists for disease prevention and treatment.

Additionally, allowing states to opt out of requiring that health plans cover the Essential Health Benefits would reduce access to these cost-saving services; allow insurers to charge people higher premiums based on pre-existing conditions like nutrition-related diseases, including diabetes and heart disease; and increase out-of-pocket costs for vulnerable older adults.

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<sup>1</sup> Congressional Budget Office; <https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/52849-hr1628senate.pdf>

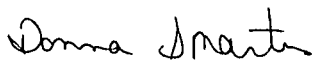
Finally, the Graham-Cassidy amendment to H.R. 1628 fails to meet the Academy's five tenets of health care:

- The health of all Americans should improve as a result of our health policy choices. Sufficient resources must be made available to ensure optimal health.
- Access to quality health care is a right that must be extended to all Americans.
- Nutrition services, from pre-conception through end of life, are an essential component of comprehensive health care.
- Stable, sufficient and reliable funding is necessary for our health care system to provide everyone access to a core package of benefits.
- Health care must be patient-centered.

For these reasons, the Academy of Nutrition and Dietetics strongly urges the Senate to oppose passage of the current version of the bill.

The Academy urges the Senate Finance Committee to join with the bipartisan work of the Senate Health, Education, Labor and Pensions Committee to draft common-sense reforms that would improve access to quality and affordable health care for all Americans. The Academy continues to offer to work with you to improve the nutrition and health of the country.

Sincerely,



Donna S. Martin, EdS, RDN, LD, SNS, FAND  
President, 2017-2018

## Our Family's American Medicaid Health Care Story

As we planned for the arrival of our second child, we were excited to add a new baby to our family. My husband and I both worked and I held the insurance for our family. My husband worked for his father in a small business and they had no insurance at that time. My insurance was good and I expected to continue working even after my second baby was born.

Several months after our son was born, we began to notice that he wasn't reaching his milestones. At six months old, it was clear he wasn't using his left hand like he should be. The next few weeks and months were a blur. After an MRI, it was confirmed that he had a stroke in utero and was diagnosed with cerebral palsy. This began a new journey for our family. Since I held our insurance, I took a different position in my company and worked in the evening to keep my insurance. During the day, I took him to therapy three days a week. After the passage of the insurance portability, we could switch to my husband's insurance which eventually led us to moving to Wisconsin for my husband to be closer to his father's company.

Fortunately, when we moved to Wisconsin, our son could enroll in Medicaid because of Wisconsin's Katie Beckett Program, which helps children with a significant disability receive the care they need to live at home rather than in a hospital or institution. This additional coverage on top of our private insurance guaranteed Matt would be able to receive the occupational, physical, and speech therapy he needed to reach his full potential. *Medicaid allowed our son to reach his full potential.*



**No annual or lifetime limits on coverage.** When Matt was six years old, he had his first of many seizures and we began down a new road of diagnosis and treatment for epilepsy. Two years later it was determined that the best way to control his epilepsy was brain surgery called hemispherectomy. He was eight years old when he had a large portion of his brain removed. He was ready to go to the doctor for a checkup just a few short weeks after his surgery. He remained seizure free for five years. At 15, he had a second surgery after his seizures returned. He continues to take medication daily to be sure that his seizures won't return and will continue to take this medication for the rest of his life. His surgeries and continued care put him in jeopardy of reaching his lifetime caps even before he reached age 18. His Medicaid also picked up the additional costs of his brain surgeries and needed brand name medications that our insurance would not cover. It was a life saver for our family as the costs were very high.



**Pre-existing condition protections.** Matthew has remained on our family insurance and will continue at least until age 26, providing continued access to vital care. My husband's small business can still include Matt on his insurance without having high costs. Matt has a pre-existing condition for life and any changes could make it difficult for my husband to insure Matt.

**Maintain funding for Medicaid's home and community based waivers.** Matt graduated from high school in 2013 and attends our Waukesha County Technical College where he is earning an associate degree in Web and Software Design. Matt receives long term care services from Medicaid through home and community based waivers. This program helps support Matt with his daily living skills, transportation, employment support, money management, grocery shopping, meal preparation, and being part of his community. While we help support him now, in the future when he lives independently, he will hire all his own people to help him in the future. Matt needs these services to be successful. If these services are no longer available, Matt will not be able to reach his goal of living independently and working in the community with support. *Contact Info: Sally Flaschberger, Waukesha, WI*



The Graham-Cassidy- Heller-Johnson (GCHJ) proposal is an excellent summary on exactly why there is an insurmountable need for Disability Rights Advocates such as myself.

Proponents of this bill as well as, any additional interest in remotely entertaining the GCHJ proposal are clearly taking advantage of and undermining the most vulnerable of populations. The GCHJ is a horrifying effort, riddled with moral turpitude by stripping away basic needs of senior citizens and the many folks with disabilities who are currently enjoying independence and quality, productive lives filled with choices and opportunities due to ACA Medicaid expansions.

I am not of the ability to comprehend how the elected officials who have been put into place, specifically to provide protective provisions for our society, could be interested in ideology that jeopardizes so many programs designed for low-income, elderly folks and people with disabilities.

When Mr. B was 26 years old, working as a carpenter and raising a family along with his wife, he completely lost his eyesight due to a rare condition entitled Lebers Hereditary Optic Neuropathy.

Mr. B is now 37 years old and lives alone in a small apartment where he can maintain his independence, solely due services he receives via current Medicaid expansions.

The suggestion of block grants to be dispersed without any thought of who it is that will be victimized, is a haphazard effort at healthcare and people deserve better than that from officials who promised to provide service to this society on an equal basis.

Therefore, I respectfully demand that common sense prevail and for all authorized to vote on the GCHJ bill, please vote NO!

Truly,

Andria Berger

<input type="checkbox"/> UTICA	<input type="checkbox"/> THE DOROTHY SMITH	<input type="checkbox"/> AMSTERDAM	<input type="checkbox"/> HERKIMER STEBEN CENTER	<input type="checkbox"/> WATERTOWN
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GOVERNOR'S COUNCIL ON DISABILITIES  
& SPECIAL EDUCATION  
Patrick Reinhart, Executive Director



September 21, 2017

The Honorable Orrin Hatch  
United States Senate  
522 Hart Senate Office Building  
Washington, DC 20510

**RE: Graham-Cassidy Proposal, version LYN17708, released September 13, 2017**

Dear Senator Hatch:

The Governor's Council on Disabilities and Special Education (the Council) fills a variety of federal and state roles, including serving as the State Council on Developmental Disabilities (SCDD) under the Developmental Disabilities Assistance and Bill of Rights Act. As the SCDD, the Council works with Senior and Disabilities Services (SDS) and other state agencies to ensure that Alaskans with disabilities and their families receive the services and supports they need, as well as participate in the planning and design of those services. The SCDD also works to educate and inform policymakers about the impacts of policies on Alaskans with disabilities. The Legislative Committee is a standing committee of the Council and is responsible for the day to day work to create change that improves the lives of people with disabilities and their families. Given this role, we write to share our serious concerns with the Cassidy-Graham proposal (CGP) and how it will impact Alaskans with disabilities. We also want to express our sincere appreciation for your continued support of Alaskans with disabilities.

While we have had only a brief time to review the Cassidy-Graham proposal (CGP), we have some of the same concerns we shared with you in previous correspondence on the AHCA and the BCRA. We were pleased to see that the failure of these first two bills opened the door to a bipartisan, transparent effort to strengthen the individual insurance market and make coverage more affordable. Despite the positive momentum in the Health, Education, Labor & Pensions (HELP) Committee toward thoughtful, informed solutions, the Senate is once again considering a health care bill that is a partisan, non-transparent effort to repeal the ACA; one which will have a devastating impact on not only the 23% of Alaskans who experience disabilities, but all the nearly 190,000 Alaskans currently on Medicaid.

The Medicaid program provides \$1.8 billion to our State's economy each year. The Cassidy-Graham proposal would result in a massive federal funding cut that would have a direct, negative impact on Alaska. As detailed, below, the harmful impacts of the Cassidy-Graham proposal would not be limited to our elder Alaskans, adults with disabilities, and children. Alaska's private insurance market would be destabilized, programs to address addiction and to create new models of efficient service delivery would be terminated, and our economy would be shaken.

**Medicaid expansion:** The plan would completely eliminate the ACA's expansion of Medicaid by December 31, 2019, which has extended coverage to 11 million low-income adults nationwide (36,000 in Alaska). Since Alaska's expansion began in September 2015, over \$590 million in medical claims have been paid to providers for care delivered to expansion enrollees. Under the Cassidy-Graham proposal, many of the more than 36,000 Alaskans now covered under expansion will lose their health insurance and the cost of care for those who lose coverage will be shifted onto the backs of Alaska's health care providers.

- The CGP does have a special provision continuing expansion for members of Indian tribes (Sec. 119(1)(A)) but would provide little benefit to American Indians and Alaska Natives (AI/AN), and only apply to those who are enrolled by December 31, 2019. Those enrolled on that date or before could stay on Medicaid only as long they did not have a break in coverage. Those who would have otherwise become eligible any time after that date will not have access to Medicaid coverage.
- Loss of Medicaid expansion funding would be devastating to our state's efforts to combat the **opioid epidemic** through coverage for treatment for low-income adults. The Cassidy-Graham proposal does not include the additional opioid treatment funding for states provided in the most recent version of BCRA.
- Under the CGP 459,500 veterans would lose Medicaid coverage by 2026.

**Block grant instead of expansion and subsidies:** In place of Medicaid expansion and marketplace subsidies, the plan would substitute a block grant to states that would:

- Provide \$239 billion less in federal support for coverage between 2020 and 2026. Nationwide block grant funding by 2026 would be at least \$41 billion, or 17 percent, below current law funding for Medicaid expansion and tax credits.
- Dramatically redistribute funding across states, meaning that many states – especially Medicaid expansion states and states with high marketplace cost, like Alaska, would see far deeper cuts.
- End completely after 2026 – as if the need to help low- and moderate-income people who cannot afford coverage would just disappear overnight.

Because a block grant provides a fixed amount of funding for states each year, the proposal also leave states on the hook for any and all unexpected costs from recessions, natural disasters, public health emergencies, or prescription drug price spikes.

The proposed new block grant meant to replace and reallocate federal funding to States for the Expansion population and Marketplace subsidies would have long-term negative fiscal impact on Alaska. In addition, the block grants would end after 2026 and would provide significantly less funding for states than what is currently available, representing a cost shift from the federal government onto states. It would then reallocate funds from Alaska and other states that expanded Medicaid to non-expansion states. A low-density state provision meant as an enticement for Alaska would provide additional funding to Alaska. However, these funds would only be available for two years (2020-2021) and would be allocated based on the HHS Secretary's discretion. The block grant approach would eliminate the current guarantee of coverage for low-income Alaskans provided by Medicaid expansion and Marketplace subsidies.

**Medicaid per capita cap:** On top of these cuts, the plan would also cap and cut Medicaid for seniors, people with disabilities, and families with children, cutting funding outside expansion by

about \$175 billion between 2020 and 2026. By 2026, the cut to the rest of Medicaid would equal \$39 billion, or 8 percent. States would also be on the hook for any and all higher unanticipated health costs per beneficiary including the cost of new breakthrough treatments and costs the cap doesn't account for like aging of the population. These cuts would grow much larger in coming decades. That's because starting in 2025, the bill would further cut the annual adjustment of per-capita-cap decades well below projected increases in per-beneficiary costs. Faced with these cost and risk shifts, states would have no choice but to institute deep and growing cuts to seniors, people with disabilities and families with children, with certain services – such as home- and community-based care for seniors and people with disabilities – especially at risk.

**Protections for people with pre-existing conditions:** Similar to the House bill's "MacArthur amendment," the Cassidy-Graham proposal would let states waive the ACA's prohibition on charging people with pre-existing conditions higher premiums as well as its essential health benefit requirements. When it analyzed the House waivers, the Congressional Budget Office (CBO) concluded that in parts of the country, people with pre-existing conditions "might not be able to purchase coverage at all," and in states accounting for half the nation's population, plans would be able to go back to excluding services like maternity care and substance use treatment.

Under the Cassidy-Graham proposal, states could let insurers restore these exclusions, leaving many people — especially those with pre-existing conditions — without access to the health services they need. Putting the responsibility with state's to decide, while at the same time cutting the overall support from the federal government, would mean an end to insurance for pre-existing conditions.

**Insurance markets not likely to improve in the long run:** With bipartisan efforts under way to strengthen individual insurance markets, the Cassidy-Graham plan would destabilize them by dramatically increasing uncertainty.

- The plan would result in 50 states left to devise their own market rules and financial assistance programs — absent any federal guidance, guardrails, or infrastructure.
- That means insurers would have no idea how the individual market would operate in 2020 or beyond, and it could be years before they knew what risk pools would look like.
- In the interim, insurers would almost certainly impose very large rate increases to reflect the uncertainty, and some would likely exit the individual market altogether.
- By 2027, when the block grant funding is eliminated, the individual market in much of the country would be at risk of collapse, as CBO predicted would occur under earlier proposals to repeal major ACA coverage provisions with no replacement.

**Other Potential Harm to Alaska:** Demonstration projects and special provisions in the Cassidy-Graham proposal are enough to address the potential harm to Alaska.

- New Home & Community-Based Services (HCBS) Demonstration Project (Sec.124(b)).
  - This project would be time-limited to four years, with total spending over that time for all participating states limited to \$8 billion.
  - The proposed approach — to fund for a short time increased HCBS provider payments —does not address any particular problem that our department is aware of.
  - It is unclear whether or how this project would demonstrate quality improvement.

- New provision extending 100% Federal Medical Assistance for eligible Indians to services provided by any Medicaid provider (Sec. 128).
  - Any state general fund savings that would result from this provision would come at the expense of a fragmented and less effective health care delivery system.
  - The current process under the State Health Official Letter for states to claim 100% FMAP for care delivered by non-IHS/non-Tribal providers improves care coordination and delivery and improves access to care for American Indian/Alaska Native (AI/AN) Medicaid enrollees.
  - This provision would not protect coverage for the AI/AN individual's currently enrolled in or eligible in the future for Medicaid expansion, who would lose access to that coverage effective December 31, 2019 if they are not enrolled on that date. Those enrolled on that date would maintain their coverage only as long as they did not have a break in coverage.
  
- The many other harmful provisions that go beyond elimination of Medicaid expansion and imposition of a spending cap that are still retained in this bill include:
  - Prohibition against federal funding for Planned Parenthood. (Sec. 118)
  - Elimination of the 6% enhanced FMAP for 1915(k) Community First Choice option for home and community-based services. (Sec. 119(3))
  - Elimination of Essential Health Benefits for Medicaid. (Sec. 119(5))
  - Elimination of the Prevention & Public Health Fund, which has provided more than \$31.4 million to Alaska since 2010 for vaccines, infectious disease control, and prevention of chronic disease and of suicide, and includes appropriations for many pre-ACA programs of the Centers for Disease Control & Prevention. (Sec. 201)

**Claims that many states are winners under Cassidy-Graham proposal are false**

Senators Cassidy and Graham have published estimates that purport to show that most states see higher funding for coverage under their bill. But the estimates show nothing of the kind.

- The estimates do not compare funding for states under the Cassidy-Graham proposal versus current law funding for Medicaid and ACA subsidies.
- Comparing Cassidy-Graham funding levels with current law funding shows that the large majority of states see reduced funding by 2026 – and all states would be losers in the long run, when the block grant funding disappears, during recessions or when faced with other unanticipated increases in health care costs or need, and as a result of the increasingly severe cuts resulting from the Medicaid per capita cap.
- The estimates on the Senators' website instead compare funding under the Cassidy-Graham block grant in 2026 with funding under the block grant in 2020. Naturally, funding (not adjusted for inflation or health care costs) rises significantly over the course of six years. But funding would also increase under current law. The relevant question is how the Cassidy-Graham proposal and current law funding levels compare.
- Effectively, this is the same calculation that the Trump Administration used to claim that the congressional repeal bills and the Trump Budget didn't cut Medicaid – despite cuts of hundreds of billions of dollars. As multiple independent fact checkers concluded, this methodology is meaningless: when evaluating the impact of a proposal, the question is how it compares to what would happen without it.
- The estimates on the Senators' website also entirely exclude the large cuts that would result from the bill's per capita cut on non-expansion Medicaid funding.



**Summary:** The Medicaid program provides \$1.8 billion to our Alaska's economy each year. Those funds have a multiplier effect on economic spending. This bill would result in a significant federal funding cut that would have a direct, negative impact on Alaska's economy. The broad-reaching Medicaid reforms that would impact one in four Alaskans should be removed from this or any other bill intended to repeal the Affordable Care Act. The Cassidy-Graham bill is not the answer for America and its impact on Alaska would significantly harm Alaskans, and the Alaskan economy.

- The Graham-Cassidy proposal would cause many millions of people to lose coverage, radically restructure and deeply cut Medicaid, increase out-of-pocket costs for individual market consumers, and weaken or eliminate protections for people with pre-existing conditions.
- Under Graham-Cassidy proposal, insurers would no longer have to provide "essential services", including: emergency services, hospitalization, pregnancy, maternity, and newborn care, mental health and substance use disorder services, prescription drugs, rehabilitative services and birth control coverage.
- This bill retains BCRA's per capita cap on Medicaid, which goes far beyond repeal of the Affordable Care Act — it would remove a core feature of the Medicaid program that has been in place for over 50 years.
- Significant Medicaid revisions proposed in this bill should be addressed through the regular legislative process — through public hearings and with State partners at the table — and not through a budget reconciliation process that provides for no transparency or participation.
- Congress should not unilaterally decide to renege on Medicaid's Federal-State partnership agreement by shifting all financial risk to State partners. State partners should be invited to actively participate in crafting Medicaid reform. Alaska, specifically, would be seriously harmed by this legislation
- The public deserves an opportunity to observe and weigh in on the changes being proposed to our Medicaid system.

Thank you for your attention to this critical matter. Should you have questions about this letter, please feel free to contact the Governor's Council on Disabilities and Special Education.

Respectfully,



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Maggie Winston, Chair



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Patrick Reinhart, Executive Director



September 21, 2017

**STATEMENT FOR OF THE NATIONAL CENTER FOR TRANSGENDER EQUALITY FOR  
HEARING TO CONSIDER THE GRAHAM-CASSIDY-HELLER-JOHNSON PROPOSAL  
MONDAY, SEPTEMBER 25, 2017**

Dear Members of the Senate Finance Committee,

On behalf of more than 1.5 million transgender Americans, the National Center for Transgender Equality writes to express strong opposition to the Graham-Cassidy health care repeal bill, because this bill would cause millions to lose coverage, gut Medicaid, allow unfair treatment of those with pre-existing conditions, or block access to critical health care services provided by Planned Parenthood.

Graham-Cassidy is even crueler than its predecessors in reducing access to healthcare for millions of vulnerable Americans, including many transgender Americans and their families. According to the 2015 US Transgender Survey—a landmark survey of nearly 28,000 transgender Americans—one-third (33%) of transgender people avoided seeing a doctor in the last year because they could not afford it. Among many troubling provisions, we are alarmed that Graham-Cassidy would:

- Eliminate the Medicaid expansion and gut Medicaid, making healthcare less accessible for the 29% of transgender Americans who live in poverty, according to the 2015 US Transgender Survey (USTS).
- Weaken protections for people with pre-existing conditions, allowing insurance companies to charge them higher, unaffordable premiums. This will create barriers to healthcare for disabled Americans, including the 39% of transgender Americans who have a disability according to the 2015 USTS.
- Block federal reimbursement for healthcare services from Planned Parenthood, which is a critical health care provider for medically underserved communities including LGBT people, and a critical partner in HIV prevention.

NCTE urges Senators to abandon the irresponsible and unpopular effort to repeal the Affordable Care Act and instead work on a bipartisan basis and through normal order to stabilize health insurance markets and strengthen the ACA.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mara Keisling', with a long, sweeping horizontal stroke extending to the right.


Mara Keisling  
Executive Director



SENATE FINANCE COMMITTEE HEARING  
2:00 PM Monday, September 25, 2017  
Hearing to Consider the Graham-Cassidy-Johnson Proposal

TESTIMONY SUBMITTED BY:

Ellen Blackwell, MSW

  
Columbia, MD

Members of the Committee:

I am writing you to address my serious concerns about the status of the impending vote on the proposed Graham-Cassidy healthcare legislation. I am a geriatric social worker by training, and an expert on long-term care by profession. My son is a dually eligible Medicare-Medicaid beneficiary, and as his legal guardian, I self-direct his 24/7 staff of eight people. These are the hard-working personal care workers who keep Robert alive and healthy in his community, through our nation's Medicaid program. Robert is the north star of the good things that happen when poor and disabled people have choice and control over the right amount and scope of Medicaid services. Unfortunately for me, I *can* actually imagine this bill's terrible, life-altering consequences for our nation's older adults and people with disabilities, including individuals with mental disorders. Not to mention the impact on people who in the past have been eligible through the Affordable Care Act to purchase a reasonable range of healthcare services through the Healthcare Marketplace. I am physically disabled, and my own care would be impacted by a reversal on lifetime policy limits. As we have heard from a series of private analyses, state officials, providers, insurers, and advocacy groups, this bill will have dire consequences for millions of Americans and their families and caregivers, including those who are using nursing homes and home and community-based services through the Medicaid program – and the many “baby boomers” just beginning to enjoy Medicare who are unprepared for old age and disability. It will end up costing the country more in the long run, although I imagine there may be some savings accrued through the numbers of Americans who will die absent care delivery. I do not believe this bill is what Americans of any stripe asked for in discussions about the future of healthcare in America, nor is it what they expect. When they learn what is in it, what it really means, and start feeling the effects at the ground level, citizens' reactions will be much worse than what happened in 1989 with the Medicare Catastrophic Coverage Act (MCAA). This time, thanks to the electronic media – and also the speed with which the bills' required changes would take place - people are going to realize a lot faster, as Chairman Dan Rostenkowski said about the MCAA, “what government is trying to do for them.” This bill will put a lasting stain on the delivery of healthcare across every setting that will touch every person, every provider, and every insurer. There are other ways to fix what you believe is wrong with our nation's healthcare system, and bi-partisan solutions are needed and wanted by the public and healthcare stakeholders. This kind of fast-track policymaking with no meaningful walking and talking across the aisle or explaining the real and truthful consequences of proposed legislation is shameful. Senators Alexander and Murray should continue the bi-partisan work they had started and that has now been abandoned in the HELP Committee. Please put on the brakes before you actually elect to move this explosive proposal. - Sincerely, Ellen and Robert Blackwell

[REDACTED]  
Baltimore MD 21212  
September 21, 2017

The Senate Finance Committee  
United States Senate  
Washington D.C. 20510

Dear Senators:

I am writing to provide public comments in opposition to the proposed Graham-Cassidy health care bill. I ask you to please consider carefully what you are doing and its human cost to people like me, who are sick or disabled across our great land.

I am a 52-year-old breast cancer survivor in Baltimore, and I have three good friends in my own neighborhood who are also breast cancer survivors, all women in their 40's and 50's with many active years left in this world, if they can get the health care they need. All four of us are mothers – the youngest of our children just started kindergarten, the oldest is in college. We work in different jobs, and all of us have also volunteered in our community and our schools. Insurance companies call us women with a pre-existing condition: cancer. We all need and receive ongoing follow-up care so that we can remain productive citizens and care for our children. None of us are rich. All of us are frightened about what would happen to our husbands and families if we lost our medical care. We are receiving care for the side effects of difficult treatments we have already undergone, like chemotherapy. We get preventive medication to lower the risk of new cancer, and scans to check us for any abnormal cells. This could be life and death for us, as it would be for your own wives, mothers, daughters and sisters.

The Graham-Cassidy health care bill allows insurers to charge those of us with pre-existing conditions whatever they wish for our health coverage – any amount. If we cannot afford it, tough luck for us. Maryland's Republican Governor, Larry Hogan, agrees with me that this is the wrong approach. This approach undermines the bipartisan marketplace stabilization efforts of the Health, Education, Labor and Pensions Committee.

My friends and I very much need stable costs in the health care market, and we know that thousands of other women like us do too. With the medical care that we have received, we have been able to continue working, contributing and looking after the next generation of Americans. We ask you not to abandon us and so many others like us. Continue to look for true methods of stabilizing the cost of health care. I know that it is a difficult task, but breast cancer survivors like me are counting on you.

Sincerely,

Jennifer Lew

# HALEY, age 10

ABOUT HALEY: Haley loves to play dolls and make crafts, learning to read, everything to do with going to school, and swimming

HALEY'S DIAGNOSES: Double hemi spastic cerebral palsy, hemiparesis on the right side of her body and left side of her face, epilepsy, failure to thrive, clubfoot, gastronomy tube, rouen-why j tube, appendicostomy tube, colostomy bag, developmentally delayed, that is just to name a few.

CURRENT MEDICAL NEEDS. Feeding pump, enemas in appendicostomy tube daily, wheelchair, in diapers, colostomy supplies, feeding tube supplies, 3 different size mic-key buttons, formula.

## WHAT DOES ACCESS TO AFFORDABLE QUALITY HEALTHCARE MEAN TO YOU?

It means not having to stress about being able to take my daughter to see her many specialists. Not being afraid of hitting a cap on how much can be spent on her care from Medicaid. Being able to take her to the ER or get surgery without crippling hospital bills. Not having to wonder if my daughter will get to live or die because of her cost of care!!!!!!!!!!



HOW HAS THE ACA AND/OR MEDICAID HELPED YOU? My daughter got Medicaid at the age of 9 months old. Since then she has had more surgeries than I can count. She has spent a good 50% of her life inpatient at the hospital. Without her Medicaid, she wouldn't be alive today!!!!



## HOW WOULD THE PROPOSED CHANGES IN THE HEALTHCARE BILL AFFECT HALEY?

She would reach her life time cap in a matter of months just off the cost of her medical supplies. She wouldn't be able to see her Drs as much. She wouldn't be able to get surgery when needed. She would die just because she is special.

My daughter has an amazing team of drs that she has been seeing since the day she was born. They know her almost as well as I do. Without them she wouldn't be alive today and mine and my other kids lives would be irreversibly broken without her in them!!! Her life shouldn't matter less just because she has complex medical needs. She is a loving amazing little girl that has overcome more in her short 10 years of life than I ever would in many lifetimes!

Submitted by Diana Jordan, Haley's mother (Chandler, AZ 85051-9135)



Esteemed ladies and gentlemen,

My name is Yasmin Vilchez and I am writing you on behalf of my son, Gabriel Alexander Vilchez, a young man born with a severe cognitive genetic condition called Fragile X syndrome. he is unable to speak or write due to his disabilities so I am speaking on his behalf.

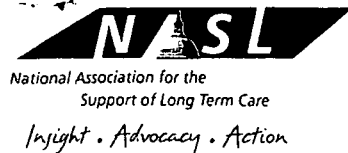
Although Gabriel recently turned 18yrs old, he will not be heading off to college, he will not be able to exercise his voting rights, as a matter of fact, Gabriel will not be able to make many of lifes decisions on his own. Today he requires support for his everyday activities; such as with eating, toileting/bathing; he will require therapeutic and medical support throughout his life. He will need access to health care management, prescriptions, and various therapies such as applied behavioral analysis, occupational therapy, speech therapy, and community based instruction as well as an adaptive educational model.

We have been denied access to critical services and medical care in the past 3 months; we have had to go through grievance & appeals and have had to go to a state hearing against Anthem blue cross.

For Gabriel and all those like him, we need Universal Health Care. I respectfully ask you to please acknowledge health care as a human right.

Thank you for your time today,

Yasmin Vilchez



## National Association for the Support of Long Term Care

September 20, 2017

The Honorable Orrin Hatch  
Chairman, Senate Finance Committee  
United States Senate

The Honorable Ron Wyden  
Ranking Member, Senate Finance Committee  
United States Senate

Dear Chairman Hatch, Ranking Member Wyden, and Members of the Senate Finance Committee:

I write on behalf of the Board of Directors of the National Association for the Support of Long Term Care (NASL), a trade association representing suppliers of ancillary services and providers to the long-term and post-acute care (LTPAC) sector. NASL members include therapy companies that employ more than 300,000 physical therapists, occupational therapists, and speech-language pathologists who furnish rehabilitation therapy to hundreds of thousands of Medicare and Medicaid beneficiaries in nursing facilities as well as in other long-term and post-acute care settings. NASL members also include vendors of health information technology (IT) that develop and distribute full clinical electronic medical records (EMRs), billing and point-of-care IT systems and other software solutions that serve the majority of LTPAC providers. In addition, NASL members include providers of clinical laboratory services, portable x-ray/EKG and other diagnostic equipment for the LTPAC sector.

In providing services to Medicaid and Medicare beneficiaries in various long term and post-acute care settings, we understand how these very vulnerable individuals depend on these programs for long term services and supports that enable them to recover from an illness, maintain or improve function, remain in the community, and live a higher quality of life. We have grave concerns regarding the recently released "Graham-Cassidy-Heller-Johnson" (GCHJ) amendment to the American Health Care Act (H.R. 1628), introduced by Sens. Lindsey Graham (R-SC), Bill Cassidy (R-LA), Dean Heller (R-NV) and Ron Johnson (R-WI). This amendment repeals and replaces key aspects of the Affordable Care Act beginning in FY2020, including transforming Medicaid funding to states into a per capita cap, or block grant. We believe that this amendment would significantly restrict the resources available to state Medicaid programs to spend on care for the aged, blind, and people with disabilities.

Additionally, these drastic cuts to the Medicaid program threaten access to long term care services and supports, such as home and community-based services and assisted living care. States may be forced to scale back Medicaid programs that have been developed to offer the elderly and people with disabilities care in the setting best suited for their needs.

Every day NASL member companies provide care and services to our most vulnerable Medicaid beneficiaries who reside in long term care facilities and other settings. NASL has serious concerns that the GCHJ amendment will undermine the crucial services provided to this population and degrade their ability to access the services that they need. For these reasons, NASL opposes the GCHJ amendment.

Sincerely,

A handwritten signature in black ink that reads "Cynthia Morton". The signature is written in a cursive style with a large, looping initial "C".

Cynthia K. Morton, MPA  
NASL Executive Vice President



## Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal, September 25, 2017

Mary Cerretti, [REDACTED] WI 53142 [REDACTED]

As a parent of a child with a significant disability, I am so grateful to Wisconsin's innovative and flexible Medicaid program. Because of Medicaid programs including Birth to Three, Katie Beckett, Children's Long Term Support (CLTS) Waiver, Family Support, Comprehensive Community Support (CCS), and IRIS, our son was able to defy the odds and grow up at home with his family, instead of being isolated in an institution.

By the time my son, Kyle, was 9 months old, he had completely stopped babbling. By 18 months old, he was still not babbling, unable to speak any words, and was unable to understand anything we said to him or even what anything was. He was given a diagnosis of severe autism. The diagnosing specialist told me that "he would probably never speak, would



likely be mentally retarded and institutionalized someday". Kyle started speech and occupational therapies through private medical insurance until our private insurance company sent a denial, stating that they would no longer pay for Kyle's therapies because they felt that since he has a diagnosis of autism, he could not learn.

Applied Behavior Analysis (ABA) therapy was a proven treatment for children with autism, yet it was not covered by insurance and the cost for this 35-40 hour per week in-home therapy ranged from \$30,000-\$60,000 per year (back in 1999). In Wisconsin, ABA therapy is covered under the Katie Beckett Program,

as a Medicaid card service.

Kyle was receiving his education on home-bound instruction and was recommended for institutionalization due to the significant behaviors he developed once starting school because he did not receive the supports he needed. He was referred to the Families First Wraparound program through Kenosha County, which is a program that utilizes all Medicaid waiver programs with federally matched dollars for children with severe emotional disabilities who are at risk of out of home placement. The CLTS waiver covered a treatment called Tomatis Method, that was not covered by private insurance or Katie Beckett, which allowed Kyle to remain in our family home, to be educated in general education classrooms with his non-disabled peers, and allowed me to return to full-time employment after almost 15 years.

Upon becoming a teenager, Kyle was again at risk of residential placement, again he received Tomatis Method, which allowed my son to again remain in his home, obtain his driver's license, be active in high school and earn his high school diploma, graduating with a 3.4 GPA.



Kyle was able to attend the University of Wisconsin-Whitewater, holding a 3.06 GPA, in hopes of full-time employment, without living on Social Security Income and requiring as little support as possible to live independently. The IRIS program covers the supports he needs to remain healthy and safe at home, in school, and in the community. IRIS also pays for the Tomatis Method treatment that Kyle receives twice per year. Kyle continues to receive on-going mental health treatment, through primary insurance and Medicaid, to ensure his overall safety. This enables him to remain safe in our home and community and benefit from IRIS program supports.

Cuts to Medicaid means that Kyle's supports that keep him safe will likely be cut, his therapy may no longer be covered, and without mental health treatment as an essential health benefit means he likely will lose his mental health treatment. Kyle will not be able to receive his college degree or remain active in his community and his opportunity of living independently without relying on SSI will be gone. Without his Medicaid program, there is a very real possibility that Kyle will end up dead or locked up in a correctional facility. He has worked too hard for too many years to have his life and his independence ripped away from him.

Please do not support the Graham-Cassidy-Heller-Johnson bill, it is dangerous for people like my son. Kyle is not a candidate for institutional living, but without Medicaid's Home and Community Based Services, I will have to leave my job to ensure his health and safety or he will wind up in one. This healthcare bill will not allow him to receive his post-secondary education, stay active and involved in his community, remain employed and continue to be a tax paying citizen.

National  
**Family Planning**  
& Reproductive Health Association

FOR IMMEDIATE RELEASE: September 20, 2017

Contact: Audrey Sandusky, [REDACTED]

**Graham–Cassidy Bill Puts Health Care Safety Net in Imminent Danger**

*Statement from Clare Coleman, President & CEO of the National Family Planning & Reproductive Health Association (NFPRHA)*

**WASHINGTON, DC** – “The Graham–Cassidy proposal to repeal the Affordable Care Act is a dangerously flawed bill that would make people sicker, weaken families, and drive up health care costs in communities across the country.

“The bill would put health care coverage out of financial reach for millions of people and discriminates against highly qualified and trusted family planning providers, which millions of people rely on for preventive care every year. The measure includes even more drastic provisions designed to deny health care access to those in need than previous versions.

“If enacted, this bill would fuel a dramatic decline in women and men seeking care for cancer screenings, STD screening and treatment, clinical exams, and other preventive services, and the long–term consequences will be unequivocally disastrous for the public’s health. NFPRHA calls on the Senate to block this bill now.”

###

*The National Family Planning & Reproductive Health Association (NFPRHA) is a membership organization representing providers and administrators committed to helping people get the family planning education and care they need to make the best choices for themselves and their loved ones. NFPRHA works to enhance the ability of thousands of nurse practitioners, doctors, and other health professionals to provide high–quality family planning care through training and advocacy. For more information, visit [nationalfamilyplanning.org](http://nationalfamilyplanning.org).*

**Wright, Kevin (Finance)**

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**From:** Susan Rogan [REDACTED]  
**Sent:** Monday, September 25, 2017 9:02 AM  
**To:** gchcomments  
**Subject:** My Daughter

In January of 2013 my 42-year-old daughter died. She could not afford health insurance and so did not seek the medical help she badly needed. Nine months later, open enrollment began for the ACA. She could have afforded insurance with the ACA.

Please do not let any more parents face the grief I did in losing a daughter to the lack of health insurance.

Health care needs to be viewed as a right, not a privilege.

Thank you,  
Susan Rogan

**Wright, Kevin (Finance)**

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**From:** Tricia Crockett <[REDACTED]>  
**Sent:** Monday, September 25, 2017 10:38 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

I am vehemently opposed to the Graham-Cassidy bill. Most of my adult life I have supported myself by cobbling together a number of part time jobs. This is not because I am uneducated or under educated. It is because I have chosen to have a career in education at a time when education funds are limited, so schools hire adjunct professors and part time teaching assistants to avoid giving expensive benefits.

I've had to leave health issues untreated because I didn't have insurance and didn't have the money to pay for the care I needed. The ACA has changed my life for the better. Through it I've been able to get the medication I need and to see a doctor on a regular basis. Please don't take that away.

I would like to see a bipartisan Congressional effort to improve the ACA (I know it's not perfect), not repeal it.

Thank you,  
Tricia Crockett

**Wright, Kevin (Finance)**

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**From:** Bob Lawrence-Markarian <[REDACTED]>  
**Sent:** Monday, September 25, 2017 10:39 AM  
**To:** gchcomments  
**Subject:** Affordable Care Act Repeal

My family relies on quality affordable healthcare. Because of this I oppose the Graham-Cassidy bill. My wife was diagnosed with breast cancer 12 years ago and would not qualify now because of pre-existing conditions. I would love to see a bi-partisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Robert Lawrence-Markarian

Port Angeles, WA 98362

**Wright, Kevin (Finance)**

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**From:** Laura Bowen [REDACTED]  
**Sent:** Monday, September 25, 2017 10:39 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy-Heller-Johnson

In reference to: Hearings to consider the Graham-Cassidy-Heller-Johnson Proposal, Monday Sept. 25, 2017

Laura J Bowen  
[REDACTED]  
Towson, MD 21286

I strongly oppose this proposal. It would do harm to millions of people. Please reject it and work to actually improve health care in this country.

**Wright, Kevin (Finance)**

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**From:** Elizabeth Wood [REDACTED]  
**Sent:** Monday, September 25, 2017 9:16 AM  
**To:** gchcomments  
**Subject:** Graham Cassidy. NO!

Title of hearing: Graham-Cassidy Bill Hearing Hearing date : September 25,2017 Elizabeth Wood

[REDACTED]  
New Richmond WI 54017

I am a female 56 year old cancer survivor. The age tax, the removal of numerous healthcare options for women and the penalties for having an incurable pre-existing condition all are punitive and unacceptable. You can do better. Americans deserve better.

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Laurel Granquist [REDACTED]  
**Sent:** Monday, September 25, 2017 10:39 AM  
**To:** gchcomments  
**Subject:** health care

Honorable Senators,

Personal story; I have had several life-threatening miscarriages.

If the GCH bill is passed, I would be denied coverage on another miscarriage because it is a pre-existing condition.

Please vote no on the GCH and gather with both houses to create a health care bill that covers all Americans for all health issues.

It is the right thing to do for a compassionate, informed country, like the U.S.A. Thank you for "listening" to your constituents.

Respectfully,

Laurel Granquist

Julian, CA 92036

[REDACTED]



**Wright, Kevin (Finance)**

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**From:** Kathy Dempsey [REDACTED]  
**Sent:** Monday, September 25, 2017 10:38 AM  
**To:** gchcomments  
**Cc:** Larry Couch; Fran Eskin-Royer  
**Subject:** Statement for today's hearing  
**Attachments:** 17NAC-Finance Hrg-Statement Against Cassidy-Graham.pdf

Good morning,

Please find attached a statement by the National Advocacy Center of the Sisters of the Good Shepherd opposing the Cassidy-Graham legislation.

Thank you.

Kathy Dempsey  
Communications & Advocacy Consultant  
[@BringingHeart](#) | [Facebook](#) | [REDACTED]  
Bringing Heart & Vision to Communicating

**Wright, Kevin (Finance)**

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**From:** Joan Wilson [REDACTED]  
**Sent:** Monday, September 25, 2017 10:40 AM  
**To:** gchcomments  
**Subject:** graham-cassidy bill

very bad piece of legislation that does not cover pre-existing conditions, excludes 32 million americans, including children and vets from health coverage. the passage of this bill is intended to help fund absurd tax cuts for the very wealthy, including the trump family. i am thoroughly disgusted by these kinds of actions. you are letting down americans for the 1 % who by nature of already being in the 1 % do not need any further financial assistance from the federal government. oh, and by the way, why do you think maternity care should not be covered by viagra should. you continue to suppress women in all ways.

**Wright, Kevin (Finance)**

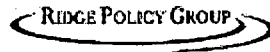
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**From:** Becky Corby [REDACTED]  
**Sent:** Monday, September 25, 2017 10:38 AM  
**To:** gchcomments  
**Cc:** Susan Vaughn  
**Subject:** NASHIA's Statement on Sen. Graham and Cassidy Health Care Bill  
**Attachments:** nashia\_statement\_graham\_cassidy\_bill.docx

On behalf of the National Association of State Head Injury Administrators (NASHIA), we would like to formally submit the attached testimony regarding the Graham/Cassidy legislation.

Thanks,  
Becky Corby  
NASHIA

Becky Corby • Research Analyst • Ridge Policy Group LLC • [REDACTED] • Washington,  
DC 20036 • Phone: [REDACTED] • Cell: [REDACTED]



**Wright, Kevin (Finance)**

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**From:** Lorinda Malko [REDACTED]  
**Sent:** Monday, September 25, 2017 10:40 AM  
**To:** gchcomments  
**Subject:** Affordable Care Act

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I do not want to be tied down to a job or a company I do not like because I cannot get health care for my preexisting condition. I would like the freedom to choose and not be held hostage by the corporate world because of my health condition. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely, Lorinda Malko

Waynesville, Ohio 45068

**Wright, Kevin (Finance)**

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**From:** Irene Gibson [REDACTED]  
**Sent:** Monday, September 25, 2017 10:40 AM  
**To:** gchcomments  
**Subject:** Health care

Stop the Graham-Cassidy bill!!!  
Irene Gibson  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Angela M [REDACTED]  
**Sent:** Monday, September 25, 2017 10:40 AM  
**To:** gchcomments  
**Subject:** Opposed to Graham-Cassidy

To members of the Committee:

NO, just NO.

I sincerely doubt I could add anything more to what you've already been receiving, even with the potentially revised bill.

- Still no time to properly evaluate G-C 1.0 or 2.0 or any amendments (and have CBO provide a score) for something that impacts 18% of the economy and MILLIONS of citizens!
- Still reduced protections for pre-existing conditions.
- Still likely to massively increase premiums.
- Still only have until 2020 for states to create entirely new insurance structures.
- Still punishes states for expanding Medicaid and rewards states that didn't

NO thank you.

Angela Mansfield  
Central Washington State, farm country

## Wright, Kevin (Finance)

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**From:** Ted&Mickey;Pagoaga [REDACTED]  
**Sent:** Monday, September 25, 2017 10:33 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

I oppose the Graham-Cassidy bill. I have had type one diabetes for 49 years. Putting me in a high risk group would make my cost more than I can afford. While most politicians can assuredly afford the medications required to stay healthy I could not if the costs are raised. My son is currently enrolled in the ACA, he does receive a subsidy. He has no health issues but is happy to pay his premium knowing if he needs the insurance he does have it!

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.  
Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Amy Roy [REDACTED]  
**Sent:** Monday, September 25, 2017 10:40 AM  
**To:** gchcomments  
**Subject:** GRAHAM CASSIDY: NO!

Dear Finance Committee:

My family rely/relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My story with is that the ACA was our only option for Health Insurance after losing our jobs and Union insurance due to not meeting minimum income requirements during the financial recovery after 2008.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely, Amy Roy  
New York, NY



## Wright, Kevin (Finance)

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**From:** Santos, Johanna E [REDACTED]  
**Sent:** Monday, September 25, 2017 10:40 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

To whom it may concern,

My name is Johanna Santos, a registered voter in New Jersey, and a current graduate student at Worcester Polytechnic Institute in Worcester, Massachusetts studying biomedical engineering. I am writing in these tumultuous political times to ask for your support for the Affordable Care Act. Though I am a proponent of the law in its entirety, I am especially concerned about the clauses surrounding pre-existing conditions and allowing young adults to stay on their parent's health plan.

I was born as the second child into an upper middle class family. I was a small baby, and continued to be small throughout my first year. Concerned, my mother took me to regular 'well baby' checkups, where blood work continuously came back abnormal. This coupled with my small size, which they classified as a "failure to thrive", led my pediatrician to believe I had leukemia. Because he was still unsure, I was referred to a pediatric hematologist who was able to rule out cancer, but instead confirmed that I have a case of hereditary spherocytosis before the age of one.

Spherocytosis is a form of anemia characterized by erythrocytes (red blood cells) that are spherical in shape, rather than the traditional flat oval. This leads the immune system to believe that these cells are damaged or worn out, and thus destroy the cells in order to create more.

At this point, my family's choices were to keep me under observation, or an immediate splenectomy. Because the spherocytosis already makes it difficult for my body to fight infections, my family chose not to have my spleen removed, and instead to keep me observation. My blood work continued to be abnormal, however I had relatively mild symptoms besides this. In fact, my anemia continued to not be a problem for the next several years. Despite an increased frequency and severity of illnesses, I seemed perfectly normal. When I was five years old, I caught Fifth Disease. Normally, this disease manifests as little more than a rash and some mild flu like symptoms. I was not so lucky. My compromised immune system did not react to the virus in my body, allowing it to proliferate. Nobody even knew I was sick until I collapsed at summer camp. I was given an emergency blood transfusion, and was hospitalized for the next two days. At this point, I was prescribed medication to manage my anemia, and was told that if I ever had another crisis, that my spleen would need to be removed.

Seventeen years later, I still have my spleen. My anemia, while it will never go away, has not flared up in the same way that it did when I was five. I still have a compromised immune system. I still get jaundiced if I lack

proper nutrients. My stamina will never be on par with others'. Despite this, I am a fully functional member of society. I am a Girl Scout, having earned up through my Silver Award. I have graduated with distinction from a prestigious university, with a bachelor's degree in biomedical engineering. I have chosen to further my education at the same university. I have studied abroad in India, and worked as a TA, all with a pre-existing condition.

I am still on my parent's health insurance right now at 23 years old, and am thus still able to have regular appointments to ensure that my blood remains 'normally abnormal.' It allows me to continue receiving my medication. I am terrified that, should the Affordable Care Act be repealed, I will no longer be able to remain properly medicated, and that I will be unable to seek out insurance on my own, due to companies refusing me because of my condition.

I know that my story is just one among many, and that my condition is nowhere near as severe as what many others experience, but I hope that I can count on you to fight for the Affordable Care Act to keep people like me safe and functional in society.

Thank you for your time.

Johanna E. Santos  
Biomedical Engineering  
Undergraduate Class of 2016  
Graduate Class of 2018

**Wright, Kevin (Finance)**

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**From:** [REDACTED] on behalf of Joni Brown [REDACTED]  
**Sent:** Monday, September 25, 2017 10:40 AM  
**To:** gchcomments  
**Subject:** I oppose the Graham-Cassidy bill.

Dear Senators,

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.

When I was growing up my family could not afford health insurance. My jaw set wrong after being cracked because it didn't seem urgent enough to go to the doctor at the time. By the time I could afford health insurance of my own through work my asthma and thyroid condition were already pre-existing. The ACA has addressed other crucial health care issues for us, but I'm attempting to keep this short.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Joni Brown  
San José, CA

**Wright, Kevin (Finance)**

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**From:** Comcast [REDACTED]  
**Sent:** Monday, September 25, 2017 10:41 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Petra Williams  
Tucson, AZ

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Esther Leonelli [REDACTED]  
**Sent:** Monday, September 25, 2017 9:01 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy's Impact on Health Care

The Graham-Cassidy bill to repeal and replace Obamacare will bring us back to the days when individuals with pre-existing conditions were at the mercy of insurance companies by being denied insurance coverage. Obamacare corrected this by mandating minimum standards of coverage nationally. This is a proper role for the federal government, to minimize the differences between and among states' insurance regulations. I ask this committee and my senators to oppose Graham-Cassidy.

Thank you.

Esther D. Leonelli  
Boston, MA

**Wright, Kevin (Finance)**

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**From:** Ritika Arora [REDACTED] >  
**Sent:** Monday, September 25, 2017 9:01 AM  
**To:** gchcomments  
**Subject:** Graham Cassidy bill

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors, children and people with disabilities. We cannot afford this, nor should we tolerate this. This is cruel and would put many hard working American families in financial ruin.

Thank you very much,  
Dr. Ritika Arora

**Wright, Kevin (Finance)**

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**From:** [REDACTED]  
**Sent:** Monday, September 25, 2017 9:01 AM  
**To:** gchcomments  
**Subject:** Graham/Cassidy bill

Good morning-

The Graham/Cassidy bill should not be put up for a vote until the CBO has had time to deliver a full report on it. To do otherwise would be highly irresponsible. All of the major medical organizations have said this bill will do irreparable harm to the people it affects, and the directors of Medicaid in all 50 states have said they would not be able to take on this huge shift in just two years.

Healthcare coverage is a right for all Americans, and any program established by Congress should be carefully written and deliberated. This bill fails that criteria.

Thank you-  
Janice Knudsen  
Lebanon, CT

**Wright, Kevin (Finance)**

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**From:** Lisa Adams [REDACTED]  
**Sent:** Monday, September 25, 2017 9:01 AM  
**To:** gchcomments  
**Subject:** Graham Cassidy Bill

Dear Senators,

**I urge you to vote NO on Graham-Cassidy.**

The bill is significantly flawed and despite many of your colleagues' assurances to the contrary, Graham Cassidy leaves those with pre-existing conditions dangerously vulnerable.

The bill's cuts to Medicaid will leave our most vulnerable citizens without access to care they desperately need.

Please take politics out of the equation and consider the needs of your citizens across the U.S. More time and effort is needed to arrive at a healthcare solution that is bipartisan, scored by the CBO, and affordable.

Please VOTE NO on Graham Cassidy this week.

Sincerely,  
Lisa Adams



## **Wright, Kevin (Finance)**

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**From:** Peggy Moore [REDACTED]  
**Sent:** Monday, September 25, 2017 9:01 AM  
**To:** gchcomments  
**Subject:** Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal Comments

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
Sept. 25, 2017

My name is Margaret Moore  
My address is 2041 Rutledge St.  
Madison, WI. 53704

To the Committee,

I am writing to plead with you to stop the Graham-Cassidy-Heller-Johnson Proposal. This "Proposal takes health care from tens of millions of vulnerable Americans. It claims to fix health care, and make it more affordable to all Americans. This is a lie. This proposal was developed in an undemocratic process, introduced and discussed without full and fair hearings.

Cuts to traditional Medicaid will leave many elderly people and people with disabilities without basic living funds. This is a mean, punishing, unAmerican proposal. Many people will die as a result. This will put some people onto the streets or into substandard facilities where they will waste away, as the wealthy Americans enjoy safe and flourishing lifestyles.

The previous version of this bill, and less destructive, estimated that federal support would drop by 750-800 BILLION dollars by 2026, with cuts to follow. That's the earlier version! How can that be? What are the senators thinking? Do they have no elderly or disabled family members? Have they never stepped foot in a substandard "care facility" where people end up when they cannot live independently?

We are one of the wealthiest nations on the planet. We can and should provide Medicaid for our elderly and for people with disabilities. We should provide affordable health care for all our citizens. I have family members, neighbors, and work mates and students who rely on help for cancer treatments, nursing home care, occupational therapy, speech therapy, life-saving medications, medical equipment, addiction treatment, and other afflictions.

The "Proposal" will impact pregnant women and children who rely on Medicaid. In my state of Wisconsin, 28% of all kids are covered by Medicaid. I work in public schools and see the effects of illness on poor children. If you are a child with a serious, chronic illness and you are a Medicaid recipient, you have long wait times to get into a doctor. Medicaid is a life-saving part of life for these families. I see with my own eyes how asthma, food allergies, autism, ADHD, and many other conditions affect how kids function in a classroom. This proposal suggests we do not care about the educational outcomes for our most vulnerable kids! What happened to "Our children are our future?"

My elderly mother relies on Medicaid for her heart medicine, and for her mobility equipment. Her heart condition prevents her from having the surgery she needs to repair her knees. My husband and I have a small home with no bathroom on the first floor. She cannot come to live with us, as her mobility gets worse. She is a volunteer in public schools, and contributes in small ways to her local economy because she can still live independently. If she loses even some of her Medicaid benefits, she will have to live somewhere else.

Changes to the ACA directly affect my son. He tried for many years to beat his addiction to alcohol. It was with a federal grant and his enrollment in the ACA that he was able to go into a treatment facility for 30 days. He is sober now, and credits the inpatient experience to his full recovery. He is going to school part time and has a part time job. We try to help him with food and some living expenses. At the age of 29, he is just starting out in the adult world, but we have high hopes for him.

Taking out pre-existing conditions would devastate my son and my three other adult children. This is punishing people for health situations they did not bring on. Life hands us the body we have. We try to do our best.

I submit this testimony to the committee to make sure it is entered as evidence. I am one of the millions of Americans saying, "This is not what we want!"

Margaret Moore

**Wright, Kevin (Finance)**

---

**From:** Kim Nead [REDACTED]  
**Sent:** Monday, September 25, 2017 9:01 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Dear Members of the Senate Finance Committee,

I respectfully urge you to reject the Graham-Cassidy-Heller plan to repeal and replace the ACA and gut Medicaid. Instead, I urge the Senate to move forward with the bipartisan bill the Senate HELP Committee was working on under the leadership of Senators Alexander and Murray.

According to experts, Graham-Cassidy-Heller will throw the healthcare system into disarray, increase premiums, devastate people with preexisting conditions, and put quality healthcare out of reach for millions of American families. All the state's Medicaid directors, AARP, the AMA, the AHA, and many other groups strongly oppose this "solution." Only 20% of Americans, and just 45% of Republicans support this bill.

The process used to bring this bill forward is also an insult to the American people. Changing the bill on a Sunday, voting without a full CBO score, and without a decent debate is a travesty of Senate responsibilities.

Sincerely,

Kim Nead  
Washington, DC

**Wright, Kevin (Finance)**

---

**From:** Peg Mathews [REDACTED]  
**Sent:** Monday, September 25, 2017 9:01 AM  
**To:** gchcomments  
**Subject:** My health care story for the record

I am independently employed and so get my insurance from the Marketplace. I also receive a subsidy, which makes my health care insurance affordable. I also have a pre-existing condition. If the Graham Cassidy Bill is passed, I will be one of its casualties.

Margaret Mathews  
[REDACTED]  
Dungannon, VA 24245

**Wright, Kevin (Finance)**

---

**From:** McBride, Yolanda [REDACTED]  
**Sent:** Monday, September 25, 2017 9:00 AM  
**To:** gchcomments  
**Cc:** Boothe, Georgia; Kim, Terry; Espinal Antigua, Keyla; Eckstein, Katherine  
**Subject:** Children's Aid - Senate Finance Committee on Graham-Cassidy-Heller-Johnson Proposal  
**Attachments:** CHSA Children's Aid Graham Cassidy Proposal Member Statement 9 25 2017.pdf

Good Morning,

Please find attached the statement from Children's Aid for today's Senate Finance Committee hearing on the Graham-Cassidy-Heller-Johnson proposal.

Thank you.

Yolanda

Yolanda McBride | Director of Public Policy | Children's Aid  
[REDACTED]

Phone: [REDACTED] Cell: [REDACTED]  
\*\*Please note the new address\*\*

Children's Aid is part of the Campaign for Children  
<http://www.campaignforchildreennyc.com>

**Children's Aid is a member of the Fostering Youth Success Alliance (FYSA)**

Visit our Website Today! <http://www.fysany.org> & Like us on [Facebook!](#)

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Follow us on Instagram: FYSANY

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**Wright, Kevin (Finance)**

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**From:** Sam Quintal [REDACTED]  
**Sent:** Monday, September 25, 2017 8:59 AM  
**To:** gchcomments  
**Subject:** Cassidy Graham Statement  
**Attachments:** Cassidy Graham Statement .pdf; ATT00001.htm

Title Of Hearing: Graham-Cassidy Bill Hearing  
Date of the Hearing: September 25, 2017  
Full Name: Samuel Calmes Quintal  
Address: 3417 W Penn St, Philadelphia, PA 19129

Dear Senate Finance Committee,

I would like to register my strong opposition to the Graham-Cassidy healthcare bill. If, as the sponsors of this bill claim, this legislation is aimed at increasing the quality and decreasing the cost of healthcare for all Americans, there is no reason to gut consumer protections that are currently law. Specifically, ending requirements that health insurance is available at no extra cost to individuals with pre-existing conditions, and the requirement that all health insurance plans cover a set of basic services, such as maternity care, primary care visits, pediatric care, etc.

I am shocked that the sponsors of this legislation have admitted that the changes this bill makes will adversely affect states by changing the funding levels for Alaska and Maine back to current law, in an obvious pandering attempt to win votes.

I am also alarmed by the process that has underlaid this whole healthcare debate, and I struggle to understand how any senator could consider voting for legislation without a full score from the CBO. That would be deeply irresponsible and negligent.

Thank you for your time.

Samuel Calmes Quintal

**Wright, Kevin (Finance)**

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**From:** Allison Stark [REDACTED]  
**Sent:** Monday, September 25, 2017 9:01 AM  
**To:** gchcomments@  
**Subject:** info@pahealthaccess.org

First, I'll say that I find the stance that preexisting conditions are still protected under Graham-Cassidy to be disingenuous because states can now apply for waivers that will allow them to discriminate against those with preexisting conditions. While high risk pools technically mean insurance is available, the prices in those pools are out of reach for working class people. Pennsylvania has a huge population of senior citizens who rely on Medicare. We are already struggling to provide adequate care to our aging seniors, and this will make it worse.

Pennsylvania is also one of the best states -currently- for children with special needs who require special accommodations in school. I have a daughter with autism in the fourth grade, and the progress she has made while in public school in the West Shore School District has been incredible. I hear and read stories about the struggles of parents in other states to get services and accommodations for their children, and I'm grateful we live in PA. Under Graham-Cassidy, with cuts to Medicaid and lifetime caps coming back into play, that would be in jeopardy.

I have friends in Philadelphia whose son was born with a congenital heart defect. Under pre-ACA rules, he would have already exceeded his lifetime insurance caps. They would be facing the very real prospect of being unable to pay for the medical care he will require for the rest of his life.

None of these situations are about people wanting a handout. They are about the most powerful nation in the world being able to take care of its children, elderly, and disabled citizens.

Please consider these points.

Sincerely,  
Allison Stark

**Wright, Kevin (Finance)**

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**From:** Rare Seas [REDACTED]  
**Sent:** Monday, September 25, 2017 9:01 AM  
**To:** gchcomments  
**Subject:** This will kill me

I have worked every adult day in my life. I have never violated the law I have never missed a payment on any debt that I owe. I had cancer three years ago which requires continual monitoring because the second occurrence is usually deadly. Taking away my access to affordable care because I have a pre-existing condition through no fault of my own will kill me.

Adelaide Rhodes, Ph.D.



**Wright, Kevin (Finance)**

---

**From:** [REDACTED]  
**Sent:** Monday, September 25, 2017 9:00 AM  
**To:** gchcomments  
**Subject:** GCHcomments@finance.senate.gov

Senate Finance Committee

Attempts to repeal the ACA are disgraceful because they all have the common factor of making health care less accessible to more people.

Since love of money is the only thing that Republicans seem to understand, and this is the finance committee: We will all be more prosperous if we include everyone in the health care market. If you have a product that few can afford, you are not going to make as much money as if you have a product that all can purchase.

If everyone who ever had a health problem is excluded, who is going to buy your expensive procedures and medicines? No one.

Anyway, I'd rather die than live in this country the way the Republicans are trying to drive us back to the days of serfdom.

Andrea Heggen

**Wright, Kevin (Finance)**

---

**From:** Rick Lundell [REDACTED]  
**Sent:** Monday, September 25, 2017 9:00 AM  
**To:** gchcomments  
**Subject:** Please vote No on the bill

No.

Richard Lundell  
[REDACTED]  
Whitefish Bay, WI 53217

Sent from my mondo whiz-bang iPhone



The Massachusetts Family Voice for Children's Mental Health

Statewide Office  
15 Court Square  
Suite 660  
Boston, MA 02108  
Toll Free: (866) 815-8122  
Fax: (617) 542-7832

Central MA Office  
40 Southbridge Street  
Suite 310  
Worcester, MA 01608  
Tel: (508) 767-9725  
Fax: (508) 767-9727

Email: [info@ppal.net](mailto:info@ppal.net)  
Web: [ppal.net](http://ppal.net)

September 25, 2017

Chairman Orrin Hatch  
Senate Committee on Finance  
104 Hart Office Building  
Washington, DC 20510

Ranking Member Ron Wyden  
Senate Committee on Finance  
221 Dirksen Senate Office Building  
Washington, DC 20510

Submitted by email to [REDACTED]

Re: Graham-Cassidy-Heller-Johnson Health Care Proposal (H.R. 1628)

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of Parent/Professional Advocacy League (PPAL), we thank you for the chance to submit comments on the Graham-Cassidy-Heller-Johnson health care proposal. PPAL is a statewide family organization based in Massachusetts dedicated to improving the mental health and well-being of children, youth, and families through education, advocacy, and partnership.

We write to voice our extreme opposition to the Graham-Cassidy-Heller-Johnson proposal. We are very discouraged that instead of continuing down a bipartisan path and working on issues to improve the strength and stability of the Affordable Care Act's (ACA) marketplaces, the sponsors of this legislation have put forward a proposal that will:

- Eliminate the financial assistance that helps low- and moderate-income families purchase health care coverage;
- End expanded Medicaid coverage that helps millions of low-income adults;
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths;
- Undermine essential protections for people with pre-existing conditions;
- Resurrect - *and worsen* - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of millions of Americans including older adults, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions. It does nothing to improve affordability or availability of coverage for consumers and will likely result in approximately 665,000 Massachusetts residents losing coverage by 2027 and will undermine the financial stability of our health care system and place additional fiscal strains on our state budget<sup>1</sup>. Below we've laid out in more detail our concerns with this proposal and the devastating impact it will have on consumers.

### **Eliminates programs that serve as a lifeline for low- and moderate-income families.**

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA's successful Medicaid expansion, which has extended coverage to nearly 12 million newly eligible low-income adults. It also eliminates the ACA tax credits that 10 million low- and moderate-income people rely on to afford coverage in the individual market. Although it replaces this funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to former enrollees - and indeed the block grant is inadequate to pay for comparable benefits. From 2020 through 2026, block grant funding would be at least 7% (\$95 billion) below projected spending under current law, including a \$5-\$8 billion loss in federal funding to Massachusetts<sup>2</sup>. Regardless, the block grant ends in 2027, leaving states and former enrollees with no help whatsoever. We do not believe it is likely that Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream - something that would be extremely difficult, if not impossible.

### **Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.**

This proposal also threatens the care of millions of low-income seniors, children and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. By capping and slashing funding for the traditional Medicaid program by 12% (\$1,079 billion) between 2020 and 2036, the per capita cap will force Massachusetts to cut payments to health care providers and health plans, eliminate optional services, and restrict eligibility for enrollment - all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Since children make up almost one-half of the Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would also face painful cuts, since Medicaid is the primary payer for long-term services and supports. Community Based Services - the services that keep people with cognitive and physical impairments home and in their communities - are "optional" in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment is especially high.

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<sup>1</sup> Center for American Progress, "Coverage Losses by State Under the Graham-Cassidy Bill to Repeal the ACA", <https://www.americanprogress.org/issues/healthcare/news/2017/09/20/439277/coverage-losses-state-graham-cassidy-bill-repeal-aca/>.

<sup>2</sup> Avalere, "Graham-Cassidy-Heller-Johnson Bill Would Reduce Federal Funding to States by \$215 Billion", <https://www.americanprogress.org/issues/healthcare/news/2017/09/20/439277/coverage-losses-state-graham-cassidy-bill-repeal-aca/>.

### **Pushes massive new costs onto states.**

All states, including Massachusetts, would take on new risks and costs because this proposal converts the overall Medicaid program into a per capita cap. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving Massachusetts with insufficient funding to meet its current obligations. In addition, states would be fully exposed to any unexpected health care cost increases, such as from a natural disaster, an aging population or medical innovations. The per capita cap alone would reduce federal Medicaid spending by 12% (\$1,079 billion) by 2036.

On top of those cost shifts, the 31 states that expanded Medicaid under the Affordable Care Act will be at risk for far deeper cuts. This proposal ends all federal matching funds for the Medicaid expansion in 2020. Some of the funds that the federal government would have spent on Medicaid expansion get rolled into the block grant, but the block grant doesn't make up for Massachusetts' losses because the block grant is inadequate overall, the formula favors non-expansion states (it redistributes funding from expansion to non-expansion states), and it ends entirely in 2026, leaving states with no funding to replace the lost expansion funds.

Because federal dollars for Medicaid account for about 20% of state budgets, FitchRatings "believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond."<sup>3</sup> And by pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals.

### **Increases premiums and out-of-pocket costs and destabilizes the individual market.**

By repealing the individual mandate and eliminating advanced premium tax credits and cost sharing reductions, this proposal would drive up premiums and cause insurers to exit the ACA's marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to increase by 20 percent. Furthermore, by replacing the financing of the ACA's financial assistance with a block grant without any guarantee that states would direct their temporary block grant funds toward financial assistance, this proposal puts Massachusetts residents who currently rely on financial assistance at risk for sharply higher out-of-pocket costs and coverage loss.

Beyond the impact of this proposal on individuals, insurers currently selling in the Health Connector would face extreme uncertainty. Because this proposal allows states to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves from unpredictable claims costs or choose to exit the marketplace completely. This means that consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums and no guarantee of financial assistance to shield them from the increasing out-of-pocket costs.

### **Eliminates critical consumer protections.**

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA - the prohibition on charging higher premiums based on a person's health status or a preexisting condition. This means that in states that choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a preexisting condition. Additionally, this proposal allows states to waive the requirement that insurers cover essential health benefits including mental health services, substance abuse treatments and maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT

<sup>3</sup> "Fitch: Latest ACA Bill Includes Medicaid Repeal and Replace Provisions for States", <https://www.fitchratings.com/site/pr/1029238>.

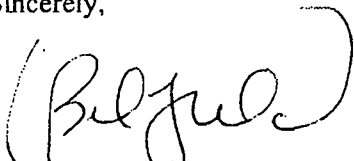
community) or consumers with specific chronic conditions (e.g. mental health or substance use disorders). For example, this could return us to a time when insurers only covered short-term, minimal treatment for mental health or substance use disorders, if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment.

**Lacks transparency and opportunity for meaningful input.**

We believe that everyone should have a say in the decisions that affect their health. With only one hearing scheduled days before a possible vote, and without a full CBO score to properly evaluate the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for a true evaluation of and meaningful input on the policies in this proposal that would affect millions of people and one sixth of the US economy. We encourage a return to "regular order," as requested by many members of the Senate and supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to weigh in.

Thank you for the opportunity to submit comments in strong opposition to the Graham-Cassidy-Heller-Johnson health care proposal. This legislation would have extremely detrimental impacts on millions of Americans and hundreds of thousands of Massachusetts residents. We are hopeful this legislation will not move forward.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lizabeth Belfield", enclosed in a large, hand-drawn circular scribble.

Lizabeth Belfield  
Project Coordinator

CC: Senator Elizabeth Warren  
Senator Edward Markey

**Wright, Kevin (Finance)**

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**From:** Nancy Goody [REDACTED]  
**Sent:** Monday, September 25, 2017 1:14 PM  
**To:** gchcomments  
**Subject:** Please vote no

The proposed bill will disadvantage more people than it will help.

Nancy H. Goody  
[REDACTED]  
Albany, NY

## Wright, Kevin (Finance)

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**From:** Pamela Stewart [REDACTED]  
**Sent:** Monday, September 25, 2017 1:15 PM  
**To:** gchcomments  
**Cc:** Correspondence (Duckworth); U.S. Rep. Jan Schakowsky; Congresswoman Jan Schakowsky; Dick Durbin; Reply, Correspondence (Durbin)  
**Subject:** HEARING TO CONSIDER THE GRAHAM-CASSIDY-HELLER-JOHNSON PROPOSAL, MONDAY, SEPTEMBER 25, 2017

Dear Members of the Senate Finance Committee,

I am the mother of an adult son, Caleb, who was completely normal, very smart, and totally healthy until age 3, when he developed uncontrollable epileptic seizures. No cause has ever been found, and the seizures have never been controlled by any medicine or treatment. Now Caleb is 39 years old, and 36 years of daily seizures have left him profoundly retarded and unable to walk, talk clearly, feed himself, or toilet himself. My husband and I care for him at home and his general health is good. To lose his Medicaid would make this impossible. The cost to the government would skyrocket if our son required to be placed in a facility.

We beg you not to repeal the Affordable Care Act. This is so vital to us and to Caleb.

Thank you very much.

Gratefully,

Pamela Stewart, in behalf of Caleb Stewart, who can no longer speak for himself.



**Wright, Kevin (Finance)**

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**From:** John Jansa <jjansa@hdadvocates.org>  
**Sent:** Monday, September 25, 2017 1:13 PM  
**To:** gchcomments  
**Cc:** Barbara Otto  
**Subject:** Senate Finance Committee Hearing - September 25  
**Attachments:** SenateFinance\_Graham\_Cassidy\_HDA.pdf

Comments attached for today's Senate Finance Committee Hearing to consider the Graham-Cassidy-Johnson-Heller proposal.

Thank you.

**John Jansa**

Director of Strategic Initiatives  
Health & Disability Advocates

[REDACTED]  
[REDACTED] Chicago, IL 60606  
[REDACTED]

**25 Years of Change that Matters**

**Wright, Kevin (Finance)**

---

**From:** Joan Scanlan [REDACTED]  
**Sent:** Monday, September 25, 2017 1:15 PM  
**To:** gchcomments  
**Subject:** Graham/Cassidy bill

Vote No on this debacle of a bill. We have the ACA finally, get together and tweak it to make it better. The people will not stand for losing the healthcare access that we have waited for for years. I am a citizen in Bill Cassidy's district. I have let him know numerous times how I feel about what he is trying to do to us as a Senator and a Doctor. It is disgraceful that he is trying to establish his political career on the backs of people with serious medical problems. I believe as do many that access to medical treatment is a right and everyone no matter what their health issues or financial status must be provided for. This is a human right.

Joan Scanlan  
[REDACTED]  
Slidell, LA 70458

Sent from my iPad

## Wright, Kevin (Finance)

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**From:** Elaine Gaitanis [REDACTED]  
**Sent:** Monday, September 25, 2017 1:15 PM  
**To:** gchcomments  
**Subject:** Graham/Cassidy hearing

Myfamily and others rely on affordable healthcare. Because of this I oppose the Graham/Cassidy bill. I have a niece who was diagnosed with cancer at four years of age. To take away her healthcare and that of so man others is cruel. People will die!! Although the ACA is not perfect it's so much better than what is being proposed now and for what? To take away Obama's legacy or to give tax breaks to billionaires? When will congress work in a bipartisan fashion? Republicans were determined to go against everything done by Obama and wouldn't allow him to select a Supreme Court justice. This behavior is not what those in congress were elected for. I am a 74 year old and have never been so disappointed in my country as I am now. Stop trying to win.Do your job and get the best healthcare plan for your constituents.

Sincerely,  
Elaine Gaitanis  
Phone [REDACTED]

## Wright, Kevin (Finance)

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**From:** Brenda Witkemper [REDACTED]  
**Sent:** Monday, September 25, 2017 1:16 PM  
**To:** gchcomments; Richard\_Burr@burr.senate.gov; Thom\_Tillis@tillis.senate.gov  
**Subject:** Graham-Cassidy Bill

**Importance:** High

Dear Senators,

I write to you as someone's daughter, someone's wife, someone's mother, as someone who lives, breathes, dreams, and weaves my way through life, all in hopes of making each of the days I'm blessed to live as rewarding and as meaningful as possible. None of us wake in the morning with the promise of another sunset. But, as Americans, we do wake with the promises of liberty and protection, backed by the most powerful democratic nation on Earth.

As Americans, Senators, we may not be "entitled" to the care of medical humanitarians (doctors, nurses, radiologists, psychiatrists, etc.) – each of whom took Hippocratic oaths to "do no harm" - but we all have some expectation, as citizens of this great nation, that those who represent us – who legislate on our behalfs - will always choose the most humane courses of action in their governance. That brings me to the Graham-Cassidy healthcare bill...

More than thirteen members of my immediate and extended family have suffered and succumbed to varied forms of cancer (breast, skin, lung, and liver). Others have suffered the devastating impacts of diabetes (up to and including amputation). Still others rely on daily medications that control the effects of their conditions (ailments, such as epilepsy and arthritis) and enable them to live a quality of life that allows them to continue contributing toward our collective good. As most of you know, healthcare is expensive. Diagnostic tests, such as MRIs can run hundreds of dollars per round of images. The costs associated with surgical procedures, coupled with hospital stays, easily escalate to tens of thousands of dollars. And certain maintenance drugs – both preventative and aimed at reducing pain and fatigue, sometime cost hundreds or even thousands of dollars per vile.

The Graham-Cassidy bill is a travesty in that it removes guaranteed protections for those who've suffered the above illnesses and many others. Should states allow higher costs for those with pre-existing conditions, the result will be millions of unprotected, uninsured Americans. That prospect sits heavy in the center of my heart... NO CITIZEN of this great nation should ever be priced-out of life-saving treatments... treatments and quality care that are readily available in this great nation. Moreover, the idea of lifetime caps is unfathomable. How do you put a price on one's life? I ask you... What is YOUR Grandmother worth? Your mother? Your father? Your child? At what point would they become too heavy a burden for this resource-rich nation to bear?

Ladies and gentlemen, I find it unconscionable that any of you would vote in support of a bill that would put millions of everyday Americans at risk, while simultaneously filling the pockets of the wealthy. I urge you - as a daughter, as a wife, as a mother, as an American - to vote NO on this bill.

Sincerely,  
Brenda Witkemper  
NC citizen

**Wright, Kevin (Finance)**

---

**From:** Gary Arnold [REDACTED]  
**Sent:** Monday, September 25, 2017 1:14 PM  
**To:** gchcomments; Wright, Kevin (Finance)  
**Cc:** gary8970@gmail.com; Michelle Kraus (mjoykraus@gmail.com); Mark Povinelli  
**Subject:** Senate Finance Committee: Comments on Graham-Cassidy Legislation  
**Attachments:** 2017-September 25- Senate Finance Committee --Comments from LPA-Healthcare Legislation.doc

To: US Senate Finance Committee

Attached please find comments from the organization Little People of America. The comments respond to the Graham-Cassidy Healthcare Legislation, which the committee is considering today. Little People of America opposes the legislation.

Thank you,

Gary Arnold  
[REDACTED]

*The information in, or documents attached to, this e-mail contain confidential or privileged information. The information is the property of the sender and intended only for use by the individual or entity named above. The recipient of this information is prohibited from disclosing the contents of the information to another party. If you are neither the intended recipient or the employee or agent responsible for delivery to the intended recipient, you are hereby notified that disclosure of contents in any manner is strictly prohibited. Please notify the sender of this email immediately if you received this information in error.*

**Wright, Kevin (Finance)**

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**From:** Melissa Wisner-Felch [REDACTED]  
**Sent:** Monday, September 25, 2017 1:17 PM  
**To:** gchcomments  
**Subject:** NO on Graham-Cassidy

Senators,

As one of the MILLIONS of Americans who would be negatively affected by repeal of the ACA, I ask you to abandon Graham-Cassidy and work to fix the ACA.

--

Melissa J. Wisner-Felch, CPIM  
Office [REDACTED]  
Mobile [REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

---

**From:** Beth Lindenberger [REDACTED]  
**Sent:** Monday, September 25, 2017 1:17 PM  
**To:** gchcomments  
**Subject:** No on Graham Cassidy

I would like to see a bipartisan effort to redesign the ACA, not repeal it. My son, a young man, was diagnosed with cancer last year and needs preexisting condition protection. It will be life or death for him. Please vote NO.

Please stand up for Americans. Those in need and for the future healthcare of our citizens.

Sincerely,

Beth Lindenberger

Sent from my iPhone

**Wright, Kevin (Finance)**

---

**From:** JolieLabell [REDACTED]  
**Sent:** Monday, September 25, 2017 12:53 PM  
**To:** gchcomments  
**Subject:** Why Cassidy Graham is a BAD bill. Vote NO.

Dr. (Senator) Bill Cassidy took a hipocratic oath to "DO NO HARM".

Cassidy Graham will harm millions of people by slashing Medicaid and forcing States to cut Medicaid eligibility.

Cassidy Graham will harm millions of people by re-instituting pre-existing conditions which will cause insurance premiums to sky rocket for millions.

Cassidy Graham is being implemented to take monies from The Affordable Care Act so that money can be given to the wealthiest in the form of tax cuts.

Tax cuts do not equate to tax reform.

Taking money from health care programs to give to the wealthiest will result in some people not being able to get health care. Some people will die.

Please post my comments in public view.

Thank you,  
Ramona Thompson

[REDACTED]  
Birmingham AL 35214



**Wright, Kevin (Finance)**

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**From:** Phil Etting [REDACTED]  
**Sent:** Monday, September 25, 2017 1:17 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy

I will be brief. This is a horrible bill. It does NOT protect people with pre-existing conditions which affect everyone – including veterans returning home from war and children with birth defects. It will result in literally millions of people losing health care coverage. Which means more emergency room visits which means more tax payer money and skyrocketing health care rates to accommodate it. It hasn't been given a proper vetting by the CBO and you are forcing this through for NO OTHER REASON other than to try and win political points. It does NOT have the support of the people. Those people are your constituents. Those people are who you are supposed to represent. That is your job. That is your ONLY job. Passing this bill makes you murderers plain and simple. You will have blood on your hands. If that's the legacy you want, so be it. But we, the people, do not.

Sincerely,  
A citizen

**Wright, Kevin (Finance)**

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**From:** Alex Russman [REDACTED]  
**Sent:** Monday, September 25, 2017 1:17 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

Good Afternoon,

I am writing this email to express my opposition to the Graham-Cassidy bill.

Thank you,  
Alex Russman

**Wright, Kevin (Finance)**

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**From:** Erin Plaugher [REDACTED]  
**Sent:** Monday, September 25, 2017 1:17 PM  
**To:** gchcomments  
**Subject:** NO vote on the Graham-Cassidy-Heller-Johnson Health Care Proposal  
**Importance:** High

Dear Members of the Senate Finance Committee:

I urge you to vote **NO** on the Graham-Cassidy-Heller-Johnson Health Care Proposal. I am particularly concerned about the impact the bill will have on people with mental health or substance use disorders. I oppose the bill for the following reasons:

**It allows states to drop the requirement to cover mental health or substance use care.** Today, Exchange plans are required to cover essential health benefits, which include treatment for mental health and substance use conditions. Under this bill, each state will have the freedom to drop or change these requirements, putting mental health and substance use benefits at risk.

**It shifts Medicaid funding to a "per capita cap" system.** Shifting to per capita cap funding (a fixed amount of funding per person) may sound reasonable, but would not keep up with growth in costs and needs. This would result in states being forced to cut Medicaid services and eligibility, which would harm children and adults with mental illness.

**It effectively ends Medicaid expansion.** One in three people covered by Medicaid expansion plans lives with a mental health or substance use condition. Under this bill, Medicaid expansion would be converted to a smaller, temporary block grant that states could use for health coverage or any other health purpose, with no guarantee of mental health or substance use coverage.

**It reduces help to purchase health insurance.** Block grants would provide a fixed amount of temporary federal funding to replace insurance subsidies, severely cutting federal help for people to buy insurance. This will leave many people unable to afford the coverage they need for mental health or substance use treatment.

Please vote **NO** on this potentially devastating bill.

Sincerely,

Erin Plaugher, BA  
Caroline County Manager  
Channel Marker, Inc.  
[REDACTED]

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**Wright, Kevin (Finance)**

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**From:** Debra Wexler [REDACTED]  
**Sent:** Monday, September 25, 2017 1:17 PM  
**To:** gchcomments  
**Subject:** Health care legislation

I urge all of our elected officials to vote NO on Graham-Cassidy. This is not a good piece of legislation and it will leave many citizens without the health care they deserve. The ACA may need to be reworked but repeal-and-replace with such limited coverage is unethical and also not financially sound in the long run. I am offended that the legislators in some states are being bribed to vote for the bill. What is happening to our country?!

## Wright, Kevin (Finance)

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**From:** Softhome [REDACTED]  
**Sent:** Monday, September 25, 2017 1:17 PM  
**To:** gchcomments  
**Subject:** Opposed to Graham-Cassidy

Dear Senate Finance Committee,

Those that vote for G-C will be derelict in their duty to uphold the public good. Polls show that the majority of Americans want to keep and fix the Affordable Care Act. The ACA has benefitted my family immensely and the thought that suddenly the security and stability we have had could disappear is terrifying. This fear that you won't be able to provide for the health and well being of your loved ones is likely something most Senators have not experienced, since you get health insurance from your employer, the taxpayer.

G-C is not only cruel and cynical, it is also ill thought out and inadequately researched. How can an elected official in good conscious vote for something the CBO hadn't had time to analyze?

Putting politics above the good of your fellow citizens is wrong, and I think you must know it. I hope you know it. The most recent CBS News poll indicates only 20% of people approve of G-C. Even among republicans only 46% approve. Government by the people and for the people. The people don't want this. Don't vote for it.

Cathy Billings  
Twentynine Palms, CA 92277

**Wright, Kevin (Finance)**

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**From:** Gary Bellert [REDACTED]  
**Sent:** Monday, September 25, 2017 1:17 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

Dear Sir and Madam,

I am writing this to express my great concern on what will happen if this bill is passed.

Millions of Americans will lose their healthcare coverage and it will destroy the individual market.

I urge you to VOTE NO to protect Americans healthcare coverage.

Gary Bellert

[REDACTED]  
Sycamore IL  
[REDACTED]  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** James Southern [REDACTED]  
**Sent:** Monday, September 25, 2017 1:18 PM  
**To:** gchcomments  
**Subject:** Vote NO on Graham-Cassidy

Dear Members of the Senate Finance Committee:

This bill is not the right answer for Americans and their healthcare needs. This bill is yet another cynical attempt by the Republican majority to pass anything that can be considered a repeal and replacement of the ACA aka Obamacare for no other reason than to score a "political victory", without full consideration of the impact that the resulting law would have on our citizenry's access to adequate and affordable healthcare in this country. The bill does not define what the term "adequate and affordable healthcare" is, and that is one of the major problems with it. States would be free to allow insurance companies to charge higher premiums to those with preexisting conditions, thus pricing those individuals out of the marketplace. This bill allows individual states the ability to define exactly what "essential health benefits" could be covered, thereby creating a situation where essential services such as maternity care, mental health treatment and drug addiction programs would not be covered. This bill brings back a lifetime cap on healthcare spending, which would have a disastrous impact on those individuals with chronically debilitating medical conditions that require a lifetime of care. This bill discriminates unfairly, taking money away from states that adopted Medicaid expansion and giving it to states that did not take Medicaid expansion, despite the saccharin sweeteners that the bill's sponsors put into the language of the bill for the states of Maine and Alaska, in a cynical ploy to buy off Senators Collins and Murkowski. I would be very surprised if either Senator were to take the bait on this. In fact, they realize that this is a short term bandaid to prop up a bill that will be an incredible failure in the long run.

Senator McCain has made the right call on this issue. The best approach to improving healthcare access for Americans is to continue with the Alexander-Murray bipartisan approach to making the necessary improvements to Obamacare, to stabilize the insurance markets and increase access to affordable healthcare.

I urge all of you on the committee to reject Graham-Cassidy and vote no. Thank you.

James E. Southern, Esq.

**Wright, Kevin (Finance)**

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**From:** Carole L Esley [REDACTED]  
**Sent:** Monday, September 25, 2017 1:18 PM  
**To:** gchcomments  
**Subject:** NO Graham~Cassidy

I am asking your committee to vote "NO" on this bill. It, if approved, will only hurt those who need the protection ACA offers. Improve it, YES but don't destroy the benefits it offers your constituents.

Thank you for your help and dedication to the welfare of all Americans.

Carole Lange Esley  
Rockport, Maine



**Wright, Kevin (Finance)**

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**From:** Deborah Fredericks [REDACTED]  
**Sent:** Monday, September 25, 2017 1:18 PM  
**To:** gchcomments  
**Subject:** Cassidy-Graham Bill is a disgrace

As a 58 year old lupus patient, I have spent my adult life fearing cancellation of my health insurance. The ACA changed all that by making it illegal to discriminate against people with pre-existing conditions. The Cassidy Graham bill is a disgrace since it does nothing on a federal level to protect those with pre-existing conditions.

Deborah Fredericks  
Ann Arbor, MI

**Wright, Kevin (Finance)**

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**From:** Sarah Buranska [REDACTED]  
**Sent:** Monday, September 25, 2017 1:18 PM  
**To:** gchcomments  
**Subject:** No to Graham-Cassidy

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. Medicaid allowed me to continue to get quality, necessary, preventive care, including contraception, glasses prescriptions, cancer screenings, and dental check-ups when I did not have insurance through my place of work and while I studied. Healthcare is a right that every American is entitled to, and Medicaid is one way that countless hardworking Americans are able to access that right. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Sarah Buranskas

Pittsburgh, PA

## Wright, Kevin (Finance)

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**From:** Kim Wisner <[REDACTED]>  
**Sent:** Monday, September 25, 2017 1:18 PM  
**To:** gchcomments  
**Subject:** Please Oppose the Graham-Cassidy Plan

Dear Chairman Hatch and Ranking Member Wyden:

Rare disease patients and their families rely on the patient protections that the Senate is considering eliminating by passing the Graham-Cassidy plan. Specifically, this legislation brings back annual and lifetime caps, limitless out-of-pocket costs, and inadequate coverage by rolling back essential health benefits. This bill would also allow insurers to discriminate against rare disease patients by charging them premiums based upon their health status, thus pricing them out of the market.

In addition, rare disease patients and their families rely on Medicaid for life-sustaining and life-saving care. Under the Graham-Cassidy plan, federal funding of Medicaid would be substantially weakened by per capita caps and block grants, resulting in states potentially delaying or outright refusing coverage for necessary care.

I am asking you to stand up for the rare disease community by opposing the Graham-Cassidy plan.

Thank you for your time and consideration.

Kim Wisner  
[REDACTED]  
Lexington, KY 40511  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Trevor Caswell [REDACTED]  
**Sent:** Monday, September 25, 2017 1:18 PM  
**To:** gchcomments  
**Subject:** Comments in Graham-Cassidy healthcare bill

Dear Senators,

Once again the American people are having to defend themselves from an ill-conceived and deceitful piece of legislation.

This latest bill is a shabby attempt to rush through legislation that will harm millions of Americans without proper scrutiny. It shows contempt for the legislative process and, worse still, contempt for the American people.

Nothing about what is being done here is normal. Where are the extensive hearings? Where is the full CBO score? Where is the input from impartial experts? Where is the opportunity for properly thought through and debated amendments? Nowhere. This is an abuse of power, pure and simple.

What we do know is that this half-baked set of proposals will throw healthcare in this country into chaos. Billions of dollars are being stripped from the system, with the likely result that tens of millions will lose their access to affordable healthcare. Protection for people with pre-existing conditions is being stripped away, and insurance companies will once again be able to raise prices for those who can least afford it.

Patient groups, doctors, hospitals and insurance companies have universally condemned these proposals. Poll after poll shows that the overwhelming majority of Americans find this bill repugnant.

Premiums will rise, and millions of people will suffer as a result. Many will die. Personally, I could not sign off on something that would have such appalling consequences for so many of my friends, neighbors, fellow citizens and their families.

Perhaps the worst aspect of this whole tawdry process is the blizzard of lies and deception being propagated by the bill's authors and supporters. Even now, with only days to go, they are engaged in shabby hog-trading, trying to bribe individual senators and play off one state against another.

Most Americans know someone who is going to be hurt by the bill, and we are not fooled by these appalling attempts to deceive us. We know that this isn't a serious attempt to address the healthcare needs of ordinary Americans or to fix problems with the current system. It is a hatchet job which puts ideology and posturing above real world needs.

It is wrong. It is immoral.

Enough is enough.

Regards,

**Wright, Kevin (Finance)**

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**From:** Joseph Frank [REDACTED]  
**Sent:** Monday, September 25, 2017 1:18 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Sincerely,

Joseph Frank, MD

Denver, CO

**Wright, Kevin (Finance)**

---

**From:** Barbara Carter [REDACTED]  
**Sent:** Monday, September 25, 2017 1:19 PM  
**To:** gchcomments  
**Subject:** Obamacare

You need to make sure that this program survives. Too many American lives are at stake. Living a life makes for a pre-existing condition. Be real. Play fair.

Barbara Carter  
Eugene Oregon

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** jennifer davis [REDACTED]  
**Sent:** Monday, September 25, 2017 1:18 PM  
**To:** gchcomments  
**Subject:** I OPPOSE the Graham Cassidy bill!

To Whom it May Concern,

I am writing to share my opposition to the Graham Cassidy bill and encourage all involved parties to VOTE NO on this dangerous bill.

I am a (fully self-sufficient) self employed artist living in Minneapolis, MN.

I make too much money to qualify for MN's "MN Care" program for low wage earners but barely enough to buy my own insurance.

I have a pre-existing condition that requires me to have insurance at all times...

I can only afford expensive, high-deductible insurance that is practically useless to me.

Most years, I am hospitalized and have to pay the full deductible.

So, I pay over \$200/month for insurance plus \$265/month toward my OUTRAGEOUS, piled up hospital bills (that is the minimum they'll allow me to pay monthly, and I'll be paying for years to come.) My medical expenses are more than my monthly rent!

Passage of this bill would raise my premiums, provide me with even worse care and because of my pre-existing condition, I'd like likely lose my coverage eventually. This would bankrupt me very quickly.

PLEASE STOP this repeal nonsense and get to the BIPARTISAN work of fixing the problems with Obama-care. We already have a good foundation- don't burn it down, BUILD IT UP!!!

Starting from scratch is a waste of time!!!

DO THE RIGHT THING, We the People are counting on YOU!!!

Sincerely,  
Jennifer Davis, Minneapolis, MN

[REDACTED]



**Wright, Kevin (Finance)**

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**From:** Valerie Chereskin [REDACTED]  
**Sent:** Monday, September 25, 2017 1:19 PM  
**To:** gchcomments  
**Subject:** Affordable Health Care

My family relies on quality, affordable healthcare with government protections that include unconditionally required coverage of pre-existing conditions. Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Valerie Chereskin

Encinitas, CA 92024

**Wright, Kevin (Finance)**

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**From:** Linda Miller [REDACTED]  
**Sent:** Monday, September 25, 2017 1:19 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

My friends, family, and I depend on affordable, quality healthcare. I oppose the Graham-Cassidy bill.

I know so many people, people who are self-employed and have worked hard all their lives, who cannot afford health care without some sort of assistance (e.g. ACA subsidies, Medicaid, Medicare). I agree with John McCain, there should be a bipartisan Congressional effort to fix and improve the ACA, not repeal it.

Sincerely,

Linda Miller  
[REDACTED]  
McKinleyville, CA 95519

**Wright, Kevin (Finance)**

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**From:** Nina Prudden [REDACTED]  
**Sent:** Monday, September 25, 2017 1:19 PM  
**To:** gchcomments  
**Subject:** Vote NO on Graham-Cassidy: Illness is a Hurricane, Personally and Financially

Dear Senate Finance Committee Members:

Earlier this month, the Senate rightly and generously voted to authorize billions of dollars in assistance to residents of the states hit hard by Hurricanes Harvey and Irma.

How is it that Congress is unable to see how similar illness is to a hurricane? Like floods and high winds, serious illness is personally and financially devastating to its victims. Americans who fall prey to cancer, heart disease, Alzheimer's, diabetes and countless other serious illnesses are as much the victims of a natural disaster as are those whose lives, livelihood and homes are destroyed by a hurricane. They deserve to be treated with the same consideration and generosity of spirit as the hurricane victims.

This is why I also strongly urge all of you to vote NO on the Graham-Cassidy bill that would strip away the health insurance of millions of Americans. The United States needs to join the ranks of every other first-world nation in guaranteeing its citizens a right to be protected from the devastating consequences of serious illness.

Respectfully submitted,

Nina Prudden, PhD

**Wright, Kevin (Finance)**

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**From:** Betty Gilmore [REDACTED]  
**Sent:** Monday, September 25, 2017 1:19 PM  
**To:** gchcomments  
**Subject:** Vote NO on Graham-Cassidy: Illness is a Hurricane, Personally and Financially

Dear Senate Finance Committee Members:

Earlier this month, the Senate rightly and generously voted to authorize billions of dollars in assistance to residents of the states hit hard by Hurricanes Harvey and Irma.

How is it that Congress is unable to see how similar illness is to a hurricane? Like floods and high winds, serious illness is personally and financially devastating to its victims. Americans who fall prey to cancer, heart disease, Alzheimer's, diabetes and countless other serious illnesses are as much the victims of a natural disaster as are those whose lives, livelihood and homes are destroyed by a hurricane. They deserve to be treated with the same consideration and generosity of spirit as the hurricane victims.

This is why I strongly urge all of you to vote NO on the Graham-Cassidy bill that would strip away the health insurance of millions of Americans. The United States needs to join the ranks of every other first-world nation in guaranteeing its citizens a right to be protected from the devastating consequences of serious illness.

Respectfully submitted,

Elizabeth Gilmore

**Wright, Kevin (Finance)**

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**From:** KAABeta <[REDACTED]>  
**Sent:** Monday, September 25, 2017 1:19 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill

I am a citizen from the state of Georgia and I emphatically OPPOSE the Graham-Cassidy health care bill.

Sincerely,  
Kelli Agee  
Augusta, GA

**Wright, Kevin (Finance)**

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**From:** George, Janel <JGeorge@nwlc.org>  
**Sent:** Monday, September 25, 2017 1:18 PM  
**To:** gchcomments  
**Cc:** Wright, Kevin (Finance); Sakai, Laurel (HELP Committee)  
**Subject:** NWLC Statement for the Record-Graham-Cassidy  
**Attachments:** 9-25 NWLC Statement Finance Hearing-Cassidy-Graham.pdf

Please find attached, NWLC's Statement for the Record for today's Senate Finance Committee hearing on the Graham-Cassidy-Heller-Johnson Proposal. NWLC is also mailing a hard copy of this statement to the Finance Committee. Please feel free to contact me directly if you have any questions regarding this Statement at this e-mail address or by phone at (202) 956-3064. Thanks!

*Janel George*  
*Director, Federal Reproductive Rights and Health*  
*National Women's Law Center*  
[REDACTED]  
*Washington, D.C. 20036*  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Brenda Bauer <[REDACTED]>  
**Sent:** Monday, September 25, 2017 1:20 PM  
**To:** gchcomments  
**Subject:** No to Graham-Cassidy bill

"NO" to Graham-Cassidy bill.

Brenda Bauer  
Wisconsin

**Wright, Kevin (Finance)**

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**From:** LuAnne Holladay [REDACTED]  
**Sent:** Monday, September 25, 2017 1:20 PM  
**To:** gchcomments  
**Subject:** NO to Graham-Cassidy repeal effort

To the Committee, with respect:

As a U.S. citizen approaching 60, with an aged parent, with my own pre-existing conditions:

PLEASE do not screw over people like me by supporting this ill-informed effort at repeal.

DO THE BI-PARTISAN WORK to fix the ACA. Please do what's best for all of us.

Thank you,  
LuAnne Holladay  
Bloomington IN 47404



**Wright, Kevin (Finance)**

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**From:** Carolyn J GOLDWIRE [REDACTED]  
**Sent:** Monday, September 25, 2017 1:20 PM  
**To:** gchcomments  
**Subject:** Vote Against the Cassidy-Graham Healthcare Bill

This latest repeal effort is worse than the last one. GOP needs to grow up and start acting like responsible adults and work with Democrats and medical professionals and FIX what needs to be repaired with ACA. NO ONE, except 50 (plus the VP vote) greedy, self-serving Republican senators wants the Graham Cassidy repeal. GOP needs to stop putting party and donors over Country and do what's right for the American people.

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Marcie Roth <[REDACTED]>  
**Sent:** Monday, September 25, 2017 1:18 PM  
**To:** gchcomments  
**Cc:** PAUL TIMMONS; Melissa Marshall  
**Subject:** Comments on H.R. 1628 (Graham-Cassidy) -Partnership for Inclusive Disaster Strategies  
-Portlight Inclusive Disaster Strategies  
**Attachments:** Portlight - Partnership Graham-Cassidy comments.docx

Comments on H.R. 1628 (Graham-Cassidy)

Partnership for Inclusive Disaster Strategies  
Portlight Inclusive Disaster Strategies

[REDACTED]

[REDACTED]

Portlight Inclusive Disaster Strategies and The Partnership for Inclusive Disaster Strategies are led by and for people with disabilities and are committing to oppose H.R. 1628, herein after referred to as Graham-Cassidy. We support children and adults with disabilities by responding to disasters and ensuring that disaster planning on the local, state and national level provides equal access. These comments will focus primarily on children and adults affected by disaster.

If Graham-Cassidy is passed, large numbers of children and adults with disabilities will die under non-disaster circumstances. This not hyperbolic. Children and adults with disabilities by definition have pre-existing conditions, which will make health care unaffordable. The functional elimination of Home and Community Based Services under Medicaid will prevent some people with disabilities, who depend on personal care assistance that are now paid for by Medicaid, from getting out of bed. They will sustain injuries from remaining in bed, and not have access to food and water or the ability to toilet without personal assistance. They will not be able to access an emergency room for health care.

If this legislation is enacted, a large number of children and adults will be forced to unnecessarily live in nursing homes and other institutions under ordinary non-disaster circumstances. This violates the Americans with Disabilities Act, as found in the Supreme Courts' *Olmstead* decision (*Olmstead v. L.C.*, 527 U.S. 581). Further, unnecessary institutionalization imposes a burden on tax payers, because institutionalization is vastly more expensive than supporting people with disabilities in the community.

Supports provided by Medicaid, especially access to personal care assistance are critical components of safe evacuation and disaster mitigation. Just as children and adults with disabilities are disproportionately impacted by Graham-Cassidy, they are disproportionately impacted by disasters. This is compounded even further because disasters are increasing in numbers and scope.

To the degree that passage of this legislation will cost children and adults with disabilities their health, their civil rights and at times their lives in non-disaster circumstances, the result will be exponentially increased during and after disasters. Just as children and adults with disabilities have the right to equal treatment before, during and after disasters, they have the right to equal access to health care before, during and after disasters.

The recent hurricanes have taught us that despite progress since hurricane Katrina, children and adults with disabilities are still disproportionately impacted by disasters. People with disabilities and older adults are 2 to 4 times more likely to die or be seriously injured in a disaster. In addition to the tragedy at the Hollywood Hills Nursing Home in Hollywood, Florida where eight older adults died, our hotline continuously, responds to calls where people with disabilities are in dire circumstances during disasters because of failure to accommodate their disabilities.

Post Katrina, the civil rights of adults and children with disabilities continue to be violated. Most have been denied their basic right to equal access to federally funded emergency programs and services. People with disabilities have been admitted to nursing homes and other institutions unnecessarily; students with disabilities have been denied a free and appropriate public education, as their non-disabled peers return to school; service animals for people with disabilities have been denied access to shelters; Deaf and Hard of Hearing individuals have been denied sign language interpreters and communication devices; and shelters have failed to meet physical accessibility requirements. These and other accommodations have not been, or have been inadequately provided, despite requirements under the Americans with Disabilities Act, the Rehabilitation Act or the Individuals with Disabilities

Education Act.

Decimating Medicaid and the Affordable Care Act will exacerbate these situations immeasurably. During and after disasters, the need for health maintenance and care increases. Children and adults often acquire disabilities as a result of disasters. Without health insurance, they will experience worsening health. The number and duration of hospitalizations will increase. Unnecessary institutionalizations will increase because, without health insurance, community living will become impossible for many more people with disabilities. This too violates the civil rights of people with disabilities and burdens taxpayers.

The mission of Portlight Strategies is to provide disability inclusive disaster services. Our core values of equal access, inclusion and independence continually guide our work, modeling inclusion of each individual as an integral part of the whole community. We envision a future where alerts, evacuation, shelter and recovery are accessible to all, led by the active involvement of people with disabilities and

fully informed by the community as a whole. Passage of Graham-Cassidy will prevent us from fulfilling our mission, and cause harm to communities across the nation.

Marcie Roth

[REDACTED]

## Wright, Kevin (Finance)

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**From:** Edith [REDACTED]  
**Sent:** Monday, September 25, 2017 1:20 PM  
**To:** gchcomments  
**Subject:** Cassidy/Graham Bill

Madames/Sirs

I am writing to strongly oppose the CassidyGraham "healthcare bill". It is heartless and draconian and will adversely effect tens of millions of Americans who are being treated like meaningless pieces in a game of ridding the country of the ACA and blotting out the actions of the previous administration.

You are being dishonest with us about the effects of your bill on our health care: the lack of mandated provisions for preventative care; the lack of such things as mandatory pregnancy and delivery care; the over time massive reductions to both Medicare and Medicaid. It is specious to say you are giving control to states when we all know that financially strapped states already limit or remove coverage for large swaths of people. It is disingenuous to say that you are removing federal dollars who chose to expand Medicaid to states who chose not to do so. We all know that EVERY state had the opportunity to expand those services but did not do so, most due to political opposition to the former administration. It is inhumane to remove the protections for those of us with pre-existing conditions. Doing so may well result in the death of those with such conditions. I am one of those people who under this law might be kicked off my health insurance or have an unaffordable policy and or/ deductibles. I am LIVING with cancer due to the ACA.

Lastly it is the height of hypocrisy that you would remove affordable, accessible health care from your constituents, but you ensured that you and your families and staffers would have access to all the provisions of the ACA. You insured that your Cadillac health care would stand while many of your fellow Americans that you say you care about may have inadequate healthcare at best and no healthcare at worst. You are not caring Patriots. You are mean spirited, more concerned with your Lobbyists and large campaign donors than you are with the American people.

"History has it's eyes on you" and deservedly will not treat you well.

Edith Wolfson

Sent from my iPhone [REDACTED]

**Wright, Kevin (Finance)**

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**From:** Jerry Blazek [REDACTED]  
**Sent:** Monday, September 25, 2017 1:21 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Jerry Blazek  
Palm Desert, Ca

**Wright, Kevin (Finance)**

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**From:** Judy Bresnahan [REDACTED]  
**Sent:** Monday, September 25, 2017 1:21 PM  
**To:** gchcomments  
**Subject:** Kill the Graham-Cassidy Bill, not the People

To Whom It May Concern at Senate Finance Committee:

Too many people's health and very lives are at stake for the US Congress to even think about decimating ACA and Medicaid in the myriad of ways proposed by the Graham-Cassidy (GC) bill.

For Medicaid, it's all about the money. It will be impossible for states to sustain Medicaid's current level of coverage and benefits if the Medicaid budget is cut and its program is changed from a fee-for service to capped block grant structure under GC bill. No matter how well meaning the states are or how much the "red" states are subsidized in the near term, in the long run states will succumb to budgeting shortfalls and will drastically cut direct Medicaid payments and coverage (including Kimmel preexisting conditions rule). That is why the federal government must fund safety net programs and must retain the Medicaid and Medicaid expansion programs in their current state.

For ACA you know it is wrong to throw millions of people off the program onto the rolls of the uninsured. The citizens will suffer and health care providers will see red ink and will fail. Furthermore, it is wrong to deny tax credits to employers whose health benefits include family planning and abortion. Do you really want to see abortions being performed with wire coat hangers in back alleys again?

Please: kill the GC bill now!

Thank you,  
Judy Bresnahan  
[REDACTED]  
New York, NY 10009

**Wright, Kevin (Finance)**

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**From:** Elaine O'Reilly [REDACTED]  
**Sent:** Monday, September 25, 2017 1:17 PM  
**To:** gchcomments  
**Cc:** Pearson, Beth (Warren); Hurt, Nikki (Markey)  
**Subject:** Testimony  
**Attachments:** mfpa17.federalacareplacemerntletter Chairman Hatch and Ranking Members.docx

Please accept this testimony on behalf of the MA Family Planning Association.

Elaine O'Reilly

[REDACTED]  
[REDACTED]  
Boston, MA 02108  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



**Wright, Kevin (Finance)**

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**From:** Tracy Burrell [REDACTED]  
**Sent:** Monday, September 25, 2017 1:22 PM  
**To:** gchcomments  
**Subject:** Vote NO on Graham-Cassidy

Please vote no on a bill that would imperil children, veterans, the elderly and many other Americans. Show true leadership by putting together a bipartisan effort to improve the ACA - don't rip it away from those who need help the most.

**Wright, Kevin (Finance)**

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**From:** david beaty [REDACTED]  
**Sent:** Monday, September 25, 2017 1:22 PM  
**To:** gchcomments  
**Subject:** Please Oppose the Graham-Cassidy Plan

Dear Chairman Hatch and Ranking Member Wyden:

Rare disease patients and their families rely on the patient protections that the Senate is considering eliminating by passing the Graham-Cassidy plan. Specifically, this legislation brings back annual and lifetime caps, limitless out-of-pocket costs, and inadequate coverage by rolling back essential health benefits. This bill would also allow insurers to discriminate against rare disease patients by charging them premiums based upon their health status, thus pricing them out of the market.

In addition, rare disease patients and their families rely on Medicaid for life-sustaining and life-saving care. Under the Graham-Cassidy plan, federal funding of Medicaid would be substantially weakened by per capita caps and block grants, resulting in states potentially delaying or outright refusing coverage for necessary care.

I am asking you to stand up for the rare disease community by opposing the Graham-Cassidy plan.

Thank you for your time and consideration.

Mr. david beaty  
[REDACTED]  
stratford, CT 06614  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Beverly Lenny [REDACTED]  
**Sent:** Monday, September 25, 2017 1:22 PM  
**To:** gchcomments  
**Subject:** Vote no on Graham Cassidy

Thirty Million people who have health care now will lose it if you vote for this. Imagine this is your legacy. Millions more will be stripped of affordability because we will lose protection for existing conditions, which everyone has after age 30.

Please, please, do the right thing here. Vote NO! Then, let us put our best heads together and come up with something that works for all.

Beverly Lenny  
Nevada

**Wright, Kevin (Finance)**

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**From:** Ruth Ross [REDACTED]  
**Sent:** Monday, September 25, 2017 1:22 PM  
**To:** gchcomments  
**Subject:** Opposed to Graham-Cassidy bill

Family members and friends will lose their coverage if this passes.

My husband and I are both cancer survivors--I cannot imagine what they would charge us for premiums if this passes

Please please oppose

Thanks

--  
Ruth  
and David  
Ross

[REDACTED]  
Port Townsend, WA 98368  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Kristen/Bob Ehlman <[REDACTED]>  
**Sent:** Monday, September 25, 2017 1:23 PM  
**To:** gchcomments  
**Subject:** No to Graham-Cassidy

I am live in Delaware. Stop trying to repeal and replace for the sake of a political promise. Let Alexander and Murray finish the work they started and fix what is wrong with the ACA. And for the country's sake, return to regular order.

## Wright, Kevin (Finance)

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**From:** Theo Allen [REDACTED]  
**Sent:** Monday, September 25, 2017 1:23 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy

Dear Chairman Hatch and Ranking Member Wyden:

Thank you for soliciting comments from ordinary Americans. The repeal of Obamacare, regardless as to the form, is Trumpcare. All the forms have virtually the same problems.

Fact one is that Trumpcare is really a tax cut. However, President Trump has not released his tax returns, unlike all Presidents going back to Ronald Reagan. The Speaker of the House of Representatives has ruled that it does not constitute a question of privilege to request the President's tax returns and only one Republican, Walter Jones of North Carolina, has voted with all Democrats to demand the President's Tax Returns. The House Ways and Means Committee has also refused to report Resolutions of Inquiry favorably to demand the President's Tax Returns. And as a New Yorker, my Assemblyman has introduced the TRUMP Act, which would require the President's New York State Income Tax Returns to be released.

Fact two is that there are a few provisions that ensure that healthcare is accessible to Americans. These provisions are no lifetime or annual caps, guaranteed issue, and community rating. No version of Trumpcare repeals the limitation on caps for lifetime or annual purposes, but Graham-Cassidy allows States to impose caps through waivers this bill allows. Guaranteed issue allows people to get insurance without concern of preexisting conditions, which no one abolishes. But Trumpcare largely ignores community rating. Gender discrimination is not reinstated. But age discrimination goes from the maximum three-to-one up to five-to-one and States can change that factor. New York, which has healthy exchanges, prohibits any difference in price because of age.

Fact three is that there is no personal or employer responsibility to purchase insurance under Graham-Cassidy. This creates a free rider problem that would cause young and healthy people to drop out. There is no individual mandate, and the mandate is retroactively repealed nearly twenty months ago at the end of 2015. Graham-Cassidy does not contain a six month waiting period, nor does it contain a thirty percent increase for one year after not having insurance that would disproportionately harm the poor. Instead, there is a short forty-five day waiting period, including scheduled maintenance.

Fact four is that the bill would force New York State to raise taxes significantly. Healthcare is a constitutionally a matter of public concern in New York, and cutting Medicaid to the degree that would be forced here would violate the State Constitution. In prior versions, Trumpcare included the unconstitutional Buffalo Kickback, also known as the Collins Faso Amendment, which would prohibit Federal Matching Dollars from being used to match local expenditures in New York State other than by New York City. This bill would block grant Medicaid and grant States whose Governors and State Legislatures refused to expand Medicaid extra money, at the expense of States like New York which chose to spend on taking care of its residents.

Fact five is that Graham Cassidy would include bribes for Alaskan Senator Lisa Murkowski, Arizona Senator John McCain, Kentucky Senator Rand Paul, and Maine Senator Susan Collins which violate Rule XLIV of the Standing Rules of the Senate. This should alone disqualify the bill. Clause 4(a) of Rule XLVI of the Standing Rules of the Senate provides that "If during consideration of a bill... a Senator proposes an amendment containing a congressionally directed spending item ... then as soon as practicable, the Senator shall ensure that

a list of such items (and the name of any Senator who submitted a request to the Senator for each respective item included in the list) is printed in the Congressional Record.”

This bill should be rejected, since there is no path to repeal Obamacare if no Democrat will vote for in favor of repealing Obamacare and Senator McCain will only support a bipartisan process. With 49 no votes, two more will kill the bill. Senators Collins and Murkowski want to not change Medicaid, defund Planned Parenthood, and harm rural Alaskans. Senators Paul and Cruz want to eliminate the subsidies, block grant and shrink Medicaid, and eliminate the Title I protections that Americans count on. With these facts, the only way to get the votes is to use earmarks similar to the Cornhusker Kickback.

Instead, Congress should pass national reinsurance and cost sharing reduction payments to make Obamacare work.

Sincerely,  
Theo Allen

## Wright, Kevin (Finance)

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**From:** Jean-Marie Lawrence [REDACTED]  
**Sent:** Monday, September 25, 2017 1:23 PM  
**To:** gchcomments  
**Subject:** Thoughts on Graham-Cassidy

Dear Sen. Finance Committee Members,

I just celebrated 7 months at my first full time job. It's more than just a job to me; it's my opportunity to contribute to the community; to live the life I was told as a child was within my reach. My American Dream.

I worked hard to get here. I earned my Bachelor of Science in Political Science, and my Master of Public Administration. Like many young adults, I struggled with the new realities of life with responsibilities and searched for the type of person I wanted to be. I got dirty along the way and learned some hard lessons. I believe I'm a better person because of it.

Unfortunately, all of what I worked so hard to achieve will be worthless if you allow the Graham-Cassidy Bill to pass. I was diagnosed with Limb Girdle Muscular Dystrophy when I was seven years old. Muscular Dystrophy is a neuromuscular disability that causes the muscles to degenerate and progressively weaken over time. For me, this means I now require help with every activity of daily living, from getting in and out of bed, to using the bathroom, to preparing meals, and everything in between. I also need a power wheelchair for mobility and a ventilator to help me breath at night.

I'm not bothered by these needs. They are simply a fact of life that I, along with many of the millions of other Americans with disabilities, must deal with to live. And we do live. We go to work, own homes, have social lives, and much more. We live in, and contribute to, our communities. For many of us, this is only possible because of Medicaid. Medicaid offers me what no other insurance can: the means to work towards my American Dream.

Without Medicaid, I would lose the home healthcare I need to get up and ready for work every day. Without Medicaid, I would not be able to afford a power wheelchair that helps me reposition my body throughout the day, shifting pressure points and reducing the likelihood of other health issues. Without Medicaid, I could not afford the ventilator that helps my lungs while I sleep. Without Medicaid, I would end up in a nursing home or other long term care facility. My life, at the age of 30, would be dictated by others in institutions which are often understaffed and patients rarely receive the assistance they truly need.

As the debate continues around repealing and replacing the Affordable Care Act, I spend my days terrified of what the future holds for me and the millions like me. Let me be clear: I fully support changes to healthcare that benefit Americans. We need a system that allows people to afford the care they need and keeps people like me in our communities where we belong, but the direction this bill is



taking is not the way. Listen to the facts that say the federal government covers 65% of Medicaid costs for Tennessee. Understand that if Medicaid is cut or capped, the needs of Tennesseans, 102,000 of whom have intellectual or developmental disabilities, will shift to the state, families, and communities. Listen to your constituents calling, writing, and meeting with you. Vote *no* on any healthcare bill that threatens our lives.

You will have to make a decision soon – a decision that says, in many ways, what value you place on the lives of people with disabilities. As you weigh your decision, remember that healthcare shouldn't be a right wing or left wing, Republican versus Democrat issue. Healthcare is a life or death issue – a **human rights issue**. Remember that hundreds of thousands of Tennesseans, and millions of Americans, rely on Medicaid for their chance at life, liberty, and the pursuit of happiness.

Sincerely,

**Jean-Marie Lawrence, M.P.A.**  
Member, TN Council on Developmental Disabilities  
Ms. Wheelchair Tennessee 2012

[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Tara Booth [REDACTED]  
**Sent:** Monday, September 25, 2017 1:23 PM  
**To:** gchcomments  
**Subject:** Healthcare

I write in order to encourage legislators to begin a sincere and comprehensive approach to create a healthcare system that is compassionate, comprehensive, fair , intelligent and Unemcumbered by special interests and greed.

I cannot support the graham Cassidy bill as it lacks all the above requirements...

Tara Booth

Sisters, Oregon

**Wright, Kevin (Finance)**

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**From:** Jennifer Edson [REDACTED]  
**Sent:** Monday, September 25, 2017 1:23 PM  
**To:** gchcomments  
**Subject:** I PLEAD WITH YOU NOT TO PASS THIS BILL

My family relies on affordable and good quality healthcare. I know so many people who do who suffer from pre-existing conditions and disabilities that will not be covered on the Graham-Cassidy bill.

THIS WILL MAKE THEIR LIVES MISERABLE.

I oppose the Graham-Cassidy bill.

My story with pre-existing conditions includes mental health and we already know what happens when people cannot find quality care and are not covered because this is what defines a pre-existing condition.

Wouldn't it be better to see a bipartisan Congressional effort to improve the ACA, not repeal it?

**PLEASE DO NOT PASS GRAHAM-CASSIDY!!!**

Sincerely,

Jennifer Edson  
New York City, New York

**Wright, Kevin (Finance)**

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**From:** Ben Umholtz [REDACTED]  
**Sent:** Monday, September 25, 2017 1:23 PM  
**To:** gchcomments  
**Subject:** Opposition to the Lindsey-Graham Act

Dear Congresspeople,

I am writing to express my opposition to the Lindsey-Graham Act. My family relies on the system in place, and the Lindsey-Graham Act offers no guarantees of future coverage for us. Indeed, it offers no guarantees for millions of Americans. I also object to the partisan and rushed manner in which it was devised and is trying to be implemented. This has happened with no input or support from the minority party and without waiting for it to be scored and assessed. This is not how a functional government works. For all of these reasons, this act faces my determined opposition. Thank you for your time.

Sincerely,

Ben Umholtz

**Wright, Kevin (Finance)**

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**From:** Carrie Richgels [REDACTED]  
**Sent:** Monday, September 25, 2017 1:22 PM  
**To:** gchcomments  
**Cc:** Savage, Susannah (Warren); Pearson, Beth (Warren)  
**Subject:** Opposition to Graham-Cassidy  
**Attachments:** Graham-Cassidy Opposition letter.docx

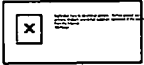
Dear members of the Senate Finance Committee,

Please include the attached comments of **opposition** in your consideration of the Graham-Cassidy healthcare proposal.

Thank you.

Best,  
Carrie Richgels

**Carrie Richgels | Executive Policy and Administrative Assistant**



[REDACTED]

The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you by mistake and the e-mail appears to contain confidential information, please contact the Office of the General Counsel at AIDS Action. If the e-mail was sent to you in error but does not contain confidential information, please contact the sender and properly dispose of the e-mail.

## Wright, Kevin (Finance)

---

**From:** Fern Webb [REDACTED]  
**Sent:** Sunday, September 24, 2017 7:12 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy bill should not pass

Healthcare should not be used to provide tax cuts for the rich. The government is all of us, yet most of you only represent those that line your pockets. This is life and death, the difference between thriving and suffering. You voted to keep ACA protected healthcare for yourselves, but want to take it away from Everyone else.

This harm would not be easily undone and for some will be final. Every expert in this country is telling you this is a bad idea. Every developed nation on this planet cares for their people. You look into the cameras and lie to us. This is too big to be rushed and partisan. We all must be involved.

The GOP and current WH has openly and intentionally acted to sabotage the ACA. Of course it is going to fail under those circumstances. Fix it. Simple. Repub, Dems, public and experts come together and fix it.

I am a disabled vet who knows that the GOP votes against our interests 100% of the time. Graham Cassidy trump care is not going to do anything but make things worse for us.

VOTE NO to graham Cassidy.

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Maureen Rao [REDACTED]  
**Sent:** Monday, September 25, 2017 1:23 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy-vote no

Do NOT pass this horrific bill. It's discriminatory to women (sexual assault is a pre-existing condition, but Erectile Dysfunction is not?!), will destroy the economy (millions of lost healthcare jobs), and should not be legal if congress exempts themselves.

Maureen Rao, CT

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** phyllis Langsdorf [REDACTED]  
**Sent:** Monday, September 25, 2017 1:24 PM  
**To:** gchcomments  
**Subject:** Health Care Bill

To All Senators,

Please remember that when you voting you are voting for all states and millions will be hurt by this new bill. Please VOTE NO!!!!!!

Thank you  
Phyllis and Ken Langsdorf

--  
Please note my new email address [REDACTED]



**Wright, Kevin (Finance)**

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**From:** Vanessa Lowe [REDACTED]  
**Sent:** Monday, September 25, 2017 1:24 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

September 25, 2017

To Whom it May Concern -

I am writing because I have had a pre-existing condition since I was 26 years old, despite living a completely healthy lifestyle (I exercise regularly, do not drink, smoke or take drugs, and have a healthy diet). This pre-existing condition has also required very minimal health care costs over the past decades.

There were several years where it was difficult or impossible for me to get health insurance, despite the fact that there were "high risk pools" that were designed to give access to insurance. There were waiting periods that left me unable to have insurance, and put me at risk of being financially wiped out should I contract some other type of illness.

Because of this, I oppose the Graham-Cassidy bill. There are NO requirements that pre-existing conditions be covered, but rather vague language about states needing waivers, etc.

Any comprehensive health care bill needs bipartisan debate and thorough analysis to ensure that it supplies fair and comprehensive health care to the most number of Americans.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Vanessa Lowe  
Albany, California

**Wright, Kevin (Finance)**

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**From:** [REDACTED]  
**Sent:** Monday, September 25, 2017 1:25 PM  
**To:** gchcomments  
**Subject:** Important comment

I am truly opposed to the *Graham-Cassidy proposal!!!!!!* It will ruin a lot of people especially those with disabilities such as brain injury. They can't work and they rely on what little they receive from Medicare/Medicaid.

What's more concerning at this time is the Nuclear War threat from North Korea. Isn't there someone in charge who can 'reel' Trump in? He's stirring up more problems by making threats and shooting off his mouth!!

Come on people-in-charge, do something!!

**Wright, Kevin (Finance)**

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**From:** Robin Ivester [REDACTED]  
**Sent:** Monday, September 25, 2017 1:25 PM  
**To:** gchcomments  
**Subject:** Comments on Graham-Cassidy Bill

Briefly: As a physician in Louisiana, I do not understand at all why Senator Cassidy thinks this would be a good thing for our state or his constituents, much less for the entire US. As a physician who cares for patients with Medicaid, I worry that the passage of this bill would lead to a tremendous burden of cost, morbidity, and increased risk of death for my patients. I cannot in any way support this bill.

Any major change to healthcare law deserves full CBO analysis of not just the monetary cost but the likely impact to the health of our population, and a full bipartisan analysis and debate. The current process is deliberately trying to shortcut this, and that is a disservice to the American people.

I strongly encourage you to push for full evaluation and debate about the impact of this bill so that any changes to current law can be done in a way that is at the very least discussed honestly and completely.

Best,  
Robin Ivester, MD  
New Orleans, Louisiana 70118

## Wright, Kevin (Finance)

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**From:** Meredith Richard [REDACTED]  
**Sent:** Monday, September 25, 2017 9:01 AM  
**To:** gchcomments  
**Subject:** Graham Cassidy comments

I implore you not to pass the Graham Cassidy Bill. It would decimate Medicaid , and make coverage for those with pre existing conditions un attainable and impossible to afford. Additionally , it would slash millions in federal funding to numerous states.

My employer doesn't provide insurance so I rely on the ACA to get access to healthcare . Until the ACA was put in place , insurance was something I could only afford periodically. I could also barely afford prescriptions . We need bipartisan solutions to healthcare and Stabilization the ACA insurance market . Trying to ram a bill through with no public input or CBO score is a travesty. Putting people's lives at risk to score political points is unacceptable . Congress needs to restore regular order . We should be trying to make healthcare more accessible, not less.

Thank you.

Sincerely,

Meredith Richard .

Alexandria,

VA

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** sharon borchert [REDACTED]  
**Sent:** Monday, September 25, 2017 9:00 AM  
**To:** gchcomments

NO to Graham Cassidy

Sharon Borchert  
[REDACTED]  
West Bend WI 53090

Sent from [Mail](#) for Windows 10

**Wright, Kevin (Finance)**

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**From:** Caroline [REDACTED]  
**Sent:** Monday, September 25, 2017 7:06 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

As a 37-yr-old mom of 2 with a preexisting condition, this bill would also hurt me and my family. I cannot in good conscience support this bill, and neither should you.

Caroline Anschutz  
Mechanicsburg, PA

## Wright, Kevin (Finance)

---

**From:** Beth Garcia [REDACTED]  
**Sent:** Monday, September 25, 2017 9:01 AM  
**To:** gchcomments  
**Subject:** public testimony Graham-Cassidy hearing

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My story is multi-fold. My grandmother relies on Medicaid since she was admitted to a nursing home. She lived in the same house for 60+ years. She had Medicare plus a Medicare supplemental to pay all her healthcare bills, and without a mortgage, her main expenses were food. But, once she hit the nursing home, the \$300/per day co-pay sapped her savings and she had to sell her home within a year. Without Medicaid, she will be lost. I have two sisters who have used the exchanges for healthcare coverage due to underemployment and not being able to find a full-time job with benefits. My husband and I are lucky enough to have been employed at the same company since 2000 and have noticed that the health insurance offered by our company continually is more expensive with less coverage. This trend subsided somewhat once the ACA was passed, but will drastically increase if the ACA is repealed. In addition, our company has branches in many states and if the ACA is repealed and individual states are allowed to come up with their own regulations, I am sure our company will pick our coverage from the cheapest state it can find instead of offering the best coverage.

The ACA has helped millions, but it is not perfect. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Mary Garcia

[REDACTED]  
Groton, MA 01450

## Wright, Kevin (Finance)

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**From:** Art Bailey [REDACTED]  
**Sent:** Monday, September 25, 2017 9:01 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. While I have the unbelievable good fortune to enjoy great healthcare under my wife's work plan, most of my relatives, and many of my friends rely on ACA for their healthcare needs. If ACA is repealed, it will certainly have devastating, life-threatening consequences for many of them, many of whom are elderly, and not able to care for themselves. It is unfathomably draconian and heartless, not to mention the very opposite of the idea of an American public servant, to legislate in favor of things that will bring harm and heartache to American citizens. I frankly do not understand the obsession with repealing the ACA, which has brought coverage to millions who otherwise would be uninsured. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Art Bailey  
Brooklyn, NY



## Wright, Kevin (Finance)

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**From:** Arlette Cooper Tinsley [REDACTED]  
**Sent:** Monday, September 25, 2017 9:00 AM  
**To:** gchcomments  
**Subject:** Please don't pass #GrahamCassidy (any version) and instead engage in bipartisan reform of ACA  
**Attachments:** 20170620\_171338.jpg

To the committee:

I have worked every day of my life and hav good insurance.

But before the ACA, even good insurance had a lifetime cap.

When the ACA passed, my employer bought reinsurance for high dollar events. Anything over 250K is covered by reinsurance. We buy it for less than 35K a year for 800 covered individuals. Reinsurance works. High risk pools don't. You save money when you cover every one and spread the risk.

I am in an ironic position. I implemented the ACA for my employer, and my family benefited from it when my son became ill. He fought braincancer and is in remission. He is in college part time. The #ACA's ban on lifetime and yearly caps meant he could be treated inpatient for 11 months and get rehab to relearn how to walk, talk, eat, etc. We have medical debt but we are not bankrupt. Fighting brain cancer was much, much harder than implementing the #ACA. I would love to testify in a real hearing on what needs to change, and needed reforms.

Graham-Cassidy, especially the new version issued today, would gut protections for my son. He now has a preexisting condition. Making states "pinkie-swear" they have a plan for those with preexisting conditions, and the plan can now include multiple high risk pools, higher fees for illness, conditions, barebone policies that dont include anything-- this is all antithetical to the concept of insurance. Insurance must spread risk. These kinds of barebone policies will include lifetime caps. No one ever thinks the cap is a problem, until suddenly it is. Your kid gets cancer. I am basically begging you for my son's life.

Also, my son depends on Medicaid as secondary. He has disabilities caused by the cancer. He has to have a daily injection of medication not covered by our insurance. Also he needs some equipment.

He is in collége part-time and wants to be a teacher. There were doctors that wanted to send him to a pediatric nursing home. If the ACA and medicaid waiver didnt exist, he would have either died, or gone to a nursing home after we declared bankruptcy. The ACA saved his life. As a ward of the state, ironically, if we lost everything in bankruptcy-- he would have been more expensive to the government. Medical bankruptcies are at a 60 year low because of the ACA.

Please let kids like mine heal, and contribute to society by reforming the ACA, keeping its protections and killing Graham-Cassidy. I dont believe I should have to beg for my child's life.

Sincerely,

Arlette Tinsley  
[REDACTED]

Louisville KY 40222

**Wright, Kevin (Finance)**

---

**From:** Mag M [REDACTED]  
**Sent:** Monday, September 25, 2017 9:00 AM  
**To:** gchcomments  
**Subject:** I am VERY VERY concerned about the Graham-Cassidy Bill

Dear Members of the Finance Senate Committee,

As a citizen living in the Commonwealth of VA, I am extremely alarmed at the proposed Graham-Cassidy bill.

It is UNACCEPTABLE for a country who is considered a world leader in so many aspects to pass a health care bill that would cause more than 30 million people to lose their health insurance. It is unacceptable and not in line with our human values.

Millions of people would lose their coverage and the lives of these families would be destabilised and the ripple effect of losing coverage would be multiple and would ultimately cause a strain on the other government systems.

I appeal to you to heed the recommendations of all the public health and medical organisations. They advise against this bill. Please, listen to these experts. Put the needs of citizens first. Not the political agenda of a particular party.

Thank you.

Sincerely,

Maghboeba Mosavel

**Wright, Kevin (Finance)**

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**From:** [REDACTED]  
**Sent:** Monday, September 25, 2017 8:59 AM  
**To:** gchcomments  
**Subject:** GCHcomments@finance.senate.gov

Senate Finance Committee

Attempts to repeal the ACA are disgraceful because they all have the common factor of making health care less accessible to more people.

Since love of money is the only thing that Republicans seem to understand, and this is the finance committee: We will all be more prosperous if we include everyone in the health care market. If you have a product that few can afford, you are not going to make as much money as if you have a product that all can purchase.

If everyone who ever had a health problem is excluded, who is going to buy your expensive procedures and medicines? No one.

Anyway, I'd rather die than live in this country the way the Republicans are trying to drive us back to the days of serfdom.

Andrea Heggen

**Wright, Kevin (Finance)**

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**From:** Anik Joshi [REDACTED]  
**Sent:** Monday, September 25, 2017 9:00 AM  
**To:** gchcomments  
**Subject:** GCHJ

Please don't pass this bill as it'd destroy healthcare in America.

**Wright, Kevin (Finance)**

---

**From:** Harold Gomes [REDACTED]  
**Sent:** Monday, September 25, 2017 9:00 AM  
**To:** gchcomments  
**Subject:** Dependent on Medicaid for life necessitating private duty nursing

Hello,

I am a 39-year-old man with Duchenne muscular dystrophy. I use a wheelchair rely on ventilator. Because of my severely debilitating condition and disease, I require private duty nursing. For 10 years, I had 15 hours of private duty skilled nursing in my home. Recently the state cut my hours I'm afraid if Medicaid is cut... I will lose more of my hours may end up in a institution.

thank for your kind consideration of this matter, Harold

**Wright, Kevin (Finance)**

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**From:** Stephanie Jo Peksens [REDACTED]  
**Sent:** Monday, September 25, 2017 9:00 AM  
**To:** gchcomments  
**Subject:** Graham Cassidy comment

Please oppose this attempt to take health insurance away from millions of Americans - and the bribes they added for Alaska and Maine!

Signed,  
Stephanie Jo Peksens  
Concerned citizen of NY

\*\*\*\*\*

Stephanie Jo Peksens  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Susan Kouguell [REDACTED]  
**Sent:** Monday, September 25, 2017 9:00 AM  
**To:** gchcomments  
**Subject:** PLEASE VOTE NO

PLEASE STOP THIS DEVASTATING BILL FROM PASSING. MY FAMILY, LIKE MILLIONS OF OTHERS IN THIS COUNTRY, HAVE PRE-EXISTING CONDITIONS (MY GOODNESS, IF YOU ARE BORN WITH AN ILLNESS THAT QUALIFIES AS PRE-EXISTING!) -- THIS BILL SHOULD BE REVIEWED NOT IN CLOSED DOOR SESSIONS. IT MUST BE BI-PARTISAN.

THE RIGHT TO HEALTH CARE IS A HUMAN RIGHT.

THANK YOU,

SUSAN

**Wright, Kevin (Finance)**

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**From:** Marc Opper [REDACTED]  
**Sent:** Monday, September 25, 2017 9:00 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Marc Opper  
Charlottesville, Virginia



**Wright, Kevin (Finance)**

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**From:** Nancy Forsythe [REDACTED]  
**Sent:** Monday, September 25, 2017 9:00 AM  
**To:** gchcomments  
**Subject:** Oppose the Graham-Cassidy bill

My son is a 29year old young adult with Down syndrome. He relies on Medicaid for services to support his work and independence. He has been employed now for 15 months, following several years of on-again, off-again employment and internships.

His job coaching is critical to his employment. Over the 15 months he has been in his current job, he has become increasingly independent in his tasks and relies on his job coach less and less. In addition, he has gained new skills with the aid of the job coach. This is exactly as it should be, and demonstrates that Medicaid services are an investment in our human capital.

Medicaid services also allowed my son to become independent using pubic transportation, as he used a travel training service. He is now fully able to independently use the Washington DC metro system and to travel about freely. He does not have to use the more costly transportation service for people with disabilities.

These are the kinds of services that Medicaid provides, and which represent cost savings and investments rather than costs.

Please oppose Graham-Cassidy.

Thank you.

Thank you.  
Nancy Forsythe, M.A., EdS.  
[REDACTED]  
Hyattsville Md 20782

**Wright, Kevin (Finance)**

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**From:** Lynn Z. Goldfarb [REDACTED]  
**Sent:** Monday, September 25, 2017 9:02 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I have guaranteed insurance via my retirement as a state employee because I am disabled. I am writing on behalf of others who, unlike myself, find themselves disabled and WITHOUT insurance. What happens to them? All USA citizens should have the protections of basic affordable healthcare. Work on fixing the problems on our existing healthcare system – with both Democrats and Republicans. PLEASE!

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Lynn Z. Goldfarb  
West Simsbury, CT

**Wright, Kevin (Finance)**

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**From:** Adina Finkelstein [REDACTED]  
**Sent:** Monday, September 25, 2017 8:59 AM  
**To:** gchcomments

To the members of the Senate Finance Committee,

My family relies on quality, affordable healthcare and all people should have access to equal and affordable healthcare in America. Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it. Together let's work to bring the CARE back to healthcare in America. People, not politics. Let's work together, please!

Sincerely,  
Adina Finkelstein

Sent from [Mail](#) for Windows 10

## **Wright, Kevin (Finance)**

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**From:** cathy Rethmeier [REDACTED]  
**Sent:** Monday, September 25, 2017 8:58 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

Senate Committee on Finance

I am greatly opposed to the Graham Cassidy Bill.

I am a 55 year old female that does not have an employer to provide me health insurance. I get my insurance through the Health Market and I am extremely grateful for it.

The ACA has problems but I see the current administration and GOP sabotaging it and causing those problems! The way I see it the only reasons for all these efforts to repeal and replace the ACA are Egos and putting \$\$\$ budgets over people's lives.

The ACA was a Godsend for me and millions of other people who have had to make difficult choices of going without insurance and therefore going without medical care and praying for no accident or disease that could leave you paying for medical debt it the rest of your life or bankrupt them.

Healthcare should not be a for-profit business. I worked in the healthcare field for many years and have friend who work in it now. Just yesterday she said "we are not providing healthcare anymore, we are a huge machine providing profit for the corporations that own us"! Companies should not be making profit off of people, playing the profit game makes people and their healthcare needs lose when incentives are to provide less care to less people so they can keep more money!

If I were 65 I would be eligible for Medicare. I am 55. What makes that person more deserving of healthcare than me simply from an age perspective?

Other countries have single payor systems and make them work. We need to put our people and their health before corporate profit!

The President says he wants to put our country first, well walk the talk and put the lives and healthcare of our country's people first!

I admire John McCain and those in congress who take the responsibility of their jobs to represent PEOPLE and to get beyond their party's egos to do the hard work bipartisanly in the best interest of The People of this country. But it is sad that this thinking by a man faced with his own mortality is the exception and not the rule

Please put people's lives over money and ego, spend the time, energy, and money to create legislation that makes our country's healthcare GREAT! Graham-Cassidy Bill is not it!

Thank you for your service To The People

Cathy J Rethmeier  
Concerned US Citizen and Healthcare Voter

**Wright, Kevin (Finance)**

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**From:** Monika Coad [REDACTED]  
**Sent:** Monday, September 25, 2017 8:58 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Monika Coad  
Chicago, IL

**Wright, Kevin (Finance)**

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**From:** Jen Gann [REDACTED]  
**Sent:** Monday, September 25, 2017 8:57 AM  
**To:** gchcomments  
**Subject:** Vote NO on Graham-Cassidy bill

Statement Submitted by Jen Gann  
Senate Committee on Finance  
Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
September 25, 2017

My son, Dudley, is 1.5 years old. He's a happy, busy toddler determined to learn to jump and talk. He also has cystic fibrosis, a chronic disease that leads to frequent lung infections and other complications. He's expected to live to about 40.

I do not want his shortened life to include a constant fight for health care and a persistent worry about paying for it. The Graham Cassidy bill would be devastating for him and others like him, with pre-existing conditions. When he turns 2, Dudley will be eligible for Kalydeco, a life-extending medication that costs \$311,500 annually.

The Graham-Cassidy proposal is unacceptable for people living with CF and other chronic conditions. People with CF require a complex and demanding care regimen, and need access to high-quality, specialized care. I urge all U.S. Senators to oppose the Graham-Cassidy bill because it would roll back protections for people with CF and jeopardize their access to affordable, adequate health care coverage.

It's unfathomable to me that I need to fight and protect my young child from the cruel, senseless adults who would threaten his access to care. Shame on them, and shame on the Senate as a whole if it fails to adequately protect medically vulnerable American children.

I urge all US Senators to please keep families like mine in mind as you consider this legislation.

Sincerely,  
Jen Gann

**Wright, Kevin (Finance)**

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**From:** Terry Dawson [REDACTED]  
**Sent:** Monday, September 25, 2017 8:58 AM  
**To:** gchcomments  
**Subject:** Health care

NO to Graham-Cassidy. No to unilateral rushed decisions. Please find ways to be deliberate and bipartisan.

Terry Dawson  
[REDACTED]  
Appleton, WI 54915

## Wright, Kevin (Finance)

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**From:** Kristin Coffey [REDACTED]  
**Sent:** Monday, September 25, 2017 8:58 AM  
**To:** gchcomments  
**Cc:** Light, Jaymi (Young); Campbell, Katie (Donnelly)  
**Subject:** Oppose Graham Cassidy

Hello!

My name is Kristin Coffey and I'm a very concerned constituent of Senators Young and Donnelly. I strongly oppose the Graham Cassidy healthcare reform bill and implore you to listen to the voices of the citizens of the US, medical professionals, special interest groups, and experts who also oppose this bill.

I have been a physical therapist for 17 years. I work in a level I trauma center in Indianapolis. I treat the sickest of the sick, poor and homeless, children, and elderly people. Change is always a given in healthcare. But this change. Change that will leave millions of people without access to care they need, have a right to as a human being, is not acceptable, constitutional, or humane.

I also am a mom. And my daughter has Down syndrome. She is 3 and is amazing everyday. She has the ability to be a happy, contributing member of society. My husband and I envision a life for her that is independent and safe, where she has the same opportunities as everyone else in society. She was approved for the Medicaid Waiver in December of 2016. Having this available to our family allows her to participate in therapies to help her grow and develop well past the 20 visits allowed by our commercial insurance. This cap that is not even close to adequate for a child with complex medical needs and a lifelong genetic syndrome. Please don't take away her ability to be an independent individual.

I also have other family members that are elderly, on multiple medications that currently cost more than \$500.00/month. Passing this bill will jeopardize their ability to live independently and be able to stay in their homes.

Does the ACA have issues? Yes. Should it be scrapped, especially without a reasonable replacement? Absolutely not!!

Committee members: I urge you to follow Senate and US Constitutional procedures. Wait for reports and impact data before hearing the bill and sending for a vote.

Senator Donnelly: **Thank you** for your tireless efforts to find a bipartisan solution to healthcare, and for listening to the voices of Hoosiers.

Senator Young: I urge you to vote no if this comes to the Senate floor. You say you listen to Hoosiers, but you continue to ignore our pleas and voices. We voted you in, Please do your job.

Thank you for reading and listening.

Sincerely,

Kristin J. Coffey  
Mom, Hoosier, Healthcare professional



**Wright, Kevin (Finance)**

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**From:** Cindy Daumeyer [REDACTED]  
**Sent:** Monday, September 25, 2017 8:58 AM  
**To:** gchcomments  
**Subject:** Oppose Graham Cassidy Healthcare Bill

Hello,

I am writing to express my strong opposition to the Graham Cassidy Healthcare Bill. We need a real solution that does not harm Americans and this bill is not the answer.

Respectfully,  
Cindy Daumeyer

## Wright, Kevin (Finance)

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**From:** Roberta Holzmueller [REDACTED]  
**Sent:** Monday, September 25, 2017 8:58 AM  
**To:** gchcomments  
**Subject:** Re: Do not hurt my family

Resending with name on top: Dr. Roberta Paikoff Holzmueller, Evanston, Illinois

On Sep 23, 2017 12:18, "Roberta Holzmueller" <[birdyholz@gmail.com](mailto:birdyholz@gmail.com)> wrote:

Dear Members of the Senate Finance Committee,

I write as the proud parent of two sons, one currently a college sophomore and one a high school senior. My younger son was born with a diffuse and catastrophic brain injury, and as a result has been diagnosed with spastic quadriplegia, a form of cerebral palsy, and with epilepsy. I share several pictures of him with you to show you that he is strong and well, but has needed health care and services to remain so.

My son Aaron's care is less expensive because he has chosen to participate in sports, which is a real help to his motor development, range of motion, flexibility, and general enjoyment of his life. No amount of sports, however, will take the place of medication, procedures such as EEGs to check on seizures periodically, frequent blood draws and other lab tests in which he participates gratefully and cheerfully to keep himself well.

When the ACA was passed I breathed a sigh of relief, thinking that the worry of whether my son would be able to access health care was taken off the table. Please do not re introduce this worry. My son is well, likely to attend college, and hopes to get a job and be a contributing member of society as an adult. But as a person with a disability and a chronic health condition, he is likely to have more difficulty getting and keeping a job, which could put his health care coverage at risk if the ACA is overturned.

Do your job. Represent the people. This is a deeply unpopular bill that could hurt my family and many others. Take care of health care in a bipartisan and thoughtful manner, not a politically motivated thoughtless one. Do not add to the worries of myself, my family, and most of all, my soon to be adult son.

--

Roberta Paikoff Holzmueller, PhD

**Wright, Kevin (Finance)**

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**From:** anne-laure talbot [REDACTED]  
**Sent:** Monday, September 25, 2017 8:58 AM  
**To:** gchcomments  
**Subject:** Opposition of GC Health Bill

Dear Sir, Madame,

I am writing to voice my very strong opposition to the proposed health care reform brought forth by Sen. Cassidy and Sen. Graham. To be brief, this bill, if enacted, would affect how most Americans access healthcare and millions would lose coverage altogether.

As a physician caring for children from low income families, I am able to provide critical preventive services such as vaccines, screening for chronic disease and mental health because of a strong Medicaid program. By providing these services, I ensure that children have the best chance to grow up healthy and ready to tackle the world. I also see sick children and provide sick care in the office, which avoids costly emergency room visit. 2 days ago I was able to manage a small cut to the head on a young boy in the office (routine office visit fee). If that family did not have insurance, they would likely have gone to the emergency room where they would have incur a large bill, which the hospital would have had to absorb. Thus ensuring access to routine preventive and sick care saves money to the healthcare system.

As a patient, I worry about losing access to women's reproductive services and preventive care. I also worry that I may be found to have a pre-existing condition and this may be ground for sky rocketing health insurance premiums

Our country has one of the highest infant mortality rates amongst developed nations and this bill, by capping funds maternal and child health services would likely make infant mortality rate soar. This is not a risk we can afford to take. I stand with the American Academy of Pediatrics as well as many health care organizations and the overwhelming majority of the public and oppose the Graham-Cassidy Bill. America can and must do better.

Thank you for your time,

Anne-Laure Talbot, MD, PhD

[REDACTED]  
Nashville, TN 37211

## Wright, Kevin (Finance)

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**From:** Lucy Sexton [REDACTED]  
**Sent:** Monday, September 25, 2017 8:58 AM  
**To:** gchcomments  
**Subject:** Save my healthcare. Stop Cassidy Graham bill

for the first time under Obamacare I was able to buy good insurance for myself and my daughter. it is expensive and still doesn't cover enough, but she had an accident this summer and I was so very grateful to breathe easy knowing she was covered. We need a serious bipartisan bill that improves what Obamacare has started. Graham Cassidy's undoing of the individual mandate is exactly the wrong direction. We require everyone to insure their car, after all. It means we all are paying SOMETHING toward our mutual insurance. More subsidies and more companies in the exchanges are what we need. Under Graham Cassidey we will have less people buying insurance, less subsidies for those who can't afford it, less companies covering pre existing conditions, in short: LESS CARE. This is NOT the way to go.

Thanks for all your work on this.

Lucy Sexton

**Wright, Kevin (Finance)**

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**From:** Karen Alexander [REDACTED]  
**Sent:** Monday, September 25, 2017 8:59 AM  
**To:** gchcomments  
**Subject:** Health Care--Cassidy Graham

To Whom It May Concern--

As a metastatic breast cancer patient first diagnosed in 2011 with a recurrence in 2013, I know what it is like to fear that death has found you and that you will not be around to raise your children. I also know how fortunate I am to have not needed to worry about lifetime caps or about my pre-existing condition excluding me or pricing me out of healthcare. My husband and I make a decent living but we are by no stretch of the imagination rich. I have two sons and a daughter who is 9. Please don't make me have to ever explain to her that we can't afford to make mommy better because mommy had the bad luck to get sick before. I may be a cancer patient for the rest of my life but I am so much more, and I deserve so much more. So does my daughter.

Thank you.

--

Sincerely,

Karen M. Alexander

City of Hamilton, Ohio

Email: [REDACTED]

**Please note that my email address has changed.**

## Wright, Kevin (Finance)

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**From:** Sansanee Sermprungsuk [REDACTED]  
**Sent:** Monday, September 25, 2017 8:59 AM  
**To:** gchcomments  
**Subject:** Comment on Graham-Cassidy

Dear Senate Finance Committee:

I would like to add my comments as U.S. citizen that the Graham-Cassidy bill does nothing to improve affordable, meaningful healthcare for the American people and would create further instability in the healthcare insurance markets. An area that affects one-sixth of the United States economy should not be drafted and put through like a term paper that's due the next day.

Legislation should be a deliberate process of consideration. There needs to be bipartisan input, with multiple hearings and input from the American people over a reasonable amount of time. A bill that has been introduced two weeks ago, while significant numbers of people are dealing with multiple natural disasters, is a huge mistake and also conveys the impression that it is a sham meant to benefit a select few and cause great, irreparable harm to everyone else. There hasn't even been time for a full CBO score - this is irresponsible.

These concerns are not an abstraction. People's lives are at stake. They should not face financial ruin because their baby was born with a heart condition, or someone seemingly in perfect health gets a cancer diagnosis out of the blue, or ends up in a devastating car accident and needs extensive, long-term care and therapy. This bill leaves it up to the states to decide what essential health benefits are, and states could easily decide to decrease those benefits. And once again, pre-existing conditions should not be penalized.

This bill is a disgrace and will do nothing to help everyday people and working families. I have the benefit of employer-provided insurance, but this bill could cause me to pay higher premiums for lesser coverage. Work on improving the ACA. Work on stabilizing the insurance markets. These constant efforts to repeal and replace Obamacare have been an extreme waste of taxpayer money, and once again we are forced to beg you not to kill us through bad legislation motivated by inhumane politics.

We can do better. Please do not approve or recommend this bill, and I would ask everyone in the Senate to vote against this bill, in particular Senator Isakson, a member of this committee representing Georgia.

Sincerely,

Sansanee Sermprungsuk

Atlanta, GA

**Wright, Kevin (Finance)**

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**From:** Cardin, Dana [REDACTED]  
**Sent:** Monday, September 25, 2017 8:59 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

I am writing as a physician and a citizen regarding my concerns about this latest version of the ACA repeal bill. As I type there is apparently some new hastily-prepared version of this meant to curry favor with holdouts to get this passed. Given the enormity of health care as a part of our economy and the impact this will have on millions of Americans I think it is horrifying that in the past few years of the Republican party complaining about the ACA and how terrible it is that this is the best that is being presented as a replacement. This will be uniformly harmful for rural hospitals, those covered by Medicaid and Medicare and will lead to an increase in bankruptcy due to medical bills. This is wrong for America. As a professional, I am expected to do my very best for each and every patient and bring my A-game each day to my job and I try to do that as best I can. It would be fantastic of those who allegedly represent me and other citizens took their responsibility as seriously. Please stop this childish nonsense happening at the highest levels of our government and start to work together with those in both parties to find commonsense solutions to the many issues facing our nation today.

Sincerely,

Dana B. Cardin, MD, MSCI  
Assistant Professor of Medicine  
GI Medical Oncology  
Division Compliance and Quality Expert  
Vanderbilt University Medical Center

[REDACTED]  
Nashville, TN 37232  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** M Rppnd [REDACTED]  
**Sent:** Monday, September 25, 2017 8:59 AM  
**To:** gchcomments  
**Subject:** No to Graham-Cassidy

Dear Senators,

I am writing today because I oppose the Graham-Cassidy Health Care bill. My husband, son and I all rely on my husband's employer sponsored health insurance. When my husband lost his job in 2015, we also lost our health insurance. We were lucky and my hard-working husband immediately found a new job with benefits, but health insurance didn't kick in for three months. In that interim, my husband and I were able to sign up for insurance under the Affordable Care Act. Unfortunately, because we live in Virginia where medicaid expansion wasn't enacted, our son, who was only two years old at the time and who lived with a congenital lung defect, was not able to get health insurance.

During this three month period, I fell while playing with our son on the playground and broke my ankle. Had it not been for the Affordable Care Act, the temporary financial setback of my husband losing his job would have bankrupted our family.

Without a CBO score, we cannot know the full impact of Graham-Cassidy, but we know from trusted industry insiders such as the American Academy of Pediatrics and the American Medical Association and AARP, that millions of people would lose health care coverage if it passes.

I would like to see the Affordable Care Act improved upon so that coverage continues to increase and premiums go down. I would like all states to be required to expand medicaid so there isn't a "donut" coverage gap of people who make too little qualify for subsidies, but too much to qualify for medicaid. All protections for pre-existing conditions must be kept in place.

Please Senators, honor your commitments to all Americans and stop playing partisan politics. You are beholden to the American people and not just your donors.

Sincerely,  
Meghan Reppond

[REDACTED]  
Alexandria, VA 22301



## Wright, Kevin (Finance)

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**From:** Deirdre/Nirvana [REDACTED]  
**Sent:** Monday, September 25, 2017 8:59 AM  
**To:** gchcomments  
**Subject:** NO ACA REPEAL!!!!

My family and I family rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.

My boyfriend- who lost his health insurance after the company he'd been working for for 30 years dropped coverage- was eligible for Medicaid under the ACA. He lost his job when he was inexplicably fatigued and short of breath. After many tests, hospital stays and visits to a dozen specialists, he was admitted for emergency open heart surgery and spent nearly 2 weeks in a coma in the Cardiac ICU. Many complications and a pacemaker have almost solved his problem ... a year later. He'd have hit the maximum allowable payout under his old, employer plan halfway through his ordeal. Without the expanded coverage and access to healthcare, he'd no longer be with me.

I was a small business owner in another state for almost 30 years. I never had affordable coverage, catastrophic only with a premium higher than my mortgage. I am now self-employed and extremely healthy because I, too, am NOW eligible for affordable coverage that allows me regular check-ups, reasonably priced medications and preventative info and education.

I know my dream of the US going to a single payer system - joining the rest of the developed, modern world- is a long way off. For now, I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Deirdre Hamlett

Memphis, NY

## Wright, Kevin (Finance)

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**From:** [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:04 PM  
**To:** gchcomments  
**Subject:** Healthcare - ACA

My husband needed affordable healthcare when he had to give up his insurance and was able to get ins. coverage through the ACA, thankfully.. as he was very soon after was diagnosed with aggressive lymphoma and without this coverage we would have been financially devastated. Because of this and the millions of others who depend on insurance through ACA, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it!

Sincerely, Lori Ketelboeter, Cross Plains, WI

**Wright, Kevin (Finance)**

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**From:** mary flynn [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:04 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

I am a family medicine physician in Massachusetts. Every day I go to work to take care of families that rely on Medicaid. These are mostly working people, or disabled people who cannot work. Without affordable health care, women will not be able to see me for prenatal care and parents will not be able to bring their children to checkups. People who are already struggling will be even less able to afford lifesaving medications for things like diabetes and high blood pressure, and even simple things like antibiotics for strep throat will be out of reach. Because of this, I oppose the Graham-Cassidy bill. We need a real, bipartisan conversation on this incredibly tough topic, not something pushed through in a hurry. Millions of lives are at stake.

Sincerely,

Mary K. Flynn, MD

**Wright, Kevin (Finance)**

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**From:** JoAnna Gekas [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:04 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

I implore you to vote against the Graham-Cassidy bill. This bill will un insure millions of Americans, many of whom are poor and elderly. The ACA is fixable - please focus your efforts on fixing it instead of needlessly repealing it.

Sincerely,

JoAnna Gekas

Sent from my iPhone

## Wright, Kevin (Finance)

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**From:** Rose Mosier [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:04 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy

This is a horrible piece of legislation that has not been analysed, debated or scored by the CBO. Even without these processes, it has been estimated the the number of Americans who will lose their healthcare will be 30 million. It is also a certainty that premiums will skyrocket for most people, and there will be little to no protection for people with pre-existing conditions that will prevent insurers from charging very high premiums, and eliminating spending and lifetime caps. This alone will lead to many untimely, preventable deaths. These deaths will be YOUR responsibility if you allow this bill to go forward.

My husband suffers from Parkinson's disease, and we will be directly impacted by the ending of the mandate for employers to provide health insurance. If this happens, we will be unable to pay for health coverage to pay for medication and therapy he requires.

Cutting Medicaid spending and giving block grants to states to manage their own healthcare programs without any requirement that those block grants be used only to provide healthcare to citizens is just laughable.

Please, if you have any sense of decency, and any responsibility to act in the best interests of ALL Americans, not just the Republican base, insurance and pharmaceutical companies and the Kochs, do not allow a vote on this awful bill and return to the rule of order



Rose Mosier

## Wright, Kevin (Finance)

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**From:** Paras, Molly L., M.D. [REDACTED]@PARTNERS.ORG  
**Sent:** Sunday, September 24, 2017 9:03 PM  
**To:** gchcomments  
**Cc:** Beth\_Pearson@markey.senate.gov; Hurt, Nikki (Markey)  
**Subject:** Opposing Graham-Cassidy ACA repeal

Members of the Senate Finance Committee,

As an Infectious Diseases physician who cares deeply about the ability of America's patients to access the care they need, I write in opposition to the Graham-Cassidy bill to replace the ACA. This bill is just as bad as the ACA repeal efforts that came before. Massachusetts has worked hard to improve the well-being of its residents, and this bill would clearly undo many of the gains that we have worked hard to achieve over the years.

Any physician knows that when it comes to our patients, coverage doesn't always mean care. By overturning protections for patients with preexisting conditions and by slashing coverage of essential health benefits, this bill would leave too many patients between the cracks – especially the most vulnerable- like my own patients with HIV.

Rather than stripping health care from millions of Americans, Congress now has an opportunity to take a bipartisan approach toward stabilizing the insurance markets and fixing the ACA. I urge you to take that opportunity and join me in opposing Graham-Cassidy.

Thank you for your attention to this exceptionally important issue.

Molly Paras

The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at <http://www.partners.org/complianceline> . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

**Wright, Kevin (Finance)**

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**From:** Pamela Wye-Hunsinger [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:02 PM  
**To:** gchcomments  
**Subject:** No to Graham-Cassidy bill

I oppose this latest attempt to strip Millions of Americans of their health care in order to give a tax cut to the richest Americans and to give Trump and his GOP a hollow "win."

Instead, let's get a serious bi-partisan effort to fine tune improvements to the Patient Protection and Affordable Care Act. Yes, it shouldn't just be about taking the name Obama out of healthcare.

Don't hurt your constituents, young and old alike, who won't vote for politicians who are out to hurt them, who would condemn their loved ones to loss of healthcare due to exorbitant prices to cover preexisting conditions or loss of essential services for maternity care and drug addiction, to name a few. Stop lying to your constituents. We are not all low-information or poorly educated.

Think about the people of this country not just your powerful donors.

Pam Wye-Hunsinger  
[REDACTED]  
[REDACTED]

--  
[Watch us on 60 Minutes!](#)

**Wright, Kevin (Finance)**

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**From:** Jordan Sears [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:03 PM  
**To:** gchcomments

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause millions to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors, and people with disabilities or preexisting conditions.

Warmly,  
Jordan Sears  
Gold Bar, Washington



**Wright, Kevin (Finance)**

---

**From:** Thomas Stephens [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:03 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy-Heller

Dear Senate Finance Committee,

I strongly urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause millions to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors, and people with disabilities or pre-existing conditions.

Many thanks for your time,

Thomas Stephens

Indianapolis, Indiana

## Wright, Kevin (Finance)

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**From:** Margaret Conover [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:03 PM  
**To:** gchcomments  
**Subject:** Public Testimony re: Graham-Cassidy bill

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.

My sister benefited from the ACA when as a small business owner in Michigan she became ill with cancer. Fortunately, her ACA premiums were affordable and now, with care paid for by insurance, she has been cancer free for two years, but now has a pre-existing condition. She is a Republican and a strong supporter of President Trump.

Yes, I know that the Affordable Care Act is not without problems. Just imagine how bad it would have been if it was crafted overnight as the Graham Cassidy bill has been.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Thank you,

Sincerely,

Margaret Conover

Eugene, Oregon and Long Island, New York

**Wright, Kevin (Finance)**

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**From:** Brandy [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:03 PM  
**To:** gchcomments  
**Subject:** Trumpcare #3

Please do not vote for this horrible bill. We need some improvements on ACA. Even better would be Medicare for all.  
Brandy Mariah Ridgefield NJ

**Wright, Kevin (Finance)**

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**From:** Carissa Shupp [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:02 PM  
**To:** gchcomments  
**Subject:** No!

Please consider those with disabilities when making decisions on Graham-Cassidy. As a special education teacher I work with special populations daily. These students need to be protected and their families need the supports that are in place to help their children survive.

Thank You,  
Carissa Shupp

**Wright, Kevin (Finance)**

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**From:** Missmary Mack [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:01 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy

The Graham-Cassidy bill will throw 30 million Americans off of health care and it can not be allowed to pass.  
End of story.

Thank you  
Mary Mackenberg

**Wright, Kevin (Finance)**

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**From:** Velvet Love Void The Band [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:02 PM  
**To:** gchcomments  
**Subject:** We want Single Payer or Universal Healthcare

People already pay taxes and insurance and it still covers hardly anything. Every other modern country can handle it so we could too if Republicans actually cared about it's citizens instead of lobbyists for the wealthy companies. Millennials voted for Democrats by over 70% in 2016 and this is what we want. It's our future. Not yours. Don't destroy our culture, our values, our health. Don't do this.  
-C.P. 91741

**Wright, Kevin (Finance)**

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**From:** Rosalind Cutchins [mailto:rcutchins@gmail.com]  
**Sent:** Sunday, September 24, 2017 9:01 PM  
**To:** gchcomments  
**Subject:** Improve the ACA

I rely on the protections of affordable healthcare. I have metastatic breast cancer and will die if I don't have ongoing treatment protected by the Affordable Healthcare Act. Please take a bipartisan Congressional effort to improve the ACA, not repeal it.

Thank you.

Rosalind Cutchins

Suffolk, VA

**Wright, Kevin (Finance)**

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**From:** Jane Sweeney <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 9:01 PM  
**To:** gchcomments  
**Subject:** Just say No

I cannot believe any decent person would pass a health bill that was not for the benefit of all our people. You have greatly misread America. We don't want Obamacare repealed. Just work on improving it. Jane Sweeney

Sent from my iPad



**Wright, Kevin (Finance)**

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**From:** Julian Seltzer [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:58 PM  
**To:** gchcomments  
**Subject:** Public Testimony from Julian A. Seltzer for Graham-Cassidy Bill Hearing on Sept 25 2017  
**Attachments:** Public Testimony from J.A. Seltzer for Graham-Cassidy Bill Hearing.pdf

Dear Senate Committee on Finance;

Please find attached my public testimony for the Graham-Cassidy Bill Hearing on Sept 25 2017.

Sincerely,

Julian A. Seltzer  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Ayers, Jacqueline [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:59 PM  
**To:** gchcomments  
**Subject:** Planned Parenthood Federation of America Statement for the Record  
**Attachments:** PPFA.Sen.Finance.G-Cassidy.9-25-17.pdf

Please find attached PPFA's statement for the record in opposition of the Graham-Cassidy legislation.

**Jacqueline C. Ayers**  
**National Director, Legislative Affairs**  
Planned Parenthood Federation of America  
Planned Parenthood Action Fund

[REDACTED]  
[REDACTED]

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**Wright, Kevin (Finance)**

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**From:** caroline light [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:00 PM  
**To:** gchcomments  
**Subject:** PLEASE don't eliminate the affordable care act!

I live in Massachusetts and have several family members - including one of my three children - who has a pre-existing condition that would NOT be covered under the current Graham Cassidy Travesty. Please don't allow Congress to repeal the ACA without creating something better in its place. The Graham Cassidy proposal would undermine the access of millions of Americans, and the harm done would be devastating.

Thank you for considering my point of view.

Sincerely,  
Caroline Light

[REDACTED]

**Wright, Kevin (Finance)**

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**From:** diane armstrong [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:00 PM  
**To:** gchcomments  
**Subject:** Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
September, 25, 2017

I oppose the Graham-Cassidy-Heller-Johnson Proposal. I urge all Senators to vote "no" on this proposal. The proposed cuts to Medicare in the Graham-Cassidy-Heller-Johnson bill could have a devastating effect on our health care system - destabilizing the health insurance market causing premiums to rise, and leaving millions of people (low-income seniors, disabled children, people who need mental health) without any way to get health care. This bill would also weaken the protections for people with pre-existing conditions by potentially making insurance unaffordable - and people could, as a result, get sick and possibly die. This bill also weakens the protections to provide essential health benefits to Americans when they pay for health insurance, benefits such as maternity care, birth control, cancer screening. It would also allow women to be charged more for health care than men. There has been no CBO score on this bill, no debate in the Senate on this bill, and I think it would be irresponsible to vote on this bill without knowing how much it will cost, how it will effect insurance premiums and how many people would be helped or hurt by this bill. Every American healthcare system is opposed to this bill, and so am I.

Diane Armstrong  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Zach Jones [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:00 PM  
**To:** gchcomments  
**Subject:** I oppose Graham-Cassidy

I am an American in need of quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I am a 30-year-old freelance musician with lifelong “pre-existing” medical conditions and I and every other citizen of this country deserve healthcare that doesn’t threaten to drive us into bankruptcy. I would like to see a bipartisan Congressional effort to improve the ACA AT THE VERY LEAST, but like many other frustrated Americans, I believe that it is high time for the United States to guarantee universal health coverage for all.

Thank you.

Zach Jones  
Manahawkin, NJ

**Wright, Kevin (Finance)**

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**From:** Chris Thompson [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:59 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

Absolutely do NOT pass this latest Obamacare repeal bill!

**Wright, Kevin (Finance)**

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**From:** Candace Grabow [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:58 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

Please do not allow this ridiculous bill to pass, it will not help anyone at all. Many people, including myself, depend on protections for people with preexisting conditions, and receive subsidies to help pay for their insurance. I do not know what I would do without the Affordable Care Act, and am both shocked, frightened, and disappointed by the repeated partisan efforts to repeal it. You were all elected to represent your constituents' interests, not subvert them. Please consider the moral obligation to protect life, and stop trying to take away health care.

## Wright, Kevin (Finance)

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**From:** Amanda Nichols [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:58 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy act comment

To whom it may concern:

I am a media professional who works closely with neurologists that specialize in multiple sclerosis. The passage of the Graham Cassidy bill would devastate not only millions of patients' lives, but could serve to dismantle many exciting discoveries with regard to brain science.

It was only about 20 years ago, in 1996, when the very first drug to treat MS was made available in the US. Since then, many massive discoveries have been made, including treatments for rare immune reactions and less invasive tests for the JC virus, a common, but deadly, infection for those threaded with immunomodulating medications like the ones that treat MS.

Graham Cassidy would undo these hard-won victories and plunge our great nation into dark ages for health, science, and our leadership in the globe on those fronts.

I can also speak as a patient myself. I am the beneficiary of these great gains in science, able to take advantage of a medication created and still produced in Cambridge, MA. My former downstairs neighbor actually made the medicine I take. This made both of us feel more connected and hopeful for the future of medical science in this country.

Please do not undermine these amazing gains for the sake of political showmanship. We are a much better nation than such small minded posturing.

Sincerely,

Amanda Nichols, ALM  
Boston, MA



**Wright, Kevin (Finance)**

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**From:** Letitia Upton [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:58 PM  
**To:** gchcomments  
**Subject:** block the Graham Cassidy Bill

To whom it may concern, I urge you to join me in opposing the Graham-Cassidy Bill. The passage of this bill would be devastating for our health care system in Massachusetts. The Congress needs to work on bi partisan measures to improve the Affordable Care Act.

sincerely yours, Letitia Upton MD

## Wright, Kevin (Finance)

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**From:** F. Kae Unterseher [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:57 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller to save my nephew's life

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities: seniors and people with disabilities.

This issue is of particular urgency to me because, without Medicaid, my recently-disabled brother and his wife will not be able to pay for their younger son's heart surgeries & medication in the future. My nephew Loken is a sweet kid and I want to see him graduate. Allowing insurers to put a "lifetime cap" on his medical expenses will literally put a cap on the span of his life.

Reject Graham-Cassidy-Heller. Loken's life is in your hands.

Faith K.D. Unterseher  
Seattle, Washington

**Wright, Kevin (Finance)**

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**From:** Sarah Spiker [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:57 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause millions to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors, and people with disabilities or preexisting conditions.

Warmly,  
Sarah Spiker  
Daingerfield, TX

**Wright, Kevin (Finance)**

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**From:** Ashley Hatfield [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:57 PM  
**To:** gchcomments  
**Subject:** Reject Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

As someone with employer sponsored care, I would be one of the least directly affected. Except for the parts where I have pre-existing conditions, and would be worried about yearly/lifetime caps, and I have friends or family that would likely die as a result of the destruction of Medicaid.

A healthy lawmaking process involves bipartisan review. Even if Democratic ideas aren't included, review and input from many groups means there's less chance of unintended consequences and confusion.

Ashley Hatfield  
North Attleboro, MA

**Wright, Kevin (Finance)**

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**From:** Aiudrey Serniak [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:57 PM  
**To:** gchcomments  
**Subject:** Public Comment on Graham-Cassidy Bill

Dear Chairman Hatch and Ranking Member Wyden:

I am concerned about the Graham-Cassidy-Heller-Johnson proposal currently being pushed through the Senate because it will destroy 1/6th of our economy in 10 years. This will completely destabilize the health insurance market; insurance markets thrive on stability to properly price their product. They also require selling their product to a vast number of customers. This bill makes their business model non-viable.

Without the cash flow provided by insurance, many small and large businesses will fail.

And I haven't even touched on the immorality of this bill. Cutting Medicaid alone will cause many residents of for profit nursing facilities to lose their homes (a semi-private room in an institution).

Your constituents have spoken twice before; we do not hold you to your promise to repeal the ACA. Stop destabilizing the insurance/healthcare markets now.

Aiudrey Serniak  
[REDACTED]  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Suzanne Fuhrmeister [redacted] [suzannefuhrmeister@gmail.com](mailto:suzannefuhrmeister@gmail.com)  
**Sent:** Sunday, September 24, 2017 8:56 PM  
**To:** gchcomments  
**Subject:** Healthcare bill

Dear Senate Finance Committee members,

I ask you to not pass the Graham-Cassidy healthcare repeal bill and to help defeat it if it comes up for a vote in the full Senate. Before the ACA is repealed, we need a bipartisan bill that has been carefully crafted. The GCH bill would make it very difficult for someone to receive care who is having to cross state lines to get to a healthcare facility that can treat them. Where is portability built into this? I live on the border of Virginia and North Carolina. We have very limited access to health care in this Virginia county and frequently have to go to North Carolina to get the services we need.

Certain requirements we have advocated for and took years to achieve must be maintained. How are you going to be able to ensure those standards if you place all the control in the hands of the states? Coverage for pre-existing illness; coverage for preventive services; allowing children to remain under their parents' insurance until age 26.

How are states and insurers going to be able to establish a new system of care in a short period of time? How can you ensure we continue to provide access to the ACA insurance we now have until there is a functional replacement system put in place.

As a healthcare professional, I have seen healthcare changing to be oriented more towards promoting health, preventing illness; primary and secondary prevention.

This is reducing healthcare costs. What can you put into a bill to continue this progress?

Please take time to handle this with the welfare of the people in mind; not the pocketbooks of the insurers. Our lives are in your hands.

Suzanne

Sent from my iPad

**Wright, Kevin (Finance)**

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**From:** Bonnie Jones [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:56 PM  
**To:** gchcomments  
**Subject:** The Graham-Cassidy Bill.

I am writing in opposition to the Graham-Cassidy Bill. This would have devastating effects for many people, including my 33 year old daughter. She's had severe health problems for several years and is on Medi-Cal. If, God willing, she regains her health and is able to work a full time job, she would either be unable to get health care due to her pre-existing condition, or she would be unable to afford it.

In addition, I'm a senior living on a very modest income. If this bill passes, it's likely that my premiums would go up, increasing my struggle to keep up with the cost of living.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Bonnie Jones  
Albany, CA

## Wright, Kevin (Finance)

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**From:** KATHY JONES [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:55 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

There are 31 critically important reasons that I strongly oppose the Graham-Cassidy bill. But in this email, I will only tell you about one of those reasons: the #1 item on my list (pictured below). Her name is Olivia, and she is my 5-year-old niece. She has Spinal Muscular Atrophy, a degenerative neuro-muscular disease with no cure. Thanks to Ronald Reagan's Katie Becket waiver, Olivia qualifies for Medicaid as her secondary insurance. Medicaid pays for everything that her parents' insurance does not cover. Among other things, Medicaid pays for Olivia's life-saving miracle drug. Without it, she will die. This drug costs \$350,000 per year. Graham-Cassidy won't pay for that. Block grants are insufficient and inefficient. They also do not account for inflation or emergencies. -And Olivia will eat up her annual and lifetime caps very quickly. This is a death knell for our disabled children, disabled adults, elderly, and poor children. My precious Olivia started kindergarten a few weeks ago, and she has already mastered all of her learning objectives. If you ask her what she wants to do when she grows up, she will tell you that she plans to be an astronaut. I will fight every single attempt that you make to reduce her care. I will rally my forces every time you put party before country. Olivia is the reason I fight. Shame on you for making me fight for her right to live.

Best regards,  
Kathy Jones  
[REDACTED]  
[REDACTED]  
[REDACTED]





## Wright, Kevin (Finance)

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**From:** Joanne Lent [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:55 PM  
**To:** gchcomments  
**Subject:** I oppose Graham-Cassidy!

My name is Joanne Lent from Metuchen, NJ. My son Eddie will turn 18 in less than two weeks, which makes the threats to Medicaid hit close to home. He has not yet received Medicaid, but his future depends on it.

My son was born with CHARGE Syndrome, a rare condition that significantly impacts his life and ours every day. He is deafblind, g-tube fed and still in diapers. He has profound intellectual disabilities and no formal communication. He will never work or be independent and will require 24/7 care, including a great deal of physical assistance for his entire life – care that will cost far more than we can ever hope to afford.

Despite Eddie's challenges, he's figured out how to get his way - he knows who will give in and who will make him "work." One of his favorite places is the beach and he loves running on the wet sand – but only one way. Unfortunately, we have to carry him back, which has gotten harder as he's gotten bigger and stronger.

We have been lucky to have private insurance with no copays for his feeding supplies (which are billed at \$3,000/month) and reasonable out of pocket expenses for doctor visits and medications. Eddie has been fortunate to have had only one major surgery – as have we since the not covered portion of his two-months-long hospitalization was approximately \$15,000. Should annual or lifetime caps be implemented, we would be in financial trouble as I'm unable to hold a full-time job due to his needs.

The lives of MILLIONS of people are at stake. Something this important should not be political nor should it be rushed. Please reject this dangerous bill.

Thank you for your consideration.

Joanne Lent

## Wright, Kevin (Finance)

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**From:** Fannie Madden-Grider [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:41 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill

For the past 30 years, my life has been controlled by insurance companies. I broke my neck doing yoga and live in chronic pain. I cannot lift a gallon of milk. My husband lost his job teaching English at a university because of policy changes and we could not move for another teaching position because of my pre-existing condition. Instead, he had to take a job at the same university that paid 30% less for 3 more months work a year. The Affordable Care Act improved this problem. Graham-Cassidy will make it worse.

Fannie Madden-Grider

**Wright, Kevin (Finance)**

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**From:** [REDACTED]@gmail.com on behalf of Deborah Kadish <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 8:55 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy bill

To whom it may concern,

As a physician and parent and citizen of this country I want to express my grave concerns about the Graham Cassidy bill.

The financial, medical and mental health cost to our country of taking away insurance from citizens is going to be staggering. The bill has some short term pieces that will soften the blow for a few for a few years, but the long term ramifications are extreme. Every medical and hospital association is against the bill.

I hope you will not pass this legislation that will have such a negative impact on our country.

Sincerely,

Deborah Kadish, M.D.

## Wright, Kevin (Finance)

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**From:** shawhouse [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:55 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Comment

My mother-in-law went through what her husband left her, a much more modest sum than he intended due to inflation. Then she got dementia. We were a middle class two parent working family with a son in college. There was no way we could carry the \$3,000 a month required for her end of life care. Thankfully, she got a 'Medicaid' bed in a nursing home. This bill forces states to pick between the elderly and the disabled and the poor. Without those Medicaid beds in most nursing homes, what will the elderly who survived family and finances do? What about all their caregivers? A huge part of the economy is made up of those people who go home after taking care of the sick and spend in the community to provide for their own families. What will happen to them if your plan passes? And all the small businesses they support? This is a penny wise pound foolish bill that helps no one but the very, very wealthy, and in the long run, since the top income earners depend upon a stable economy, they'll be sucked down into the whirlpool with the rest of us who are stuck living in reality.

My father was in the Philippines during WWII, owned a small wholesale produce company most of his life, and then found he had a knack for investing. He voted for Reagan and Nixon for economic reasons. Honestly, today the GOP is so revolting and out of touch - with a president who lauds Nazis and Senate leadership that waxes poetic over a plan to devastate vast communities of the vulnerable, he is surely rolling over in his grave.

Diana Shaw

Santa Clarita, CA

**Wright, Kevin (Finance)**

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**From:** John Payne [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:55 PM  
**To:** gchcomments  
**Subject:** Health Care Reform

Good Evening,

My name is John Payne and I am writing in opposition to the Graham Cassidy Health Care Bill. While I don't doubt the Senators legitimately believe the Affordable Care Act is problematic, the current bill is being pushed through as only a political victory. A law of this magnitude must be discussed, debated, and fully understood by every member of Congress which cannot truly happen without a CBO score and debate. These have not happened and until they do I urge you to oppose this bill as I do.

Thank you,  
John Payne

**Wright, Kevin (Finance)**

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**From:** Merin Mione [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:54 PM  
**To:** gchcomments  
**Subject:** graham Cassidy bill hearing

title of hearing: Graham- Cassidy Bill hearing

date of hearing: Sept 25

I'm writing to explain my opposition to the newest repeal and replace of healthcare bill under consideration.

First, the vote shouldn't happen until the CBO has had a chance to fully score it in detail. This affects so many American lives, how can anyone vote right now in good conscience in light of the list of healthcare companies opposing it? this actually should be required on this large of a bill in my opinion.

Second, this isn't about making sure you act on campaign promises. The argument about healthcare has changed since the ACA law. It isn't about a yes or no any longer. Trump promised better healthcare for all with smaller premiums. This doesn't look like that promise either. You shouldn't have to be rich to afford medical care.

Third, trying to slam this in before Sept 30 shows us that the bill supporters are only concerned with the tax cuts for the wealthy and the Koch brothers donations. We need regular order where all parties work together for the best bill for the American people. That is what you should be focused on. Let Murray and Alexander work their bipartisan support changes for the ACA.





**Wright, Kevin (Finance)**

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**From:** Sheri Six [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:28 PM  
**To:** gchcomments  
**Subject:** Opposition to the Graham-Cassidy Healthcare Bill

Dear Members of the Senate Finance Committee,

I and everyone I know -- family, friends, colleagues, community members -- rely on affordable healthcare, whether they receive it through Medicare, Medicaid, their employers, or the healthcare markets. My father died in 1999 from a stroke complicated by diabetes. As a self-employed man, it was almost impossible for him to find affordable health coverage. Insurance representatives would call him all the time, but when he told them he had diabetes, they either refused coverage or provided a quote that cost much more than he could afford. He could either pay for health coverage for himself or he could pay to feed and clothe his wife and four children. I am sure you can imagine what he chose.

The ACA was enacted too late for my father, but it helped millions of Americans finally be able to afford healthcare. It sickens me that yet another bill, the Graham-Cassidy bill, proposes to make healthcare unaffordable again. Rather than working on party-line efforts to repeal the ACA, we should be working on bipartisan efforts to improve it, making it more affordable and available to more people.

Thank you for your time.

Sheri Six  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Shawn Hoover [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:28 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Dear Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. I am gravely concerned about imposing harm on the most vulnerable members of our communities, seniors and people with disabilities, specifically my two nephews in South Carolina who depend on Medicaid-funded therapy to survive and thrive in their lives. We all know friends and family who utilize Medicaid and we all have pre-existing conditions of one form or another. We need to protect and fund these coverages.

Regards,  
Shawn Hoover  
Indianapolis, IN

**Wright, Kevin (Finance)**

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**From:** Samantha Cicero [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:28 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy Bill Hearing September 25, 2017

Graham Cassidy Bill Hearing  
September 25, 2017

Samantha Cicero  
[REDACTED]  
[REDACTED]

Dear Senators,

You represent Americans. Simply put, the majority of Americans are against this bill (~80%) and ACA is gaining in popularity. If you wish to help rather than inflict harm on the Americans you represent, then you will vote No on the Graham Cassidy bill.

If you are trying to win votes by throwing millions (est. 20-30m) people off health insurance, removing essential health benefits, taking away healthcare from millions of women by defunding PP, not protecting pre-existing conditions and causing increases in insurance rates by throwing instability into markets and then blaming states, you are mistaken.

Add to that, ending Medicaid by 2026 (knowing CBO won't score past 10 years): your political calculus is cruel and depraved.

Americans know that just voting to pass a bill to say you "did something" is a political ploy. If you want to represent Americans and make the country better, do it through a truly bipartisan process that improves the ACA. Use regular order, hold hearings with experts and stakeholders, and get a CBO score. Anything less is a dereliction of your duty to the people you represent.

Do not vote for bills that harm your constituents. Do not vote yes on bills that threaten the health of the majority of women and children. Women vote and are very politically active. Now more than ever. It is politically foolish, shortsighted and extremely cruel.

Do your job: represent us (the majority that do not want Graham Cassidy passed). Vote No.

I am tired of having to remind you what you have been tasked with doing as a Member of Congress. I have a full time job that actually benefits the health of thousands. Your constituents shouldn't have to ask, tell, or beg you not to take away their health care, and their very lives. And we shouldn't have to constantly fight for you to do what is right for your constituents.

Kind regards,  
Samantha

## Wright, Kevin (Finance)

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**From:** The Sullivans User [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:28 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill

Here are some of my problems with this legislation:

1. Block grants to states will have the effect of reducing Medicaid coverage. I have special needs nieces whose medical needs are covered by Medicaid, one of whom will never be able to support herself financially; there are millions of disabled people in the country who need affordable health care. I have a mother who may outlive her assets; she would not be alone among a large cohort of the elderly who need Medicaid to pay for their nursing home care. I live in a city with many children living in poverty; they need access to affordable health care—and the hospital emergency room is not the best place for most of that care.
2. Although I could be said to have a preexisting condition or two, I am fortunate to have Medicare coverage. This is not the case for another loved one who will lose employer-linked insurance before turning 65 and who also has a preexisting condition. Please do not pretend that this bill covers people with pre-existing conditions.
3. I know young people who are employed in the “gig economy,” which means that none of their employers offer them health insurance coverage. Even ostensibly healthy people get cancer or have serious automobile accidents. Without affordable insurance and without caps, such people fall easily into bankruptcy, which can take decades to climb out of.
4. It is very curious that the political party which is anti-abortion should also be proposing legislation which would reduce or eliminate coverage for maternity care.

There is more, but I'll stop there.

Sincerely,

Mary-Helen Sullivan  
Richmond, VA

## Wright, Kevin (Finance)

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**From:** Peter Casanave [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:28 PM  
**To:** gchcomments  
**Subject:** My daughter with mental illness was saved by the ACA and Medicaid

I have written separately about my daughter Alex who was dramatically saved by the ACA.

This is the story of he twin Louisa.

Louisa was saved by the ACA in a less dramatic but more protracted way. She first showed signs of mental illness while a freshman in college -- a common occurrence. Because she had to drop out of college for illness, she lost her health insurance. We were able to reinstate the insurance using the ACA "below 26 year old" provision. Over the course of years she was hospitalized five times, and spent most of the time in daily continuing day treatment at a hospital. Eventually she was discharged from this. She was able to get Medicaid while getting stronger. She began to work a little, then more. Eventually she was making enough so that Medicaid did not apply, but she was able to use the ACA marketplace for affordable insurance. She is getting stronger, has taken courses at a community college, and is now working full time, paying taxes, and has just qualified for insurance by her employer.

If not for the ACA and Medicaid she would either be in a state mental institution with little hope of release, incarcerated because of some behavior caused by the mental illness, or dead by her own hand. Instead she is a tax paying member of society. I fear, however, because she has a pre-existing condition. Mental illness can recur, and can be treated. But the pre-existing condition would make her premiums prohibitive or might cause insurers to simply refuse her, even for non-mental ordinary conditions.

I use this and the story of her sister who was saved by the ACA because of a rare cancer as arguments against the Graham Cassidy bill.

--

Peter Albert Casanave  
[REDACTED]

Wright, Kevin (Finance)

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From: Elizabeth Antkowiak [REDACTED]  
Sent: Sunday, September 24, 2017 9:27 PM  
To: gchcomments  
Subject: GRAHAM - CASSIDY BILL #voteNO

Graham - Cassidy Bill Hearing  
September 25, 2017

Elizabeth Antkowiak  
[REDACTED]  
[REDACTED]

Dear Senate Finance Committee Members;

If this bill is passed and becomes law it will have dire consequences for many, including my grandson. Our 4 year old grandson, "Isaac", whom we adore, has life threatening food allergies. When Isaac is accidentally exposed to the allergens, he must receive epi pen treatment followed up by immediate Emergency Room intervention or else; "he will die".

My 87 year old, aunt lives at St Mary's Court, in Foggy Bottom in Washington D.C. "Monica" is able to live a quality life and remains independent because her health coverage includes Medicaid and Medicare. This provides Monica the affordability to live there. The support services and staff there are marvelous and caring. Without places like these, which are paid for with

those tax dollars, my aunt and other elderly people would have to be placed in nursing homes. She gets out and about every day, there, in D.C.

Page 2 Graham Cassidy Bill September 25, 2017. Elizabeth Antkowiak,  
5581 Long Rapids Rd, Alpena, MI 49707

My husband and I are retired. Many of my husband's health benefits have already been eroded in State negotiations in Michigan. Having to incur an increase of 20% for our current coverage will be a hardship. Recently, I fell and thought my wrist might be broken. We waited for treatment until the next day, so a doctor's office could order an X-ray. Were we to have sought same day treatment (in the evening) it would have cost \$200.00 just for the ER visit. So, with looking at increased costs, we would not only delay future medical treatment, we might forego it all together while hoping for the best. I was without any medical treatment as a poor child. I do not want to go back to those circumstances as a Senior Citizen.

Bringing this Bill or any bill to a vote, when a CBO Report has not been completed along with a bill that is to be tied to tax breaks for the very wealthy is unconscionable. As I understand things, Graham Cassidy is to be tied with tax relief, at an enormous rate for the extremely wealthy. Therefore, the subtext of the Bill is to give money back to people who need the money the least;





**Wright, Kevin (Finance)**

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**From:** Keane Southard [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:27 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy bill.

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it, or pass Medicare for All

Sincerely,

Keane Southard

Walpole, NH

**Wright, Kevin (Finance)**

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**From:** Susan Loucks [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:27 PM  
**To:** gchcomments

Dear whom it may concern,  
I oppose the Graham-Cassidy bill. From a process perspective, this is happening too fast for us to consider thoroughly. When the "waste" part of "haste makes waste" are people's lives, it doesn't make sense to push something through in days.  
I know many people who are struggling ferociously to make ends meet and many more that have fallen through the cracks. Our social safety net is in shambles. The effort needed to raise one family from crisis is so much more than what is needed when the safety net is operational. The ACA has been one bright spot in Federal legislation for these families.

I want to see bipartisan efforts to improve the ACA, not just take it away.

Sincerely,  
Susan Loucks  
[REDACTED]

**Wright, Kevin (Finance)**

---

**From:** Susan Pansius [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:26 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Do something to HELP Americans -- not to hurt them!

Susan Pansius

Riverton, NJ

**Wright, Kevin (Finance)**

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**From:** D Han [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:25 PM  
**To:** gchcomments  
**Subject:** Comment on Graham-Cassidy health insurance bill

I'm strongly opposed to the Graham-Cassidy bill. It's cruel, and does nothing to extend affordable health insurance to people in our country. Everybody relies on health care at some point in their lives, and we will always have people unable to pay for health insurance. This bill ignores that basic reality.

Sincerely,  
D Han

## Wright, Kevin (Finance)

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**From:** Jules James [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:26 PM  
**To:** gchcomments  
**Subject:** Vote No

Everything about the Graham-Cassidy bill stinks to high heaven. I don't have a personal story regarding ACA coverage but I can say its changes have been positive for those of us with employee-based plans. The impact of Graham-Cassidy on those plans is unclear given the speed and secrecy around its appearance and vote. But even more than my own concerns about my coverage, are my concerns about Medicaid for my elderly relatives, the support for even the most basic of preventative and catastrophic coverage of colleagues and friends who are entrepreneurs or contractors, and even more for friends who are disabled or coping with chronic and catastrophic illnesses. We should be thinking about healthcare coverage systems from the POV of the chronically ill, the disabled, the elderly not just because it's morally right but because one or all of those positions will be likely our fates.

We are Americans. We are supposed to take care of each other. I pay taxes to have that money put to use by the government for the common good: healthcare, education, infrastructure, not to mention a jobs policy that does not demonize immigrants and the undocumented but helps all of us who contribute to the greatness of America with paths to stability and success.

Graham-Cassidy isn't even really health policy; it is tax (breaks for the extremely wealthy) policy. And it's bad for America on both counts.

Jules James  
Durham, NC

## Wright, Kevin (Finance)

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**From:** Kim Mega [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:25 PM  
**To:** gchcomments  
**Subject:** Public testimony for Graham-Cassidy hearing

To Whom This May Concern:

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I would like to share my story with you about my children.

I have a teen son with Chronic Kidney Disease including Hypertension. He has this preexisting condition due to Hemolytic Uremic Syndrome he had at 14 months from E.Coli exposure (in part from poor regulations in meat-packing and processing). He went into complete kidney failure and had to have multiple life-saving interventions during his month in the Pediatric ICU. My son thankfully has recovered better than expected. The doctors were worried about a life on dialysis or kidney transplant. We were very lucky, but he will still have this preexisting condition for the rest of his life. It is not right that a bill like Graham-Cassidy will cause him to struggle to afford healthcare once he becomes an adult. He should have the same chances in his pursuit of happiness and independence as others his age. Instead, I look to his future with dread; that he will forever struggle with affording his own healthcare.

I, also, want to share with you the unimaginable help that having access to Medicaid has been with the birth of my triplets. I did have employment & insurance through my job however I was put on medical leave at 19 weeks in order to keep my pregnancy. Higher order multiples are notorious for complications and I was no different. I quickly ran out of leave days and without the addition of Medicaid (as secondary to my insurance) I would have been in trouble financially even before they were born. I made it to 33 weeks before complications made it unsafe to continue the pregnancy. My three babies spent just under a month in the NICU just to grow and learn to feed. I am fortunate that they were and are healthy with only mild delays that are normal for premies. Many parents are not so lucky and multiples/premies tend to have major medical conditions and life-long disabilities. I credit my access to Medicaid (which I worked to contribute into) for helping my babies get the start they needed in life. I would hate to see parents in the future not have this option.

I think it would be in everyone's best interest to have a bipartisan Congressional effort to improve the ACA, not repeal it.

Thank you for your attention.

Kim Mega  
Anderson, SC

**Wright, Kevin (Finance)**

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**From:** [REDACTED] on behalf of Mary Kalemkerian [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:24 PM  
**To:** gchcomments  
**Subject:** Comment on Graham-Cassidy bill for public testimony

Dear sir/madam:

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I have a pre-existing condition: I inherited my mother's blood clotting mutation (Factor V Leiden). My body has since developed my own hormonal imbalances, which has left me reliant not only on regular gynecological care but also constant monitoring by hematologists. I cannot do any of this without health insurance, which allows me to have routine doctor's visits without disrupting my ability to work and do my part for the US economy.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Mary Kalemkerian  
New York, NY

**Wright, Kevin (Finance)**

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**From:** Jerry Samford [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:24 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

Dear Senators:

Accessible and affordable healthcare is a major component of many people's daily life. While the Affordable Care Act was not perfect, it was a good start towards an integrated program that could help everyone improve their standard of living. Fixing the ACA is appropriate; repealing it to replace it with a program that all credible experts believe is far worse would be a travesty. Do the right thing: do not pass the Graham-Cassidy bill.

W. Jerrold Samford, P.G.  
Richmond,, Va.



## Wright, Kevin (Finance)

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**From:** Napita Nanette Ippolito [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:24 PM  
**To:** gchcomments  
**Subject:** Please protect health & civilized democracy. Reject Graham-Cassidy authoritarianism.

Finance Committee,

Graham-Cassidy TrumpCare now plans to kick 32 million people off of healthcare, devastating working families, in exchange for a \$20 billion tax break for the highly-profitable medical device industry, despite their \$230 billion in profits stashed offshore on which soulless corporations have not paid a dime in U.S. taxes.

This week's ONE hearing on TrumpCare is an outrageous abuse of power when life and death matters for so many families are at stake. Compare Trump's arbitrary authoritarian government overreach with the careful scrutiny applied to the Affordable Care Act in 2009, examined by three different Senate committees and given 169 hours of review in dozens of hearings where both professional evaluation & real people's needs were considered.

Informed citizens, like my family and friends, respectfully urge the Senate and the Senate Finance Committee to govern wisely:

- 1) to firmly reject Graham-Cassidy;
- 2) to protect the healthcare of millions of Americans; &
- 3) to require soulless corporations to pay their fair share in taxes from their obscene profiteering on health tragedies. When corporations do pay their taxes, investments in our country's future can include healthcare for working families, like in the rest of the wealthy civilized first-world.

Napita Nanette Ippolito  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Patty Hamilton [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:24 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy proposal

To Whom It May Concern:

I completely agree with Sen. McCain's assessment of what is wrong with the proposed Graham-Cassidy legislation. Any health care legislation that will cause 30 million people to lose insurance coverage is unacceptable. Any health care legislation that is likely to cause dramatic insurance rate hikes for a significant sector of the population is unacceptable. Indeed, any health care care proposal that is rushed through the legislative process without due diligence--especially review by the Congressional Budget Office--and broad bipartisan support is a betrayal of the best interests of American citizens and taxpayers.

Thank you for your attention.

Dr. Patricia L. Hamilton  
Jackson, TN

**Wright, Kevin (Finance)**

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**From:** Kelly Mayfield [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:24 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy Health Care Bill

Dear Senate,

Would you want your family subjected to the terms of this bill, Senator Graham? Senator Cassidy? Senator Heller? Do you have any family members with chronic conditions, or daughters who have had children? If you have grandchildren the means your daughters have a pre-existing condition, which would make their premiums sky-high - if they could find coverage at all.

Calling this bill health care is a travesty. Don't make it a tragedy by denying tens of millions the opportunity to get the care they need, when they need it. I am one of the millions with a pre-existing condition, as is my daughter. This bill would gut our care. This bill will kill people.

Please work to strengthen the Affordable Care Act. It's given tens of millions the peace of mind because they can go to the doctor. Please don't destroy lives.

Sincerely,

Kelly Mayfield  
Los Angeles, CA

Wright, Kevin (Finance)

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**From:** Alexander R. Keen [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:22 PM  
**To:** gchcomments  
**Subject:** Please Oppose This Bill  
**Attachments:** Graham-Cassidy Letter 9.24.docx

Good evening. As an American, I strongly urge you to oppose this bill. Please see this letter in support.

Best,

-Alex Keen

**Wright, Kevin (Finance)**

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**From:** J R Johnston [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:23 PM  
**To:** gchcomments  
**Subject:** Reject GCH

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause millions to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors, and people with disabilities or preexisting conditions.

Warmly,  
J R Johnston  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Kavita Patel [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:23 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Kavita Patel  
Austin, TX

**Wright, Kevin (Finance)**

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**From:** Sonya Daw [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:23 PM  
**To:** gchcomments  
**Subject:** Opposed to the Graham-Cassidy bill

I am strongly opposed to the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

My nephew, due to birth trauma, has cerebral palsy, and relies on medical support from Medicaid. He cannot walk or feed himself. My sister and her husband care for him at home - long days and even longer nights making sure he is safe. The Graham-Cassidy bill is estimated to remove millions from receiving healthcare with the Medicaid formula proposed. Please do not leave my sister and her dear family having to foot all the medical bills for their severely disabled child. They cannot do that alone.

Please spend your time and energy working to stabilize and improve the ACA; please do not spend any more taxpayer money trying to repeal it. Enough is enough!

Thank you,  
Sonya Daw

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**Sonya Daw**  
Writer/Editor

## Wright, Kevin (Finance)

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**From:** Shelley Malofsky [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:23 PM  
**To:** gchcomments  
**Subject:** Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal, September 25, 2017

Shelley Malofsky  
[REDACTED]

Dear Senate Finance Committee Members,

I write to express my deep opposition to the draconian, cruel and amoral Graham-Cassidy-Heller-Johnson Proposal. The sponsors of this Proposal vowed that it would replace the ACA with something better and more affordable. This Proposal fails miserably in all respects.

It has been crafted, introduced, and discussed in a deeply undemocratic manner. I demand a full and fair hearing on this legislation after it has been analyzed by the Congressional Budget Office. The last bill scored by the CBO had an approval rating of 12%, yet this bill is moving forward and is even worse than the last bill scored. Millions of elderly individuals and people with disabilities rely on traditional Medicaid for their lives, well-being, and independence. Although the Congressional Budget Office Analysis has not been completed for this Proposal, it is similar or worse to previous bills that would radically restructure Medicaid, kicking millions of Americans off health care. Reducing the number of insured means that thousands of people will die needlessly for a tax cut for the wealthiest Americans.

Medicaid saves the lives of people with disabilities who rely on things like tracheotomy care, nursing care, dialysis, cancer treatments, occupational therapy, speech therapy, life-saving medications, durable medical equipment, and more to work. With health insurance through Medicaid, they live full, independent lives will be at risk. These people are our family members, our neighbors, our coworkers, and our friends. We are the wealthiest country in the world. We can and should provide Medicaid for the elderly and people with disabilities.

This Proposal will impact pregnant women and children, who are insured by Medicaid in high numbers. In Wisconsin, 28% of all kids are covered by Medicaid. Nearly half of all US births are covered by Medicaid. For many children with disabilities and extensive health care needs, Medicaid is again lifesaving, and again, cutting it could literally put children's lives at risk. Children who receive regular health care to treat things like asthma, diabetes, and treatable medical problems fare better in school, miss fewer days of school, are more likely to graduate, and earn higher wages than those without health care.

The changes to the Affordable Care Act are also deeply troubling. The proposal opens the door to imposing pre-existing condition exclusions again, limiting essential health services, and reducing the affordability of health insurance, which will result in millions more losing health insurance they only recently gained. All studies done thus far on health outcomes for individuals newly insured through the ACA show the enormous positive impact of insured status. Many people with disabilities rely on ACA coverage when they could no longer work due to a diagnosis, but had to wait two years after a disability determination before Medicare would begin.

Many people rely on the ACA to receive cancer treatment. They owe their lives to the Affordable Care Act. I also have friends with full time jobs that did not offer health insurance and could only afford health insurance offered through the ACA with subsidies. These individuals obtained services to treat chronic illnesses such as diabetes, illnesses that would worsen without treatment and then require costly but are preventable. The Proposal fails to make insurance more affordable and in fact, will price ordinary Americans out of any



insurance market, returning to the days when a cancer patient who couldn't work couldn't access health care, where a person with asthma couldn't afford health insurance due to a pre-existing condition, where a person working a full-time job couldn't afford health insurance. This is not what Americans want.

I am submitting this testimony to the committee to ensure that it is entered into the official record of these proceedings. I want the record of this committee to show that those who voted for this Proposal were fully aware of its devastating and destructive impact and were told by millions of American citizens that this is not what we want.

## Wright, Kevin (Finance)

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**From:** Summer El-Khayyat [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:23 PM  
**To:** gchcomments  
**Subject:** Trumpcare Hearing

To all the sitting senators engaging in thought about passing this travesty of a bill:

Stop. Do not pass this. Do not attempt to remove healthcare from millions of Americans and pretend you have everyone's best interests at heart. You don't. Stop pretending you're doing this because of your constituents. You aren't.

If you wanted to help your constituents, you'd pass sweeping laws ADDING aid to your states, AND other states, because we live in THE UNITED STATES.

This pointless party bickering is what gave us this current administration, with a warmongering President, an increasingly unpopular Congress, and the removal of basic human rights and decency from the forces intended to keep us safe.

Do something useful, and ensure that, in order to provide the care you desperately claim to want to give, healthcare is EXPANDED across the nation, not removed.

Your constituent,  
Summer E.  
[REDACTED]

P.S. Stop treating universal healthcare like a threat. It works in other nations, and can in this one too.

**Wright, Kevin (Finance)**

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**From:** Rachael Nealer [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:22 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My single mother self-employed mother relies on affordable health care and needs a hip and knee replacement that won't break the bank. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Rachael Nealer

[REDACTED]

## Wright, Kevin (Finance)

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**From:** Taylor Rose [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:22 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy is dangerous for Americans

Hello,

I would like to comment on the Graham Cassidy bill.

I am concerned about the impact of Graham Cassidy on the American population. As the daughter of two individuals with several "pre-existing conditions", I am concerned about my family's capability to stay financially afloat if this bill was to pass. As my parents grew older, this bill would worry me as to whether they could even receive and afford health insurance at all. We are a middle class family - my father has a law degree. Yet, in 2017, I am questioning whether my parents will be able to afford healthcare. This is not progress to making a healthier, happier America. It is progress to ruining millions of lives and killing thousands.

Thank you for your consideration.

Best,  
Taylor Rose

**Wright, Kevin (Finance)**

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**From:** Shirley Condon [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:21 PM  
**To:** gchcomments  
**Subject:** Say NO to Graham-Cassidy 9/25/17

Committee Members:

Re: September 25, 2017  
Graham-Cassidy Hearing

I could give you, in my own words, as to why the Graham-Cassidy "healthcare" bill is a pending disaster, but this physician's article says it all. Please take the time to read it:

If the U.S. Adopts the G.O.P.'s Health-Care Bill, It Would Be an Act of Mass Suicide  
<https://www.newyorker.com/news/news-desk/if-the-us-adopts-the-gops-health-care-bill-it-would-be-an-act-of-mass-suicide>

The only responsible thing to do is to vote NO on Graham-Cassidy, and for both parties to work together to fix the ACA. Do it for the all the American lives you will save. Do it for your legacy. Do it so both you and I can sleep better at night.

Thank you  
Shirley Condon  
[REDACTED]  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Amanda [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:21 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Healthcare Proposal

To Whom It May Concern:

I am writing as a concerned citizen from Virginia who does not want Obamacare (ACA) repealed. I believe that although there are issues with Obamacare that need to be fixed, we must keep it in place and help it succeed even further than it has already. Obamacare is NOT failing. That is a silly political refrain that people keep trying to pound into our heads. It's a lie. There are issues that need to be fixed - that does not qualify as "failing" in any way.

Obamacare has given my family security and desperately needed healthcare insurance when we needed it. We are business owners and could not afford insurance without Obamacare. After we signed up for Obamacare, we were FINALLY able to go to the doctor for check ups, wellness visits, and also an ER visit for a horrible bout of bronchitis that would easily have turned into pneumonia had we not seen a doctor. That may not sound too awful (most people recover from pneumonia) but when you are self employed and run your own business (24/7, every month, every year) an illness like pneumonia could put us out of business. Just a few days of unattended business is like a month for a small business.

Stop this ridiculous and shameful political exercise of "repeal and replace[ing]" Obamacare. The Graham-Cassidy Healthcare Proposal only repeals, doesn't replace AND will put our healthcare system into a crisis worse than what was happening BEFORE Obamacare was enacted into law. Stop wasting our time. MAKE OBAMACARE BETTER for those who it's not working!!! LEAVE IT ALONE for those who it IS working!!!

Thanks...do the right thing...

A M Rosas

**Wright, Kevin (Finance)**

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**From:** Julia Kirchner [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:21 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

To the Members of Congress:

I am a medical student currently applying to residency programs and about to start a life-long career in medicine. As a student, I have worked in a number of diverse hospitals and outpatient settings. In each one, I saw patients whose preventable medical conditions had escalated to the point of needing major invasive, and costly interventions in the form of multiple medications, machines, and in the worst case scenario surgery. In most cases, better health care coverage could have allowed these patients to get the intervention they needed before their medical conditions took an irreversible toll. One way or the other, tax payers end up paying for health care. I want my money to go towards the most cost-effective health care: Primary and preventative care.

As a child growing up, my family could not afford insurance and as a result I had Lyme disease which went undiagnosed for far too long before my family could take me to a doctor and have me be treated. There is no reason why I, or other children, shouldn't have access to health care.

Because of this, I oppose the Graham-Cassidy bill.

I would like to see a bipartisan effort to improve the ACA, instead of repeal it. Being on the frontlines of medicine, I am convinced that the current government's shaping of healthcare will have an enormous impact on the future thriving of our country.

Sincerely,

Julia Kirchner  
[REDACTED]  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Liz & Steve [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:21 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill

To members of the Senate Finance Committee:

I write as a citizen, parent, pediatrician and medical ethicist to share my belief that the Graham-Cassidy bill, if it becomes law, will do historic damage to the country, to its citizens, and to budgets of the 50 states. In particular, it would be devastating to the middle class, the poor, the disabled, children, the elderly, those with pre-existing conditions, and those who are self-employed or who wish to start a business. I hope, as you conduct your hearing on September 25, that you will come to clearly understand the immense harm that passage of the bill would do.

The Congressional Budget Office has not yet analyzed the impact of the bill on the numbers of uninsured individuals or on premiums. But prior analyses of substantially similar bills showed that premiums for most people buying coverage in the individual market--especially for those who are elderly or have pre-existing conditions--would rise sharply, and that the numbers of uninsured individuals would rise by over 20 million. There is every reason to believe that Graham-Cassidy will have the same effect, as confirmed by independent reports by respected private-sector analysts. Further, it is irresponsible to vote on the bill before the CBO estimates are available for senators' consideration.

It is also important to note the universal opposition to the bill by virtually every member of the health care sector. Numerous physician organizations, including the American Medical Association, the American College of Physicians, and the American Academy of Pediatrics oppose the bill. The American Nurses Association opposes the bill. Organizations representing hospitals, health insurers, retirees, and countless patient groups oppose the bill. Numerous governors, including many Republicans, oppose the bill. All 50 state Medicaid directors have written an unprecedented joint letter opposing the bill. It is unimaginable that the Senate would pass the bill in the face of such unified opposition from experts and from those who would be most affected by it.

I strongly believe that Graham-Cassidy should not come to a vote. Instead, the bipartisan effort that until recently was led by Senators Alexander and Murray should continue. Our country has made hard-won progress over the past few years to improve access to health care for all Americans, but there is still much to be done. Rather than destroying that progress, I urge you to work together to build up on it.

Respectfully,

Steven Joffe, MD, MPH  
[REDACTED]  
[REDACTED]



**Wright, Kevin (Finance)**

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**From:** Jane Kleiman [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:21 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Jane Kleiman  
Red Bank, NJ

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** WILL E VAN [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:21 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller Bill

This bill will adversely affect my family and myself. Without the ACA we would lose our home and our coverage. With existing conditions we would be priced out of care. The passage of this bill is not supported by any Insurer or Medical provider because it will only hurt and not help people.

Thank You  
Mr & Mrs. (William & Penny) VanDaWalker  
Perris, California

**Wright, Kevin (Finance)**

---

**From:** Margery Goldberg [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:20 PM  
**To:** gchcomments  
**Subject:** All you will prove by this bill is that you have no soul

To All Concerned;

This bill is a disgrace to America and the American people, exposing how mean spirited and hateful you have become to the majority of the American people.

You put the health of all Americans in peril, while making us a laughing stock of the world. You are no better than Not my President Trump, he is mentally ill, what is your excuse?. What are your children going to think of you. The Senator that took healthcare away from 20 million Americans.

Have you lost your souls, it sure looks it?

Margery Goldberg

## Wright, Kevin (Finance)

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**From:** Sofia Contino [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:20 PM  
**To:** gchcomments  
**Subject:** I Oppose the Graham-Cassidy Bill

I depend on quality affordable healthcare and thus I strongly oppose the Graham-Cassidy bill.

It was a struggle for me to get coverage and to be able to take care of myself and my health, and with this bill my hopes would be dashed. I am afraid to think of my future as a woman with my health needs if this bill passes and I have to look to it for coverage.

I strongly hope that there can be a bipartisan conversation about this where the needs of Americans with preexisting conditions and any other sort of exceptional circumstance and/or who do not have the deep pockets of the 1% are truly put center stage. That is what healthcare for all should be about.

Thank you.

**Wright, Kevin (Finance)**

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**From:** Megan Harvey [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:19 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Megan Harvey  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

---

**From:** oobernoob [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:19 PM  
**To:** gchcomments  
**Subject:** Consideration of the Graham-Cassidy-Heller-Johnson (GCHJ) bill

Members of the Senate Finance committee:

With all due respect, I strongly urge you to vote against advancing the Graham-Cassidy-Heller-Johnson (GCHJ) bill as written.

This bill is opposed by the majority of Americans, according to multiple polls, as well as by the majority of healthcare professionals and organizations, according to their numerous public statements against it.

This bill is being rushed through the Senate solely to accommodate the looming deadline of the expiration of the simple majority afforded by the budget reconciliation process and therefore will not have a Congressional Budget Office (CBO) score as to its impact on a very sizable portion of the American economy.

The draconian shortcomings of this bill are well documented and I will not enumerate them here. My purpose here is to appeal to your collective conscience and your dedication to act in the best interests of America and her people.

I implore you, vote in favor of supporting the American people and against the partisan politics that developed this bill.

Do not advance the GCHJ.

Submitted Respectfully,

Steven Denison

## Wright, Kevin (Finance)

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**From:** Carlos&Jennife [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:19 PM  
**To:** gchcomments  
**Subject:** The impacts of Graham-Cassidy on my family

I and my husband have been blessed with three children. My oldest is 12 and I have 10 year old twins. My only daughter, one of the twins, is autistic and essentially nonverbal. She demonstrates an amazing ability to learn but to access that ability, she requires intensive therapy and supports. She suffers extreme anxiety, largely related to her severe communication impairments. The world can be a very scary place, especially when you are unable to effectively communicate your needs.

Typical medical procedures for others often require anesthesia for my daughter. Her debilitating anxiety and self-injurious behaviors will most likely mean she will need medications and psychiatric care for many more years. She spends hours each week in therapies (speech, educational and behavioral) to help her overcome the challenges of autism, communication deficits, social skills and sensory sensitivity. She will depend on lifelong supports provided by Medicaid through Home and Community Based Services to live as independently as possible rather than in an institution.

My husband and I both have good well-paying careers with employer-based insurance. Even with that insurance, my daughter's medication out-of-pocket used to be \$500 each month. Fortunately, we obtained Medicaid coverage for her and that medication is now fully covered. My entire salary pays for her out of pocket therapy needs and her full-time caregiver. We otherwise live on my husband's salary alone and understand that we are blessed to have two good paying jobs and to be able to live on one of those salaries alone. We live lean but we make it. If our safety net of Medicaid and ACA protections were pulled, I don't know what we would do to manage. I fear for my family and for so many other families like mine, some with even less to start than we have.

My daughter's care provider has diabetes. She uses the ACA healthcare exchange to purchase an insurance policy. Without subsidies and pre-existing protections, she will no longer be able to afford the healthcare insurance she needs to LIVE. If those protections and subsidies are pulled, she will need to find an employer who provides healthcare and I will then need to stop working to care for my child full-time.

As you debate this bill, please remember that you hold tremendous power over the lives and futures of millions of Americans, including my family. Please do not pass this bill. Such an important matter deserves open discussion, multiple hearings and a traditional process with bi-partisan support. Do not pass Graham-Cassidy.

Thank you for listening.

Jennifer Roberts Luna

## Wright, Kevin (Finance)

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**From:** Ryan Michalski [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:18 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

Please consider trying to work on a bill that actually fixes the issues with ACA rather than trying through the baby out with the bath water.

To paraphrase Jimmy Fallon - if the fire fighter bumps your head on the door while saving you from the fire, you don't shoot the fire fighter! He/she still saved your life and you wouldn't trade that!

Work on fixing the issues with ACA, or work on single payer solutions that might bring the US up to the level of every other major country in the world and stop trying to kill people!!

Sincerely,

Ryan Michalski  
Roanoke, VA

Sent from my iPhone



**Wright, Kevin (Finance)**

---

**From:** Danielle Sharp [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:18 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I have depression, anxiety, chronic back pain, and I am a domestic violence and sexual assault survivor. These pre-existing conditions could all disqualify me from health insurance coverage if ACA is repealed. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Danielle Sharp  
Rochester, New York

**Wright, Kevin (Finance)**

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**From:** Linda Somo [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:18 PM  
**To:** gchcomments  
**Subject:** Senate Finance Committee Meeting on Sept. 25th Regarding the Graham-Cassidy Bill

Dear Senators,

I am writing regarding the Graham-Cassidy bill that you will discuss on Monday, September 25<sup>th</sup>, during your Finance Committee meeting. I think it is disgraceful that the Senate is trying to force through a bill of this magnitude in such a haphazard manner. Such an important bill as healthcare reform that will affect one-fifth of our nation's economy and tens of millions of people deserves to be considered by following regular order. One hurriedly-called committee meeting will not suffice. You must allow enough time for numerous committee meetings, expert testimony, public testimony, possible amendments, and especially a CBO score. Otherwise, you are voting blindly and strictly for political reasons, not for the good of the American people.

How can you possibly recommend passage of a bill that could eliminate insurance for those with pre-existing conditions, deny insurance to more than 20 million Americans, and raise premiums for many millions more? Stop this travesty now!!! Healthcare does need to be reformed, but this is not the way to do it. Slow down, take your time to actually follow regular order, and act in a BI-PARTISAN way, instead of strictly playing politics! Listen to the American people, who overwhelmingly detest this bill, and stop blindly following your party leaders and wealthy contributors.

Thank you,  
*Linda*

Linda Somo  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Brooke Lehmann [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:16 PM  
**To:** gchcomments  
**Cc:** Mike Shaver; David Bundy; Sharon Osborne - 01; Megan Zuckerman  
**Subject:** Comments for the Record  
**Attachments:** CHSA Finance Hearing Submission.docx; ATT00001.htm

Please accept the following comments for the record on behalf of Children's Home Society of America.

Thanks you

**Wright, Kevin (Finance)**

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**From:** Paul Reilly [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:18 PM  
**To:** gchcomments  
**Subject:** Public Comment on Graham-Cassidy Bill

Dear Chairman Hatch and Ranking Member Wyden:

I am concerned about the Graham-Cassidy-Heller-Johnson proposal currently being pushed through the Senate because

....

Your hearing is a sham. .what happened to regular order.

Paul Reilly

[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

---

**From:** bethany smith [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:18 PM  
**To:** gchcomments  
**Subject:** My objections to graham cassidy

My family and i will be devastated.

My mental health meds cost 300 a month if this bill passes. Currently i pay a small amount and work at arbys. My disabled husband would also be affected negatively. This is of concern to all 5 voters in our house.

## Wright, Kevin (Finance)

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**From:** Polly Miller [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:17 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy Bill

My name is Polly Miller. I reside at 2019 Oakshire Street, San Antonio Texas 78232. I am a 69 year old single grandmother who adopted at age 3 months my special needs grandson. My grandson was born exposed to drugs through his mother and due to that exposure has many medical needs currently and will subsequently have additional ones throughout the rest of his life. He is now age 3 ½ and without having Medicaid to provide health services to him both his physical and mental abilities would be dramatically compromised. Medicaid is vital to his care. I am not able to provide individual health care coverage based on my income. Children in foster care and those adopted are at great jeopardy of compromising their health if this bill is passed.

I am asking you to vote no on the Graham Cassidy Bill for those children who have no voice of their own. It is ethically and morally wrong to consider passing a bill that would harm innocent children.

Polly B. Miller

Sent from [Mail](#) for Windows 10

**Wright, Kevin (Finance)**

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**From:** Emily Smithey [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:17 PM  
**To:** gchcomments  
**Subject:** Reject graham Cassidy heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause millions to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors, and people with disabilities or preexisting conditions.

Emily Smithey  
[REDACTED]

Sent from my iPhone

**Wright, Kevin (Finance)**

---

**From:** Jennifer Baker [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:17 PM  
**To:** gchcomments  
**Subject:** Public Testimony

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I am concerned about many aspects of this bill, including provisions relating to pre-existing conditions---because like most adults--I have pre-existing conditions! It frightens me to think of being denied insurance coverage for these conditions---or denied insurance altogether because of them.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Jennifer Baker, RN BSN CHPN

[REDACTED]  
[REDACTED]  
[REDACTED]



**Wright, Kevin (Finance)**

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**From:** molly clark-barol [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:16 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

My family and I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.

One of my many objections to the bill is the waiver allowance, which, among other things, would allow states to abandon protections for Americans with pre-existing conditions and get rid of coverage for certain kinds of coverage, including mental health and maternity. Both of my parents are cancer survivors. I have received diagnoses of anxiety and PTSD. One day, I would like to start a family with my husband.

The Graham-Cassidy bill could jeopardize the health of my family, current and future, as well as that of millions of other Americans.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Molly Clark-Barol

[REDACTED]

**Wright, Kevin (Finance)**

---

**From:** Julie Weinstein [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:11 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

Dear Senators:

My family and I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. Cancer diagnoses in my family mean that we have pre-existing conditions and treatment would be denied for those conditions under your bill. This would be absolutely devastating and would lead to deaths due to lack of medical care.

I believe that the only way to get a healthcare plan that will work for all Americans is through a bipartisan congressional effort that includes time for planning, information about costs (CBO estimates), and input from both the healthcare community and the public. Please reject this bill and get to work on something that the public wants.

Sincerely,

Julie Weinstein  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Thara N [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:17 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bo;;

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I am a citizen and a voter and I care deeply about this issue. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Thara Nagarajan

Chicago, IL

**Wright, Kevin (Finance)**

---

**From:** Pam Duchaine [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:16 PM  
**To:** gchcomments  
**Subject:** Repair not repeal and replace

Let's see a bi-partisan effort please

Pam Duchaine  
Green Valley AZ

## Wright, Kevin (Finance)

---

**From:** George B. Gilmore [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:16 PM  
**To:** gchcomments  
**Subject:** Comment

Dear Senator,

Many in your party are willing to see millions of people lose healthcare for purely political reasons. Some insist they have to do this to fulfill campaign promises. That was because you had to oppose anything that Obama did. And your constituents wanted it for the same reason.

But Obama is gone now. Millions of people have coverage that did not have it before. We all understand this administration wanting to wipe out anything Obama did simply for spite.

But I would hope the members of our senate would be above that and actually work for the people who elected them.

Every state would lose billions of dollars yet they say no one would lose coverage. How is that possible? No, that money would go to tax cuts to the rich.

Please be honest with yourself and us. Don't let politics cause you to be responsible for the death of even one person. Take the high road and vote no!

Sincerely,

George B. Gilmore

**Wright, Kevin (Finance)**

---

**From:** Vicki Hamm [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:16 PM  
**To:** gchcomments  
**Subject:** Don't repeal the ACA!

To Whom it May Concern:

As a freelance musician and music teacher, I have been relying on the ACA for my health insurance since it began. I work a day job that doesn't provide health insurance, and teach and perform on top of that, but I still struggle with student loan repayments and paying off my car, etc. Without the ACA, I would go uninsured. Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely, Vicki Hamm

[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

---

**From:** D Church [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:16 PM  
**To:** gchcomments  
**Subject:** Comment on Graham-cassidy

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause millions to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors, and people with disabilities or preexisting conditions.

Thank you,

David church

## Wright, Kevin (Finance)

---

**From:** jack fiorini [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:39 PM  
**To:** gchcomments  
**Subject:** reject Graham-Cassidy-Heller

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller is being considered in a hurry just for the sake of passing something, and it's consequences would be utterly disastrous on both financial and humanitarian fronts --

Sincerely,

John Fiorini  
Lawrenceville, GA



## Wright, Kevin (Finance)

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**From:** Bertinarea Crampton [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:37 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Hearing Testimony  
**Attachments:** BCramptonTestimony.docx

Graham-Cassidy Bill Hearing  
September 25, 2017  
Bertinarea Crampton  
[REDACTED]

I am writing to express my sincere and fervent opposition to the Graham-Cassidy Bill as a young adult American woman with a terminal disability. In August of 2015, while working, I had a grand mal seizure that changed my life. After being transported between two different hospitals, multiple tests and ultimately a craniotomy a tumor was located in my right frontal lobe. At the time, I was one of the many Americans able to have healthcare due to the Affordable Care Act. It was because of my health insurance that I was comfortable agreeing to the surgery that ultimately determined the presence of a Grade III Anaplastic Astrocytoma growing in my right front lobe. I was 27 and told I had terminal brain cancer. Not from any fault of my own. I remember asking my doctors if I did this to myself. I remember being shuffled through the process of setting up chemotherapy and radiation appointments. I remember looking at explanation of benefits shocked at the numbers, seeing that my craniotomy would have cost me over \$500,000 without my health insurance. That a single radiation treatment could have been \$300-\$600, knowing I would be receiving them every day for over 6 weeks. That my chemotherapy ran up to \$8000. Plus the countless MRI's, CTs, Blooddraws, hospitals visits, doctor's visits, infusion appointments. The list goes on more than most can fathom. If I did not have health insurance then, I can guarantee I would not be here today. The only choice would have been to not get the care I needed.

I sit here typing this facing the very real possibility that I may have to make that decision again one day because of the Graham-Cassidy Bill because I now have a pre-existing condition, again, of no fault or choice of my own. Believe me when I tell you, I would give it back in a heartbeat. I am very fortunate to be living despite my cancer. However, it will never go away and will very likely cause my death. I am reminded daily of its presence in my life. Every pill I take. The persistent headaches that I try to ignore as I push through the day. In addition to the tangible problems, I have now been diagnosed with Major Depressive Disorder, a common psychological response to a physiological problem such as cancer.

Grade III brain cancer often reoccurs aggressively as grade IV. I am required to get regular MRI's and bloodwork to monitor my condition. The best chance of prolonging life it to catch the change early and treat early. This year I utilized Medicaid to maintain these regular check-ups. I was able to focus on the things I needed to make my body and mind as well as possible which allowed me to begin my return back into the workforce after a two year absence. Ideally, this will allow me to become less dependent on Social Security Disability. I am ashamed that congress is seeking to punish states that invested in Medicaid, a program that is actually helping me get back to work.

I'm telling you these things because, if this bill passes myself and many other Americans with preexisting conditions will have to consistently question how we will afford healthcare. I did not choose cancer and I find

a healthcare bill that could potentially deny me coverage because I have it to be grotesque and immoral. Simply put, states should not be allowed to waive protections for people with preexisting condition or the requirement for basic healthcare services like mental healthcare. In many circumstances, like my own, physical and mental illness go hand and hand and both need accessible, affordable, and regular treatment for basic needs to be met. In addition, lifetime limits on care for a citizen with cancer is unreasonable. I could very easily meet those limits in the next few years or even months with my continued regular testing to simply monitor my condition or if I had to undergo another resection surgery. Why am I being penalized for something completely out of my control? A person in my position would have very few choices when healthcare costs become too high. The choice for most is just don't go to the doctor, don't get the test, and don't take the medicine. For me that choice can literally mean life or death.

We live in a country so divided right now that we are more willing to see people suffer than admit when we are making rash and foolish decisions. The Graham-Cassidy Bill should not pass for these and so many other reasons. I also know the Affordable Care act has its flaws. But, throwing the baby out with the bathwater is not going to fix anything. Now is the time to show the American people how united our Congress can be in working together to provide us with our basic right of affordable and accessible healthcare.

Bertinarea Crampton

**Wright, Kevin (Finance)**

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**From:** Angela Rose Sarno [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:38 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

Hello,

I have a deep, deep concern over the slapdash and irresponsible manner in which this legislation is being brought for a vote. If what is in your bill cannot achieve more than the minimum vote required, it will be nothing but a pyrrhic victory for the GOP. Everyone else will lose, and eventually so will the GOP. Make what we have BETTER. Following procedure.

Regards,  
Angela Sarno  
Saugus, MA

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**Wright, Kevin (Finance)**

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**From:** Mark Reed [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:38 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

[Your name]mark reed  
[City, State]minerva, OH

## Wright, Kevin (Finance)

---

**From:** Lee Farrington [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:38 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy

As a medical social worker on the front lines of healthcare, I see every day the need for changes that are long overdue. Access is a necessary first step and once that is taken care of then we can go on to make much needed cuts in other aspects of healthcare. The access opened up by the Affordable Care Act was a start. Now we need to move forward in tackling actual excessive costs perpetuated by pharmaceutical companies, physicians ordering unnecessary treatments and procedures, systems set up to exploit insurance companies for profit gouging, etc. Without reasonable access to health insurance, it becomes impossible for small businesses to stay afloat. Isn't that what our country is built on, opportunities and American ingenuity? Please support to the overturning of Graham Cassidy so healthcare reform can continue to move forward. Lee Farrington, LICSW

Sent from my iPad

**Wright, Kevin (Finance)**

---

**From:** Barb McBride [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:38 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept 25, 2017

My family and I rely on quality, affordable healthcare. Because of this I oppose the Graham-Cassidy bill. I am both a melanoma and a breast cancer survivor which places me in the group of patients with pre existing conditions. When being treated for cancer without insurance my husband and I would probably have had to file for bankruptcy. That should never happen in America. Now I am worried that people like me with pre -existing conditions will not be able to afford healthcare and will just drop insurance. Being without insurance not only hurts me, my family and those like me but also the hospitals that service our communities.

I have repeatedly sent Senator Portman emails asking him to work for a bipartisan solution to improve the ACA. I am asking all the senators to please put their constituents first and not their big donors.

Sincerely,  
Barbara McBride

[REDACTED]  
[REDACTED]

## Wright, Kevin (Finance)

---

**From:** Debbie Atlas [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:38 PM  
**To:** gchcomments  
**Subject:** NO on Graham-Cassidy Repeal Bill

Please oppose the Graham-Cassidy healthcare repeal bill, as many millions of Americans would inevitably lose their health coverage under this cruel bill. There would be devastating cuts to Medicaid, affecting our most vulnerable and fragile populations – the disabled, elderly, sick and poor. A child in our family has a developmental disability and very much relies on crucial services and therapies offered through Medicaid. Those with pre existing conditions also must not be denied insurance coverage or charged higher premiums. As with the first attempt, many lives are at stake with this second healthcare repeal bill, and Medicaid must be spared for the sake our country's most vulnerable constituents, including disabled children. I urge all senators to vote NO on the healthcare bill, as it will destroy lives. Healthcare solutions must be bipartisan and put constituents' needs first, without robbing healthcare coverage from millions.

Thank you,  
Debbie Atlas

**Wright, Kevin (Finance)**

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**From:** Heather Sachs [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:37 PM  
**To:** gchcomments  
**Cc:** kevin.wright@finance.senate.gov  
**Subject:** Testimony in opposition to Graham-Cassidy bill  
**Attachments:** NDSC testimony for Graham-Cassidy FINAL 9.24.17.pdf

Please see attached testimony from the National Down Syndrome Congress in opposition to the Graham-Cassidy bill.

Thank you,  
Heather Sachs

Heather B. Sachs, J.D.  
[REDACTED]  
[REDACTED]  
[REDACTED]

National Down Syndrome Congress  
[www.ndsccenter.org](http://www.ndsccenter.org)



**Wright, Kevin (Finance)**

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**From:** Kim Randell [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:38 PM  
**To:** gchcomments  
**Subject:** Re: Graham-Cassidy health bill

I strongly oppose the Graham-Cassidy health bill, as an academic pediatrician providing care to children largely covered by Medicaid and as the mother, wife, sister, daughter, and friend of individuals with pre-existing health conditions.

**Wright, Kevin (Finance)**

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**From:** Natasha Heller [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:37 PM  
**To:** gchcomments  
**Subject:** I oppose Graham-Cassidy

To the Senate Finance Committee:

I wholeheartedly oppose the Graham-Cassidy health care bill. It will make it more difficult for Americans to get health insurance, force families into hard choices, and have a devastating effect on children, the elderly, and disabled people. We all have a responsibility to protect the most vulnerable among us. Please oppose Graham-Cassidy.

Thank you,  
Natasha Heller  
[REDACTED]

## **Wright, Kevin (Finance)**

---

**From:** Evelyn P [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:37 PM  
**To:** gchcomments; Evelyn P  
**Subject:** do NOT Repeal Obamacare!!!

I am 100% against the repeal of Obamacare. It should be EVERY American's right to have affordable healthcare. I NEVER miss a vote and I will vote NO on every single republican who tries to repeal this act which will lead to unnecessary death and suffering! I will also vote NO for every single republican who thinks he can make laws to protect himself. If you don't take the same insurance that we have, then you should give us what you have!

The middle class has reached it's limit - you are going down if you keep disregarding our needs!

**Wright, Kevin (Finance)**

---

**From:** Peggy Thompson [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:37 PM  
**To:** gchcomments  
**Subject:** I oppose the Graham-Cassidy bill

Once again, I must state my opposition to Repeal/Replace the ACA. Since my elected officials won't listen, perhaps the members of this committee will.

My sister, who is in her 60's and lives in rural Missouri, never had health insurance because she and her husband couldn't afford it. They are farmers, and have always struggled to make ends meet. Her husband had a catastrophic policy that was a legacy from his parents when he was their employee. When the ACA exchanges opened, my sister was able to buy a policy for both her and her husband; the cost for both of them was less than half of what her husband's legacy policy alone had cost. About a year later, my sister developed pneumonia and was in the ICU for several days. When she finally got out of the hospital, she was very weak and on supplemental oxygen. It took her months to recover; she still needs oxygen at night. If she had not had health insurance through the ACA, the bills would have bankrupted her family.

I know the ACA has serious flaws. My state, South Carolina, didn't take the Medicaid expansion, and so thousands of people were not able to get affordable policies. This is just one example. But for the majority of citizens, the ACA has been a blessing.

I would love to see a bipartisan approach to fixing the ACA's flaws. This makes much more sense than throwing millions of people under the bus by reducing Medicaid, not providing coverage for pre-existing conditions, etc.

Sincerely,

Peggy Thompson  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Kathy Lawrence [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:37 PM  
**To:** gchcomments  
**Subject:** Stop the New Health Care Bill

Dear Senate Finance Committee,

Please defeat this new healthcare bill. Although Obamacare is not perfect, the people of this country deserve something in place while a new better bill is more thoughtfully constructed. Take some time, and be thoughtful. Do NOT rush this disaster forward. I am counting on you.

Thank you,

Kathy Lawrence  
[REDACTED]  
[REDACTED]  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Jan Freeman [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:37 PM  
**To:** gchcomments  
**Subject:** Stop the Rush to Pass the Graham-Cassidy Health Care Bill

As someone with a pre-existing medical condition, I urge Congress to be cautious and not approve a bill without careful consideration of all financial repercussions for individuals, states, hospitals, physicians, babies, insurance companies, and Our Country! Be cautious in making changes to our healthcare!

Janice Freeman  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Francine Glasser [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:37 PM  
**To:** gchcomments  
**Subject:** Health care

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My story with pre-existing conditions, disabilities, affordability, is... I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely, Francine Glasser

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Sarah Elliott [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:36 PM  
**To:** gchcomments  
**Subject:** About the Graham-Cassidy-Heller Bill

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause millions to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors, and people with disabilities or preexisting conditions.

Kind regards,  
Sarah Elliott  
San Angelo, TX

--  
Sarah Elliott

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



**Wright, Kevin (Finance)**

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**From:** Jill Blackmer [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:36 PM  
**To:** gchcomments

Dear Committee Members,

I am 60 and would like to leave my employment in a few years and volunteer in my community. My plans, however, are hampered by the uncertainty surrounding the ACA, on which I would rely until I'm eligible for Medicare. I want to be able to contribute to my community, but need quality and affordable healthcare. The uncertainty surrounding the ACA and various proposed substitutes -- including whether health insurance will be available if one isn't insured through an employer's group plan and what the terms of any such might be -- make it difficult to plan ahead. In particular, I, like many people my age, are very concerned about what will happen if the pre-existing condition exclusion were reinstated. In addition, I have an adult child who relies on the ACA. And more broadly, I strongly endorse government support for a program such as the ACA that provides health insurance to the many who weren't able to obtain it when questions of coverage were largely left to insurance companies. For these various reasons I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Jill Blackmer  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Trudi Forti [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:32 PM  
**To:** gchcomments  
**Subject:** Regarding the proposed repeal of the ACA

My family rely/relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I have a chronic illness and as such a pre-existing condition. A close friend's granddaughter was born with cystic fibrosis. She is now 14. There are so many things that she needs in the way of medicine, vests and hospital stays. Without the healthcare that she has and having the preexisting condition that she was born with, she would be in serious trouble, as her parents do not make enough to cover the medical expenses to give her any kind of quality of life, let alone life itself. Why, why, why would you condemn a child and so many other children, the elderly and those fighting serious illnesses by taking away their health insurance and creating so many obstacles to trying to get better or have a better quality of life.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Trudi Forti  
Bend, Oregon

**Wright, Kevin (Finance)**

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**From:** Mayes, Pamela D. [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:34 PM  
**To:** gchcomments  
**Subject:** RE: Vote against the Graham-Cassidy bill

Hello Members of the Senate Finance Committee,

**I urge you to vote against the Graham-Cassidy bill.** This bill cuts too deeply for those who are on Medicaid.

As a rehabilitation nurse, every day I take care of patients whose lives have been disrupted or shattered by some type of physical injury. For example, an fifty-year-old man has a stroke leaving him without control of the left side of his body; a young woman is involved in a terrible accident and she suffers a spinal cord injury; a child is born with bone defects making it almost impossible to ambulate. All these rehab patients must work very hard to overcome their disabilities. They need medical help, family support and **financial assistance** if they are to become productive citizens. The Graham-Cassidy bill takes this last resource away.

While I appreciate the bill's efforts to give states more authority, I suggest that the enormity of a healthcare plan requires a federal approach with all states working in unison, for example the Affordable Care Act.

Thank you for reading my concerns.

Pamela Mayes, MSN, RN-BC, CRRN  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



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## Wright, Kevin (Finance)

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**From:** Bambi Snodgrass [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:35 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill

Honorable members of the Finance Committee,

I am writing today to express my grave concerns regarding the Graham-Cassidy bill that may come before the Senate for a vote prior to 9/30/17. This bill is an abomination. It would be detrimental to the country and the American people.

I am a healthy 58 year old female. I am employed - the owner of a small business. My family has been healthy: my husband of 23 years, and my 3 children. In 2016, my husband suddenly started having issues with his kidneys...they were enlarged and were not functioning as well as they should be. Long story short: he was diagnosed with IGG4-related disease. Fortunately we live in Boston, and he had access to the best of care. In fact, he was (and still is) treated by the #1 doctor IN THE WORLD for IGG4-related disease. Because of the ACA, the treatment was covered - we only had the copay. He is now disease free, but will be monitored for the rest of his life, as this condition was discovered around 2010. This means he will have a pre-existing condition for the rest of his life. There are treatments available, should he have a relapse - but will we be able to afford healthcare coverage under the Graham-Cassidy bill? I think not.

In addition, my youngest daughter - the healthiest child I've ever known - was diagnosed with Hodgkins Lymphoma on her 20th birthday. She just started chemotherapy, and the odds of a cure are at 97%. She will also have to be monitored for signs of the disease for the rest of her life, to ensure that any relapse is caught early and treated. This is a pre-existing condition. She will not be able to afford healthcare coverage or subsequent treatment under the Graham Cassidy bill. She is 20 years old.

My oldest daughter is a survivor of a college campus rape. She suffers from PTSD. She is moving forward. She is strong. She is resilient. But she is still triggered at times. She did not ask to be raped, and she should not have PTSD. But this is the real-world, and she does. This is a pre-existing condition. She would not be able to afford coverage under the Graham-Cassidy bill.

Why are you trying to ram through a bill that is this bad, without hearings or a CBO score? Why not return to regular order and work on a bipartisan bill that would serve the American people? Why not provide healthcare coverage to all those in need - at affordable prices? Why not?

What the Lorax said about the environment also applies to healthcare: 'Unless someone like you cares a whole awful lot, nothing is going to get better. It's not.'

Please do the right thing and put country over party. Do not allow this bill to pass. The American people deserve better.

Regards,

Bambi Snodgrass  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Sharon Sauer [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:35 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Rev. Sharon A. Sauer  
[REDACTED]

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Mary Pat Wilson [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:34 PM  
**To:** gchcomments  
**Subject:** Affordable Care Act - Graham Cassidy Bill

I rely on quality, affordable healthcare. Because of this, I strongly oppose the Graham-Cassidy bill. I am a senior citizen and am concerned about the future cost of medical and hospital care.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Mary Pat Wilson

[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Cyn Simonoff [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:34 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

Hello,

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I have a "pre-existing condition" that makes it difficult or impossible for me to afford healthcare coverage without the ACA. I have asthma and have had it since I was born. It has little to no effect on my life and is controlled through daily medication and a rescue inhaler. It costs the insurance company next to nothing to treat me for asthma, yet it's considered a "pre-existing condition". I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Cynthia Simonoff

[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Cara Chae [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:34 PM  
**To:** gchcomments  
**Subject:** I oppose the Graham-Cassidy-Heller-Johnson bill

I want to make my opinion known - I oppose the Graham-Cassidy-Heller-Johnson bill. It threatens healthcare for myself, my family, and people that I care for and work with.

The American Medical Association, American Academy of Family Physicians, American Hospital Association, the Federation of American Hospitals, America's Health Insurance Plans, and BCBS Association all oppose this bill as well. I trust their judgment.

No campaign contribution is worth endangering the lives and health of at least 1/10th of the country and creating turmoil in 1/6th of our national economy.

My name is Cara Chae and I live in Chicago, IL [REDACTED]

Cara Chae, LCPC



## Wright, Kevin (Finance)

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**From:** Christine Eady [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:34 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing

Honorable Members of the Senate Finance Committee

I am writing to you today about the proposed legislation that is the subject of your hearing, commonly referred to as Graham-Cassidy.

I have been a family physician for almost 20 years.

Prior to the implementation of the Affordable Care Act, I routinely had patients come to my office asking that I keep their diagnoses out of the medical records, as they knew that they would be subject to the pre-existing condition provisions that were common at the time. They knew that they could lose coverage. They knew that their premiums could be increased. They knew that they might be put into the "high-risk pools" that were used at the time for difficult-to-insure patients.

It was quite difficult to explain to these patients that I couldn't do that. That my medical oath and my licence required me to create an accurate accounting of their health status and of the reason for their visits. It created quite a bit of stress for both me and my patients.

Once the ACA was implemented, I started to see people come in who had been lacking care for months or years. While we could get them back on needed medications, we could not make up for the lost time when their diseases were untreated. Many conditions, like diabetes and high blood pressure, damage the body without outward signs or symptoms if untreated. This damage cannot be undone.

Recently, I have had patients return to my office requesting that I keep their diagnoses off of their records again. They have heard about the continuing threat to their healthcare coverage by the current administration and Congress. They are frightened and they don't know who to turn to. They know the GO- led Congress is not listening to them.

As a physician, I feel that it is my duty to speak out on behalf of my patients. I have written letters, coordinated visits to Congressional offices, and attended vigils and protests. I do not understand why this Congress is not listening to those of us on the front lines who work with these patients daily.

Every major patient group in the country has gone on record against Graham-Cassidy. Every single one.

It is incredible to me that the GOP-led Congress is considering a path that has been denounced by every group with expertise in healthcare. It is incredible to me that the GOP-led Congress is proceeding without getting a full score from the Congressional Budget Office. It is incredible to me that the GOP-led Congress is unconcerned with the data that clearly show the harm that this bill will do to their constituents.

Many Senators have said that they must fulfill their campaign promise to "repeal and replace" the ACA. But sometimes the job of our elected officials is to do what's right, even if it goes against what their constituents

asked. Where would we be if Congress had not done the right thing in passing the Civil Rights Act against the wishes of their constituents. Sometimes the right thing is hard. This is one of those times.

I submit to you, that when we, as a country, come together to pay for my 5 year old leukemia patient's medical care, we are not buying her a yacht. We are buying her life.

When we pay for my liver transplant patient's anti-rejection medications, we are not buying him a vacation home. We are buying his life.

When we pay for my heart disease patient's stents and open heart surgeries, we are not buying him a sports car. We are buying his life.

This is how insurance works. We subsidize the sick when we are healthy, so that we have the peace of mind that we will have coverage when we are sick.

I implore this Senate to do the right thing: reject Graham-Cassidy and work in a bi-partisan fashion to amend the ACA.

Thank you,

Dr. Christine Eady Mann

## Wright, Kevin (Finance)

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**From:** Selby Schwartz <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 9:29 PM  
**To:** gchcomments  
**Subject:** NO on Graham-Cassidy

Dear members of the US Senate,

This spring, my sister gave birth to a beautiful baby girl.  
As a proud aunt, I want to do everything possible so that she can thrive.  
But there is no way that my sister and her beautiful new baby girl would be able to get the care that they NEED and DESERVE without the ACA.

I can't believe that you are considering depriving Americans like me, my sister, and my tiny, helpless niece of the right to affordable healthcare.

Please do not think that Americans are fooled by this new bill: it's clear that this new Graham-Cassidy bill is just as bad as the other attempts to repeal the ACA. The CBO estimates that millions of American citizens will lose their healthcare. The only people who will benefit are super-wealthy Republican donors.

Are you really going to vote to deprive my beautiful darling baby niece of healthcare...?  
...so that wealthy Republican donors can get a tax cut?  
Have you ever held a newborn baby in your arms?  
Do you have any sense of what you are about to do to the people we love?

Sincerely,  
Selby Wynn Schwartz  
Proud Aunt of Risa Seren

**Wright, Kevin (Finance)**

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**From:** Katie Wood Hedberg [redacted]  
**Sent:** Sunday, September 24, 2017 9:33 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

I am writing to express my opposition to this repeal of the ACA. I am a Family Nurse Practitioner and this plan would be devastating to many of my patients. I am not being dramatic when I tell you that patients will die as a result of this plan.

I urge all of you to vote no.

Thank you,  
Kathleen Wood Hedberg

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Joshua Winkler [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:33 PM  
**To:** gchcomments  
**Subject:** Cassidy-Graham comments

Title Of Hearing: Graham-Cassidy Bill Hearing

Date of the Hearing: September 25, 2017

Full Name: Joshua K Winkler

[REDACTED]

I am writing to ask that you please vote no on the Cassidy-Graham bill. I agree with everything in the Colorado Cross Disability Coalition (CCDC) comments on this bill. As a quadriplegic I rely on twice daily personal care in my home, a service not covered by Medicare or private insurance. I started my own business and now buy into Medicaid using Colorado's Medicaid Buy-in for Working Adults with Disabilities program. The Cassidy-Graham bill would be devastating to one of the best disability employment programs ever created as outlined in detail in the CCDC comments. Please work on a bi-partisan healthcare solution, this affects too many people to keep swinging the pendulum with partisan bills voted down party lines.

Best Regards,

Josh Winkler

**Wright, Kevin (Finance)**

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**From:** Danielle Spagnuolo [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:33 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Danielle Spagnuolo  
[REDACTED]

Sent from my iPhone

## Wright, Kevin (Finance)

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**From:** Cindy Fine [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:32 PM  
**To:** gchcomments  
**Subject:** Medicaid

My daughter, age 21, has multiple severe medical diagnoses in addition to developmental disabilities that cause her to function at a toddler level. Medicaid provides the at-home and community supports that enable me to care for her at home as a single parent. Without her Medicaid-funded adult day program and Medicaid-funded home health aide services, I would simply not have the ability/stamina to continue caring for her at home; she would need to be placed in a residential setting. I adore my daughter and pray that cuts to Medicaid will not threaten the life we have together.

Cindy Fine  
[REDACTED]

Sent from my iPhone

## Wright, Kevin (Finance)

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**From:** Amy Devine [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:32 PM  
**To:** gchcomments  
**Subject:** Comments on GCHJ proposal

Dear Committee members:

I write to oppose the Graham-Cassidy-Heller-Johnson proposal for a number of policy reasons. First, this bill will cut Medicaid and restructure the 50 year old program that is vital to children and adults with disabilities, seniors, and people who are low income. Based on what limited projections are made without a full CBO score, states will receive less money and will be forced to make difficult decisions. It will open the door to states allowing pre-ACA insurance, that without needed protections such as coverage for pre-existing conditions, coverage for Essential Health Benefits, and no annual/lifetime limits. There will be only one hearing on this bill with no real debate. This bill does not fix what is wrong with our health care system.

Mainly though, I ask you not to support this proposal for personal reasons. Health care in the U.S. is the most expensive in the developed world and this bill will do nothing to address actual health care costs. Perhaps premiums will go down but once someone gets sick, they will need that insurance and not a \$10,000 deductible with outrageous co-pays and out-of-pocket costs. I have had a number of family members face serious illnesses: cancer, stroke, MS, type I and type II diabetes, and heart attacks and they need insurance. I have had friends give birth to children, my nephew included, who needed extra care in the NICU for days, weeks, sometimes months. No one asks for this.

My father was diagnosed with glioblastoma multiforme, the same as the Hon. John McCain, back in 2012. My father was a farmer and my mother's family has a restaurant. They always had health insurance purchased through the restaurant, which covered a handful of full-time employees there. It was expensive, even before the ACA, and they had a high deductible. However, when my dad got sick, it was still good insurance that largely covered his over \$1 million in hospital bills. If my parents had not had that insurance, they would have had to sell the farm, which has been in our family in 1865. They also possibly would have had to sell the restaurant. My mom was 59 when my dad died and hopes to live decades more. Had we had to sell our land and businesses, my mom would have been left with nothing. My dad didn't ask to get sick. He worked on his family farm from the age of 5 up until he couldn't work anymore due to his cancer. He raised three independent, tax-paying citizens who have given back to their country through service in AmeriCorps and law enforcement.

It is unfathomable to me in this country of such great wealth that we are having this kind of debate over health care - one where we are proposing cuts so less people have insurance, less people have Medicaid, and less people have certain consumer protections. For anyone who has faced a serious or terminal illness or watched a beloved family member battle a terminal illness, we know that we did not ask for this. We just want to know that while such an illness will decimate us emotionally, physically, and mentally, it will not decimate us financially.

Health care is and should be a right. That is not something we have decided in this country but should. Because everyone should have the right to health care does not mean I propose it is free for everyone. Instead, we should work together to figure out how to make that a reality. I have faith in our leaders to come together to fix this problem; however, this bill does not do that and I urge you to vote against it.



**Wright, Kevin (Finance)**

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**From:** Michelle Farrell [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:32 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Michelle Farrell  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Julia Vaughn Black [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:32 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

Please don't vote for this bill. It isn't endorsed by anyone who knows anything about medicine or insurance. The ACA isn't perfect but it isn't forcing 20-35 million people to go without affordable medical healthcare like Graham Cassidy will. This is the United States of America and we the people deserve better than this. Reject Graham Cassidy and save lives. Please.

Julia Vaughn

**Wright, Kevin (Finance)**

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**From:** tzack [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:32 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Christina Zack  
[REDACTED]

Sent from my Sprint Samsung Galaxy S8.

## Wright, Kevin (Finance)

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**From:** Fran London <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 12:04 AM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill does not improve health care

This bill is being rushed through, without following protocol, in hopes it will be passed before everyone voting understands the impact and implications. They are not waiting for even a CBO score.

This is a big hunk of our economy, the health and welfare of Americans, and a huge system change. What is going on here?

I am a Registered Nurse with a Master's degree. I do not see any advantage to this bill patients, health care providers, or organizations like hospitals and clinics. Others agree with me. Why are we not taking time to talk about human lives?

If most agree this is an improvement, then sure, let's move forward. Listen to the people. Most are scared for their lives and their futures.

Thank you for listening.

Fran London, MS, RN

## Wright, Kevin (Finance)

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**From:** Janet Wood [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:31 PM  
**To:** gchcomments  
**Subject:** GrahamCassidy

The GrahamCassidy bill will destroy our healthcare system. The ACA provides access to healthcare for those with preexisting conditions and protection against charging higher premiums too. Although the ACA needs many improvements to control costs, this GrahamCassidy bill is not the answer. ACA guarantees women access to health screenings and prenatal care. It is vital that we keep the ACA in place until cost improvements without cutting healthcare access to anyone can be implemented. I suggest a single payer system that controls what pharmaceutical companies, hospitals, and doctors are allowed to charge. The GrahamCassidy bill is dangerous.

Thank you,  
Janet Wood  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Laurajwirth [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:30 PM  
**To:** gchcomments  
**Subject:** Oppose the Graham-Cassidy Healthcare Bill

I oppose the Graham-Cassidy Healthcare Bill. The CBO score must be done before the vote is held. Many hearings need to be held to understand all that is being proposed. Healthcare is too important to be rushed through, it is also a large portion of our economy. My state of Louisiana cannot manage our budget problems as it is, a block grant for healthcare would not be effectively used. Bill Cassidy knows that many people would not receive care, he has already witnessed our charity hospital system dismantled by Republicans under Governor Bobby Jindal.

ACA needs to be supported in a bipartisan manner and to not be continuously sabotaged for political gain.

The Graham-Cassidy bill is bad for Americans and would be bad for Louisianians.

Sincerely,  
Laura Wirth  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Peg Dierkers [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:30 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy

My sister's family is on the ACA in Ohio and so am I. I'm 60 and out of work. My brother in law has been diagnosed with brain cancer at 47. We can afford these individual marketplace plans better than we did before the ACA. Please do not take our healthcare away from us. Vote no.

Small business premiums are only more because they are helping to cover everybody for comprehensive benefits unlike partial plans and special group deals they were allowed to offer before. Their year over year growth is smaller now that everyone has transitioned to ACA rating.

Please work on a bipartisan basis to fix not repeal the ACA. Our lives here in Ohio depend upon it.

Peg  
Peg Dierkers

[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Robert Judem [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:30 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

I oppose the Graham-Cassidy bill, because I rely on quality affordable health care. I want to see a bipartisan Congressional effort to improve the ACA, not to repeal it.

Sincerely,

Robert Judem  
[REDACTED]  
[REDACTED]



## Wright, Kevin (Finance)

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**From:** Leslie Carpenter [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:30 PM  
**To:** gchcomments  
**Subject:** Vote No for Repealing the ACA

Good evening,

My name is Leslie Carpenter and I am a physical therapist, a manager, an educator, a volunteer, and a mother. I have spent my entire career providing physical therapy to people from all walks of life, with all sorts of orthopedic, neurological, vestibular and trauma disorders. These people have ranged in ages from newborns to over 100 years old. They have included people from all walks of life, from farmers to professors, from doctors to bankers, from athletes to veterans. And they all have had one thing in common: they had something wrong with them that needed my help to help them to restore function. Some couldn't walk, some had terrible pain. And, they all deserved my help. They all had different forms of insurance. Some had employer based plans, some had Medicare, some had Medicaid, some had worker's compensation coverage, and some had no insurance at all, and paid out of pocket. But, here's the thing: they all deserved my help and my compassion.

I didn't start out life with riches. My mother was left by my "real" father when I was in the first grade. She worked as a cashier in a grocery store and we lived paycheck to paycheck. She later remarried a wonderful man who was a meat cutter until he turned 73 years old, having served in the army during his younger years. Things were better, but I never considered us to be rich...I would guess, in hindsight, that we were on the lower end of the middle class. But, I worked hard in school, worked several part time jobs to get through college and applied for as many loans and scholarships as I could. Then, I graduated and passed my boards and worked as a physical therapist. I paid my taxes, feeling grateful to be healthy and able to work and contribute to society. I was happy to pay taxes to be used for the common good and to support those less able and differently able than I was. Not once did I ever question this. Not once.

Now we are at a time in our country of great division. We have people in positions of leadership and power that don't seem to believe in using our country's money for the common good. We seem to have people that have made money (and been lucky to do so), that think that only they and people like them deserve to have healthcare. We have a president that doesn't believe in anything other than things that benefit him or his family. And, these people are proposing a healthcare bill that seems too evil and too hard-hearted for me to come to terms with.

And then there is this: I have a son with a horrible, horrible illness that has evolved over the past 10 years and left him unable to care for himself. When he was 16 years old, it began as depression and anxiety and being suicidal. Since my husband & I both work, we used our employer based health care plans to get him care. Sadly, when he turned 26, this was no longer possible, but by then he was so ill that he had been hospitalized 18-19 times and the hospital social worker had applied for him to get Medicaid and Medicare. His illness is now diagnosed as a schizoaffective disorder, something only 0.3% of the population in the US experiences. It is a horrible combination of schizophrenia (producing voices and delusions) and bipolar disorder (with periods of manic psychosis in which he tends to believe he is God or the Sun.). It has left him unable to live in the community, and he currently lives at a residential care facility. We have fought too many battles to keep him alive, on meds and cared for to share here, but I digress from the point of this letter.

If the Graham-Cassidy bill were passed, facilities such as nursing homes, residential care facilities and even rural hospitals would close, as they rely on Medicaid funding. This would lead to the lack of facilities to care for people not only like our son, but also grandparents with other brain disorders such as Alzheimer's and Dementia. Even without this bill passing, the Mental Health Care system in our country is beyond appalling and horrendous. If this bill were to pass, it would become so much more desperate for families trying their level best to care for their loved ones with severe and persistent mental illnesses like the one our son has.

I write to you as a person who has chosen to spend her life caring for other people. I ask you to look within your hearts, and try to remember some of the reasons you went into public service. It is time for our country to be led by

people that we can all look up to and respect for their goodwill, kindness and character. Please restore some of those values to Washington. I believe you have it in you to do the right thing.

Sincerely submitted,

Leslie Carpenter.

**Leslie R. Carpenter, PT**

[Redacted contact information]

**Wright, Kevin (Finance)**

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**From:** margaret cotroneo [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:30 PM  
**To:** gchcomments  
**Subject:** Cassidy-Graham

Dear senators

I write to strongly urge you to abandon this effort to repeal the ACA. You may have no idea of the harm it will do but, as a nurse with more than 40 years of practice in hospitals, in public health and in underserved communities I can assure you that no good purpose will be served by ignoring the concerns that have been expressed by health care providers.

We are on the front lines and we know first hand the consequences for children, for adults with pre-existing conditions and for working adults. Less in health care is not more or better. Prevention and early intervention do lead to better outcomes. Health care is not a privilege for those who can afford it. It is a matter of life and the right to life for many of our citizens. Thank you for your consideration  
Margaret Cotroneo

Margaret Cotroneo PhD, RN  
Emeritus Associate Professor  
Department of Family and Community Health  
University of Pennsylvania School of Nursing

[REDACTED]

## Wright, Kevin (Finance)

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**From:** Gary Siegel [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:29 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

I am writing to describe the my families health care situation and what would certainly be devastating to us if the Graham Cassidy Bill were to become law.  
I really don't understand how my country can abandon my family and I but that's what it looks like they are going to do.

My wife has serious health problems - last year she had an operation on her brain to repair an aneurism - and the latest imaging shows us there is a new one forming.  
I don't have to tell you how expensive such surgeries are. Very few people could possibly afford them - which is crazy, but it seems to be true. So without insurance people face ruin.

For us, we will probably hang onto our insurance, but the price for it is becoming overwhelming.  
Our policy became more than 1000 dollars in 2016, and this year it tops 1200.  
This is a great burden - this is more in the realm of a hefty mortgage than a health care expense and we struggle under this burden. It affects our quality of life. Under  
Graham-Cassidy it will clearly get worse, estimates of 30% increases puts us inline to be at 2000. a month within 2 years.

Please do not do this to us and countless others in our great country.  
Obamacare has many problems, but the solution is not to throw everyone to the wolves. I thought our country was greater than that.  
I am hoping you will consider this and come up with a plan that makes healthcare affordable whether you repair and improve or just start out new.

Thank you for your time.

Gary Siegel, [REDACTED]

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This email has been checked for viruses by Avast antivirus software.  
<https://www.avast.com/antivirus>

**Wright, Kevin (Finance)**

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**From:** Laura Vigeland [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:29 PM  
**To:** gchcomments  
**Subject:** Save the ACA

Dear Senators,

This is Laura Vigeland, a U.S. citizen living in Milwaukie, Oregon. I am writing to express my opposition to the Graham-Cassidy Bill. This bill would strip healthcare coverage from millions of Americans. While there is no doubt that ACA has flaws and needs to be fixed, the Graham-Cassidy Bill is not the way to do so. I have older relatives who have recently undergone major health crises. Access to healthcare was vital to overcoming illness and increasing quality of life. I fear that with Graham-Cassidy bill, they would not have been able to receive the care that they did, or would have been in incredible debt. Please vote against the Graham-Cassidy Bill.

Thank you for your time,  
Laura Vigeland  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Lois Tow [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:29 PM  
**To:** gchcomments

My husband and I are self-employed. I have leukemia. Without the ACA I wouldn't have medical insurance. Without the ACA we will use up all our retirement savings paying for my care. Without the ACA, we'd be bankrupt and/or I'd be dead.

I was diagnosed with Chronic Lymphocytic Leukemia (CLL) in 2006. My husband was laid off in 2008 early in the Great Recession, so we lost our employer-paid medical insurance – an eye-opening experience on what medical insurance costs!

We paid for COBRA to keep insurance. After fruitless job searching, my husband decided to start a business. Every year it got more expensive to insure our family. When we no longer qualified for COBRA, we moved to coverage under HIPAA, often considered the last resort. HIPAA plans often go into death spirals because only those at high cost/high risk or uninsurable like me buy them. In 2014, we were relieved to get insurance (unsubsidized) under the ACA.

Under the Graham-Cassidy bill:

I may not be able to afford any kind of insurance coverage, or the insurance that I can afford may not cover all of my cancer treatment, such as the drugs I need. The next time I need treatment, it will be with the new oral chemotherapies. They are very effective, controlling the leukemia completely for most CLL patients – kind of like insulin for diabetics, but it is very expensive.

I will no longer be able to count on the pre-existing conditions protections I have under the ACA.

I will no longer be able to count on the age-rating protections I currently have under the ACA.

I will lose the protection from annual and lifetime caps, a very real concern. I have lived with leukemia for over 11 years and my prognosis for living many more years is good.

Health Savings Accounts (HSAs) do not provide anywhere near enough money to pay for care.

High risk pools fail. They lead to a “death spiral” of ever increasing costs that become unaffordable and ultimately cost as much as having no insurance.

cc:

## Wright, Kevin (Finance)

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**From:** Apostolos G. Spas [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:29 PM  
**To:** gchcomments  
**Subject:** Urgent - Monday's hearing on health care

In light of the newest attempt to push through another "repeal and replace" to the Affordable Care Act, I compelled to contact more than my state's senators.

Yes, the Affordable Care Act isn't perfect. But pushing through a bill that is not carefully examined is not the way.

At the age of 52, I was diagnosed with blood cancer in February 2016, underwent a stem cell transplant the following September and will now be on maintenance for the rest of my life. Maintenance is defined as monthly chemotherapy treatments which may be one or a combination of drugs.

I retired from teaching as I have a compromised immune system and am now searching for a job that allows me to manage side effects and schedule my monthly lab and oncology visits. Not being anywhere close to Medicare age, the ACA at least gave me the piece of mind that I would not be denied coverage for a pre-existing condition and that I would not hit a life time maximum. Yes, my coverage is expensive. But without it, I could not afford the monthly bill of over \$10,000.

Please, put politics aside. Don't think about your re-election. Consider instead your family and friends who will be affected by the changes currently being considered. Your child with asthma. Your friend with high blood pressure. Your neighbor with diabetes. Or you - what condition do you have that is pre-existing?

Many lives depend on your actions. Take the time. Study other countries successes and failures. Talk to your fellow congressmen/women. Pass meaningful legislation that will work for all.

Thank you,  
Kay Spas

**Wright, Kevin (Finance)**

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**From:** Valerie Hawkins [REDACTED]  
**Sent:** Sunday, September 24, 2017 9:28 PM  
**To:** gchcomments  
**Subject:** Very disappointed in Graham-Cassidy Healthcare Bill

GCHcomments:

I just turned 50 and am underemployed, in a part-time job that pays less than \$5000/year. I would have no health care insurance if not for the Affordable Care Act. Your attempts at fixing the parts of the legislation that are not broken have gone beyond petty and embarrassing and have now reached contemptible and inhumane. Please do not make this foolish rush-job into law.

Especially not to make our current President happy. He is ignorant of government and has no intent of learning it. The only way to teach him any lessons is therefore only in continued and continuous defeat of his phony goals. Get to it.

Valerie Hawkins, [REDACTED]  
[REDACTED]



## Wright, Kevin (Finance)

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**From:** Jodi [REDACTED]  
**Sent:** Sunday, September 24, 2017 11:50 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

Dear Senators,

I am writing to urge you, no PLEAD with you, to reject this bill. Healthcare affects 1/6 of our economy, and we need a thoughtful, deliberate, bi-partisan process that hears from experts in the health care industry as well as those of us affected by your decisions.

When I had JUST turned 19 I was hit by a drunk driver and my L-1 vertebrae burst into many tiny pieces and crushed my spinal cord in the process. I was initially paralyzed from the waist down, but through the grace of God, and hard work and determination, was able to walk assisted by canes. I finished college and went on to work many years as a successful computer programmer. In recent years, my L-1 fusion has begun to deteriorate and has also caused multiple issues with all the discs and vertebrae below that level. The pain and inability to sit forced me to give up my job, and my employer sponsored healthcare.

I must have continual medical care to keep me ambulatory and the pain level below a "blow your brains out" level, as you can imagine. Clearly, I am one of the 1-in-3 Americans that has a pre-existing condition, and I will be GREATLY and DISASTROUSLY affected by this bill if it were to pass. I don't receive any government aid to pay for my healthcare premiums, and this bill would make it IMPOSSIBLE for me to continue to afford coverage.

I also have an area that is pre-cancerous in my breast. I must have mammograms twice a year to watch this area and ensure it does not become cancer. Without adequate healthcare coverage that INCLUDES coverage for MAMMOGRAMS, I would not be able to afford to have this testing done....and then what? If this area is one of the few that actually becomes cancerous, I wouldn't know it, and I would ultimately end up dead!!! Even IF I could scrape together enough to have this testing done, I wouldn't be able afford any treatment without health insurance, so I would still end up dead!!!

So you see, this issue really is a LIFE OR DEATH situation for me. You MUST understand this. You MUST put yourselves in the position of the 20-30 MILLION of your fellow Americans that will be FORCED to lose their healthcare coverage if this disaster of a bill is passed.

This is REAL LIFE to your constituents. This should NOT be about just fulfilling a campaign promise regardless of the substance of the bill or the damage you do to us loyal Americans. We need REAL, well thought out healthcare reform. We EXPECT you to work together in bi-partisan committees to come up with a plan that benefits ALL Americans, and that protects the weakest and most vulnerable among us...those with pre-existing conditions, the sick, the elderly and the disabled...as well as the average middle-class family.

Sincerely,

JOANNA D RUSHING  
[REDACTED]  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Barbara B. Sorensen [REDACTED]  
**Sent:** Sunday, September 24, 2017 11:50 PM  
**To:** gchcomments  
**Subject:** Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal September 25, 2017

To: The United States Senate Committee on Finance- I submit these comments for: Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal, September 25, 2017.

My full name is Barbara Burke Sorensen. My address is: 32250 Oak Rd. Washburn, WI 54891.

I submit these comments for: Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal, September 25, 2017

I write on behalf of my son Olaf A. Sorensen. Olaf is 35 years old and has been disabled from birth. Olaf's initial diagnosis was autistic disorder, with the added diagnoses over the years of generalized anxiety, then PTSD (Post Traumatic Stress Disorder) and depression with psychotic features.

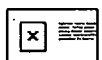
Olaf was recommended for institutional placement at age 2 or 3. I have worked in the ensuing 32-33 years with health care providers to keep Olaf out of institutional placement. Because of the Katie Beckett children's waiver, there was funding for physical therapy, occupational therapy, and speech therapy, and Olaf was able to learn to walk, talk and interact in the community- all things that it was predicted by medical doctors Olaf would never achieve. With the funding available under home and community Medicaid waivers, Olaf was able to remain in his community since he qualified for a CIP IB waiver at age 11, at a much lower cost than the institutional placement would have been, up to the present, although the name has changed to IRIS waiver. Currently the monthly cost for Olaf's IRIS waiver Medicaid supports (he requires 24/7 care and supervision) is approximately \$14,000.00. The monthly cost for the institutional placement would be \$33-34,000.00. And- would have been, over the many years I have labored day in and day out, to make a place for Olaf in this world.

I cannot express clearly enough to the authors and co-sponsors of this bill that their bill will condemn my son Olaf to institutional placement because this bill decimates the level of funding that Olaf's level of disability requires for him to stay where he is. As a former member of the Wisconsin BPDD, I am aware of the many disabled adults across this nation, for whom this bill is tantamount to a death sentence.

That breaks my heart completely, as both a mom and as an American, to know that our federal legislators would propose devastating cuts to funding for disabled people. It is especially heart breaking coming from legislators who assure us and the nation that they are pro-life.

The "least among us" require consistent funding and care. Miniscule Medicaid funding that is left will not allow for that outcome. I hope and pray that this government will declare its support for people with disabilities even in times of economic stress.

Recorded history shows that in Germany, resentment of the economic burden on society of disabled children led to their ultimate deaths through "mercy killings". I hope that our American society will not take that slippery slope. Please, Senators, do not forsake the disabled. America is better than that.



Virus-free. [www.avast.com](http://www.avast.com)

**Wright, Kevin (Finance)**

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**From:** [REDACTED]  
**Sent:** Sunday, September 24, 2017 11:50 PM  
**To:** gchcomments  
**Subject:** Health Care under the Republicans

The ACA saved my life. I am an independent contractor, a one-person company. Before the ACA, I could not buy health insurance because I was not part of any group. When the New York Health Exchange became available, I got an excellent plan that was affordable.

Later that year I was diagnosed with breast cancer. I had surgery followed by radiation. All I had to pay was a small co-pay. Without the ACA I don't know if I could have afforded treatment.

Apparently the Republican party puts its donors' needs ahead of its citizens. They will destroy the ACA and let people die because immensely wealthy people want their taxes cut.

This Republican party bears no resemblance to the party of Lincoln. SHAME!

Edith Simpson  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Nassim Rossi [REDACTED]  
**Sent:** Sunday, September 24, 2017 11:50 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill

People I care about rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Nassim Rossi  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Sue Barnum [REDACTED] >  
**Sent:** Sunday, September 24, 2017 11:50 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Susan Barnum  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** Leslie Day <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 11:49 PM  
**To:** gchcomments  
**Subject:** Comment for Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal

Leslie Day  
95 Cullen Ct  
Christiansburg, VA 24073

September 25th, 2017

## Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal

Dear Senate Finance Committee,

Like most Americans, I am opposed to the Graham-Cassidy bill. Aside from the fact that most people I know have pre-existing conditions, including me and my husband, I will offer the idea that the current ACA offers something very American: freedom.

I currently work in a job, that I do not like, because it has excellent health insurance that I can afford. I am afraid to change jobs because of the ongoing attempts to repeal the ACA. I am afraid to switch jobs, only to have ACA protections repealed and find myself in a crappy employer plan, or no plan at all.

Additionally, my husband and I are working very hard towards our dream of retiring early. Again, the ongoing battle to repeal the ACA only makes this seem further out of reach. Would we be able to buy health insurance on the market? With both of us having pre-existing conditions, what would the markup be? What if our state waives the requirement to cover pre-existing conditions as proposed in Graham-Cassidy?

My coworker is currently eligible to retire but not yet eligible for Medicare. Her house is paid for and she has sufficient investments to provide a nice living stipend. However, she is terrified to pull the trigger due to the instability (partly imposed by Congress) of the health insurance market. So she waits, works longer than planned, and a good job with benefits and decent pay is tied up instead of being available to the next generation. I shudder to think of how many older Americans are continuing to work for health insurance reasons. Where is there freedom? Tied to a job to protect their health or the health of their family? Meanwhile, the younger generation struggles to move up the economic ladder.

Please, vote NO on Graham-Cassidy. And please, STOP playing politics with our lives. Most Americans support the ACA. Fix it. Improve it. Focus on driving down the actual cost of care, not just insurance. Not only is it beneficial to the less fortunate, but it provides economic freedom and assurance to the rest of us as well.

Thank you,

Leslie Day

**Wright, Kevin (Finance)**

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**From:** Lucia Maya [REDACTED]  
**Sent:** Sunday, September 24, 2017 11:50 PM  
**To:** gchcomments  
**Subject:** Health care bill

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My story with pre-existing conditions is that I've had years of not being able to purchase ANY health insurance before the ACA as a self-employed small business owner. This puts me at risk, as well as being an unwise financial situation for the greater good.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Lucia K Maya  
[REDACTED]

Sent from my iPhone



**Wright, Kevin (Finance)**

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**From:** Melissa McGuire [REDACTED]  
**Sent:** Sunday, September 24, 2017 11:47 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

As a person with several preexisting conditions, the lifting of restrictions on what insurers must cover is literally terrifying.

Melissa McGuire  
[REDACTED]

Sent from my iPhone

## Wright, Kevin (Finance)

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**From:** Maria Schulman <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 11:50 PM  
**To:** gchcomments  
**Subject:** Cassidy-Graham repeal

I am a small business owner and entrepreneur. Without my healthcare I literally don't know how I would be able to pay for routine preventative care, like the breast cancer and ovarian cancer screenings that doctors recommend every two years for women my age. Also, I ride my bike in order to get around for work, and recently I was hit by a hit-and-run driver. Even though they never caught the driver, my ACA healthcare covered everything I needed to treat my concussion and shoulder and hip injuries, including physical therapy. Thanks to ACA, I was able to keep my business going and get the treatment I needed.

Please don't repeal the ACA.

**Wright, Kevin (Finance)**

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**From:** Debra Adams [REDACTED]  
**Sent:** Sunday, September 24, 2017 11:49 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Debra Adams  
[REDACTED]

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Seth Jones [REDACTED]  
**Sent:** Sunday, September 24, 2017 11:49 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Seth Jones  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Meredith, Stephanie [REDACTED]  
**Sent:** Sunday, September 24, 2017 11:48 PM  
**To:** gchcomments  
**Subject:** 22 Testimonies from Georgians with Disabilities  
**Attachments:** GAMedicaidDisabilityStoriesTestimony.docx

22 Testimonies from Georgians about the value of Medicaid and preexisting condition coverage for people with disabilities—in opposition to the Graham Cassidy bill.

Best,

Stephanie Meredith  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Debi Hughes [REDACTED]  
**Sent:** Sunday, September 24, 2017 11:49 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Healthcare Bill

I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Thank you.

D. Hughes  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** michelle lavigne [REDACTED]  
**Sent:** Sunday, September 24, 2017 11:49 PM  
**To:** gchcomments  
**Subject:** Testimony - Graham-Cassidy Health Care Bill

To Whom it May Concern:

My family, relatives, and dear friends rely on quality, affordable healthcare. It is vital that ACA remain intact. The Graham-Cassidy bill would disrupt the affordable health care that many people I know depend on. Without it, they would not be able to afford treatments for cancer, women's cancer screenings, birth control, and mental health services to name an important few.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

I strongly oppose the Graham-Cassidy bill.

Sincerely,

Michelle LaVigne [REDACTED]

**Wright, Kevin (Finance)**

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**From:** Ken Miller [REDACTED]  
**Sent:** Sunday, September 24, 2017 11:48 PM  
**To:** gchcomments  
**Subject:** Do not pass Graham-Cassidy bill

This bill cruelly contains massive cuts to medicaid, which is the only source of health care of large numbers of low-income people. This will also devastate rural hospitals and force the closure of many such hospitals, leaving rural people without accessible health care. It allows states to eliminate protection for people with pre-existing conditions, which means people who are sick or have chronic conditions will be unable to get insurance or to afford health care. Tens of millions of people will lose insurance. Thousands or millions of people will unnecessarily die or get much sicker than they should for lack of health care, and thousands or millions more will go bankrupt due to health care costs.

Every medical organization in America opposes this bill, and for good reason. It will devastate our health care system.

Do not pass this bill.

Kenneth Miller  
[REDACTED]  
[REDACTED]



**Wright, Kevin (Finance)**

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**From:** michael leroy [REDACTED]  
**Sent:** Monday, September 25, 2017 12:25 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people

Michael Leroy  
Gilbert, AZ

**Wright, Kevin (Finance)**

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**From:** Susan Jones [REDACTED]  
**Sent:** Monday, September 25, 2017 12:25 AM  
**To:** gchcomments  
**Subject:** Graham Cassidy

This is a bad bill and I am counting on you to vote against it. Our people deserve better than this!!

Susan Jones

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Sarah Bryant [redacted]  
**Sent:** Monday, September 25, 2017 12:25 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I ask you to reject Graham-Cassidy-Heller in favor of returning to work on the bipartisan bill the Senate HELP Committee was writing.

Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Kind regards,

Sarah Bryant  
[redacted]

**Wright, Kevin (Finance)**

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**From:** Dan Howard-Greene [REDACTED]  
**Sent:** Monday, September 25, 2017 12:25 AM  
**To:** gchcomments  
**Subject:** No on Graham Cassidy

I am writing to register strong opposition to the Graham Cassidy healthcare bill. It will deprive an estimated 32 million Americans of health insurance in order to provide tax cuts to the wealthiest Americans. It will result in tens of thousands of medically unnecessary deaths each year. It will cause sharp increases in medical bankruptcies. It will divert funds from my home state, California, and make it very difficult to sustain coverage gains made under the ACA. Please vote no on this bad, inhumane bill.

Daniel Howard-Greene  
[REDACTED]

Sent from my iPad

**Wright, Kevin (Finance)**

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**From:** Laurel Soffa [REDACTED]  
**Sent:** Monday, September 25, 2017 12:24 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Laurel M Soffa  
White Oak, PA

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** [REDACTED]  
**Sent:** Monday, September 25, 2017 12:24 AM  
**To:** gchcomments; Wright, Kevin (Finance); Dent, William (Isakson)  
**Cc:** Paulos, Lauren (Hatch); Brunet, Thomas (Wyden); Dawn Alford  
**Subject:** Oppose Graham-Cassidy-Heller: Formal Hearing Comments Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal

Dawn Alford

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal (September 25, 2017, 2PM)  
/ Formal Comments

Dear Senate Finance Committee Members:

Please accept my comments below as my formal comments and please ensure they are entered into the record. I am a Georgian who lives with a very significant physical disability and I have grave concerns about this bill.

I urge you to REJECT Graham-Cassidy-Heller-Johnson bill because it this bill would do great harm to Georgians with disabilities like me.

Who I am:

I am a native Georgian who just turned 40 years old. I was diagnosed with a progressive neuromuscular disease before age 2. I began using a motorized wheelchair full time at age 9 for mobility, had my entire spine fused at age 10 to correct severe scoliosis, and now use a ventilator non-invasively to assist my breathing. I have a wonderful black Lab mix service dog that helps me daily to be more independent. I require the use of personal care attendants to help with my daily life. They assist with dressing, bathing, toileting, preparing food, and even scratching my nose as I am unable to do this without some assistance.

## How Medicaid Helps Me:

You may read my above description and think to yourself, incorrectly, that my life is not full and that there is no way I could hold down a full-time job. If this is what you think, then you are wrong. In fact, I graduated from Georgia Tech with a degree in engineering. I work a full-time job and have a very full life because of the supports I receive through Medicaid. Medicaid allows me to be a tax paying citizen where I give back to my community, and I inspire other people with disabilities because even though I have a degree in engineering, I have chosen to work full time as an advocate to make the lives of Georgians with disabilities better. Medicaid supports not only help me with my medical care, which is extensive, but it pays for my home and community-based services (HCBS) that fund my personal care attendants. With Medicaid, I am able to go to the park to play with my dogs, go hear my favorite band play, go visit my friends, and do so many other things I enjoy.

## Concerns about Graham-Cassidy:

This bill, however, puts my very life at risk because it decimates and restructures the Medicaid program placing per capita caps on the traditional (non-expansion) Medicaid that is used to fund HCBS services that I receive. These caps divorce funding from states' actual expenditures, replacing a funding guarantee with an artificial cap, and placing the burden on the states to find a way to make up for a devastating budget shortfall. HCBS services are at particular risk because, despite the fact that they are more cost efficient than institutional care, HCBS are considered optional Medicaid services and institutional care is mandatory. Therefore, states like Georgia will have no choice but to cut or eliminate HCBS services altogether, reduce provider payments, waiting lists will grow and people with disabilities (and seniors) will be institutionalized against their will because the HCBS services will be cut or eliminated. In Georgia, currently there are already over 10,000 Georgians on waiting lists for HCBS who have already been determined eligible for HCBS but for whom there is currently no funding to serve. I already experience a high turnover of caregivers because the Medicaid provider reimbursement rate is too low to keep qualified caregivers. These and other problems will only be exacerbated under Graham-Cassidy.

Further, my greatest fear is that my Medicaid home and community-based services will be cut or eliminated. My HCBS allows me to have a REAL life and cutting my services would put me in great danger of ending up segregated from my family and loved ones in a nursing facility to receive the care I need. This is a VERY real threat and likely outcome for me and thousands of other Georgians with disabilities like me who rely on Medicaid. I will be honest with you. I would rather DIE than end up in a nursing facility. Do you want to end up in a nursing facility?

## MY ASK:

Therefore, I plead with each member of this committee to PLEASE REJECT GRAHAM-CASSIDY and ANY bill that cuts, caps, or restructures Medicaid. Protect Medicaid for people with disabilities like me. Preserve our undeniable right to life, liberty, and the pursuit of happiness, which can only be done by OPPOSING GRAHAM CASSIDY and taking Medicaid cuts OFF THE TABLE. Work together in a bipartisan way to stabilize the marketplace, preserve consumer protections, and make health care more accessible and affordable by improving upon the ACA, NOT repealing it.

**Wright, Kevin (Finance)**

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**From:** Donna McDonald [REDACTED]  
**Sent:** Monday, September 25, 2017 12:24 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Donna McDonald  
[REDACTED]

Sent from my iPhone



## Wright, Kevin (Finance)

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**From:** B Brake [REDACTED]  
**Sent:** Monday, September 25, 2017 12:23 AM  
**To:** gchcomments  
**Subject:** Spacing corrected for easier reading; Health Care

Dear Members of the Senate Finance Committee,

Please ask yourselves this question:

*Is this proposed plan, for the health care of American citizens, a good plan that we would voluntarily choose, or be willing to adopt, in the place of our current plans for ourselves and our families?*

If you cannot in all honesty say, "Yes!", then my question is, why would it be considered a good enough plan for any other American citizen?

I am a retired teacher, living very modestly on a rather limited income. This year, I was diagnosed with third stage, chronic kidney disease. Without my current insurance and Medicare coverages combined, my future would be fraught with even greater uncertainty, and that would be intolerable.

Can you realise how it has become truly terrifying to watch and to listen to people who are supposed to represent their constituents, as they play their political games with something that so seriously affects the rest of us? The phrase 'pre-existing' contains its own nightmare, when paired with 'state control'. And turning over block grants to fifty different states--total chaos! There are some things better left to the administration of our federal government...

Why not find a way to stabilize what we already have with Medicare, and expand it to include every American citizen? It is what most other civilized nations have already done.

It is hard for reasonable people to understand why Congress cannot simply work as a unit to help everyone. After all, is that not why each member was sent to Washington, D.C.?

Thank you for reading this e-mail, and for respectfully considering my remarks.

-Brenda Brake-  
(American Citizen)

## **Wright, Kevin (Finance)**

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**From:** Afton Surwillo [REDACTED]  
**Sent:** Monday, September 25, 2017 12:23 AM  
**To:** gchcomments  
**Subject:** No on GrahamCassidy

I am writing to express my concern about this legislation created in a partisan manner outside of the regular order of the Senate. This is an alarming trend that needs to be reversed to restore faith in our democracy.

Simply put, the ACA saved my life.

Vote No on Graham Cassidy. This bill does far more than repeal the ACA that we rely on to be able to purchase our health insurance on the marketplace. It drastically cuts Medicaid which I relied on when I was a child recovering from a spinal cord injury. It covered my care, my wheelchair and supplies not covered by traditional health insurance.

When I worked as a social worker in long term care, it was my job to apply for Medicaid for seniors who had exhausted their life's saving after becoming ill to live on their own. They worked their whole lives and deserve for us to honor our contract with them. More than 60% of CO's nursing home residents receive Medicaid benefits.

Will we kick them out? Will we block grant the funds so that we can't adjust to the increased numbers as the surge of Baby Boomers age into nursing care? Will our elders be put out on the curb? As part of my old job, I have had to do that. Literally. A patient's funding would run out. The facility's administration would decide to terminate care. Despite my best efforts to find placements, sometimes, I had to drive patients to the nearest SRO (Single Room Occupancy) and give them money out of my own pocket to stay for a night. I knew that the next night they would be homeless. It is a heartbreaking and morally bankrupt way to treat our elders. We cannot eliminate this safety net.

We are better than Graham Cassidy.

We need bipartisan solutions now and we need to stop undermining the ACA marketplaces.

## Wright, Kevin (Finance)

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**From:** Megan Goodhew [REDACTED]  
**Sent:** Monday, September 25, 2017 12:21 AM  
**To:** gchcomments  
**Subject:** No to Graham Cassidy Bill

To whom it may concern,

I am a mother of three from Boise, Idaho.

The Graham-Cassidy bill, on every level, is horrible. Please note the myriads of oppositions from physicians' groups, such as the AMA, AAP; of patients groups such as the AARP; of insurers; of the directors of Medicaid for the states; and on and on. They are the experts. Remember, they know best because they live health care 24/7.

No bill that affects 1/6 of our economy should be considered without a CBO score. No bill that impacts lives the way health care does should be considered outside of regular order.

There are thousands of stories about how Medicaid or the ACA has saved lives but the GOP led Senate has so far shown that it doesn't care. They are not listening! If they listened to their constituents then they want know that now is not the time to repeal and replace with a junk bill that would devastate millions. Senators need time to hold town halls (and need to be held accountable for holding them in their states), allow debate, and negotiate a bipartisan improvement to our health care system.

Thank you,

Megan Goodhew  
[REDACTED]

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Sent from Gmail Mobile

**Wright, Kevin (Finance)**

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**From:** Predmore1 [REDACTED]  
**Sent:** Monday, September 25, 2017 12:21 AM  
**To:** gchcomments  
**Subject:** REPAIR - DO NOT REPLACE

I am with the 85% of Americans who want to KEEP and IMPROVE Obamacare, rather than Repeal & Replace.

Please keep your job responsibilities to represent the will of the American public: YOUR CUSTOMERS.

Thank you,  
Paula Adams  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Erran Sharpe [REDACTED]  
**Sent:** Monday, September 25, 2017 12:21 AM  
**To:** gchcomments  
**Subject:** My need for health care

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.

I am healthy, and am proud to work to support my family of 4. My monthly health insurance bill is almost as big as my mortgage, despite the fact that I have a high deductible. Therefore I end up paying additional costs for medical expenses out of pocket.

I have had seizures in the past. If 'pre-existing conditions' disqualify me from affordable health insurance, a new medical situation in my family could be financially disastrous. This is not only bad for me and my family, it is also bad for the overall economy.

I am politically active with financial donations and sharing information with friends across the country. I will support members of congress in both parties who work to improve the ACA, not repeal it.

Sincerely, Erran Sharpe

[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Martin Haerberli [REDACTED]  
**Sent:** Monday, September 25, 2017 12:21 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Seriously. STOP G-C-H. Please support the bipartisan bill.

Martin Haerberli  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Grace Hodges [REDACTED]  
**Sent:** Monday, September 25, 2017 12:20 AM  
**To:** gchcomments  
**Subject:** OPPOSE Graham-Cassidy

Finance Committee,

Graham-Cassidy is an appalling piece of legislation. It decimates medicaid, throws women's reproductive healthcare under the bus, takes 32 million people off healthcare, and more. It does so in order to redistribute tax money toward the richest people and corporations.

I urge the Senate and the Senate Finance Committee to reject Graham-Cassidy and to protect the healthcare of millions of Americans.

Grace Hodges

[REDACTED]  
[REDACTED]  
[REDACTED]

## Wright, Kevin (Finance)

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**From:** suzanne richman [REDACTED]  
**Sent:** Monday, September 25, 2017 12:20 AM  
**To:** gchcomments  
**Subject:** GCH bill

Hello Senators,

I am writing to voice my strong objections to the Graham Cassidy bill being considered in the senate this week. As a pediatrician for over 26 years I can say without equivocation that this bill will cause terrible harm. It jeopardizes the health of every person in this country with the possible exception of the Senators who can opt out of participation.

The health of American citizens is not a political football. It is morally wrong and frankly soulless to take away health insurance for millions (potentially 20-30 million) citizens. For what? To tell corporate donors you eliminated the ACA to give them tax cuts? On the backs of children, the disabled, the poor and the elderly?

There is not a person among us who will not eventually become sick and develop a preexisting condition. It's a fact of life for those of us fortunate enough to grow older. No one should be priced out of insurance because they have asthma or diabetes. No baby should be uninsurable because they were born 2 months premature.

There is zero doubt in the medical community that preventative health care and disease screenings save lives, catch diseases at earlier more treatable stages and (for those of you who truly don't care about the human cost) saves a fortune in health care spending. It's not rocket science.

Block grants to states who are ill prepared and lack the infrastructure to create and run new health care programs is wasteful and dangerous. Cutting millions from Medicaid and pricing millions more out of the healthcare market is shortsighted and frankly stupid.

Patients without insurance delay seeking care until they are much sicker and more likely to need significant care resources. They burden emergency rooms and hospitals with sick patients who will not be able to pay for their own care. Who foots the bill? We all do. Hospitals are unable to remain solvent and have often closed in areas with high rates of uninsured patients.

Some day you will face your own mortality or perhaps that of a dearly loved family member. In those moments you may reflect on how you spent your life. Did you do good in this world? Did you make it a better place? Did you even try? Or did you sell out for a temporary financial or political gain? How you act today will answer those questions.

You have the great privilege of having the power to do good for millions of people in this country. With that privilege comes great responsibility. As a physician I can tell you that there is no greater feeling than knowing you helped save someone's life. First do no harm-words to live by.

Sincerely,  
Suzanne Richman MD

[REDACTED]  
[REDACTED]



**Wright, Kevin (Finance)**

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**From:** Aviva Galper [REDACTED]  
**Sent:** Monday, September 25, 2017 12:20 AM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Aviva Galper  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Heather Stout [REDACTED]  
**Sent:** Monday, September 25, 2017 12:20 AM  
**To:** gchcomments  
**Subject:** we deserve the same healthcare as senators have

Graham-Cassidy should provide the American people with the same health care coverage as senators have.

**Wright, Kevin (Finance)**

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**From:** Paula Cody [REDACTED]  
**Sent:** Monday, September 25, 2017 12:20 AM  
**To:** gchcomments  
**Subject:** Oppose Graham Cassidy

I strongly oppose the Graham Cassidy bill, specifically how it negatively impacts children who rely on Medicaid. The ending of essential health benefits would open the door to charging more for maternity care, pre-existing conditions, mental health. It also opens the door for allowing caps on coverage.

Please listen to the medical community.

Sincerely,  
Paula Cody [REDACTED]

Sent from my iPhone

## Wright, Kevin (Finance)

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**From:** Kristin Chaset [REDACTED]  
**Sent:** Monday, September 25, 2017 12:20 AM  
**To:** gchcomments  
**Cc:** Nick chaset  
**Subject:** Vote NO on GCHJ bill

Members of the Senate Finance Committee:

I am writing you to convey my grave concerns relating to Graham-Cassidy healthcare bill. This is a plea to urge you to vote 'NO' on the legislation, and instead work toward a bi-partisan effort to stabilize individual markets, educate President Trump on health care, and maintain the vital protections provided by the Affordable Care Act. Millions of Americans, including my family, rely on the protections offered by the Affordable Care Act's essential health benefits requirements, which would be largely undone by Graham-Cassidy.

My daughter, Megan, was born in July 2015 with an undiagnosed congenital heart condition requiring emergent open heart surgery within 5 hours of her birth. The surgery saved her life but did not fully fix her heart. She underwent a second open heart surgery at just 4 weeks old. In the following 10 1/2 months, Megan remained in the intensive care unit receiving treatment for her vast and complex medical issues. At two years old, Megan breathes with the assistance of a ventilator and supplemental oxygen through a tracheostomy tube and is fed exclusively through a tube inserted in her stomach.

The explanation of benefits from her private insurance company for the first 6 months in the hospital was \$9.5 million dollars. The number was shocking to us, and we were unbelievably grateful that we owed nothing beyond our monthly insurance payment. Megan's medical bills are in the \$15-18 million dollar range at this point. Her life saving medications alone costs almost \$20,000 per month.

Now imagine Megan's situation pre-ACA. What would we have done if her lifetime cap was \$1 million dollars? Seems like a nice cushion when you believe you're carrying a healthy child throughout your pregnancy. It is a nice cushion...until it's not. Graham-Cassidy rolls back annual out of pocket and lifetime maximum limits by allowing states to eliminate ACA protected essential benefits. How will we pay for Megan's life saving prescription medication? How will we pay for long stretches of hospitalization when she catches cold? Good thing Megan qualifies for SSI Medicaid. Except that Graham-Cassidy eliminates Medicaid expansion entirely when Megan is just 5 years old. What happens when Medicaid funds are no longer available for Megan? This bill removes our financial safety net. Most disturbing, this bill threatens my daughter's life.

I have heard Senator Cassidy explain the bill claims to protect American citizens with pre-existing conditions and ensuring adequate and affordable health care. BUT Nothing in this bill defines what 'adequate' and 'affordable' health care actually means. And with it's significant reductions to overall funding, I am gravely concerned about Graham-Cassidy's impact on medically fragile child and their families.

Finally, Senators, I am a resident of the great state of California. Graham-Cassidy would punish California for taking great steps to build a robust ACA marketplace and in so doing endanger the lives of children like my daughter Megan who rely on Medi-Cal for essential health services like in-home nursing care and physical therapy. Graham-Cassidy would reduce federal funding to California's health care system by over \$27 billion according to the Center for Budget and Policy Priorities. Funds that are critical to ensuring that Megan, and thousands of children like her, have a chance to heal, grow and thrive.

Please vote against this harmful bill.



COLLEGE OF THE HOLY ROCK PEOPLE  
Member of the PICO National Network

September 25, 2017

Senate Finance Committee Hearing on Graham-Cassidy Health Care bill  
September 25<sup>th</sup> at 2:00pm EDT

As clergy and faith leaders we are extremely troubled that leading Republican Senators in Congress have renewed their commitment to the divisive partisan quest to repeal the Affordable Care Act and dismantle Medicaid. The Cassidy-Graham ACA repeal bill includes policies that would strip healthcare from millions, raise costs for millions more, unravel critical protections for people with pre-existing conditions, and retrench our nation in partisan political gridlock.

As leaders of faith, we must first call out the notion that any of the ACA replacement legislation will help the American people. Like false prophets, congressional leaders who support this bill are calling for peace when there is no peace. We must condemn these revived efforts to pass legislation that clearly will have a harmful impact on families, seniors, children, people with disabilities and our state economies. We also condemn the secretive, rushed legislative process that has been criticized by leaders in both political parties as the antithesis to democratic law-making.

Just this week, the Colorado Health Access Survey showed that Colorado's uninsured rate has reached an all-time low of 6.5%. The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of hundreds of thousands of Colorado seniors, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions. It undermines years of work that this state has undertaken to advance access to affordable coverage for our residents. Graham-Cassidy-Heller-Johnson does nothing to improve affordability or availability of coverage for consumers and will likely result in at least 600,000 Coloradans losing coverage by 2027, will undermine the financial stability of our health care system, destabilize the private insurance market, and place significant financial strains on Colorado's state budget.

This proposal will have a devastating impact on Colorado consumers because it:

**Eliminates programs that serve as a lifeline for low- and moderate-income families.<sup>1</sup>**

**Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.<sup>2</sup>**

*Unlocking the Power of People*

A MEMBER OF THE PICO NATIONAL NETWORK

**Pushes massive new costs onto states.**<sup>3</sup>

**Increases premiums and out-of-pocket costs and destabilizes the individual market.**<sup>4</sup>

**Eliminates critical consumer protections.**<sup>5</sup>

**Lacks transparency and opportunity for meaningful input.**<sup>6</sup>

The Graham Cassidy bill would hurt everyone, but would disproportionately hurt women, the poor, Native Americans, Black Americans, Latinos and other immigrants who already face greater barriers to healthcare and economic security and were most helped by ACA and Medicaid. This policy has the potential to deepen the already entrenched systemic racial, gender and class inequity that politicians should be striving to eradicate, not further entrench.

We as congregants and moral leaders across faith traditions are united in our commitment to health care for all. In many of our sacred traditions the care of neighbor is a testament to the practice of one's faith, to the idea that we are in this together and that extending hospitality is a reflection of the God one serves. It is unfortunate that it appears many of our leaders have chosen the god of mammon rather than following the God of the universe. They have chosen the god of the privileged instead of the God of all. This is a call for a moment of self examination. Our leaders must ask themselves with whom do they stand? Do they stand with the people of God especially those that have been marginalized, oppressed and left to fend for themselves or do they side with the privileged few so they can amass more wealth at the expense of others? We are watching and will hold all of our leaders accountable. More importantly, God is watching.

United in hope, we urge our Senators to eschew these repetitive partisan efforts to take away healthcare by repealing the Affordable Care Act and making radical changes to Medicaid. Not only do these repeated efforts try the patience of a saint, they diminish and undermine the good faith efforts of Republican and Democratic lawmakers who are working together to address key stabilization issues in healthcare markets and need to broker a bipartisan agreement to reauthorize Children's Health Insurance (CHIP) by the end of the month.

Every Senator will have a choice to make in the coming days: we urge that you be guided by the moral responsibility you have as lawmakers to do the right thing for your constituents and reject this bill.

Signed by 61 Colorado Clergy & Faith Leaders (attached)

Details on the impact on Colorado Consumers

**<sup>1</sup> Eliminates programs that serve as a lifeline for low- and moderate-income families.**

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA's successful Medicaid expansion, which has extended coverage to nearly 12 million newly eligible low-income adults, 450,000 here in Colorado. It also eliminates the ACA tax credits that 10 million low- and moderate-income people rely on to afford coverage in the individual market. Although it replaces this funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to former enrollees - and indeed the block grant is inadequate to pay for comparable benefits. According to an Avalere Health analysis, from 2020 through 2026, Colorado would experience a funding cut of \$6 billion under the Graham-Cassidy-Heller-Johnson proposal, as compared to current law. Moreover, the block grant ends in 2027, leaving Colorado and its enrollees with no help whatsoever. It appears unlikely that Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream - something that would be extremely difficult, if not impossible.

**<sup>2</sup> Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.**

This proposal threatens the care of millions of low-income seniors, children, and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. By capping and slashing funding for the traditional Medicaid program by 12% (\$1,079 billion) between 2020 and 2036, the per capita cap will force Colorado to cut payments to health care providers and health plans, eliminate optional services, and restrict eligibility for enrollment - all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Because children make up almost one-half of Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. In fact, the Avalere Health analysis shows children nationally will see a 31% cut to their funding. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would also face painful cuts, since Medicaid is the primary payer for long-term services and supports. Community Based Services - the services that keep people with cognitive and physical impairments home and in their communities - are "optional" in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment is especially high.

**<sup>3</sup> Pushes massive new costs onto states.**

All states, including Colorado, would take on new risks and costs because this proposal converts the overall Medicaid program into a per capita cap. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving Colorado with insufficient funding to

September 25, 2017

Skye Cornell

[REDACTED]  
Milford, CT 06460

Re: September 25, 2017 Senate Finance Committee Hearing on Graham-Cassidy Bill

Dear Chairman Hatch and Ranking Member Wyden:

I am writing to voice my extreme opposition to the Graham-Cassidy-Heller-Johnson proposal. I am very discouraged that instead of working in a bipartisan manner to improve the strength and stability of the Affordable Care Act's (ACA) marketplaces, the sponsors of this legislation have put forward a proposal that will:

- Eliminate the financial assistance that helps low- and moderate-income families purchase health care coverage;
- End expanded Medicaid coverage that helps millions of low-income adults;
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths
- Undermine essential protections for people with pre-existing conditions;
- Resurrect - *and worsen* - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of millions of Americans including older adults, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions. It does nothing to improve affordability or availability of coverage for consumers and will likely result in at least 299,000 people in Connecticut losing coverage by 2027 and will undermine the financial stability of our health care system and place additional fiscal strains on our state budget. **That will include my sister and brother-in-law, who both are both small business owners, and never had healthcare in their adult lives prior to the ACA. The ACA has brought huge relief to our family, knowing they are protected, for example when my sister need to have a biopsy earlier this year.**

Below I've laid out in more detail our concerns with this proposal and the devastating impact it will have on consumers.

**Eliminates programs that serve as a lifeline for low- and moderate-income families.**

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA's successful Medicaid expansion, which



has extended coverage to nearly 12 million newly eligible low-income adults. It also eliminates the ACA tax credits that 10 million low- and moderate-income people rely on to afford coverage in the individual market. Although it replaces this funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to former enrollees - and indeed the block grant is inadequate to pay for comparable benefits. From 2020 through 2026, block grant funding would be at least 7% (\$95 billion) below projected spending under current law. Regardless, the block grant ends in 2027, leaving states and former enrollees with no help whatsoever. We do not believe it is likely that Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream – something that would be extremely difficult, if not impossible.

**Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.**

This proposal also threatens the care of millions of low-income seniors, children and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. By capping and slashing funding for the traditional Medicaid program by 12% (\$1,079 billion) between 2020 and 2036, the per capita cap will force Connecticut to cut payments to health care providers and health plans, eliminate optional services, and restrict eligibility for enrollment - all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Since children make up almost one-half of the Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would also face painful cuts, since Medicaid is the primary payer for long-term services and supports. Community Based Services - the services that keep people with cognitive and physical impairments home and in their communities - are “optional” in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment is especially high.

**Pushes massive new costs onto states.**

All states, including Connecticut would take on new risks and costs because this proposal converts the overall Medicaid program into a per capita cap. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving Connecticut with insufficient funding to meet its current obligations. In addition, states would be fully exposed to any unexpected health care cost increases, such as from a natural disaster, an aging population or medical innovations. The per capita cap alone would reduce federal Medicaid spending by 12% (\$1,079 billion) by 2036.

On top of those cost shifts, the 31 states that expanded Medicaid under the Affordable Care Act will be at risk for far deeper cuts. This proposal ends all federal matching funds for the Medicaid expansion in 2020. Some of the funds that the federal government would have spent on Medicaid expansion get rolled into the block grant, but the block grant doesn't make up for Connecticut's losses because the block grant is inadequate overall, the formula favors non-expansion states (it redistributes funding from expansion to non-expansion states), and it ends entirely in 2026, leaving states with no funding to replace the lost expansion funds.

Because federal dollars for Medicaid account for about 20% of state budgets, FitchRatings "believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond."<sup>1</sup> And by pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals.

### **Increases premiums and out-of-pocket costs and destabilizes the individual market.**

By repealing the individual mandate and eliminating advanced premium tax credits and cost sharing reductions, this proposal would drive up premiums and cause insurers to exit the ACA's marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to increase by 20 percent. Furthermore, by replacing the financing of the ACA's financial assistance with a block grant without any guarantee that states would direct their temporary block grant funds toward financial assistance, this proposal puts consumers who currently rely on financial assistance at risk for sharply higher out-of-pocket costs and coverage loss.

Beyond the impact of this proposal on individuals, insurers currently selling in the Connecticut's marketplace would face extreme uncertainty. Because this proposal allows states to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves from unpredictable claims costs or choose to exit the marketplace completely. This means that consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums and no guarantee of financial assistance to shield them from the increasing out-of-pocket costs.

### **Eliminates critical consumer protections.**

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA - the prohibition on charging higher premiums based on a person's health status or a preexisting condition. This means that in states that choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a preexisting condition. Additionally, this proposal allows states to waive the requirement that insurers cover essential health benefits including mental health services, substance abuse

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<sup>1</sup> "Fitch: Latest ACA Bill Includes Medicaid Repeal and Replace Provisions for States", <https://www.fitchratings.com/site/pr/1029238>.

treatments and maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT community) or consumers with specific chronic conditions (e.g. mental health or substance use disorders). For example, this could return us to a time when insurers only covered short-term, minimal treatment for mental health or substance use disorders, if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment.

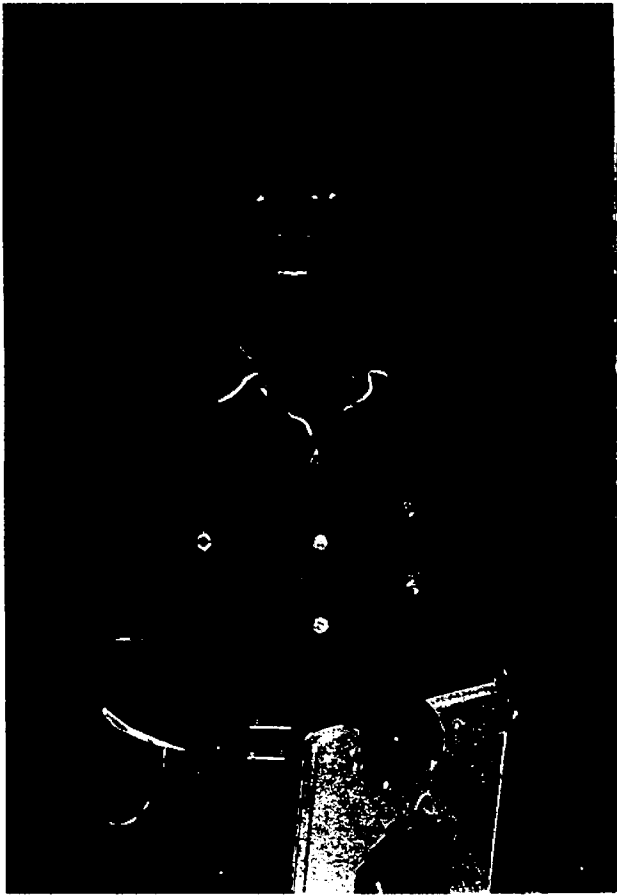
**Lacks transparency and opportunity for meaningful input.**

We believe that everyone should have a say in the decisions that affect their health. With only one hearing scheduled days before a possible vote, and without a full CBO score to properly evaluate the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for a true evaluation of and meaningful input on the policies in this proposal that would affect millions of people and one sixth of the US economy. We encourage a return to “regular order,” as requested by many members of the Senate and supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to weigh in.

Sincerely,

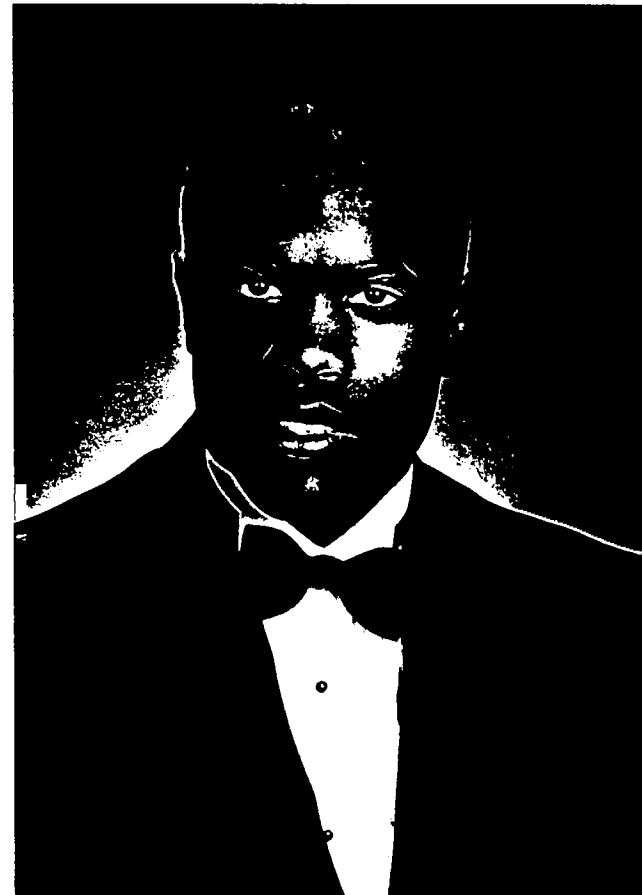
A handwritten signature in cursive script that reads "Skye Cornell".

Skye Cornell



Age 5

**Kids with  
disabilities  
grow up to  
become  
adults with  
disabilities.**



Age 21



**Medicaid  
makes a  
difference.**

**Medicaid  
SAVES  
LIVES**



This is what Chris looks like  
without the supports that  
Medicaid provides.

Anxious, self-injurious, non-  
productive.

This is what Chris looks like  
when he has the supports he  
needs- that Medicaid provides.

Happy, active, a productive  
member of his community.



**Medicaid  
provides  
the  
supports  
Chris needs  
to live in  
the  
community**



Out and about – community based supports are what I need.

At home, cooking with Mom – my favorite place to be.

**Important information:**

- 90% of Chris' supports come from Medicaid
  - Day Program – without which he would be home all day
  - Employment – day program provides supports for his 3 paid jobs
  - Recreation | Self-care | Respite
  - Healthcare - medication | primary care | dental care
- Aging parents – what will happen to Chris when we are no longer able to care for him?
- Chris is a high needs individual, however, when provided the proper supports he can accomplish great things. He is competitively employed and is a contributing member of society.

**What will happen to Chris and our family  
if this bill goes through?  
Please help us.**

Chris Hayer – age 29 – living with autism

Carolyn & Jim Hayer (parents)

[REDACTED], NJ 07601



Testimony before the Senate Finance Committee

September 25, 2017

Submitted by  
Aimee Wehmeier  
Executive Director and CEO  
Paraquad, Inc.

[REDACTED] MO 63110  
[REDACTED]  
[REDACTED]

Thank you to the Senate Finance Committee for the opportunity to submit comments on the Graham-Cassidy bill. My name is Aimee Wehmeier and I am the Executive Director and CEO of Paraquad. I am also a person with a disability. Paraquad is a Center for Independent Living in Saint Louis, Missouri. Our mission is to empower individuals with disabilities to live independently in the community through choice and opportunity. Access to affordable quality health care is critical for people with disabilities to live independently in their own homes and communities.

We urge you to oppose the Graham-Cassidy health care proposal because it would undercut the health care safety net, supported by the Medicaid and CHIP programs. Of particular concern is that the bill would be devastating for people with disabilities.

The Graham-Cassidy bill would end the Medicaid program as we know it by converting the federal financing to a per capita cap, shifting costs to the states. This financial structure would likely result in stricter Medicaid eligibility criteria and fewer services for people with disabilities, seniors and families.

In addition, this proposal will eliminate the enhanced federal funding for expanding Medicaid as well as funding for marketplace insurance subsidies, converting that funding instead to a short-term, unsustainable block grant which ends in 2026. This will cause states like Missouri to lose billions of dollars in Medicaid funding over the next few years and result in millions of individuals losing health care coverage.

It is also clear that provisions in the proposed bill would result in discrimination against people with pre-existing conditions. This provision that converts Medicaid expansion and marketplace subsidies into a new block grant also gives states permission to allow any insurance policy paid for or subsidized by the block grant to charge individuals with pre-existing conditions unaffordable premiums. This effectively excludes individuals with disabilities from plans, as many disabilities are, by definition, pre-existing conditions.





Furthermore, since Graham-Cassidy will impose deep cuts to Medicaid, states will have to make difficult choices in their budgets between absorbing costs, cutting non-health related state services (such as education) or cutting Medicaid. Some of the services most at risk for cuts are Medicaid-funded Home and Community Based Services (HCBS), including personal care services, employment supports, residential supports, and specialized therapies. HCBS are cost-efficient when compared to institutional care, but HCBS are optional for states to provide while institutional care, like nursing facilities, is often mandatory. Severe federal Medicaid cuts put HCBS services directly in the crosshairs of state budget cuts.

Missouri has already experienced severe cuts to our HCBS program this past year, putting 8,000 individuals with disabilities at risk of losing personal care services. This proposal will only worsen those cuts and further harm people with disabilities.

Moreover, Graham-Cassidy takes direct aim at the "Community First Choice Option" (CFC), which provides states enhanced federal funding for home and community-based services and supports under State Medicaid Plans. CFC services assist individuals with Activities of Daily Living (ADLs) and habilitative services. Graham-Cassidy repeals the 6% enhanced funding to cover these services, which CBO predicts will reduce federal supports to participating states by \$19 billion.

Last, but not least, this proposal will eliminate coverage for many essential health care benefits. States will have the option not to provide coverage for such benefits as maternity care and mental health services. This, again, would decrease access to affordable quality health care for people with disabilities.

Because of this, we urge you to strongly oppose the Graham-Cassidy proposal, and protect the critical health care safety net for people with disabilities.

Sincerely,

Aimee Wehmeier

Emily Gall



[REDACTED]

Finance Committee Hearing, September 25<sup>th</sup>, 2016

Susan Collins

United States Senator for Maine

[REDACTED]  
Portland, ME 04101

Dear Senator Collins:

My name is Emily Gall and I live in South Portland, Maine. I'm writing to ask Senator Collins to vote NO on the Graham-Cassidy bill, or any other bills that would repeal the Affordable Care Act, cut Medicaid funding, and leave people with no health insurance. I've seen first hand what these cuts would mean for the people of Maine.

Thank you for your time.

Sincerely,

Emily Gall



advocacy | action | answers on aging

STATEMENT FOR THE RECORD SUBMITTED TO THE  
SENATE FINANCE COMMITTEE

ON THE

HEARING TO CONSIDER THE GRAHAM-CASSIDY-  
HELLER-JOHNSON PROPOSAL

September 25, 2017

National Association of Area Agencies on Aging (n4a)

[REDACTED]  
Suite 1200  
Washington, DC 20036

**For More Information Contact:**

Sandy Markwood, CEO  
Autumn Gotwals, Chief, Public Policy & External Affairs  
Autumn Campbell, Director, Public Policy & Advocacy  
[REDACTED]

## **Introduction:**

On behalf of the National Association of Area Agencies on Aging (n4a), which represents the country's 622 Area Agencies on Aging (AAAs) and more than 250 Title VI Native American aging programs, we would like to thank Chairman Hatch and Ranking Member Wyden for having a hearing on the Graham-Cassidy proposal. We appreciate the opportunity to weigh in on this proposal that would have significant consequences for millions of older adults across the country who not only depend on their access to reliable, accessible health care through the federal Marketplace established under the Patient Protection and Affordable Care Act (ACA), but who also receive essential long-term services and supports through the federal-state Medicaid program. We staunchly oppose both the process for considering the Graham-Cassidy proposal to repeal and replace the Affordable Care Act (ACA), and to reject any plan to cap and cut the federal Medicaid program.

n4a's members serve older adults and caregivers in nearly every community in the nation, including those who will be adversely affected by the Graham-Cassidy proposal that rolls back critical ACA protections and block grants funding for Marketplace coverage.

Due to the disproportionate and deeply concerning effects that this legislation would have on the country's older adult population, as well as the millions of people who would lose their Medicaid coverage under the Graham-Cassidy proposal, we strongly urge the committee to reject the approach and the policy outlined in Graham-Cassidy. Instead, we urge Senators to continue the transparent, thoughtful, bipartisan process that is already underway to make improvements to, and preserve the protections within, the Patient Protection and Affordable Care Act (ACA). We also urge lawmakers to ensure that Medicaid is preserved and protected for vulnerable older adults.

## **Capping and Cutting Medicaid Will Hurt Older Adults and Families**

As with previous ACA repeal proposals considered earlier this year, we remain deeply opposed to the approach that goes well beyond the parameters of the ACA to completely restructure Medicaid financing. While we appreciate this single opportunity to consider the proposal before the Senate finance committee, we remain dismayed by willingness of lawmakers to push a proposal through the legislative process without a full analysis from the non-partisan Congressional Budget Office about the cost and coverage implications of Graham-Cassidy. However, as previous CBO reports have detailed, a per-capita cap approach undermines the safety net nature of Medicaid, starves a life-saving program of needed federal resources, and puts millions of consumers at risk of poorer health and—especially for older adults and people with disabilities—loss of personal independence. In addition, federal disinvestment and cost-shifting will not only jeopardize the health of, and access to, long-term care for millions of older adults, this strategy will also put Medicaid, states and consumers on a fiscally precarious path.

The cuts in Cassidy-Graham would likely prompt many states to roll back their progress in expanding access to care in the community and prevent them from making more

progress in the future. That's because unlike most services in Medicaid, which states must cover, most HCBS are optional Medicaid benefits that states can cut when they face funding shortfalls. Shifting Medicaid from a federal-state cost-sharing arrangement to a per-capita cap structure could severely limit, over time, a state's ability to keep up with demand and the rising costs of providing care. It is simply untenable that states will be able to absorb the federal cuts to Medicaid without jeopardizing essential services for economically and medically vulnerable older adults who receive optional HCBS waiver services under Medicaid.

Of the 17.4 million people who currently receive Medicaid long-term services and supports (LTSS), nearly seven million people are age 65 and over. A per-capita cap structure for Medicaid could jeopardize the health of these adults just as needs and costs are increasing with a rapidly increasing older adult population. We are also opposed to the approach that Graham-Cassidy takes to end the enhanced federal matching percentage (FMAP) for innovative long-term care rebalancing initiatives—such as the Community First Choice (CFC) Program. While we appreciate the addition of a demonstration program in the Graham-Cassidy proposal to allow states to expand access to HCBS, the funding for this demonstration—\$8 billion—is woefully inadequate to make up for the deep cuts over time to federal Medicaid funding and also to rectify gutting the Community First Choice program. Eliminating efforts that are encouraging states to adopt and expand cost-effective home and community-based services options for Medicaid LTSS will ultimately either increase state costs or further undermine care and coverage for the most vulnerable populations.

The formula to determine appropriate federal matching rates within the per-capita cap structure is also flawed and only deepens our concerns about the proposal. The formula proposed in Graham-Cassidy is especially problematic for older adults receiving Medicaid long-term services and supports. The formula's insufficient coverage of health care costs would further shift costs to states and, and fails to account for the increased care costs for an aging population. The population of "very old" adults is guaranteed to increase as the population ages, but as-written, the per-capita cap structure does not account for this demographic reality.

We believe that a per-capita cap structure will ultimately shift billions of dollars in Medicaid costs to states, which would result in reduced coverage and benefits for millions of Americans. If the cap doesn't keep up with states' real costs, states will be forced to reduce benefits, limit eligibility, increase cost-sharing, cut provider rates or find other solutions that threaten older adults' access to services and quality of those services. Any of these outcomes alone would leave vulnerable older adults struggling to live independently and safely in their homes and communities without critical HCBS, which would only drive up more expensive Medicaid nursing home care costs, create

tremendous burdens on family caregivers and put older adults' lives at risk.

Again, we are deeply dismayed to see that Senate leaders are willing to divert from an already underway bipartisan, thoughtful and transparent process to improve the ACA and leave Medicaid cuts off the table. We ask the Committee and the Senate to not only reject the approaches taken in Graham-Cassidy, but to continue the bipartisan approach to find common ground on some of the country's current health care challenges. We encourage Senate leadership and lawmakers to ensure that any proposals to replace the Affordable Care Act better reflect the aging of our population and the vital role that Medicaid plays in long-term care for our nation's older adults and people with disabilities.

Thank you for considering our concerns on these critical issues.

United States Senate Finance Committee  
Comments on Graham-Cassidy-Heller-Johnson Healthcare Bill to Repeal and Replace the ACA  
Meeting of 2:00 p.m., Monday, September 25, 2017  
215 Dirksen Senate Office Building

Submitted by Elizabeth W. Brown

[REDACTED]  
Towson, MD 21286

I am writing to comment on the proposed Graham-Cassidy-Heller-Johnson (GCJH) Bill to Repeal and Replace the ACA. I am opposed to the GCJH Bill on the grounds that it will cause the loss of healthcare coverage and protections for millions of American now covered under the Patient Protection and Affordable Care Act, as well as have a damaging effect on our nation's economy. . By their own admission, the framers of the bill are motivated primarily by a desire to get rid of the Affordable Care Act with little or no regard for improving healthcare coverage and services for U.S. citizens.

I personally have been fortunate to hold jobs that provide healthcare coverage, although the costs for both my employer and myself have been going up. In my own family, my niece and nephew have been able, once out of college, to stay on my brother's coverage, which has been an enormous benefit. My concern isn't so much that I or my family will lose healthcare, but about the millions of other Americans who will.

On a local level, the GCHJ Bill threatens healthcare coverage and services here in my home state of Maryland. When the ACA became the law of the land, our Governor and State Legislature saw the benefits to our citizens and participated in all aspects of the legislation. This included a state healthcare market exchange and Medicaid expansion. With all of this, Maryland added approximately 95,254 high-subsidy enrollees (2016) and 272,157 Medicaid expansion enrollees (2016) as reported by the MD State Health Department. The percentage of Marylanders not receiving healthcare coverage fell from 10% in 2012 to 6.7% in 2015 to 4.9% this year. This is all thanks to the ACA. Now the GCHJ Bill seeks to punish states that were early adopters of the Patient Protection and Affordable Care Act. Here's a breakdown of what this bill will cost Marylanders:

- GCJH Bill Medicaid Cap: Loss to Maryland of \$981 million in funding
- GCJH Bill Block Grants: Loss to Maryland of \$1,603,000,000 in funding
- Total loss of healthcare funding and coverage to Maryland: \$2,584,000,000

This is not a "healthcare" bill. In reality, it eliminates healthcare coverage for over 300,000 Marylanders and cuts existing funding for healthcare in the state by \$2.5 billion. I would argue that the GCHJ Bill is economically unsound in that it debilitates the health, finances, and morale of the American people. I urge Congress to invest in our people---and our economy's health. Work on a bipartisan fix to the problems with the ACA!

Thank you for reviewing my comments.



September 21, 2017

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of Consumers for Affordable Health Care (CAHC), I write to voice our extreme opposition to the Graham-Cassidy-Heller-Johnson proposal. Consumers for Affordable Health Care is a nonprofit, nonpartisan organization advocating the right to quality, affordable health care for every person in Maine. CAHC operates a Consumer Assistance HelpLine, providing assistance to people across Maine on issues related to getting, keeping, using, or fixing problems with health care and health coverage. That HelpLine fields approximately 6,000 contacts annually. This provides us with a unique perspective and vantage point from which to comment on this proposal.

We are deeply disappointed that instead of continuing down a bipartisan path and working on issues to improve the strength and stability of the Affordable Care Act's (ACA) marketplaces, the sponsors of this legislation have put forward a proposal that will:

- Eliminate the financial assistance that helps low- and moderate-income families purchase health care coverage;
- End expanded Medicaid coverage that helps millions of low-income adults;
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths
- Undermine essential protections for people with pre-existing conditions;
- Resurrect - *and worsen* - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of millions of Americans including older adults, low-and moderate-income families, people living with disabilities, veterans, and people with preexisting conditions. It does nothing to improve affordability or availability of coverage for consumers, and will likely result in at least 161,000 Mainers losing coverage by 2027 while undermining the financial stability of our health care system and placing additional fiscal strains on our state budget. Below, we've laid out in more detail our concerns with this proposal and the devastating impact it will have on consumers.

**A return to regular order to a process that lacks transparency and opportunity for meaningful input.**

We are very disappointed and concerned about the lack of transparency and lack of opportunity for states to provide meaningful comments on the proposal, given the very short period of time provided to comment on a plan that has not yet been fully scored by the Congressional Budget Office. We believe that everyone should have a say in the decisions that affect their health. With only one hearing scheduled days before a possible vote, and without a full CBO score to properly





evaluate the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for a true evaluation of and meaningful input on the policies in this proposal that would affect millions of people and one sixth of the US economy. We encourage a return to “regular order”, as requested by many members of the Senate and supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to weigh in.

**Eliminates programs that serve as a lifeline for low- and moderate-income families.**

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA’s successful Medicaid expansion, which has extended coverage to nearly 12 million newly eligible low-income adults. It also eliminates the ACA tax credits that 10 million low- and moderate-income people rely on to afford coverage in the individual market. Although it replaces this funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to former enrollees - and indeed the block grant is inadequate to pay for comparable benefits. Regardless, the block grant ends in 2027, leaving states and former enrollees with no help whatsoever. We do not believe it is likely that Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream – something that would be extremely difficult, if not impossible.

**Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.**

This proposal also threatens the care of millions of low-income seniors, children and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. By capping and slashing funding for the traditional Medicaid program by 12% (\$1,079 billion) between 2020 and 2036, the per capita cap will force Maine to cut payments to health care providers and health plans, eliminate optional services, and restrict eligibility for enrollment - all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Since children make up almost one-half of the Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would also face painful cuts, since Medicaid is the primary payer for long-term services and supports. Community Based Services - the services that keep people with cognitive and physical impairments home and in their communities - are “optional” in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment is especially high.

**Pushes massive new costs onto states.**

All states, including Maine, would take on new risks and costs because this proposal converts the overall Medicaid program into a per capita cap. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving Maine with insufficient funding to meet its current obligations. In addition, states would be fully exposed to any unexpected health care cost

increases, such as from a natural disaster, an aging population or medical innovations. The per capita cap alone would reduce federal Medicaid spending by 12% (\$1,079 billion) by 2036.

Because federal dollars for Medicaid account for about 20% of state budgets, FitchRatings “believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond.”<sup>1</sup> And by pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals.

### **Increases premiums and out-of-pocket costs and destabilizes the individual market.**

By repealing the individual mandate and eliminating advanced premium tax credits and cost sharing reductions, this proposal would drive up premiums and cause insurers to exit the ACA’s marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to increase by 20 percent. Furthermore, by replacing the financing of the ACA’s financial assistance with a block grant without any guarantee that states would direct their temporary block grant funds toward financial assistance, this proposal puts the 80,000 Mainers who currently rely on financial assistance at risk for sharply higher out-of-pocket costs and coverage loss.

Beyond the impact of this proposal on individuals, insurers currently selling in the Maine’s Marketplace would face extreme uncertainty. Because this proposal allows states to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves from unpredictable claims costs or choose to exit the marketplace completely. This means that consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums and no guarantee of financial assistance to shield them from the increasing out-of-pocket costs.

CAHC closely monitors the individual market in Maine, both by providing direct assistance to consumers across the state who have questions about enrolling in or using Marketplace coverage and by reviewing and commenting on the rate filing requests from Maine’s individual market insurers. That is why we know that the ACA has worked especially well in our state. Our individual market is now larger than our small-group market. In 2016, we had more carriers offering individual market coverage in Maine than before the ACA. In the 2017 open enrollment period, 86% of Mainers received tax credits to lower their premiums and 53% received subsidies to lower their out of pocket costs.<sup>2</sup> Maine people receiving Advanced Premium Tax Credits (APTCs) through the Marketplace receive an average \$413.38 per month to lower their premiums.<sup>3</sup> Maine’s adult nonelderly uninsurance rate has declined 4.5% since 2013.<sup>4</sup>

<sup>1</sup> “Fitch: Latest ACA Bill Includes Medicaid Repeal and Replace Provisions for States”, <https://www.fitchratings.com/site/pr/1029238>.

<sup>2</sup> Kaiser Family Foundation, State Health Facts: 2017 Marketplace Plan Selections with Financial Assistance, <http://www.kff.org/health-reform/state-indicator/2017-marketplace-plan-selections-by-financial-assistance-status/>

<sup>3</sup> CMS effectuated enrollment snapshot, June 12 2017: <https://downloads.cms.gov/files/effectuated-enrollment-snapshot-report-06-12-17.pdf>

<sup>4</sup> Kaiser Family Foundation State Health Data, Change in the Nonelderly Adult Uninsured: <http://www.kff.org/other/state-indicator/change-in-the-nonelderly-adult-uninsured/>

In short, the ACA is working in Maine and it is working well. More people have coverage they can afford. Pulling the rug out from under those individuals now will do nothing to keep either those individuals or our state as a whole healthier or more financially secure.

**Eliminates critical consumer protections.**

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA - the prohibition on charging higher premiums based on a person's health status or a preexisting condition. This means that in states that choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a preexisting condition. Additionally, this proposal allows states to waive the requirement that insurers cover essential health benefits including mental health services, substance abuse treatments and maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT community) or consumers with specific chronic conditions (e.g. mental health or substance use disorders). For example, this could return us to a time when insurers only covered short-term, minimal treatment for mental health or substance use disorders, if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment.

Again, we reiterate our strong opposition to the Graham-Cassidy-Heller-Johnson proposal and encourage you to return to regular order that would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to participate in a meaningful way on this important proposal that could be damaging to Maine and every other state in the nation.

Sincerely,

Emily Brostek  
Executive Director

cc:  
Senator Susan Collins  
Senator Angus King

Senate Finance Committee  
Graham- Cassidy Bill Hearing  
September 25, 2017

Cynthia Martinez  
[REDACTED]

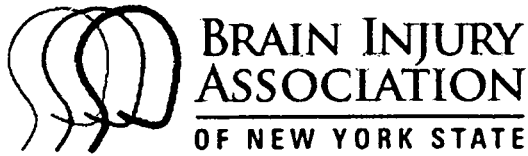
Santa Cruz, CA 95062  
[REDACTED]

Your job is to make us better off, not worse off. Graham Cassidy makes us worse off. I could list how many people will lose health insurance. How will cutting people off of health insurance make us better off? I could list what procedures will be lost to those who manage to keep insurance. How will lack of access make us better off? I could list the vulnerable groups that will be hardest hit by this farce of a bill. How will attacking the vulnerable make us better off?

You already know all this information so I am going to tell you a story about my son. My son Oscar is a wonderful, sweet, beautiful boy who has autism. He has had seizures. He also has ear problems – many ear infections resulting in ruptured eardrums and hearing loss. He had two surgeries to insert tubes. The tubes left a hole in his right eardrum which caused a hearing loss and a path to infection. While preparing for another surgery to repair his eardrum, it was discovered that he had a colesteatoma, a benign cyst that if left unchecked would destroy the hearing he had left and then enter his brain. The smaller surgery of repairing his eardrum turned into a much bigger surgery that involved drilling into his skull. That is when they discovered that he had a congenital defect of the ear bones. He would need another surgery to repair the defect and to check on the colesteatoma – a second surgery where they had to drill into my sweet boy's head.

We fortunately had health insurance – both through my husband's employer and through Medi-Cal. I can't imagine dealing with this, and all his other conditions without insurance.

My son had THREE pre-existing conditions – autism, seizures, and ear problems. He did not do anything to cause these conditions yet he and many others will be punished by your bill that leaves the door open to denying insurance to those with pre-existing conditions and placing lifetime caps on coverage. How is this better for our nation? People in need of medical care that they cannot and will not receive hurts them and it hurts our nation. This is a bad bill.



4 Pine West Plaza, Suite 402 | Albany, NY 12205-5580

Phone: (518) 459-7911 | Fax: (518) 482-5285

Family HelpLine 1-800-444-6443

Website: [www.bianys.org](http://www.bianys.org) | Email: [info@bianys.org](mailto:info@bianys.org)

THE VOICE OF BRAIN INJURY

**Statement from the Brain Injury Association of New York State  
Senate Finance Committee Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
Monday, September 25, 2017**

The Brain Injury Association of New York State strongly advocates against the massive changes to health care as included in the Graham-Cassidy-Heller-Johnson Proposal. Any changes to the Affordable Care Act must maintain or improve coverage and protections for people with disabilities. Likewise, BIANYS strongly advocates against the restructuring and cutting of Medicaid Programs. These programs provide critical assistance for people with disabilities, including one of the most vulnerable populations in our country: individuals affected by brain injury.

Brain injury is a silent epidemic, affecting millions of Americans. Over 2.8 million people are diagnosed with traumatic brain injury each year, with more sustaining injury through anoxia, stroke, or other acquired brain injury. Many of these individuals require emergency medical care, rehabilitation, and, often, specialized services to help them return to life. Without the protections provided by the ACA that improve access to appropriate health care, including the prevention of arbitrary financial limits on health care, many of these people will not recover to their fullest extent. Without the ACA requirement that pre-existing conditions, disabilities, or chronic conditions cannot be used to deny insurance or charge higher premiums, many of the people impacted by brain injury will have a difficult time accessing health care for the rest of their lives.

For those individuals left with lifelong disabilities due to brain injury, Medicaid often provides their only source of community-based care. Activities of daily living that we take for granted become much more of a challenge for people whose brain injuries leave them with lasting cognitive, behavioral, and/or physical disabilities. For these individuals, the specialized brain injury services provided through community-based programs are the keys to a meaningful life. Should Medicaid be capped and block granted to states, these cost-saving supportive services will be lost. People will be institutionalized in more expensive nursing homes, unable to access their communities and condemned to a life warehoused in a facility. Many others who could not afford care through these institutions will end up homeless or dead.

We see the challenges that brain injury wreaks upon those it touches. No one expects to have a life-altering injury, and only with quality health care coverage can people get through it. By issuing the essential health care benefits, the Affordable Care Act set standards that ensure that all Americans who have health coverage have access to the medical care that may save their lives, as well as the rehabilitative care that can rebuild their abilities, and habilitative services that can support them with the challenges this injury can leave. We have seen the people who could not access rehabilitation due to financial hardship and who struggle with physical limitations because of it. We see people with hundreds of thousands of dollars in debt because they had no insurance, or their cheap policy covered little to nothing of the needed care after an accident. We should work together to improve health care services in the United States and make these terrible outcomes a thing of the past. We can only do so by setting aside injurious initiatives like the Graham-Cassidy-Heller-Johnson Proposal.

**In consideration of the thousands of individuals across New York State who would be impacted, please oppose the Graham-Cassidy-Heller-Johnson Proposal and prevent it from endangering damaging our health care system. Protect essential health care benefits that provide the necessary medical, rehabilitative, and habilitative care that is required after brain injury to ensure positive outcomes. Protect the ability of those who have sustained brain injury to continue to receive needed care by preserving protections for those with pre-existing conditions, so they can access health coverage. Protect people with disabilities and the supports needed to access community-based services provided under Medicaid. Do not allow Medicaid to be capped or cut, which would result in devastating ramifications for people with disabilities. Please ensure that New Yorkers with brain injury to continue to receive the care they need to live productive meaningful lives by stopping this dangerous bill.**



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

September 25, 2017

HENRY L. DORKIN, MD, FAAP  
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The Honorable Orrin G. Hatch  
Chairman  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, DC 20510

Dear Senators Hatch and Wyden,

I am writing on behalf of the nearly 25,000 physicians, residents and medical student members of the Massachusetts Medical Society to express our strong opposition to the Graham-Cassidy proposal being considered by the Committee. As physicians who have dedicated our lives to caring for our patients, we know this legislation promises to threaten the health of millions of Americans. We are dismayed that efforts to pass a truly bipartisan proposal to help stabilize the ACA were derailed in lieu of this Graham-Cassidy proposal, which many consider more egregious than proposals recently rejected by the United States Senate. As you know, our concerns are shared by the vast majority of our colleagues in medicine, health care and patient advocacy.

There is much in this bill that causes us great concern. Fundamentally, the Graham-Cassidy proposal ends our federal government's historic commitment to support health care for the most vulnerable among us by creating state-based block grants, purposefully void of any of the necessary safeguards and protections to ensure patients receive the health care they need. By design, the funding for these block grants is cut significantly. Future federal payments are capped so there will never be enough money to cover the costs of health care for the poorest and sickest. Also, because the goal is to totally transfer responsibility for these people from the federal government to the states, the bill terminates the federal government's support by 2027. From this perspective, the Graham-Cassidy proposal represents one of the most dramatic changes to our health care system in decades – and yet one which Congress has barely begun to vet, deliberate or score. We see no justification for this haste.

By design, this bill puts people who are sick (those with chronic illness and preexisting conditions) at risk for losing health insurance – which, to be clear, means losing access to health care. States will be allowed to waive prohibitions on health status ratings – a provision which is guaranteed to dramatically increase the cost of insurance premiums. This bill would allow states to eliminate the essential benefits package, which makes certain that health insurance covers the basics when patients become sick or need to go to the hospital. If a state chooses to eliminate the essential benefits requirements, coverage for maternity care, preventive care, substance abuse and opioid addiction could all be easily eliminated. Prior to the ACA, unpaid medical costs were one of the main reasons for bankruptcies in this country, including among people who had health insurance. These changes, as well as provisions to defund

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Planned Parenthood for one year, will seriously impact women's access to care. States will be forbidden to cover childless adults under Medicaid, so low-income women could only become eligible for coverage once they are pregnant. None of this even addresses the impact on the millions of Americans who will lose access to health insurance because this proposal not only fails to stabilize the market, but could lead to a further increase in health care costs.

Much has also been made about the fact that Massachusetts, New York, California and other large states currently receive the largest percentage of Medicaid dollars. We have worked hard in Massachusetts to insure nearly 98% of our residents. Under Graham-Cassidy, it is estimated that Massachusetts would lose \$8 billion. Unlike previous bills, Graham-Cassidy would prohibit Massachusetts and other expansion states from using our own funds to continue these extended services. But this bill, whatever its intent, also significantly reduces funding to a number of cash strapped, smaller and mostly rural or Rust Belt states that adopted the Medicaid expansions to combat health crises. As devastating as the cuts would be to Massachusetts, the people living in these smaller states might in fact be the most harmed by this proposal.

As a pediatric pulmonologist, I want to explain what this all means in real terms for the children I treat – children with asthma and cystic fibrosis.

Asthma is a major cause of illness in children of all ages. It has a tremendous impact on their overall health and quality of life, and it also has a considerable impact on the overall cost of medical care. These children, if their disease is not well controlled, spend a lot of time in the doctor's office, the emergency room, the inpatient service, and (not infrequently) the intensive care unit.

Children without health insurance have less access to the medications and preventive care that keep them well. Fortunately, the Affordable Care Act has allowed many families previously without health insurance to obtain it. This has given them access to the type of care that reduces exacerbations of the disease and keeps children out of the hospital.

As these children grow up, they need continuous care to let them flourish as adults – and that requires reliable, affordable, meaningful insurance coverage.

Graham-Cassidy proposes to undermine their health in two specific ways. By undoing essential health benefits, it would allow insurance companies to choose not to cover the type of preventive care that keeps patients healthy. In addition, by slashing protections for patients with preexisting conditions – conditions like asthma and cystic fibrosis – the bill would allow insurance companies to charge astronomic rates beyond the reach of too many patients like mine.

Cystic fibrosis is a congenital, chronic, as yet incurable, and terminal illness affecting vulnerable children and adults. The outstanding advances in care for this disease over the past 40 years have increased survival from the pre-teens to older adulthood. However, the preventative care network established to treat these patients requires continuity, evaluation, and intervention. As a preexisting condition, and as a resource-intensive disease, such patients would lose the ability to remain relatively healthy and to contribute to society as they are currently doing. Both quality of life and survival would suffer irrevocably.

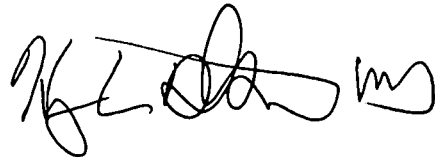
Under the Graham-Cassidy block grant per capita cap funding mechanism, states will have fewer – and, we believe, insufficient – funds to cover all the medical costs for sick patients. Cystic fibrosis patients, and other patients in need of life-saving interventions, will not, and cannot, wait for federal funding. Their conditions will simply not allow it.

It is my life's work to fight for children with respiratory diseases. As the president of the MMS, I represent 25,000 other Massachusetts physicians who have made a similar commitment to their patients to treat the diseases from which they suffer. We strongly urge the Senate Finance Committee to reject the Graham-Cassidy proposal and to begin bipartisan talks with the members of the Senate HELP committee to develop both short and long-term solutions to improving the ACA and our nation's access to quality affordable health insurance and health care.

Before I close this letter, I would like to share a personal story. A decade ago, my wife and I were at the wedding of a young woman with cystic fibrosis who had survived a lung transplant. While she and her new husband were out on the dance floor, my wife leaned over to me and whispered, "You know, when I married you, we used to go to a lot of funerals of 8 and 10 year olds. Now we are going to a bunch of weddings of 30 year olds. I like this better." I told her I liked it better, too. I fear that if Graham-Cassidy were to pass, we would go back to attending more funerals of children. That would be unbearable, and unfair.

I know I speak for all my colleagues when I say we look forward to working with you to make sure that does not happen.

Sincerely,

A handwritten signature in black ink, appearing to read "H. L. Dorkin, MD, FAAP". The signature is fluid and cursive, with a large initial "H" and "L" and a distinct "Dorkin" followed by "MD, FAAP".

Henry L. Dorkin, MD, FAAP

cc: Beth Pearson  
Niki Hurt



My name is Dr. Victoria Barry and I am submitting personal testimony for Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal, September 25, 2017. This isn't a story I enjoy telling but facing down the possibility of the Affordable Care Act being repealed. I feel compelled to do so. Most of these details I recall directly; a few have been told to me by family members. In any case, this is my truth as I know it.

I grew up working class in a suburban neighborhood in New Jersey. My father was an HVAC contractor with his own small business, my mother hadn't finished high school and didn't work after she had me, her first child. During years that my dad's business was doing well, we had a pretty good standard of living, but those years were few in number. Mostly, we struggled to make ends meet; sometimes we didn't make ends meet and the lights got shut off. As a result, we didn't have health insurance. Insuring our family of 4 would mean there wouldn't be enough money to pay the bills or put cash back into my father's business for supplies; in comparison, it felt unnecessary. So we went without. At times, it wasn't pretty. The public dental clinic where I got a botched root canal, the time I had to get a shot of antibiotics in my butt because my parents waited so long to take me to the pediatrician for my strep infection that my throat closed up and I couldn't be given liquid medication, my mom writing me an exemption note for the scoliosis screening in elementary school because it was better to just not know if there was a problem with my spine (since there was no way we could afford to treat it anyway), the time a bully stole my glasses and I couldn't get them replaced for 6 months. These incidents were frustrating and embarrassing. These incidents are not the story.

On a Friday in 1998, when I was 15 years old, my mother went to bed with a bad back pain. The next morning she woke up paralyzed on one side. My father was already at work, I paged him and when he called back I frantically insisted he come home "Mom's had a stroke!" I shouted into the phone. "You think I had a stroke?" my mother asked me, her voice slurred, half her face drooped. "Yea, mom, I think you did." I called 911; my father rushed home. My 12 year old sister helped put clothes on my mother, who couldn't walk or stand. The EMS workers came; they were kind and professional. "We are going to take care of you, Nancy, don't worry." "I'll be ok, I'll be ok" my mother said on the stretcher.

My mother was rushed to the local hospital, where it was discovered that she was suffering from a brain aneurysm. Unfortunately, this hospital did not have a neurosurgery unit that could provide the surgery she needed. She's going to a hospital in New York, they said, where they can do the surgery to save her; she was being prepped for immediate transfer. My father and my uncle got in the car and headed north, so they could meet the ambulance at the hospital my mother was slated to go to. My sister and I stayed at our grandparents' home, terrified and in shock. An hour later, my father received a page from my grandmother while still on the highway. He learned that my mother was not in fact on her way; she'd been prepped and stabilized but the transferred hadn't happened. He was told to turn around and come back.

The hospital that my mother was supposed to be transferred to declined to accept her as a patient. We had no insurance; she'd have to go elsewhere. If she'd come in through their Emergency Department, they'd be obligated to treat her but under these circumstances, they were not. The local hospital told us they were looking for an alternative, probably the hospital affiliated with nearby state university. Once they found a hospital willing to treat her, she'd be transferred and get the surgery there. Until then we'd have to wait.

About 24 hours had passed since I first called 911. My father was explaining the logistics of figuring out the medical situation to my sister and me in my grandmother's living room when the phone rang. My dad answered it but barely said anything after "Hello. Yes, this is Frank." He hung up, went out the front door and stood out in the yard alone. When he walked back inside, he and I locked eyes. His kind, tearful, desperate eyes said everything. He shook his head slightly at me and I knew. I crumbled down into a silent pile on the beige carpet. My 12 year old sister, so attached to our mother as to almost be a part of her, demanded a verbal answer. "What? What is happening? What did they say?" And my father had to say it out loud "Honey they can't do the surgery; it's too late. Mommy is brain dead." My little sister screamed in a primal, terrible way I hadn't heard before or since.

We went to say goodbye to our mother at the hospital later that day. She was on life support and there were a lot of machines beeping. Many people came to say goodbye, my cousins, aunts, a neighbor. I was numb and shocked; I sat on the hospital's linoleum floor staring at the designer boots my mother had bought me that Christmas because she found them on sale at a discount store. After a few hours, my father said, his voice cracking, "Girls, it's time to say goodbye to mommy". We did and then we left. They turned off the machines that night. My mother was 42 years old. For several years after, I found that I could not enter a hospital without hyperventilating.

After the funeral, a social worker from the local hospital where my mother had died followed up with my dad at our house to check up on us. When my father explained the circumstances of my mother's death, she was horrified. She suggested that we sue, that this couldn't possibly be legal. My father stated simply, sadly "That won't bring my wife back." In any case, where would my father have gotten the money to hire an attorney? Shortly after, the hospital offered to forgive the outstanding 30,000 dollar medical bill, more than my father would make in an entire calendar year, incurred by my mother during the day and a half she spent dying and on life support there. I suspect that social worker, whose name I never knew, advocated on behalf of our family to the hospital.

My sweet dad couldn't handle the burden of it all. Who plans to be a widower and a single father to two grief-stricken adolescent daughters? He became depressed and spiraled into heavy drinking. Three and a half years after my mother's brain aneurysm, my father died of liver failure. He was 49. I had no parents attending my

college and graduate school commencement ceremonies or my wedding. My children have no maternal grandparents. The effects from this event have rippled through all aspects of my sister's and my lives and, for better or worse, shaped the women we ended up becoming. I don't know if my mother would have survived the surgery the doctors recommended, but I do know she was never even given the chance. If my mother were alive today, she would be covered under New Jersey's expanded Medicaid program.

So please, when you talk about endangering the health care benefits currently available to low income people or closing low-cost clinics, keep this story in mind. This isn't just a budget or numbers, its human lives. It was my mother's life. I beg you, please protect the Affordable Care Act.

# CANCER LEADERSHIP COUNCIL

A PATIENT-CENTERED FORUM OF NATIONAL ADVOCACY ORGANIZATIONS  
ADDRESSING PUBLIC POLICY ISSUES IN CANCER

September 25, 2017

Delivered electronically to [GCHcomments@finance.senate.gov](mailto:GCHcomments@finance.senate.gov)

The Honorable Orrin Hatch  
Chairman  
Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate  
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

The Cancer Leadership Council represents cancer patients, survivors, physicians, and other health professionals. We are writing to express our serious reservations about the potential impact of the Graham-Cassidy-Heller-Johnson legislation on cancer patients and survivors. We believe that the legislation will seriously undermine access to affordable and adequate health insurance for many cancer survivors. As a result, the legislation has the potential to adversely affect cancer care and cancer outcomes in the United States.

These are our specific concerns about the Graham-Cassidy legislation:

- The bill will create uncertainty and fear among cancer survivors about their access to care. A diagnosis with cancer is frightening, as it is the beginning of a treatment journey that is often difficult and uncertain. In addition, from the moment of diagnosis, a cancer patient has a pre-existing condition. The Graham-Cassidy legislation will create even greater fear and uncertainty for cancer patients by undermining protections for those with pre-existing conditions. If these protections do not exist in all states, cancer patients may be charged higher premiums for their insurance, may not be able to buy coverage at all, or may only have access to plans that are inadequate for their treatment needs.
- The bill will dramatically change Medicaid, possibly curtailing access to quality care for many cancer patients. As many as one-third of children with cancer receive care through Medicaid, and the Graham-Cassidy would change Medicaid in a way that could hinder access to optimal cancer treatment for these children.
- Cancer patients live in all states of the nation, and they deserve access to quality care regardless of the state in which they live. The Graham-Cassidy legislation will

A large black rectangular redaction covering the signature and name of the sender.

significantly reduce overall spending for assistance with purchase of insurance and will create funding winners and losers among the states.

- The legislation imposes difficult – if not impossible – implementation deadlines, and then the bill creates a dramatic funding cliff after ten years. We do not believe that Medicaid programs and insurance marketplaces can be transformed according to the tight timelines of the bill. Of even greater concern is the funding cliff that will occur after ten years. This is another element of uncertainty that cancer patients should not be asked to confront.

We urge the committee to use the opportunity of the September 25, 2017, hearing on Graham-Cassidy to begin a discussion about lasting bipartisan health care reform solutions. We urge that this process include the opportunity for significant input from our organizations and other stakeholders representing patients and health care professionals. We also strongly caution that no legislation move forward until there is a complete Congressional Budget Office analysis of not only the fiscal impact of the bill but also its effects on insurance coverage and premium rates.

We stand ready to be part of meaningful discussions toward long-term and patient-centered health care reforms.

Sincerely,

**Cancer Leadership Council**

American Society for Radiation Oncology  
American Society of Clinical Oncology  
*CancerCare*  
Cancer Support Community  
International Myeloma Foundation  
The Leukemia & Lymphoma Society  
**LIVESTRONG**  
Lymphoma Research Foundation  
National Coalition for Cancer Survivorship  
National Comprehensive Cancer Network  
Ovarian Cancer Research Fund Alliance  
Prevent Cancer Foundation  
Susan G. Komen

CONTACT 



September 25, 2017

Senator Orrin Hatch  
Senator Ron Wyden  
United States Senate Committee on Finance  
U.S Capitol  
Washington, D.C.

RE: Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
on Monday, September 25, 2017

Dear Chairmen Hatch & Senator Wyden,

Asian Americans Advancing Justice-Los Angeles (Advancing Justice-LA) is writing to strongly oppose the Graham-Cassidy-Heller-Johnson proposal to repeal and replace the Patient Protection and Affordable care Act (aka ACA or Obamacare). We call on the committee to reject the amendment because of its serious negative impact on the health on all Americans. The ACA has significantly improved the health of over 20 million Americans and has greatly reduced the number of people without insurance to historic lows, including a reduction of 39 percent of the lowest income individuals.<sup>1</sup> The gains are particularly noteworthy for Latinos, African Americans, and Native Americans.<sup>2</sup> Asian Americans, Native Hawaiians and Pacific Islanders have seen the largest gains in coverage with a nearly 59 percent decline in its uninsured rate.<sup>3</sup>

Advancing Justice-LA is the nation's largest legal and civil rights organization and is dedicated to providing the growing Asian American, Native Hawaiians and Pacific Islander (AANHPI) communities with multilingual and culturally sensitive legal services, education, leadership development, and public policy and advocacy support. Its Health Access Project seeks to address the health care needs of the AANHPI communities, to ensure access to culturally and linguistically competent health care services for AANHPI patients, and to increase access to affordable, quality health care for AANHPIs through

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<sup>1</sup> U.S. Department of Health and Human Services, Affordable Care Act Has Led to Historic, Widespread Increase in Health Insurance Coverage, pp. 2, 4 (Sept. 29, 2016), available at <https://aspe.hhs.gov/sites/default/files/pdf/207946/ACAHistoricIncreaseCoverage.pdf>.

<sup>2</sup> *Id.* at 6.

<sup>3</sup> *Id.*

outreach, education, and advocacy. It also coordinates the Health Justice Network, a statewide collaborative comprised of over 60 community-based organizations, health care providers, and small business groups, which promotes implementation of health care reform in California.

The Graham-Cassidy-Heller-Johnson proposal will cap and block-grant Medicaid and ACA tax credits and subsidies, repeal the Medicaid expansion, and eliminate all federal funding for the ACA by 2027. These provisions would not only jeopardize the affordable, quality health care of millions of Americans, particularly underserved populations, but also undermine critical consumer protections, such as guaranteed health coverage for people with pre-existing conditions and the requirement for all insurers to provide essential health benefits.

It will also punish states that have worked diligently to provide access to health coverage for uninsured Americans by developing insurance exchanges and/or through the expansion of Medicaid. The Graham-Cassidy-Heller-Johnson proposal will shift federal funding support from these states to less densely populated states who did not invest financial resources or spend any time to plan and expand coverage to their residents, simply because they did not want to embrace Obamacare.


This proposal will ultimately force billions of dollar of cuts to many states, such as an estimated \$28 billion per year in cuts to California's health system and budget. It would eventually eliminate all federal funding for the ACA by 2027, slash Medicaid funding by \$114.6 billion between 2017 and 2020 in California, and put 100 percent of the financial responsibility for increasing health care costs and public health emergencies on the California and other state budgets.

These devastating cuts would directly affect all Californians, including Asian Americans, Native Hawaiians and Pacific Islanders (AANHPIs) who have benefited from the ACA and Medicaid expansion. The Graham-Cassidy-Heller-Johnson proposal will place the health coverage of nearly 1.4 million Californians, including 240,000 AANHPIs, who have insurance through the Covered California marketplace and 653,000 AANHPI adults who have gained coverage through the Medicaid Expansion, at risk.

As a Covered California navigator grantee, our staff of Certified Enrollment Counselors have been reaching, educating and enrolling communities of color, especially AANHPIs, about Covered California and Medi-Cal, which is the state's Medicaid program since the ACA was established. To date, Advancing Justice-LA and our partner agencies, through the Health Justice Network, have reached over 2 million AANHPIs, Latinos and African Americans in the state, and have successfully completed almost 5,000 Covered California enrollments and assisted with over 9,000 Medicaid applications. We do our work on the premise that all qualified individuals deserve to have access to health coverage, which can help to increase access to care and improve the lives of our community members.

For the reasons above, and similar to the overwhelming majority of health care industry stakeholders and consumer advocates, including, the American Medical Association, the American Academy of Pediatrics, American Association of Obstetricians and Gynecologists, Association of American Medical Colleges, HIV Medicine Association, America's Health Insurance Plans, Blue Cross Blue Shield Association, Kaiser Permanente, AARP, Planned Parenthood, American Hospital Association, Children's Hospital Association, American Heart Association, American Cancer Society, Alzheimer's Association and Alzheimer's Impact Movement, National Association of Medicaid Directors, Public Health Institute, and the Leadership Conference on Civil and Human Rights, along with hundreds of other civil rights groups, we urge you to strongly oppose passage of the Graham-Cassidy-Heller-Johnson proposal for the disastrous effect it will have on the health and wellbeing of all Americans. Rather, we hope you instead focus on moving forward with bipartisan efforts to build on the successes of the ACA, such as stabilizing the marketplace, ensuring financing for the cost sharing reduction subsidies and addressing other critical issues to improve access to affordable health care for all people in the country. If you have any questions, please feel free to contact me at (213) 241-0271 or [dwon@advancingjustice-la.org](mailto:dwon@advancingjustice-la.org)

Sincerely,



Doreena Wong  
Project Director





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LYMPHOMA  
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## NEW SENATE BILL WOULD PUT CANCER CARE OUT OF REACH FOR MANY

*Cancer Patients Would Face Higher Costs & Lose Vital Protections*

**Rye Brook, N.Y. (September 20, 2017)** – U.S. Senators Lindsay Graham (South Carolina) and Bill Cassidy (Louisiana) recently introduced a bill to dismantle portions of the Affordable Care Act. The U.S. Senate may advance this legislation as early as next week under a special process that requires only a simple majority to advance it to the U.S. House of Representatives. The Graham-Cassidy proposal would increase premiums and out-of-pocket costs for life-saving cancer care and allow insurers to essentially deny coverage to cancer patients and others with pre-existing conditions, according to an analysis by The Leukemia & Lymphoma Society (LLS).

**Below is a statement from Louis J. DeGennaro, Ph.D., LLS president and chief executive officer:**

*“Cancer patients are depending on their elected leaders to put politics aside and work together to break down the financial barriers that too often stand between patients and their potentially life-saving cancer care. Instead of breaking down barriers, the latest Senate bill pushes them even higher. Today, more than 4,600 Americans will be diagnosed with cancer, and the last thing they need is for Congress to put their cancer care out of reach.*”

*The Graham-Cassidy proposal would remove protections that prevent insurers from cutting off access for patients undergoing costly cancer treatments and hiking premiums after a cancer diagnosis. At the same time, this bill would slash tax credits and other assistance to many low- and middle-income cancer patients, increasing their out-of-pocket costs when they are most vulnerable. Stripping away vital patient protections while cutting financial support would force cancer patients to pay even more for the treatments they need to survive—pushing life-saving care out of reach for many.*

*Speaking as an unapologetically ‘patients first’ organization, it is past time for policy changes that address the many obstacles cancer patients face today. There are bipartisan, proven solutions that will break down barriers for cancer patients, and there are members of the Senate and the House who are working across party lines to make progress on many of those ideas. Last year, LLS outlined to Congress our core principles for meaningful coverage: guarantee access, promote affordability, ensure quality and encourage stability. We support solutions that uphold our principles, and we are ready and willing to work with Congress to advance them.”*

National Office

3 International Drive, Suite 200, Rye Brook, NY 10573 | tel. 914.949.5213 | fax. 914.949.6691



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### **About The Leukemia & Lymphoma Society**

The Leukemia & Lymphoma Society® (LLS) is the world's largest voluntary health agency dedicated to blood cancer. The LLS mission: Cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families. LLS funds lifesaving blood cancer research around the world, provides free information and support services, and is the voice for all blood cancer patients seeking access to quality, affordable, coordinated care.

Founded in 1949 and headquartered in Rye Brook, NY, LLS has chapters throughout the United States and Canada. To learn more, visit [www.LLS.org](http://www.LLS.org). Patients should contact the Information Resource Center at (800) 955-4572, Monday through Friday, 9 a.m. to 9 p.m. ET.

For additional information visit [lls.org/lls-newsnetwork](http://lls.org/lls-newsnetwork). Follow us on [Facebook](#), [Twitter](#), and [Instagram](#).

National Office

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## **National Consumers League Statement on the Graham-Cassidy Bill**

**Submitted to the Senate Finance Committee  
“Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal”  
September 25, 2017**

**Submitted by:  
Karin Bolte, Health Policy Director  
National Consumers League**

**Washington, D.C. 20006**

### **NCL Urges the Senate to Reject the Graham-Cassidy Bill**

September 25, 2017

The National Consumers League, which has been working to support health care for all Americans since our founding in 1899, is strongly opposed to the Graham-Cassidy bill to repeal and replace the Affordable Care Act (ACA). Like previous repeal bills rejected by the Senate, this proposed legislation will take health coverage away from an estimated 32 million Americans and decimate our health care system as we know it.

Graham-Cassidy is even more harmful than previous ACA repeal and replace bills. Provisions of the bill include the elimination of cost-sharing reductions that help low-income Americans pay for their coverage, and waivers of key consumer safeguards such as the essential health benefits, minimum coverage requirements, and the non-discrimination clause protecting Americans with pre-existing conditions.

Perhaps most egregious are the massive cuts to Medicaid, which covers 70 million Americans. Medicaid expansion is abruptly nixed, leaving millions of vulnerable patients and consumers without coverage. The shift to a per-capita cap will undoubtedly burden states with a huge financial liability, forcing them to choose between raising taxes to meet funding needs, cutting funding from critical programs such as infrastructure or education, or imposing devastating cuts to Medicaid eligibility, benefits, and coverage for millions.

The Graham-Cassidy bill also represents yet another attempt to railroad legislation through Congress, absent bipartisanship and public discourse. A bill that would fundamentally change our health care system and affect one-sixth of our economy deserves transparency, and more than a few weeks of debate. NCL agrees with Senator John McCain's opposition to the bill and his acknowledgment that “we could do better working together, Republicans and Democrats, and have not yet really tried.” Truer words were never spoken.

NCL joins with Senator McCain in urging the Senate to reject the Graham-Cassidy bill and instead explore bipartisan solutions to strengthen our healthcare system, and particularly support the constructive and bipartisan dialogue led by Chairman Lamar Alexander and Ranking Member Patty Murray in the Senate Health, Education, Labor, and Pensions Committee aimed at stabilizing the insurance market. We will continue to stand alongside our colleagues in the public health and patient advocacy communities to protect access to quality and affordable health care for every American.

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
Senate Finance Committee  
Date: Monday, September 25, 2017  
Time: 02:00 PM  
Location: 215 Dirksen Senate Office Building

Testimony for Inclusion in the Public Record  
National Alliance on Mental Illness (NAMI) Chicago  
1801 W. Warner, Suite 202  
Chicago, IL 60613

Dear Chairman Hatch and Ranking Member Wyden:

We write to voice our extreme opposition to the Graham-Cassidy-Heller-Johnson proposal. We are very discouraged that instead of continuing down a bipartisan path and working on issues to improve the strength and stability of the Affordable Care Act's (ACA) marketplaces, the sponsors of this legislation have put forward a proposal that will:

- Eliminate the financial assistance that helps low- and moderate-income families purchase health care coverage;
- End expanded Medicaid coverage that helps millions of low-income adults;
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths
- Undermine essential protections for people with pre-existing conditions;
- Resurrect - *and worsen* - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of millions of Americans including older adults, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions. It does nothing to improve affordability or availability of coverage for consumers and will result in at least one million Illinoisans losing coverage by 2027 and will undermine the financial stability of our health care system and place additional fiscal strains on our state budget. Below we've laid out in more detail our concerns with this proposal and the devastating impact it will have on consumers.

**Eliminates programs that serve as a lifeline for low- and moderate-income families.**

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA's successful Medicaid expansion, which has extended coverage to nearly 12 million newly eligible low-income adults. It also eliminates the ACA tax credits that 10 million low- and moderate-income people rely on to afford coverage in the individual market. Although it replaces this funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to

former enrollees - and indeed the block grant is inadequate to pay for comparable benefits. From 2020 through 2026, block grant funding would be at least 7% (\$95 billion) below projected spending under current law. Regardless, the block grant ends in 2027, leaving states and former enrollees with no help whatsoever. We do not believe it is likely that Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream – something that would be extremely difficult, if not impossible.

**Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.**

This proposal also threatens the care of millions of low-income seniors, children and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. By capping and slashing funding for the traditional Medicaid program by 12% (\$1,079 billion) between 2020 and 2036, the per capita cap will force Illinois to cut payments to health care providers and health plans, eliminate optional services, and restrict eligibility for enrollment - all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Since children make up almost one-half of the Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would also face painful cuts, since Medicaid is the primary payer for long-term services and supports. Community Based Services - the services that keep people with cognitive and physical impairments home and in their communities - are “optional” in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment is especially high.

**Pushes massive new costs onto states.**

All states, including Illinois would take on new risks and costs because this proposal converts the overall Medicaid program into a per capita cap. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving Illinois with insufficient funding to meet its current obligations. In addition, states would be fully exposed to any unexpected health care cost increases, such as from a natural disaster, an aging population or medical innovations. The per capita cap alone would reduce federal Medicaid spending by 12% (\$1,079 billion) by 2036.

On top of those cost shifts, the 31 states that expanded Medicaid under the Affordable Care Act will be at risk for far deeper cuts. This proposal ends all federal matching funds for the Medicaid expansion in 2020. Some of the funds that the federal government would have spent on Medicaid expansion are rolled into the block grant, but the block grant does not come close to making up for Illinois’s losses. The block grant is inadequate overall, the formula favors non-expansion

states (it redistributes funding from expansion to non-expansion states), and it ends entirely in 2026, leaving states with no funding to replace the lost expansion funds.

Because federal dollars for Medicaid account for about 20% of state budgets, FitchRatings “believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond.”<sup>1</sup> And by pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals.

### **Increases premiums and out-of-pocket costs and destabilizes the individual market.**

By repealing the individual mandate and eliminating advanced premium tax credits and cost sharing reductions, this proposal would drive up premiums and cause insurers to exit the ACA’s marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to increase by 20 percent. Furthermore, by replacing the financing of the ACA’s financial assistance with a block grant without any guarantee that states would direct their temporary block grant funds toward financial assistance, this proposal puts the 350,000 Illinoisans who currently rely on financial assistance at risk for sharply higher out-of-pocket costs and coverage loss.

Beyond the impact of this proposal on individuals, insurers currently selling in Illinois would face extreme uncertainty. Because this proposal allows states to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves from unpredictable claims costs or choose to exit the marketplace completely. This means that consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums and no guarantee of financial assistance to shield them from the increasing out-of-pocket costs.

### **Eliminates critical consumer protections.**

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA - the prohibition on charging higher premiums based on a person's health status or a preexisting condition. This means that in states that choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a preexisting condition. Additionally, this proposal allows states to waive the requirement that insurers cover essential health benefits including mental health services, substance abuse treatments and maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT community) or consumers with specific chronic conditions (e.g. mental health or substance use disorders). For example, this could return us to a time when insurers only covered short-term, minimal treatment for mental health or substance use disorders,

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<sup>1</sup> “Fitch: Latest ACA Bill Includes Medicaid Repeal and Replace Provisions for States”, <https://www.fitchratings.com/site/pr/1029238>.

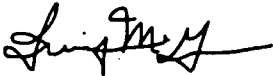
if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment.

**Lacks transparency and opportunity for meaningful input.**

We believe that everyone should have a say in the decisions that affect their health. With only one hearing scheduled days before a possible vote, and without a full CBO score to properly evaluate the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for a true evaluation of and meaningful input on the policies in this proposal that would affect millions of people and one sixth of the US economy. We encourage a return to “regular order,” as requested by many members of the Senate and supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to weigh in.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer McGowan". The signature is fluid and cursive, with a long horizontal stroke at the end.

Jennifer McGowan  
Associate Director, NAMI Chicago



**Alexandra D. Lowe**  
[REDACTED]  
**Dobbs Ferry NY 10522**

Re: Public Hearing on Graham-Cassidy bill, September 25, 2017

Dear Senate Finance Committee Members:

Earlier this month, the Senate rightly and generously voted to authorize billions of dollars in assistance to residents of the states hit hard by Hurricanes Harvey and Irma.

How is it that Congress is unable to see how similar illness is to a hurricane? Like floods and high winds, serious illness is personally and financially devastating to its victims. Americans who fall prey to cancer, heart disease, Alzheimer's, diabetes and countless other serious illnesses are as much the victims of a natural disaster as are those whose lives, livelihood and homes are destroyed by a hurricane. They deserve to be treated with the same consideration and generosity of spirit as the hurricane victims.

This is why I strongly urge all of you to vote NO on the Graham-Cassidy bill that would strip away the health insurance of millions of Americans. The United States needs to join the ranks of every other first-world nation in guaranteeing its citizens a right to be protected from the devastating consequences of serious illness.

Respectfully submitted,

Alexandra D. Lowe, Esq.

# Center for Disability Rights, Inc.

September 25, 2017

To: United States Senate Finance Committee  
The Honorable Senator Orrin Hatch, Chairman  
The Honorable Senator Ron Wyden, Ranking Member

Via Electronic Mail: [GCHcomments@finance.senate.gov](mailto:GCHcomments@finance.senate.gov)

## Re: Unequivocal Opposition to Graham-Cassidy Amendment

Dear Chairman Hatch, Senator Wyden, and Members of the Senate Finance Committee,

The Center for Disability Rights (CDR) is a disability led, not-for-profit organization headquartered in Rochester, New York. CDR advocates for the full integration, independence, and civil rights of people with disabilities. CDR provides services to people with disabilities and seniors within the framework of an Independent Living Model, which promotes independence of people with all types of disabilities, enabling choice in living setting, full access to the community, and control of their life. CDR works for national, state, and local systemic change to advance the rights of people with disabilities by supporting direct action, coalition building, community organizing, policy analysis, litigation, training for advocates, and community education.

I write to express CDR's deep-seated and unequivocal opposition to the Graham-Cassidy Amendment, which is being heard in your committee today. That opposition is shared by virtually the entire Disability Community, many members of which have visited our offices multiple times over the summer, in some cases literally begging for Congress not to end our lives by cutting the services we rely on.

This bill is the latest and possibly the worst in a series of proposals to cut off Medicaid funding that supports the independence, integration, and civil rights of disabled people and seniors. These proposals have been advanced, perhaps cynically, under the cover of repealing the Affordable Care Act, a longstanding Republican commitment, but along the way to achieving that aim, the Graham-Cassidy Amendment will visit untold misery upon millions of Americans who only wish to participate as equal citizens in the promise of America.

Millions of Americans with disabilities and seniors rely on home and community based services to live and participate in this great country. These services enable us to work; to participate in the social and cultural life of our communities; to raise our families; to go to school, both as students and as teachers; and even to participate in this great democratic republic by attending campaign events and voting in elections. We are able to do these things because of home and community based services.

---

Rochester Office 497 State Street Rochester, New York 14608 (585) 546-7510 V/TTY (585) 546-5643 FAX  
Edgerton Community Center 41 Backus Street Rochester, New York 14613 (585) 546-7510 V/TTY (585) 458-8046 FAX  
Albany Office 99 Washington Avenue, Suite 806B Albany, New York 12210 (518) 320-7100 V/TTY (518) 320-7122 FAX  
Geneva Office 34 Castle Street Geneva, New York 14456 (315) 789-1800 V/TTY (315) 789-2100 FAX  
Corning Office 23 West Market Street, Suite 103 Corning, New York 14830 (607) 654-0030 V/TTY (607) 936-1258 FAX  
Social Adult Day Services Program 195 Parish Street Canandaigua, New York 14424 (585) 546-7055 V/TTY (585) 546-5643 FAX

Medicaid is the largest single provider of home and community based services, but under Medicaid law these services are optional, meaning that states are not obligated to provide them but *may* do so. By contrast, states are obligated to provide services in institutional settings. This is called the “Institutional Bias” in Medicaid, and it is a priority of many disability rights organizations, such as ADAPT and the National Council on Independent Living, and many senior rights organizations, such as AARP, to reverse the institutional bias and ensure that home and community based services are available on at least an equal basis as services in an institutional setting.

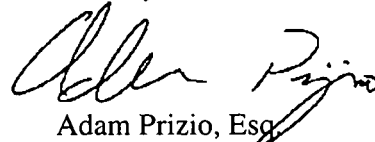
Why is this relevant to the Graham-Cassidy Amendment? Because institutional services are mandatory, which means that, under the Medicaid cuts proposed in this bill, states will continue to be obligated to provide services in an institutional setting. Home and community based services are optional in many states, which means that those services, the ones which support the independence and integration of disabled people, will be cut first because they *can* be cut.

When home and community based services are cut, disabled people and seniors will be forced into expensive institutional settings, which will themselves be underfunded in turn, and made even more into squalid hives of abuse and misery than they already are. Many disabled people have worked hard to escape these institutions and to live independently in the community, as equal citizens and equal participants in the American dream. This bill strips all of that away. In a stroke it erases decades of disabled people carving out places for ourselves, piece by piece, by petition and protest and the indomitable human spirit.

CDR opposes this bill because, if it is passed into law, it will assuredly strip away the equality, the liberty, and ultimately the lives of disabled Americans and seniors. We oppose this bill because it is unworthy of the promises of this great country.

We urge you and all members of the Senate Finance Committee to vote against this bill, to publicly call on your colleagues to oppose this bill and the needless human misery that will result in cutting the services that disabled Americans and seniors rely on.

Thank you,



Adam Prizio, Esq.  
Manager of Government Affairs  
Center for Disability Rights, Inc.

[REDACTED]  
Albany, NY 12210



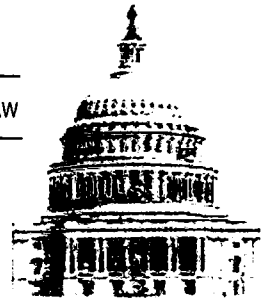
INTERNATIONAL UNION, UNITED AUTOMOBILE, AEROSPACE & AGRICULTURAL IMPLEMENT WORKERS OF AMERICA – UAW

DENNIS WILLIAMS, President

GARY CASTEEL, Secretary-Treasurer

VICE PRESIDENTS: CINDY ESTRADA • JIMMY SETTLES • NORWOOD JEWELL

September 25, 2017



IN REPLY REFER TO  
1757 N STREET, N.W.  
WASHINGTON, D.C. 20036  
TELEPHONE: (202) 828-8500

**Public Comments Regarding the Hearing  
to Consider the Graham-Cassidy-Heller-Johnson Proposal**

**Submitted by Josh Nassar  
UAW Legislative Director**

**United States Senate  
Committee on Finance  
September 25, 2017**

On behalf of the one million active and retired members of the International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America (UAW), we strongly oppose the recently proposed Graham-Cassidy-Heller-Johnson legislation. While the Affordable Care Act (ACA) is not perfect, this bill would leave millions of Americans worse off. It is unconscionable that the United States Senate would consider this bill before the Congressional Budget Office can provide a complete analysis—including the impact on Medicaid coverage, private insurance coverage and the costs of premiums. The Senate should not be rushing a bill that impacts one-sixth of our economy.

Make no mistake, this is an attack on all working people's freedom and economic security. According to the Center on Budget and Policy Priorities (CBPP), in 2027, **every state in the nation** would see federal funding cuts under Graham-Cassidy-Heller, totaling nearly \$300 billion.

This bill severely cuts Medicaid and sets up a funding cliff in just ten years. Cutting Medicaid means drastically reduced coverage for seniors. Medicaid is the largest provider of long-term care for seniors in this country. Medicaid is the sole provider of health care for 680,000 veterans and the primary provider for low-income children and people with disabilities. By changing the way that states provide Medicaid coverage, millions of our most vulnerable citizens will lose their coverage and go without much-needed care. This would be a step in the wrong direction.

This proposal would end guaranteed protections for consumers with pre-existing conditions, lifetime and annual caps, and essential health benefits. Insurers could deny people coverage based on their health status and/or refuse to provide certain benefits like mental health or substance abuse treatment. A pre-maturely born infant could hit a lifetime cap on benefits within the first year of life, leaving families devastated. A cancer patient could hit an annual cap of benefits in the first few months of treatment. Consumers gained much needed protection with the ACA. Across the political spectrum, the American people do not want to return to the days of losing health care when people get sick.

The individual insurance market will be weaker, making coverage more expensive, and consumers will have fewer health plan options. A new study from the AARP finds that older people could pay as much as \$16,174 more per year for health coverage. This bill fails to provide all states with sufficient funds to

support working families who need help buying coverage. The American people do not want to return to the days when working families had to declare bankruptcy because of a heart attack or cancer diagnosis. Millions of Americans will go without health insurance and ultimately without health care.

This bill is opposed by doctors, nurses, hospitals, nursing homes, the American Heart Association (AHA), as well as both Democratic and Republican Governors. The UAW strongly urges you to oppose this devastating bill and instead focus on bipartisan solutions that will truly strengthen our nation's health care system. Thank you.



Muscular Dystrophy Association  
mda.org

September 25, 2017

The Honorable Orrin Hatch  
Chairman  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden,

Health care reform will impact millions of Americans, and will have a significant impact on many living with neuromuscular disease. As an organization committed to helping save and improve the lives of those living with muscular dystrophy, ALS, spinal muscular atrophy (SMA) and other neuromuscular disorders, Muscular Dystrophy Association (MDA) urges every Senator to vote against any measure that is rushed through the legislative process without bipartisan support and without adequate understanding of its impact.

We have for months implored policy makers that any effort to change the current system must be addressed in a non-partisan and collaborative way, and were encouraged by the activities in the Senate to move forward with this approach. That effort, however, has now seemingly been derailed.

Many living with progressive neuromuscular disease rely on the health care coverage and protections guaranteed by the Patient Protection and Affordable Care Act (ACA), and many rely on the Medicaid program. We appreciate that there is room for improvement in the current system, but the approach set out in the Graham-Cassidy bill is not the solution as it would make significant cuts to the Medicaid program and open the door to great variability in coverage, cost, and protections for those living with pre-existing conditions.

Early this year, MDA and a coalition of leading national non-partisan organizations came together to engage Congress in discussions around health care reform to ensure policy makers understood impact that changes to the current law would have on our communities. We agreed, as a unified group, that any proposal must ensure that health care would be accessible, affordable, and adequate to gain our support. This bill falls short of meeting those principles.

While improvements could be made to both private sector insurance and Medicaid programs, modifying current protections and coverage should not be rushed through the legislative process and should not be subject to decision-making along party lines. Health care is a complex and important issue, and careful consideration must be taken to identify, develop, and implement solutions that will protect all Americans.

Sincerely,

A handwritten signature in black ink, appearing to read "K. Stephenson".

Kristin Stephenson, MHA, J.D.  
Sr. VP, Chief Policy and Community Engagement Officer  
[Redacted] Washington DC 20006



September 25, 2017

The Honorable Orrin Hatch  
Chairman  
Committee on Finance  
United States Senate

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate

Statement for the record submitted to the U.S. Senate Committee on Finance:

Dear Chairman Hatch, Ranking Member Wyden, and members of the Senate Finance Committee:

**Write in opposition to the Graham-Cassidy-Heller-Johnson proposal, which would eliminate the coverage gains made by women under the ACA and attack Medicaid's long-standing guarantees of quality health coverage.**

Raising Women's Voices for the Health Care We Need is a national initiative with regional coordinators in 29 states working to ensure that the health care needs of women and our families are addressed as changes to the Affordable Care Act (ACA) and Medicaid are considered. We have a special mission of engaging women who are not often invited into health policy discussions: women of color, low-income women, immigrant women, young women, women with disabilities, elderly women, and LGBTQ people.

The changes to the ACA and Medicaid envisioned by Graham-Cassidy would profoundly impact the lives and health of women and our families. Women live in poverty at higher rates than men and often serve as family caretakers. We are much less likely than men to have employer-sponsored insurance in our own names, and so are at greater risk of losing it because of divorce, death of a spouse, or changes to the family coverage offered by a spouse's employer.<sup>1</sup> The ACA's subsidies to help individuals and families purchase private insurance and its expansion of Medicaid coverage have provided women not only health benefits, but also much greater financial independence and stability.

While earlier Republican repeal proposals would have underfunded this support, **the Graham-Cassidy proposal eliminates it entirely, taking comprehensive and high quality health insurance away from individual women in favor of creating slush funds for state politicians.**

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<sup>1</sup> "Women's Health Insurance Coverage," Kaiser Family Foundation, February 2, 2016, <http://kff.org/womens-health-policy/factsheet/womens-health-insurance-coverage-fact-sheet/>

With few to no restrictions on how states could spend this money, **the Graham-Cassidy proposal would eliminate critical protections for women like guaranteed maternity coverage, prescription drug coverage, and mental health services. It would eliminate protections for people with pre-existing conditions, and allow insurance companies to once again discriminate against women who have had c-sections and survivors of rape and domestic violence.**<sup>2</sup> Even states that sought to retain these protections and provide quality, affordable coverage would have no time and little incentive to build the necessary infrastructure from scratch when all funding is scheduled to expire just seven years later.

And while we won't know the full Congressional Budget Office (CBO) score for weeks, previous CBO scores of earlier proposals suggest that millions of women will lose their health care because of the bill's attacks on Medicaid.<sup>3</sup> Graham-Cassidy not only ends the ACA's Medicaid expansion for low-income adults starting in 2020, it also radically changes original Medicaid, capping and ratcheting down federal support so that it provides less and less help each year. Since its creation in 1965, Medicaid has been a flexible program capable of responding to both economic recessions and public health crises. But Graham-Cassidy radically overturns that relationship, cutting off federal funds even if costs rise and forcing states to cut care like prescription drugs or drop coverage for children, pregnant women, disabled people, and seniors.

On Thursday, the National Association of Medicaid Directors warned that the bill "would constitute the largest intergovernmental transfer of financial risk from the federal government to the states in our country's history."<sup>4</sup> But in fact, it will be women who bear the costs. Women make up three-fifths of the adult Medicaid population. For millions of women, Medicaid means the difference between getting needed medical care and going without. Only 9% of women with Medicaid reported delaying or forgoing medical care because of cost compared to 28% of uninsured women.<sup>5</sup>

The bill also prevents women from being able to use their public health insurance at the highly qualified provider of their choice if that provider is Planned Parenthood, which would be barred from receiving federal reimbursement for services. Planned Parenthood is often the only provider in rural and other underserved areas. **CBO has already made clear that this provision would result in "reduced access to care."** CBO finds: "The people most likely to experience reduced access to care would probably reside in areas without other health care clinics or medical practitioners who serve low-income populations."

Independent analyses of earlier bills have found that repealing the ACA could lead to 3 million

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<sup>2</sup> Christopherson S, "Trumpcare and the Return of Rape and Domestic Violence as Pre-Existing Conditions," Rewire, May 18, 2017, <https://rewire.news/article/2017/05/18/trumpcare-return-rape-domestic-violence-pre-existing-conditions/>

<sup>3</sup> Congressional Budget Office Cost Estimate of the American Health Care Act, March 13, 2017.

<sup>4</sup> National Association of Medicaid Directors Statement on Graham-Cassidy, September 21, 2017, [http://medicaiddirectors.org/wp-content/uploads/2017/09/NAMD-Statement-on-Graham-Cassidy9\\_21\\_17.pdf](http://medicaiddirectors.org/wp-content/uploads/2017/09/NAMD-Statement-on-Graham-Cassidy9_21_17.pdf)

<sup>5</sup> "Medicaid's Role for Women," Kaiser Family Foundation, June 22, 2017, <http://www.kff.org/womens-health-policy/fact-sheet/medicaids-role-for-women/>



lost jobs<sup>6</sup>, with particularly deep job losses in the health sector, where women make up 80% of the workforce.<sup>7</sup> It is deeply irresponsible for Congress to rush through this bill and gamble with our health care and our livelihoods without a real accounting of its impact.

Furthermore, while we appreciate the opportunity to share a statement for the record on the Graham-Cassidy proposal, **we are deeply concerned that this hearing is a sham designed to 'check the box' while doing nothing to alter the serious harms that this bill will impose on millions of women and their families.**

The Finance Committee has a long-standing tradition of thoughtfully debating and carefully vetting important legislation. In 2013, Senator John McCain (R-AZ) spoke on the Senate floor about the process that this committee undertook during consideration of the ACA in 2009.

It is a matter of record that the Senate Finance Committee considered the Affordable Care Act over several weeks and approved the bill on October 13, 2009. At that time members of the Finance Committee submitted 564 amendments, 135 amendments were considered, 79 rollcall votes were taken, and 41 amendments were adopted. Then the Senate Health, Education, Labor, and Pensions Committee approved the Affordable Care Act by a vote of 13 to 10. After a month-long debate, 500 amendments were considered, and more than 160 Republican amendments were accepted. Then it came to the floor of the Senate.

The Affordable Care Act was on the floor for 25 straight days, including weekends, between Thanksgiving and Christmas of 2009. There were 506 amendments filed, 228 of which were Republican, 34 roll call votes were held.<sup>8</sup>

In contrast, this committee is scheduled to rush through a single hearing on legislation impacting over one-fifth of our economy. No amendment votes will be cast and no bipartisan changes will be made. No CBO score on insurance losses will be available for review. And just two days after this hearing, the full Senate could vote after a mere five minutes of debate.

This process is an abdication of the committee's duty to govern responsibly, and the precedent set here will reverberate long afterward.

**We strongly urge you to reject this and any other bill that would roll back the coverage gains made by women under the ACA and call on you to restart the bipartisan process that was previously underway to stabilize health insurance markets.**

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<sup>6</sup> Commonwealth Fund, "Repealing Federal Health Reform: Economic and Employment Consequences for States," January 2017. <http://www.commonwealthfund.org/Publications/Issue-Briefs/2017/Jan/Repealing-Federal-Health-Reform>

<sup>7</sup> Diamond D, "Women make up 80% of health care workers—but just 40% of executives," Advisory Board, August 2014. <https://www.advisory.com/daily-briefing/blog/2014/08/women-in-leadership>

<sup>8</sup> Remarks of Senator John McCain (R-AZ) on the Senate floor, September 25, 2013.

Thank you for your consideration of our comments. If you have any questions regarding this letter, please contact Sarah Christopherson, policy advocacy director for Raising Women's Voices and the National Women's Health Network ([schristopherson@nwhn.org](mailto:schristopherson@nwhn.org)).

Sincerely,

Raising Women's Voices for the Health Care We Need  
Black Women's Health Imperative  
Consumer Health First  
Indiana Religious Coalition for Reproductive Justice  
MergerWatch  
National Women's Health Network  
Northwest Health Law Advocates  
WV FREE

**Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal**

Monday, September 25, 2017 at 2:00 PM

215 Dirksen Senate Office Building

Comments submitted by:

The Bell Policy Center

[REDACTED]

Denver, CO 80203

Dear Chairman Hatch and Ranking Member Wyden:

We write you today to express our deep opposition to the Graham-Cassidy-Heller-Johnson proposal. We were counting on our elected officials to make a strong bipartisan effort to improve the strength and stability of the Affordable Care Act's (ACA) marketplaces. Instead, we are faced with a plan that undermines years of Colorado progress toward improving the health of our residents.

Just this week, the Colorado Health Access Survey showed Colorado's uninsured rate has reached an all-time low of 6.5 percent. The Graham-Cassidy-Heller-Johnson proposal threatens Colorado's ability to maintain this historic rate. This plan jeopardizes the health and financial security of hundreds of thousands of Colorado seniors, low- and moderate-income families, children, people with disabilities, veterans, and people with pre-existing conditions.

The Graham-Cassidy-Heller-Johnson proposal does nothing to improve affordability or availability of coverage for consumers and leaves at least 600,000 Coloradans at risk of losing their coverage by 2027. It will erode the financial stability of our health care system, destabilize the private insurance market, and place significant financial strain on Colorado's state budget.

This proposal will have far-reaching and negative consequences for consumers across the country and in our state. Here are some of the ways the Graham-Cassidy-Heller-Johnson plan will harm Colorado:

- **Eliminates programs serving as a lifeline for low- and moderate-income families**  
This proposal strips secure coverage from millions and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA's successful Medicaid expansion, which has extended coverage to nearly 450,000 Coloradans. It also eliminates the ACA tax credits 10 million low- and moderate-income people rely on nationwide to afford coverage in the individual market. In return, it promises a block grant – one that is inadequately funded – and offers no guarantee states will provide an alternative affordable coverage option to former enrollees. According to Avalere Health's analysis, Colorado would experience a funding cut of \$6 billion under this proposal between 2020 and 2026, as compared to current law.<sup>1</sup> Moreover, the block grant ends in 2027, leaving Colorado and its enrollees with only the hope of future federal funding. It appears unlikely Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream – an extremely difficult task, if not impossible.
- **Threatens care for low-income seniors, children, consumers with substance use disorders, and people living with disabilities**  
This proposal threatens the care of millions of low-income seniors, children, and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. Per capita cap financing will slash traditional Medicaid funding by 12 percent (\$1,079 billion) between 2020 and 2036- which will leave Colorado with several unpalatable options: cut

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<sup>1</sup>Carpenter, E. and Sloan, C. "Graham-Cassidy-Heller-Johnson Bill Would Reduce Federal Funding to States by \$215 Billion," September 20, 2017. <http://avalere.com/expertise/life-sciences/insights/graham-cassidy-heller-johnson-bill-would-reduce-federal-funding-to-sta>

payments to health care providers and health plans, eliminate optional services, or restrict eligibility for enrollment. Implementing any of these choices could restrict access to important health care services for Medicaid enrollees. No eligibility category would be immune to the impacts of these cuts. Because children make up almost one-half of Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. In fact, the Avalere Health analysis shows children nationally will see a 31 percent cut to their funding. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. Seniors and people living with disabilities will face painful cuts, as Medicaid is the primary payer for long-term services and supports. Home- and Community-Based Services – the services that enable over 40,000 Coloradans with cognitive and physical impairments to thrive in their homes and communities – are “optional” in Medicaid, but investments in these services provide great cost savings in the long run. The fiscal pressure created by per capita caps could lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into costly institutional care. The encumbrance will likely hit communities of color especially hard, where Medicaid enrollment is especially high

- **Pushes massive new costs onto states**

All states would take on new risks and costs because of the plan’s per capita cap financing for Medicaid. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving Colorado with insufficient funding to meet its current obligations. Colorado cannot easily replace this funding because of constitutional restrictions on taxation. In addition, states would be fully exposed to any unexpected health care cost increases, such as those caused by a natural disaster, an aging population, or medical innovation. On top of those cost shifts, the 31 states, including Colorado, that expanded Medicaid under the Affordable Care Act will face far deeper cuts. This proposal ends all federal matching funds for the Medicaid expansion in 2020. Some of the funds the federal government would have spent on Medicaid expansion get rolled into the block grant. However, the block grant doesn’t make up for Colorado’s losses due to its overall inadequacy, its favor of non-expansion states, and its complete demise in 2026. Because federal dollars for Medicaid account for about 20 percent of state budgets, FitchRatings “believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond.”<sup>2</sup> And by pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals. In summation, Avalere’s analysis finds that all the financing changes in this plan could result in Colorado losing up to \$78 billion in federal funding in the next 20 years. This is a completely irresponsible and unacceptable hardship to place on the state of Colorado and our residents.

- **Increases premiums and out-of-pocket costs and destabilizes the individual market**

By repealing the individual mandate and eliminating advanced premium tax credits and cost-sharing reductions, this plan would drive up premiums and cause insurers to exit the ACA’s marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to soar. Furthermore, this proposal replaces the ACA’s current financial assistance with a block

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<sup>2</sup>“Fitch: Latest ACA Bill Includes Medicaid Repeal and Replace Provisions for States,” <https://www.fitchratings.com/site/pr/1029238>.

grant without any guarantee states would direct their temporary block grant funds toward financial assistance. Over 100,000 Coloradans who currently rely on financial assistance will be at risk for sharply higher out-of-pocket costs and coverage loss. Insurers currently selling in our state-based marketplace, Connect for Health Colorado, would face extreme uncertainty. Because this proposal allows states to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves or choose to exit the marketplace completely. This means consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums, and no promise of financial assistance to shield them from the increasing out-of-pocket costs.

- **Eradicates critical consumer protections**

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA – the prohibition of charging higher premiums based on a person's health status or a preexisting condition. If states choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a pre-existing condition. Additionally, this proposal allows states to waive the requirement for insurers to cover essential health benefits including mental health services, substance abuse treatments, and maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT community) or consumers with specific chronic conditions (e.g., mental health or substance use disorders). This could return us to a time when insurers only covered short-term, minimal treatment for mental health or substance use disorders, if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment.

- **Lacks transparency and opportunity for meaningful input**

Finally, we object to the rushed nature and complete lack of transparency in this entire process. One hearing and no full CBO score puts us all in an impossible position to have an open and deliberative process. This proposal will affect millions of people and one-sixth of the U.S. economy. It is irresponsible to vote on it without true evaluation of and meaningful input on the changes it will make. We encourage a return to “regular order,” as requested by many members of the Senate on both sides of the aisle and supported by the American public. This would empower stakeholders, including industry experts, providers, consumers, and state policymakers to weigh in.

Today, we ask you and the Senate Finance Committee to stand with us and numerous others who oppose the Graham-Cassidy-Heller-Johnson proposal. As an organization deeply committed to expanding opportunity in Colorado, we want to see our state continue its terrific progress on improving health care coverage and access. We want federal proposals that seriously address the underlying high costs of health care, leading to increased affordability for consumers and for our state budget. This proposal fails Colorado on both counts.

Sincerely,  
The Bell Policy Center  
Denver, CO

STATEMENT OF  
**Children's Home + Aid**  
for the

**Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal**

before the

**Senate Finance Committee**

**September 25, 2017**

Address: [REDACTED]

**CONTACT: Nancy Ronquillo, Chief Executive Officer**  
[REDACTED]

Over 60,000 Americans lost their lives to opioid drug overdoses in 2016. The death toll by drug overdose exceeds the highest mortality years associated with AIDS, car crashes, and gun violence and has become the leading cause of death for Americans. Of the 1 million children in the foster care system, more than one third are connected to abuse, neglect or death of their parent or caregiver from an opioid addiction. This number has grown dramatically—up from 18.5 percent just seven years ago. Conversations around health care reform have largely failed to address the growing epidemic of opioid addiction and the direct impact on the lives of our country's children.

Under the proposed health care reform bill in Senate, the Medicaid program would be reduced by billions of dollars, resulting in less access to care for those parents and caregivers struggling with opioid addiction. Children of these individuals will suffer twice as much because they too rely heavily on the Medicaid program.

### **Children in the child welfare system are uniquely vulnerable**

- Children in foster care have such unique vulnerabilities and health disparities that the American Academy of Pediatrics classifies them as a population of children with special health care needs.
- One third of children in foster care have a chronic medical condition, and 60 percent of those under age 5 have developmental health issues.
- Up to 80 percent of children entering foster care have a significant mental health need.
- Children in foster care face greater health needs because of their experiences of complex trauma, including abuse, neglect, witnessed violence, and parental substance use disorders.

### **The number of children in the child welfare system is growing**

- As of the end of FY 2015, there were 427,910 children under the custody of their state in an out-of-home care setting, including a family foster home or treatment institution.
- In Illinois, more than 14,000 children are living in foster care or other out-of-home placement.
- In 2015, parental substance use was a factor leading to removal from the home for nearly a third of children, compared to just below 25 percent in 2005.
- Children in foster care are categorically eligible for Medicaid, regardless of their biological or foster care family's income. In 2015, approximately one million children received Medicaid coverage through their involvement with the child welfare system.
- Children fare best when they are raised in families equipped to meet their needs. Medicaid's unique and comprehensive Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit equips families to care for abused and neglected children in foster or kinship care and adoption by giving them access to the range of physical and mental health services they need.
- Parents often rely on health insurance, including Medicaid, to access mental health and substance abuse treatment. A loss of coverage to adults will negatively impact parents who may need these services to maintain or reunify their families, which may lead to even more children in out-of-home care.

### **Medicaid changes would hurt vulnerable children in foster care and undermine adoptions**

- Per capita caps and block grants would dramatically reduce funding for Medicaid. These cuts would lead states to reduce costs, resulting in reduced access to care and inadequate services for children in foster care.
- In Illinois, the mental health care system has been negatively impacted by a two year budget impasse, which has resulted in program closures, long wait lists and closed intakes. Additional strain on this system would be devastating to children and families who rely on these services.
- Children unable to receive treatment for their chronic behavioral and physical health conditions would be difficult to place in foster and kinship caregiver homes, leading to increased youth homelessness.



- Medicaid coverage serves as an incentive and assurance for families adopting a child with special needs from foster care. Families would be less likely to consider these adoptions without the assurance of Medicaid to meet their children's complex health needs.

As the third largest provider of child welfare services in Illinois, Children's Home + Aid served over 1,500 youth in care last year. We are concerned about the impact of changes to healthcare, especially changes to Medicaid, on children and families involved with the child welfare system. We are available to serve as a resource regarding the unique needs of this population, as well as how low-income children and families benefit from access to regular healthcare, including behavioral health services.

For more information, please contact Chief Executive Officer Nancy Ronquillo at 312-424-6801 or [nronquillo@childrenshomeandaid.org](mailto:nronquillo@childrenshomeandaid.org).



Beth Israel Deaconess  
Medical Center



A teaching hospital of  
Harvard Medical School

**Kevin Tabb, M.D.**  
*Chief Executive Officer*

September 25, 2017

**Peter J. Healy**  
*President*  
*BIDMC*

**Kevin Coughlin**  
*President*  
*BID Hospital- Plymouth*

The Honorable Orrin Hatch  
The Honorable Ronald Wyden  
Senate Finance Committee  
Washington, MA 20510

**Richard Fernandez**  
*President*  
*BID Hospital- Milton*

**John Fogarty**  
*President*  
*BID Hospital- Needham*

Dear Chairman Hatch and Ranking Member Wyden,

On behalf of our physicians, nurses, caregivers and the entire Beth Israel Deaconess hospital system, we are writing to express our strong opposition to the recent proposal of Senators Graham, Cassidy, Heller and Johnson to repeal and replace the Affordable Care Act.

We join with hospitals and providers nationwide, our Governor, our Mayor, our Congressional representatives, and our patients in expressing our deep concern for the potential loss of health insurance coverage and access to care for millions of Americans.

We are also troubled by the prospect of unprecedented and dramatic reductions in funding for states to sustain critical Medicaid programs and to protect the coverage and care we are privileged to provide to our lowest income children, elders, patients with disabilities, and other vulnerable populations. The estimated \$5 billion reduction in Medicaid funding for Massachusetts would have devastating consequences for these populations.

As you may know, a remarkable spirit of cooperation among all stakeholders – providers, health insurers, employers, employees and patients – and a commitment to bipartisan collaboration continues to guide ongoing health care reform efforts in Massachusetts and other states.



**Beth Israel Deaconess Medical Center**

**Page Two**

We urge you to reject the current proposal, and to focus instead on developing a bipartisan solution to achieving our shared goals of preserving and strengthening access to high quality, affordable health care for all Americans.

Thank you in advance for your consideration.

Very truly yours,



Kevin Tabb, MD  
Chief Executive Officer  
Beth Israel Deaconess Medical Center



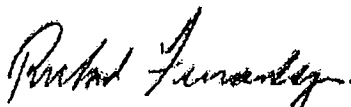
Peter J. Healy  
President  
Beth Israel Deaconess Medical Center, Boston



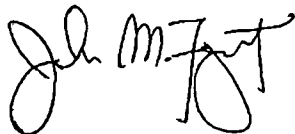
Kevin Coughlin  
President  
Beth Israel Deaconess Hospital – Plymouth

**Beth Israel Deaconess Medical Center**

**Page Three**

A handwritten signature in black ink, appearing to read "Richard Fernandez".

Richard Fernandez  
President  
Beth Israel Deaconess Hospital – Plymouth

A handwritten signature in black ink, appearing to read "John Fogarty".

John Fogarty  
President  
Beth Israel Deaconess Hospital - Needham



**Reject the Graham Cassidy ACA Repeal Plan to Protect Access to Care for People with HIV**

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
September 25, 2017, 2:00 PM

HIV Health Care Access Working Group  
[REDACTED]  
Washington, DC 20001

Dear Chairman Hatch:

**The 92 undersigned organizations strongly urge Congress to reject the Affordable Care Act (ACA) repeal plan put forward by Senators Lindsey Graham (R-SC), Bill Cassidy (R-LA), Dean Heller (R-NV), and Ron Johnson (R-WI) (the Graham Cassidy Plan), which would reverse the ACA's critical health reforms and coverage gains and harm many people living with and vulnerable to HIV and millions of other Americans.**

We are national, state, and local organizations representing people living with and vulnerable to HIV and those affected by HIV, public health and medical providers, HIV/AIDS service organizations, housing providers, and legal advocates from across the United States committed to increasing access to affordable and comprehensive health coverage for people living with HIV and all Americans.

We are deeply concerned that the Graham Cassidy Plan would undo the progress we have made since the passage of the ACA in improving access to health care coverage and effective treatment for people with HIV. Affordable and comprehensive health care coverage is important to support the continuous access to HIV care and treatment that is lifesaving for people with HIV and reduces risk of transmission to near zero. We are opposed to the Cassidy Graham Plan because it would seriously threaten access to continuous coverage for people with HIV by allowing states to develop state health plans without any assurances the programs will target lower income Americans and by slashing federal funding for the Medicaid program.

If enacted, the Graham Cassidy Plan would fundamentally retreat from the federal commitment to the Medicaid Program and destabilize the private health insurance marketplace. It would eliminate the Medicaid expansion and gut funding to the traditional Medicaid program by roughly \$299 billion by 2027. It would eliminate the premium and cost-sharing subsidies that make private health insurance affordable for millions of Americans. These changes would be devastating to many people living with HIV who would be left without affordable health care coverage options and would reverse recent gains in reducing HIV incidence and improving health outcomes.

We oppose the Graham-Cassidy Plan because it will:

- **Severely Weaken the Ability of the Medicaid Program to Respond to the Needs of People Living with HIV and Millions of Others who Count on It for Lifesaving Care. The**

Medicaid Program is the largest source of coverage for people living with HIV with more than 40 percent of individuals with HIV in care counting on the Medicaid program for access to health care. The Graham Cassidy Plan's capped spending approach would leave states ill-equipped to respond to rising drug costs, curative break-through treatments for hepatitis C, natural disasters or public health crises, such as the 2015 HIV and hepatitis C outbreak affecting nearly 200 residents in Scott County, Indiana within a 12-month period.<sup>1</sup>

- **Leave Millions Worse Off by Phasing Out the Medicaid Expansion.** Prior to the Affordable Care Act, the majority of people with HIV did not qualify for Medicaid coverage, no matter how poor they were, until they became sick and disabled by AIDS. In the 31 states and the District of Columbia that expanded Medicaid coverage, the ACA ended this cruel irony by providing access to the health care and medications that help to prevent disability in people living with HIV. The Graham Cassidy Plan would slash funding for states who have made significant investments in expanding Medicaid to over 12 million Americans and likely force them to cut off millions of individuals who gained coverage through the expansion.
- **Make Health Insurance Unaffordable for Millions of Americans.** The Graham Cassidy Plan would leave health insurance coverage unaffordable for millions of lower-income individuals and families by eliminating the premium tax credits and cost sharing subsidies. More than 8.7 million count on premium assistance to be able to purchase health care coverage through the Marketplaces, and at least 6 million receive cost-sharing help. People living with HIV and others living on low incomes are living paycheck to paycheck and have little or no savings. If the ACA's tax credits and subsidies are eliminated, many individuals and families will lose their health insurance.
- **Eliminate or Weaken Protections for People Living with Pre-Existing Conditions.** The Graham Cassidy Plan would allow states to waive the ACA's community rating rules critical to ending the pre-ACA discriminatory practices that locked many people living with HIV out of the private insurance market. Insurers would again be able to charge individuals exorbitantly higher premiums due to a pre-existing condition, such as an HIV diagnosis. States also could waive the Essential Health Benefits requirement allowing insurers not to cover services critical to people living with HIV, such as prescription drug benefits, substance use and mental health treatment, maternity care, and prevention services.

We cannot afford to go back to the pre-ACA sick care system that focused on treating disability and disease rather than preventing it. Stop efforts to repeal the ACA once and for all and focus on health reforms that will stabilize the individual market and improve access to health care coverage rather than take it away and increase health care costs:

**Respectfully submitted by the 92 undersigned organizations:**

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<sup>1</sup>CROI 2017. *The Evolving Epidemiology of HIV Infection in Persons Who Inject Drugs: Indiana 2015*. John Brooks.

Contact the HIV Health Care Access Working Group co-chairs Amy Killelea with the National Alliance of State and Territorial AIDS Directors ([akillelea@NASTAD.org](mailto:akillelea@NASTAD.org)), Andrea Weddle with the HIV Medicine Association ([aweddle@hivma.org](mailto:aweddle@hivma.org)) and Robert Greenwald with the Treatment Access Expansion Project ([rgreenwa@law.harvard.edu](mailto:rgreenwa@law.harvard.edu)) to further discuss issues related to health reform and people living with HIV.

**National**

Academy of Nutrition and Dietetics  
ACRIA  
ADAP Advocacy Association  
Advocates for Youth  
African American Health Alliance  
AIDS Alliance for Women, Infants, Children,  
Youth & Families  
AIDS United  
American Academy of HIV Medicine  
API Wellness  
Association of Nurses in AIDS Care  
Communities Advocating Emergency AIDS  
Relief (CAEAR)  
Community Access National Network  
(CANN)  
Food is Medicine Coalition  
Harm Reduction Coalition  
HealthHIV  
HIV Medicine Association  
Human Rights Campaign  
John Snow, Inc. (JSI)  
Lambda Legal  
Latino Commission on AIDS  
National Alliance of State and Territorial  
AIDS Directors  
National Association of County and City  
Health Officials  
National Black Justice Coalition  
National Coalition of STD Directors  
National Council of Jewish Women  
National Latino AIDS Action Network  
National Working Positive Coalition  
NMAC  
NNAAPC  
Out2Enroll  
Positive Women's Network – USA  
Prevention Access Campaign  
Racial and Ethnic Health Disparities  
Coalition  
The AIDS Institute  
Treatment Access Expansion Project  
Treatment Action Group

**Alabama**

AIDS Alabama  
Southern AIDS Coalition  
Thrive Alabama

**California**

APLA Health  
California LGBT Health and Human Services  
Network  
Ceres Community Project  
Equality California  
Hunger Action Los Angeles  
Project Angel Food  
Project Inform  
San Francisco AIDS Foundation

**Colorado**

Colorado Organizations and Individuals  
Responding to AIDS- CORA  
Project Angel Heart  
Rocky Mountain CARES

**District of Columbia**

DC Fights Back!

**Florida**

Latinos Salud  
The Poverello Center, Inc.

**Georgia**

AIDS Research Consortium of Atlanta  
Georgia AIDS Coalition  
Georgia Equality  
SisterLove  
The Health Initiative

**Illinois**

AIDS Foundation of Chicago  
Chicago Women's AIDS Project  
Legal Council for Health Justice  
Open Door Clinic of Greater Elgin  
Public Health Institute of Metropolitan  
Chicago  
TPAN

**Maryland**

AIDS Action Baltimore  
Food & Friends  
Moveable Feast

**Massachusetts**

Community Research Initiative of New  
England  
Community Servings

**Michigan**

Michigan Positive Action Coalition

**Minnesota**

Clare Housing  
Minnesota AIDS Project  
Open Arms of MN

**Missouri**

Good Samaritan Project

**New York**

Amida Care  
Apicha Community Health center  
BOOM!Health  
Callen-Lorde Community Health Center  
Diaspora Community Services  
EAC Inc. Nutrition Education & Food  
Services  
God's Love We Deliver  
Harlem United  
Hispanic Health Network  
Housing Works  
New York Immigration Coalition  
VillageCare

**North Carolina**

NC AIDS Action Network  
Southern HIV/AIDS Strategy Initiative

**Ohio**

ADAP Educational Initiative

**Oregon**

Cascade AIDS Project

**Pennsylvania**

MANNA

**Wisconsin**

AIDS Resource Center of Wisconsin

Contact the HIV Health Care Access Working Group co-chairs Amy Killelea with the National Alliance of State and Territorial AIDS Directors ([akillelea@NASTAD.org](mailto:akillelea@NASTAD.org)), Andrea Weddle with the HIV Medicine Association ([aweddle@hivma.org](mailto:aweddle@hivma.org)) and Robert Greenwald with the Treatment Access Expansion Project ([rgreenwa@law.harvard.edu](mailto:rgreenwa@law.harvard.edu)) to further discuss issues related to health reform and people living with HIV.





NATIONAL COALITION  
FOR CANCER SURVIVORSHIP

*The power of survivorship. The promise of quality care.*

September 25, 2017

The Honorable Orrin Hatch  
Chairman  
Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate  
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

The National Coalition for Cancer Survivorship represents survivors of all forms of cancer. We are writing to voice our opposition to the Graham-Cassidy legislation. We believe that this legislation, in its original form or in the revised version scheduled for release on Monday, September 25, will put cancer patients and survivors at risk of losing access to cancer care.

Cancer patients consistently say that their diagnosis with cancer changes their lives forever. Many report great stress and fear about managing their initial cancer treatment and follow-up survivorship care. That stress relates to navigating the health care system, making decisions about care, and having the means to pay for their care. Of course, when a person receives a cancer diagnosis, that person forevermore has a pre-existing condition.

The Graham-Cassidy legislation will erode the protections against pre-existing condition limitations that Americans currently enjoy. Cancer patients will likely face higher premiums for coverage that does not cover all elements of their care. They will also face more significant financial burdens related to their care, meaning more of them will have to address financial toxicities associated with their care. A cancer diagnosis is tough news. Graham-Cassidy will make things even tougher for cancer patients.

There will also be overall funding reductions as the result of Graham-Cassidy, with some states facing steep reductions in their funding and therefore facing an impossible task of ensuring assistance for those who need help affording their insurance.

Because many cancer patients – as many as one-third of children with cancer – rely on Medicaid for their care, significant changes in Medicaid pose a threat to those patients. We are particularly concerned about the ability of cancer patients to receive appropriate and adequate treatment, including life-saving new therapies, in the future.

From the time of the release of the Graham-Cassidy legislation, NCCS has offered strong cautions about its impact on cancer patients. We have urged that Congress undertake a thoughtful and deliberate process for consideration of health reform legislation, a bipartisan process that would provide ample opportunity for health care experts, patient advocates, other stakeholders, and the American public to participate in and observe the development of legislation. We have also recommended that no legislation move forward until a full Congressional Budget Office estimate is released and reviewed.



**Massachusetts Artists  
Leaders Coalition**

September 25, 2017

Members of the Senate Finance Committee  
Committee on Finance  
United States Senate  
219 Dirksen Senate Office Building  
Washington, D.C. 20510

Dear Chairman Senator Hatch, Ranking Member Senator Wyden and members of the Senate Finance Committee,

The Massachusetts Artists Leaders Coalition (MALC) is in strong opposition to the Graham-Cassidy-Heller-Johnson bill: the latest federal effort to repeal major portions of the Affordable Care Act and to “reorganize” the Medicaid program. This bill should not be allowed to advance/pass.

We are in full agreement with Senator McCain’s opposition to this legislation: There needs to be a bi-partisan approach to any attempt to ammend/change the ACA and Medicaid. Any attempt must include the public in that process via ample/robust public hearings, public comment periods, and town hall meetings.

The Graham-Cassidy-Heller-Johnson bill would negatively impact those with pre-existing conditions, those with struggling with addiction, and those needing financial assistance to purchase health coverage. If passed, the results would be catastrophic for artists of all disciplines. Many from our community were finally able to obtain affordable health insurance under the ACA.

The ACA is deeply needed by our community and others who have multiple jobs/hard to determine income. The below links further demonstrate why our community and others need the ACA:


1) Excerpt from the Artists’ Health Care Task Forces’ 1994 Report to Congress (pp 11-18):  
<http://www.kathleenbitetti.com/Pages/CongressReport.html>

2) The report: Stand Up and Be Counted: A 2009 report on Massachusetts Artists of all of disciplines: [http://www.kathleenbitetti.com/Pages/MA\\_ArtistsReport2009.pdf](http://www.kathleenbitetti.com/Pages/MA_ArtistsReport2009.pdf)

The Massachusetts Artists Leaders Coalition (MALC) was formed in Summer 2008. MALC's meetings, and connected working groups are designed to bring together artists leaders of all disciplines and artist(s) run organizations, initiatives, and businesses around key issues facing Massachusetts artists working in all disciplines. Though participants may have different perspectives on how best to address the issues facing our community, we are all committed to improving the social and economic position of all Massachusetts artists. The overall goal is to empower our community, support our artists leaders, and to mentor new artists leaders. We want to ensure that artists are at the policy making table.

MALC respectfully thanks the Committee in advance for your time and again urges the Committee to not advance the Graham-Cassidy-Heller-Johnson Legislation.

Submitted on behalf of the MALC Steering Committee  
by Kathleen Bitetti  
Co-founders of Massachusetts Artists Leaders Coalition

  
Email: [MALC@artistsunderthedome.org](mailto:MALC@artistsunderthedome.org)  
<http://artistsunderthedome.org/malc/>

September 25, 2017

United States Senate Committee on Finance  
Attn. Editorial and Document Section  
Room SD-219  
Dirksen Senate Office Building  
Washington, DC 20510-6200

Dear Chairman Hatch, Ranking Member Wyden, and members of the Committee:

Young Invincibles appreciates the opportunity to submit a comment for the record for today's Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal. As a non-partisan, non-profit organization committed to expanding economic opportunity for young adults, we are gravely concerned about the impact the Graham-Cassidy proposal would have on young people's access to quality, affordable health care coverage and broader financial security.

Since passage of the Affordable Care Act (ACA), 19.9 million people have gained health care coverage,<sup>1</sup> 9.3 million of whom are young people ages 18 to 34.<sup>2</sup> While young adults make up just 27.6 percent of nonelderly Americans,<sup>3</sup> this cohort accounts for 47 percent of the coverage gains since 2010.<sup>4</sup> According to multiple analyses,<sup>5</sup> the Graham-Cassidy proposal would reverse this progress and increase the number of uninsured by up to 32 million people, in particular by:

1. Slashing federal health care funding;
2. Ending the ACA's Medicaid expansion and financial assistance;
3. Cutting and capping funding for Medicaid beneficiaries;
4. Eviscerating protections for people with pre-existing conditions; and
5. Defunding Planned Parenthood.

It is not just the content of this proposal that is alarming, but also the process. Just 8 days after the amendment's sponsors unveiled their plan, Senate Majority Leader McConnell announced his intention to vote on it by the end of the month, despite it having the potential to cut federal health care funding by \$4.15 trillion through 2036<sup>6</sup> and increase the number of uninsured by up to 32 million. Unfortunately independent estimates are the best we have to assess the impact of Graham-Cassidy. The proposal was being rewritten as recently as last night in an effort to persuade its political opponents; and it will not receive a comprehensive score by the Congressional Budget Office before the Senate intends to vote on the measure.<sup>7</sup> When questioned about this, a sponsor of the amendment said: "I

<sup>1</sup> Data derived from US Census Bureau, American Community Survey 1-year Estimates for 2010 - 2016, using American FactFinder, <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Matthew Fiedler and Loren Adler, *How will the Graham-Cassidy proposal affect the number of people with health insurance coverage?* (Washington, DC: The Brookings Institution, 2017), <https://www.brookings.edu/research/how-will-the-graham-cassidy-proposal-affect-the-number-of-people-with-health-insurance-coverage/>. Jacob Leibenluft, *Like Other ACA Repeal Bills, Cassidy-Graham Plan Would Add Millions to Uninsured, Destabilize Individual Market* (Washington, DC: The Center on Budget and Policy Priorities [CBPP], 2017), <https://www.cbpp.org/research/health/like-other-aca-repeal-bills-cassidy-graham-plan-would-add-millions-to-uninsured>. Emily Gee, *Coverage Losses by State Under the Graham-Cassidy Bill to Repeal the ACA* (Washington, DC: The Center for American Progress [CAP], 2017), <https://www.americanprogress.org/issues/healthcare/news/2017/09/20/439277/coverage-losses-state-graham-cassidy-bill-repeal-aca/>.

<sup>6</sup> Elizabeth Carpenter & Chris Sloan, *Avalere, Graham-Cassidy-Heller-Johnson Bill Would Reduce Federal Funding to States by \$215 Billion*, <http://avalere.com/expertise/life-sciences/insights/graham-cassidy-heller-johnson-bill-would-reduce-federal-funding-to-states>

<sup>7</sup> Rachana Pradhan & Dan Diamond, *Politico, Graham, Cassidy revise Obamacare repeal bill, appealing to holdouts*, September 24, 2017, <http://www.politico.com/story/2017/09/24/obamacare-graham-cassidy-repeal-243079>; Leigh Angres & Deborah Kilroe, *Congressional Budget Office, CBO Aims to Provide Preliminary Assessment of Graham-Cassidy Bill by Early Next Week*, September 18, 2017, <https://www.cbo.gov/publication/53116>

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just don't care about the coverage numbers.<sup>8</sup> Experts the American people trust with their health care about the coverage numbers, which may be why the plan has also been rebuffed by key stakeholders, including the American Medical Association,<sup>9</sup> American Hospital Association,<sup>10</sup> patient advocates,<sup>11</sup> and Governors across the political spectrum.<sup>12</sup> We hope the Senate will reject this dangerous amendment and refocus its attention on bringing further stability to the individual insurance market and keeping costs down for consumers.

### **Graham-Cassidy Slashes Federal Health Care Funding**

Between 2020 and 2026, the September 13th version of Graham-Cassidy would cut health care funding by \$215 billion.<sup>13</sup> During this window, federal health care spending would modestly increase in 16 states, however, that boost comes at the expense of diverting health care funding from 34 states and DC that adopted the ACA's Medicaid expansion and enrolled more people in health coverage.<sup>14</sup> Furthermore, most of the states that would see a small increase in funding under Graham-Cassidy would likely receive greater funding if they accepted the ACA's Medicaid expansion during this window.<sup>15</sup> From 2020 to 2027, federal health funding cuts would total \$489 billion, affecting 39 states.<sup>16</sup>

We are particularly concerned about the funding choices that states would be forced to make in light of the Graham-Cassidy bill. Not only would states be forced to cut health coverage and benefits, but the loss of federal funds for health care under this bill would mean even fewer state resources for the other needs of young adults as states attempt to partially fill health funding gaps. One particular area that could see increased state funding cuts is higher education, which accounts for one of the areas states have the greatest flexibility and therefore rely on to make cuts.<sup>17</sup> Reducing state support for higher education has been shown to increase student borrowing and debt loads,<sup>18</sup> increase tuition,<sup>19</sup> and reduce the quality of education.<sup>20</sup> By making it harder for young people to get the skills they need, Graham-Cassidy could depress employment, wages, and tax revenues.

### **Graham-Cassidy Ends the ACA's Medicaid Expansion and Financial Assistance**

As of 2015, more than 3.8 million young adults were covered through the ACA's Medicaid expansion,<sup>21</sup> and approximately 4.2 million more could be covered if all states expanded.<sup>22</sup> An additional 3.5 million young adults had

<sup>8</sup> Adam Cancryn, Politico, *Cassidy says he's close to having the votes to pass Obamacare repeal*, September 15, 2017, <http://www.politico.com/states/new-york/albany/story/2017/09/15/cassidy-says-hes-close-to-having-the-votes-to-pass-obamacare-repeal-114517>

<sup>9</sup> America's Health Insurance Plans, *Joint Letter Regarding the Graham-Cassidy-Heller-Johnson Legislation*, September 23, 2017, <https://www.ahip.org/wp-content/uploads/2017/09/Joint-statement-AMA-AAFP-AHA-FAH-AHIP-BCBSA-9.23.17.pdf>

<sup>10</sup> Ibid.

<sup>11</sup> American Heart Association, *Sixteen Patient and Provider Groups Oppose Graham/Cassidy Bill*, September 18, 2017, <http://newsroom.heart.org/news/sixteen-patient-and-provider-groups-oppose-grahamcassidy-bill>

<sup>12</sup> Bipartisan Governors Letter Regarding Graham-Cassidy, September 17, 2017

[https://www.colorado.gov/governor/sites/default/files/bipartisan\\_governors\\_letter\\_re\\_graham-cassidy\\_9-19-17.pdf](https://www.colorado.gov/governor/sites/default/files/bipartisan_governors_letter_re_graham-cassidy_9-19-17.pdf)

<sup>13</sup> Elizabeth Carpenter and Chris Sloan, *Graham-Cassidy-Heller-Johnson Bill Would Reduce Federal Funding to States by \$215 Billion* (Washington, DC: Avalere, 2017), <http://avalere.com/expertise/life-sciences/insights/graham-cassidy-heller-johnson-bill-would-reduce-federal-funding-to-sta>

<sup>14</sup> Ibid.

<sup>15</sup> Jacob Leibenluft, *No State Wins Under Cassidy-Graham, Despite Its Funding Redistribution* (Washington, DC: CBPP, 2017), <https://www.cbpp.org/blog/no-state-wins-under-cassidy-graham-despite-its-funding-redistribution>

<sup>16</sup> Elizabeth Carpenter and Chris Sloan, *Graham-Cassidy-Heller-Johnson Bill Would Reduce Federal Funding to States by \$215 Billion* (Washington, DC: Avalere, 2017), <http://avalere.com/expertise/life-sciences/insights/graham-cassidy-heller-johnson-bill-would-reduce-federal-funding-to-sta>

<sup>17</sup> Mark Huelsman, *How the Graham-Cassidy Health Care Bill Could Wind Up Increasing Student Loan Debt* (New York: Demos, 2017), <http://www.demos.org/blog/9/21/17/how-graham-cassidy-health-care-bill-could-wind-increasing-student-loan-debt>

<sup>18</sup> Elizabeth Baylor, *State Divestment in Higher Education Has Led to an Explosion of Student Loan Debt* (Washington, DC: CAP, 2014), <https://www.americanprogress.org/issues/education/reports/2014/12/03/102407/state-disinvestment-in-higher-education-has-led-to-an-explosion-of-student-loan-debt/>

<sup>19</sup> Phil Oliff, et al., *Recent Deep State Higher Education Cuts May Harm Students and the Economy for Years to Come* (Washington, DC: CBPP, 2013), 1, <https://www.cbpp.org/sites/default/files/atoms/files/3-19-13sfp.pdf>

<sup>20</sup> Ibid., 2.

<sup>21</sup> Erin Hemlin, *What's Happened to Millennials since the ACA? Unprecedented Coverage & Improved Access to Benefits*

(Washington, DC: YoungInvincibles, 2017), 3, <http://younginvincibles.org/wp-content/uploads/2017/05/YI-Health-Care-Brief-2017.pdf>

<sup>22</sup> Ibid., 8.

gotten covered through the health insurance marketplaces,<sup>23</sup> where more than 80 percent of all enrollees qualify for reduced-cost coverage thanks to the ACA's premium tax credits.<sup>24</sup> And as many as 7.2 million young adults could qualify for cost-sharing reductions.<sup>25</sup> Under the Graham-Cassidy amendment, starting in 2020, the ACA's Medicaid expansion, premium tax credits, and cost-sharing reductions would be eliminated.<sup>26</sup> States could apply for a funding block grant from the federal government to run through 2026, however these block grants would be divvied up from a pool of federal health care funding that is \$215 billion less than what would be available under current law.<sup>27</sup> States would also be restricted in how they could use this block grant funding. For example, states would be prevented from allocating more than 20 percent of their block grant to maintaining or opening Medicaid coverage for the expansion population (low-income adults).<sup>28</sup> States could also use this money to establish inadequate and cost prohibitive approaches to covering people with pre-existing conditions, like high-risk pools.<sup>29</sup> Although the block grant approach purports to provide more "flexibility" for state leaders, Graham-Cassidy's drastic funding cuts would severely limit states ability to cover its low- and middle-income residents and would force states to scramble to set up new health systems before the ACA's Medicaid expansion and financial assistance expires.<sup>30</sup>

These changes will not only increase the number of uninsured, but also threaten young people's lives.<sup>31</sup> For instance, 25-year-old Las Vegas resident Armin Garcia credits Medicaid expansion for saving his life.<sup>32</sup> A few years ago he was diagnosed with cancer and was able to receive a bone marrow transplant.<sup>33</sup> If it were not for Governor Sandoval adopting Medicaid expansion, Armin says that he would never have been able to afford his life-saving treatment, as he was previously uninsured.

#### **Graham-Cassidy Cuts and Caps Funding for Medicaid Beneficiaries**

Graham-Cassidy would go far beyond ending the ACA's Medicaid expansion by fundamentally changing the program's financing structure and ending the program as we know it. Under the plan, new caps on funding for Medicaid beneficiaries' coverage would force states to raise taxes, restrict coverage eligibility, ration benefits, and lower provider reimbursements, limiting Medicaid enrollees' network of physicians.<sup>34</sup> According to Avalere, over time Graham-Cassidy's Medicaid limits would reduce funding for children and non-disabled adults more than other

<sup>23</sup> *Ibid.*, 3.

<sup>24</sup> Center for Medicare and Medicaid Services (CMS), *June 30, 2015 Effectuated Enrollment Snapshot* (Washington, DC: US Dept. of Health and Human Services (HHS), 2015), <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-Items/2015-09-08.html>.

<sup>25</sup> *Ibid.*; Testimony of Christina Postolowski, US Senate HELP Committee, *Stabilizing Premiums and Helping Individuals in the Individual Insurance Market for 2018: Health Care Stakeholders*, September 14, 2017, <https://www.help.senate.gov/imo/media/doc/Postolowski.pdf>

<sup>26</sup> Joseph Antos and James Capretta, "The Graham-Cassidy Plan: Sweeping Changes In A Compressed Time Frame," *Health Affairs*, September 22, 2017, <http://healthaffairs.org/blog/2017/09/22/the-graham-cassidy-plan-sweeping-changes-in-a-compressed-time-frame/>.

<sup>27</sup> Elizabeth Carpenter and Chris Sloan, *Graham-Cassidy-Heller-Johnson Bill Would Reduce Federal Funding to States by \$215 Billion* (Washington, DC: Avalere, 2017), <http://avalere.com/expertise/life-sciences/insights/graham-cassidy-heller-johnson-bill-would-reduce-federal-funding-to-sta>

<sup>28</sup> Joseph Antos and James Capretta, *Health Affairs*, "The Graham-Cassidy Plan: Sweeping Changes In A Compressed Time Frame," *Health Affairs*, September 22, 2017, <http://healthaffairs.org/blog/2017/09/22/the-graham-cassidy-plan-sweeping-changes-in-a-compressed-time-frame/>

<sup>29</sup> *Ibid.* See also Testimony of Christina Postolowski, US Senate HELP Committee, *Stabilizing Premiums and Helping Individuals in the Individual Insurance Market for 2018: Health Care Stakeholders*, September 14, 2017, <https://www.help.senate.gov/imo/media/doc/Postolowski.pdf>

<sup>30</sup> Margot Sanger-Katz, "The GOP Bill Forces States to Build Health Systems From Scratch. That's Hard," *The New York Times*, September 21, 2017, <https://www.nytimes.com/2017/09/21/upshot/the-gop-bill-forces-states-to-build-health-systems-from-scratch-thats-hard.html?mcubz=1&r=0>

<sup>31</sup> See Ann Crawford-Robert, et al., *Coverage Losses Under the Senate Health Care Bill Could Result in 18,100 to 27,700 Additional Deaths in 2026* (Washington, DC: CAP, 2017), <https://www.americanprogress.org/issues/healthcare/news/2017/06/22/434917/coverage-losses-senate-health-care-bill-result-18100-27700-additional-deaths-2026/>

<sup>32</sup> Jeff Gillan, "Heller a 'No' on Senate's Obamacare replacement bill," *KSNV News3 Las Vegas*, June 23, 2017, <http://news3lv.com/news/local/heller-a-no-on-senates-obamacare-replacement-bill>

<sup>33</sup> Instagram, @younginvincibles, June 23, 2017, <https://www.instagram.com/p/BVsaDpAlzRb/>

<sup>34</sup> Congressional Budget Office Cost Estimate, "H.R. 1628 Better Care Reconciliation Act of 2017," June 26, 2017, 31, <https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/52849-hr1628senate.pdf>. Timothy Layton, Ellen Montz, and Thomas McGulre, "The Downstream Consequences Of Per Capita Spending Caps In Medicaid," *Health Affairs*, June 26, 2017, <http://healthaffairs.org/blog/2017/06/26/the-downstream-consequences-of-per-capita-spending-caps-in-medicaid/>

Medicaid-eligible populations.<sup>35</sup> Because young families with children account for two-thirds of all Medicaid enrollees, we are extremely concerned that this proposed cap and restrictive growth rates would limit their access to care.<sup>36</sup> Finally, current law allows for flexibility in coverage options when emergencies hit, however the fixed Medicaid financing structure under Graham-Cassidy would make it harder for states to respond to public health emergencies like those triggered recently by Hurricanes Harvey, Irma, or Maria.<sup>37</sup>

### **Graham-Cassidy Eviscerates Protections for People with Pre-Existing Conditions**

Prior to the ACA, more than one-third of young adults could have been denied coverage due to their health history.<sup>38</sup> Under Graham-Cassidy, states could eliminate essential protections put in place by the ACA that prevent them from being charged more for their coverage.<sup>39</sup> Unlike previous repeal bills, the most recent version of Graham-Cassidy does not require states to apply for waivers to opt out of these consumer protections, they just have to “describe their plans.”<sup>40</sup> In a hearing before the U.S. Senate HELP Committee earlier this month, Young Invincibles’ Rocky Mountain Regional Director Christina Postolowski testified that she had been diagnosed with Rheumatoid Arthritis at the age of 20 and, prior to the ACA, was denied coverage by multiple insurers due to her chronic condition.<sup>41</sup> Under Graham-Cassidy, someone with her diagnosis could face a premium surcharge of \$26,580 a year,<sup>42</sup> and consumers with common conditions like asthma or pregnancy could also face premium surcharges, of \$4,340 or \$17,320 respectively.<sup>43</sup>

The proposal would also allow states to get rid of the ACA’s Essential Health Benefits provision, forcing people with health needs to purchase supplemental coverage and opening the back door to restoring annual and lifetime limits.<sup>44</sup> Young people use mental health services, maternity care, and preventive services most frequently.<sup>45</sup> Allowing insurers to sell skimpy policies with few benefits could reduce or eliminate young people’s access to the services they value and need the most.

The most recent version of Graham-Cassidy would also allow insurers to operate multiple risk pools that segregate sick and healthy consumers, exposing people with pre-existing conditions to higher premiums that could make

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<sup>35</sup> Elizabeth Carpenter and Chris Sloan, *Graham-Cassidy-Heller-Johnson Bill Would Reduce Federal Funding to States by \$215 Billion* (Washington, DC: Avalere, 2017), <http://avalere.com/expertise/life-sciences/insights/graham-cassidy-heller-johnson-bill-would-reduce-federal-funding-to-sta>

<sup>36</sup> Howard Gleckman, “Proposed Federal Medicaid Caps Will Hurt Seniors. Here’s Why,” *Forbes*, June 21, 2017, <https://www.forbes.com/sites/howardgleckman/2017/06/21/proposed-federal-medicaid-caps-will-hurt-seniors-heres-why/#2849408b475a>.

<sup>37</sup> Jacob Leibenluft, et al., *Like Other ACA Repeal Bills, Cassidy-Graham Plan Would Add Millions to Uninsured, Destabilize Individual Market*, (Washington, DC: CBPP, 2017), <https://www.cbpp.org/sites/default/files/atoms/files/9-13-17health.pdf>; Edwin Park, “Why the Proposed Medicaid Per Capita Caps and Block Grants Matter for Families of Children with Special Health Care Needs,” I, March 2, 2017, <https://www.lpfch.org/cshcn/blog/2017/03/02/why-proposed-medicaid-capita-caps-and-block-grants-matter-families-children>

<sup>38</sup> Erin Hemlin, “What’s Happened to Millennials since the ACA? Unprecedented Coverage & Improved Access to Benefits”, *Young Invincibles*, April 2017, <http://younginvincibles.org/wp-content/uploads/2017/05/YI-Health-Care-Brief-2017.pdf>

<sup>39</sup> Joseph Antos and James Capretta, “The Graham-Cassidy Plan: Sweeping Changes In A Compressed Time Frame,” *Health Affairs* September 22, 2017. <http://healthaffairs.org/blog/2017/09/22/the-graham-cassidy-plan-sweeping-changes-in-a-compressed-time-frame/>

<sup>40</sup> Caitlin Owens, “Here’s the new Graham-Cassidy bill,” *Axios*, September 24, 2017, <https://www.axios.com/heres-the-new-graham-cassidy-bill-2489238510.html>

<sup>41</sup> Testimony of Christina Postolowski, US Senate HELP Committee, *Stabilizing Premiums and Helping Individuals in the Individual Insurance Market for 2018: Health Care Stakeholders*, September 14, 2017, <https://www.help.senate.gov/imo/media/doc/Postolowski.pdf>

<sup>42</sup> Sam Berger and Emily Gee, *Graham-Cassidy ACA Repeal Bill Would Cause Huge Premium Increases for People with Pre-Existing Conditions* (Washington, DC: CAP, 2017), <https://www.americanprogress.org/issues/healthcare/news/2017/09/18/439091/graham-cassidy-aca-repeal-bill-cause-huge-premium-increases-people-pre-existing-conditions/>

<sup>43</sup> *Ibid.*

<sup>44</sup> Joseph Antos and James Capretta, “The Graham-Cassidy Plan: Sweeping Changes In A Compressed Time Frame,” *Health Affairs*, September 22, 2017, <http://healthaffairs.org/blog/2017/09/22/the-graham-cassidy-plan-sweeping-changes-in-a-compressed-time-frame/>

<sup>45</sup> “How Millennials Use Their Health Insurance”, *Young Invincibles*, August 2016, [http://younginvincibles.org/wp-content/uploads/2017/04/how\\_millennials\\_use\\_health\\_care.pdf](http://younginvincibles.org/wp-content/uploads/2017/04/how_millennials_use_health_care.pdf)

coverage unaffordable.<sup>46</sup> The amendment would also allow states to lift the ACA's cap on out-of-pocket costs, exposing young people to costs they cannot afford.<sup>47</sup>

### **Defunding Planned Parenthood**

Millions of young people rely on Planned Parenthood to access basic health care services like preventive care, including immunizations, cancer screenings, and contraception.<sup>48</sup> Graham-Cassidy would single out Planned Parenthood by prohibiting the organization from being reimbursed for care administered to Medicaid beneficiaries next year.<sup>49</sup> This is particularly alarming given that 54 percent of Planned Parenthood health centers nationwide are in health professional shortage areas, rural or medically underserved areas.<sup>50</sup> Defunding Planned Parenthood could lead to more unintended pregnancies, higher maternal mortality rates, and missed diagnoses that could help catch and treat diseases before they become more serious.<sup>51</sup> At a time maternal mortality in the United States is on the rise,<sup>52</sup> it is bad policy to limit access to prenatal care for young Americans.

### **Conclusion**

Graham-Cassidy would reduce federal funding for health care, end the ACA's Medicaid expansion and financial assistance, fundamentally undermine the Medicaid program and protections for people with pre-existing conditions, and defund Planned Parenthood. None of these reforms make health care better for young Americans. Instead, these changes would dramatically increase the number of uninsured young people, threaten their physical and financial health, and dramatically shift costs to states at a time when no state budget can afford it. Congress must reject this proposal.

Rather than take health coverage away from millions of young people, Congress should follow the Senate HELP Committee's lead and explore bipartisan approaches to bringing more stability to the individual insurance market. In Appendix A, please find Young Invincibles' testimony before the HELP Committee this month, which outlined five strategies to improve the stability of the individual insurance market and make coverage more accessible and affordable for young consumers. We hope that you will prioritize these recommendations in your efforts to reform the health care system.

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<sup>46</sup> Caitlin Owens, "Here's the new Graham-Cassidy bill," *Axios*, September 24, 2017, <https://www.axios.com/heres-the-new-graham-cassidy-bill-2489238510.html>

<sup>47</sup> Diana Farrell and Fiona Greig, "Coping with Medical Costs through Life." JPMorgan Chase Institute, 2017

<sup>48</sup> Planned Parenthood, Defunding Fact Sheet: The Urgent Need for Planned Parenthood Health Centers, [https://www.plannedparenthood.org/files/4314/8183/5009/20161207\\_Defunding\\_fs\\_d01\\_1.pdf](https://www.plannedparenthood.org/files/4314/8183/5009/20161207_Defunding_fs_d01_1.pdf)

<sup>49</sup> Paige Winfield Cunningham, "Cassidy-Graham's Abortion Ban Workaround," *The Washington Post*, September 22, 2017, [https://www.washingtonpost.com/news/powerpost/paloma/the-health-202/2017/09/22/the-health-202-cassidy-graham-s-abortion-ban-workaround/59c4196030fb0468cea81a6b/?utm\\_term=.ad51b3682210](https://www.washingtonpost.com/news/powerpost/paloma/the-health-202/2017/09/22/the-health-202-cassidy-graham-s-abortion-ban-workaround/59c4196030fb0468cea81a6b/?utm_term=.ad51b3682210)

<sup>50</sup> Planned Parenthood, Defunding Fact Sheet: The Urgent Need for Planned Parenthood Health Centers, [https://www.plannedparenthood.org/files/4314/8183/5009/20161207\\_Defunding\\_fs\\_d01\\_1.pdf](https://www.plannedparenthood.org/files/4314/8183/5009/20161207_Defunding_fs_d01_1.pdf)

<sup>51</sup> Reay Earhart, "The Disasterous Consequences of Defunding Planned Parenthood," *The Advocate*, April 14, 2017, <https://www.advocate.com/commentary/2017/4/14/disasterous-consequences-defunding-planned-parenthood>

<sup>52</sup> Sabrina Tavernise, "Maternal Mortality Rate in U.S. Rises, Defying Global Trend, Study Finds," *The New York Times*, September 21, 2016, <https://www.nytimes.com/2016/09/22/health/maternal-mortality.html?mcubz=1>



## APPENDIX A

### TESTIMONY FOR THE UNITED STATES SENATE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Christina Postolowski, Rocky Mountain Regional Director

Young Invincibles

September 14, 2017

Thank you Chairman Alexander, Ranking Member Murray, and members of the Committee for the opportunity to appear before you today. My name is Christina Postolowski, and I am the Rocky Mountain Regional Director of Young Invincibles, a non-profit, non-partisan research and advocacy organization working to expand economic opportunity for young adults ages 18 to 34. We welcome the chance to discuss ways to both improve the individual insurance market and build on the gains young adults have made under the Affordable Care Act (ACA).

The data on the impact of the ACA on young people's coverage rates, health care needs, and the financial challenges facing this generation might surprise you. Consider the following:

- Since 2010, the uninsured rate for young people has declined from 29 percent to 16 percent.<sup>1</sup> As of 2015, over eight million people between the ages of 18 and 34 received coverage through provisions in the ACA,<sup>2</sup> including 3.5 million through the health insurance marketplaces and 3.8 million through Medicaid.<sup>3</sup>
- Young adults already earn lower incomes than other age groups, but young adults who are uninsured or purchasing insurance individually earn even less. Young workers in the individual market earn a median income of \$26,000,<sup>4</sup> while uninsured young workers earn a median income of \$20,000 per year.<sup>5</sup> That means that the typical young adult enrolled in the individual market could get a benchmark plan for \$154 a month (or 7.1 percent of their annual income) in premiums.<sup>6</sup> An uninsured young person could pay \$83 a month in premiums (or 4.96 percent of their annual income) for the same policy.<sup>7</sup> In addition to these tax credits, up to 7.2 million young adults between the ages of 18 and 34 are eligible for cost-sharing reductions (CSRs).<sup>8</sup>
- Contrary to stereotypes, young adults value health insurance and want to enroll in coverage.<sup>9</sup> More than seven in 10 young adults say it is "very important" that they have health insurance.<sup>10</sup> And prior to the ACA, just five percent of young workers with an offer of employer-sponsored coverage said that they opted not to enroll in their employer's plan because they did not need the coverage, instead citing other reasons such as parental coverage or prohibitive costs.<sup>11</sup>
- A survey conducted prior to the ACA found that 60 percent of young people said that they did not get needed health care because of cost and half reported problems paying medical bills or said they were paying off medical debt over time.<sup>12</sup>

To ensure we continue to build on the ACA's coverage gains, Young Invincibles recommends that Congress take the following policy actions:

1. Swiftly fund cost-sharing reduction payments through at least 2019;
2. Create a permanent reinsurance program—not high-risk pools;
3. Maintain existing guardrails around Section 1332 waivers;

<sup>1</sup> Erin Hemlin, "What's Happened to Millennials since the ACA? Unprecedented Coverage & Improved Access to Benefits", Young Invincibles, April 2017, <http://younginvincibles.org/wp-content/uploads/2017/05/YI-Health-Care-Brief-2017.pdf>

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Young Invincibles' analysis of Current Population Survey, Annual Social and Economic Supplement, 2016.

<sup>5</sup> Ibid.

<sup>6</sup> Estimated using Kaiser Health Foundation's Health Insurance Marketplace Calculator, assuming a single 26-year old non-tobacco user.

<sup>7</sup> Ibid; Young Invincibles' analysis of Current Population Survey, Annual Social and Economic Supplement, 2016.

<sup>8</sup> Young Invincibles' analysis of Current Population Survey, Annual Social and Economic Supplement, 2016.

<sup>9</sup> Kaiser Family Foundation. (2013). *Kaiser Health Tracking Poll: June 2013*. Princeton Survey Research Associates International. Retrieved from <http://www.kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-june-2013/>

<sup>10</sup> Ibid.

<sup>11</sup> S.R. Collins, The Commonwealth Foundation, "Covering Young Adults Under the Affordable Care Act", August 2013, 6, [http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2013/Aug/1701\\_Collins\\_covering\\_young\\_adults\\_tracking\\_brief\\_final\\_v4.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2013/Aug/1701_Collins_covering_young_adults_tracking_brief_final_v4.pdf)

<sup>12</sup> S.R. Collins, The Commonwealth Foundation, "Young, Uninsured, and in Debt: Why Young Adults Lack Health Insurance and How the Affordable Care Act Is Helping", June 2012, 1, [http://www.commonwealthfund.org/~media/files/publications/issue-brief/2012/jun/1604\\_collins\\_young\\_uninsured\\_in\\_debt\\_v4.pdf](http://www.commonwealthfund.org/~media/files/publications/issue-brief/2012/jun/1604_collins_young_uninsured_in_debt_v4.pdf)

4. Reverse cuts to marketplace enrollment promotion and consumer assistance—specifically targeting these efforts to reach young adults; and
5. Provide increased financial assistance to maximize young adult enrollment and further stabilize the market.

**1. Fund cost-sharing reduction payments through at least 2019.**

First, to ensure those already benefitting from the ACA do not see their coverage jeopardized, Congress should make clear that CSR payments will be made by immediately funding the reductions through a mandatory appropriation through at least the end of 2019. Making these payments would reduce uncertainty among consumers and carriers stemming from pending litigation and statements from the Administration about whether these payments will continue to be made. Moreover, these payments are already built into the federal budget baseline and would not require additional spending.<sup>13</sup> By immediately funding CSRs through at least 2019, Congress will avoid increasing consumers' premiums up to 20 percent next year,<sup>14</sup> spur greater competition among insurers in the individual market, and prevent the federal government from absorbing the additional costs associated with financing enrollee's premium tax credits. This funding is crucial not only for consumers currently receiving CSRs, but also for marketplace consumers whose incomes may exceed the threshold to qualify for premium tax credits. This is especially critical for young adults who have seen their net worth drop 56 percent in the last 25 years.<sup>15</sup> Given young adults' lower net worth and incomes, young people are less able to absorb an increase in their out-of-pocket costs or 20 percent increase in premiums. Therefore, if CSR payments are not funded, we could see fewer young adults able to participate in the marketplaces.

**2. Create a permanent reinsurance program—not high-risk pools.**

Second, to keep premiums down and make coverage more affordable, Congress should create a permanent reinsurance program. National and state-level reinsurance programs have already been shown to significantly reduce premiums, which promotes market stability, insurer participation, and the enrollment of younger, healthier consumers. Under the ACA's temporary reinsurance program, for instance, reinsurance was estimated to have reduced premiums by 10 to 14 percent in 2014.<sup>16</sup> And earlier this year, Governor Walker estimated that consumers in Alaska could see their premiums drop as much as 20 percent next year because of the state's reinsurance program.<sup>17</sup> Reinsurance is not new or unique, nor is it an insurer bailout: for instance, Congress recognized the importance of a permanent reinsurance program when developing the Medicare Part D prescription drug program in 2003.<sup>18</sup> To provide immediate stability to the individual market, we recommend Congress guarantee funding for reinsurance through at least a 2-year mandatory appropriation.

Well-funded and well-designed reinsurance programs will go a long way to helping cover high-cost consumers – a return to state or federal high-risk pools, on the other hand, will not. Historically, high-risk pools have been woefully inadequate at providing affordable, comprehensive coverage to those who need it most and would fail to meet the needs of young people, resulting in higher uninsured rates and subjecting those with pre-existing conditions—which affect up to 35 percent of 18- to 24-year-olds and 46 percent of 25- to 34-year-olds—to a lifetime of struggling to access care.<sup>19</sup>

I know this to be true, because when I was 23, I was diagnosed with Rheumatoid Arthritis. It was 2008, and, in the midst of moving and changing jobs, I was denied coverage on the individual market by multiple insurers due to my chronic condition. The State of Colorado hired me as a contractor, without benefits. It was a great opportunity, particularly in the midst of the Great Recession, but the prospect of going without health coverage was nerve-racking. I was still fairly early in my diagnosis and trying to figure out the appropriate medications and treatment to control my condition, to prevent more serious health challenges down the road. Colorado's state-run high-risk pool,

<sup>13</sup> Paul N. Van de Water, "Providing an Explicit Appropriation for Cost-Sharing Reductions Wouldn't Require a Budgetary Offset," Center on Budget and Policy Priorities (CBPP) blog, April 19, 2017, <https://www.cbpp.org/blog/providing-an-explicit-appropriation-for-cost-sharing-reductions-wouldnt-require-a-budgetary>

<sup>14</sup> Congressional Budget Office, "The Effects of Terminating Payments for Cost-Sharing Reductions", August 2017, <https://www.cbo.gov/system/files/115th-congress-2017-2018/reports/53009-costsharingreductions.pdf>

<sup>15</sup> Tom Allison, "The Financial Health of Young America: Measuring Generational Declines Between Baby Boomers & Millennials", Young Invincibles, January 2017, 11, <http://younginvincibles.org/wp-content/uploads/2017/04/FHYA-Final2017-1-1.pdf>

<sup>16</sup> American Academy of Actuaries, *Using High-Risk Pools to Cover High-Risk Enrollees* (2017).

<sup>17</sup> Matt Buxton, Alaska's health insurance premiums to fall by 20 percent with new federal funding, *The Midnight Sun*, July 11, 2017, <http://midnightsunak.com/2017/07/11/alaskas-health-insurance-premiums-fall-20-percent-new-federal-funding/>

<sup>18</sup> Michael Hiltzik, "As GOP Moves Toward Repeal, A Government Report Shows Obamacare Is Working Well," *Los Angeles Times* (Jul. 3, 2017)

<sup>19</sup> High Risk Pool Ruse, *USA Today*, March 5, 2017, <https://www.usatoday.com/story/opinion/2017/03/05/high-risk-pool-ruse-editorials-debates/98681846/>; "At Risk: Pre-Existing Conditions Could Affect 1 in 2 Americans." HHS ASPE Brief. p.1. <https://aspe.hhs.gov/system/files/pdf/76376/index.pdf>

CoverColorado, which operated prior to the ACA, was the only place I could get covered, so I enrolled. Even with the subsidy I received, my insurance through CoverColorado was expensive. By law, CoverColorado's premiums could be up to 50 percent higher than standard individual market rates.<sup>20</sup> I was also subject to a three-month pre-existing condition exclusion period,<sup>21</sup> which meant that for one-quarter of the time that I was on the plan, I still lacked the coverage I needed. And CoverColorado had a lifetime limit of \$1 million.<sup>22</sup>

I was not alone in my experience. In 2008, about 23 percent of CoverColorado enrollees were young adults between the ages of 20 and 39.<sup>23</sup> However, there were also many Coloradans with pre-existing conditions who were left out of our state's previous high-risk pool. At its peak, CoverColorado only served about 14,000 people and accounted for only 3.5 percent of Coloradans in the individual market in 2011.<sup>24</sup> Today, it is estimated that about 753,000 non-elderly Coloradans—nearly 54 times that number, or 22 percent of Colorado's nonelderly population—have a pre-existing condition that could potentially make them eligible for a high-risk pool.<sup>25</sup>

But it is not just health care consumers that come up short under high-risk people schemes; it is the government and taxpayers as well. In a recent interview with *The Denver Post*, former Colorado insurance commissioner Marcy Morrison explained that Colorado regularly struggled to fund the pre-ACA CoverColorado program.<sup>26</sup> And the cost to operate a high-risk pool offering ACA-like coverage and subsidies—where the typical consumer spends between 8 and 10 percent of their income on coverage—would be very expensive: up to \$656 billion over 10 years.<sup>27</sup>

### **3. Maintain existing guardrails around Section 1332 waivers.**

As we think about building on coverage gains made by the ACA, we recognize the value and importance of state flexibility in expanding access to coverage. For example, Colorado decided to run its own state-based marketplace and expand its Medicaid program. As a result of these efforts, Colorado has seen a reduction in its uninsured rate from 14.3 percent in 2013 to 6.7 percent in 2015, with young adults seeing the largest gains in coverage.<sup>28</sup> Section 1332 waivers are one way that states can make changes that build upon these types of successes and improve young people's access to quality, affordable health insurance.

However, amendments to Section 1332 that would change the law's guardrails would harm the most vulnerable young people. We urge Congress not to change the Section 1332 guardrails that require that any waiver proposal provide coverage to at least a comparable number of residents as the ACA, provide coverage that is at least as comprehensive and affordable as the ACA, and not increase the federal deficit.<sup>29</sup> These guardrails are as important as ever in light of recent state waiver proposals that would decimate financial assistance for low-income young adults, like those proposed by Iowa and Oklahoma.<sup>30</sup> Additionally, allowing states to waive essential health benefit requirements, for example, could actually decrease rather than increase young adult enrollment, by reducing or eliminating the services—like maternity and newborn care, mental health and substance use disorder services, and preventive services—that young people use and value the most in their coverage.<sup>31</sup>

### **4. Reverse cuts to marketplace enrollment promotion and consumer assistance -- specifically targeting these efforts to reach young adults.**

To bring greater stability to the market and help more young people achieve the financial security associated with having coverage, we recommend boosting enrollment promotion and assistance efforts with additional funds dedicated to targeting young adults. Despite tremendous gains since the passage of the ACA, 11 million young adults

<sup>20</sup> Robin Baker, Bell Policy Center, *Non-Group Insurance: Not a Quick Fix for Health Care*, Page 10, (2009).

<sup>21</sup> Blair Miller, "Despite Concerns Over Pre-existing Conditions, Rep. Mike Coffman Leaning Yes on AHCA as Vote Looms," *Denver Channel* (May 3, 2017).

<sup>22</sup> *Ibid.*

<sup>23</sup> Robin Baker, Bell Policy Center, *Non-Group Insurance: Not a Quick Fix for Health Care*, Page 11, (2009).

<sup>24</sup> John Ingold, "High-Risk Pools, A Centerpiece of GOP Health Care Bill, Have a History in Colorado," *The Denver Post* (May 5, 2017); Karen Pollitz, *High-Risk Pools for Uninsurable Individuals*, Page 4, (2017).

<sup>25</sup> Gary Claxton et al., *Pre-existing Conditions and Medical Underwriting in the Individual Insurance Market Prior to the ACA* (2016).

<sup>26</sup> "High-risk pools, a centerpiece of GOP health care bill, have a history in Colorado," *The Denver Post*, May 5, 2017, <http://www.denverpost.com/2017/05/05/high-risk-pools-ahca-history-colorado/>.

<sup>27</sup> Linda Blumberg et al., *High-Risk Pools Under the AHCA: How Much Could Coverage Cost Enrollees and the Federal Government?*, Page 4, (2017).

<sup>28</sup> "Impacts of the Affordable Care Act," Colorado Health Institute, last updated February 21, 2017, <https://www.coloradohealthinstitute.org/research/impacts-affordable-care-act-0>

<sup>29</sup> 42 U.S. Code § 18052(b)(1).

<sup>30</sup> Iowa Insurance Division, *Draft: Iowa Stopgap Measure*, July 13, 2017, <https://iid.iowa.gov/documents/iowa-stopgap-measure>; Oklahoma State Department of Health, *Oklahoma 1332 Waiver Application*, Page 18, August 16, 2017.

<sup>31</sup> *How Millennials Use Their Health Insurance, Young Invincibles*, August 2016, [http://younginvincibles.org/wp-content/uploads/2017/04/how\\_millennials\\_use\\_health\\_care.pdf](http://younginvincibles.org/wp-content/uploads/2017/04/how_millennials_use_health_care.pdf)

remain uninsured.<sup>32</sup> About 6.1 million of these uninsured young adults have incomes that could qualify them for premium tax credits.<sup>33</sup> Of those, approximately 4.2 million of them have incomes that could qualify them for cost-sharing reductions,<sup>34</sup> including over 3 million who may be eligible for insurance plans with deductibles no larger than \$250 a year.<sup>35</sup>

Guaranteed CSR payments and a reinsurance program would help bring premiums down for even more young people, but actual enrollment depends on young adults knowing about their options. Many young people remain unaware of premium tax credits or opportunities to enroll in marketplace coverage, with historically too few resources devoted to reaching this population. For example, a report from the Commonwealth Fund found that 19- to 34-year-olds were the least likely group of uninsured adults to know about the insurance marketplaces.<sup>36</sup> This is not surprising: young people are often learning about the health coverage system for the first time in their lives.

The Administration's announcement that they would cut Navigator grants by 41 percent and paid advertising by 90 percent for this upcoming enrollment period goes in the exact wrong direction.<sup>37</sup> Congress should reverse these cuts and direct HHS to administer these resources so as not to limit enrollment,<sup>38</sup> imperil the risk pool, and discourage issuers' future participation in the marketplace. These outcomes would result in higher premiums for consumers and greater costs to the government and taxpayers in future years.

Navigators, consumer assistance programs, and marketplace call centers help bridge inequities in health insurance literacy and ensure that young people understand their options and are able to get covered. And we have seen the value of this assistance in our state-based outreach efforts. For example, recently, someone on our outreach team in Virginia recently met a student in Burke, Virginia who was weeks away from turning 26. She did not understand her options for transitioning off dependent coverage, was unaware of the 60-day special enrollment period, and had no idea she could qualify for premium tax credits. She now plans on making an appointment with Enroll Virginia as her birthday gets closer. Without this additional information, the young woman could have missed her opportunity to enroll. And she's far from alone: due to mixed messages from the Administration and uncertainty in Congress, we have seen that consumer confusion has increased. All of this calls for renewed, targeted outreach and assistance funding that helps provide accurate information to consumers and better ensures that young adults know about their coverage options.

##### **5. Provide increased financial assistance to maximize young adult enrollment and further stabilize the market.**

To achieve our shared goal of boosting young adult enrollment and further stabilizing the individual market, Congress should do more to further reduce young adults' premium costs to help more of them afford coverage. One proposal suggests a boost in financial assistance by an additional \$50 a month for young adults. This would result in an additional 900,000 insured young adults at a less than \$3.7 billion a year price tag to the federal government.<sup>39</sup>

Another way to lower costs for young people is to lower the premium affordability threshold for young adults. This would result in greater financial assistance for young people based on their incomes and account for, as the ACA currently does, premium variation in markets across the country. Boosting young adult enrollment in the marketplaces will not only help young people, but can help reduce premiums for marketplace consumers more broadly.<sup>40</sup> Lowering the affordability threshold would help make plans more accessible to the lowest income young people in the highest

<sup>32</sup> Young Invincibles' analysis of Current Population Survey, Annual Social and Economic Supplement, 2016. Based on raw number of uninsured young adults ages 18 to 34. <http://www.census.gov/cps/data/cpsstablecreator.html>

<sup>33</sup> *Ibid.*

<sup>34</sup> Young Invincibles' analysis of Current Population Survey, Annual Social and Economic Supplement, 2016. Based on raw number of uninsured young adults earning between 100 and 250% FPL. <http://www.census.gov/cps/data/cpsstablecreator.html>

<sup>35</sup> *Ibid.*, Based on raw number of uninsured young adults earning between 100 and 250% FPL; Center for Budget & Policy Priorities, Key Facts You Need to Know: Cost-Sharing Reductions, Page 2, December 3, 2015,

[http://www.healthreformbeyondthebasics.org/wp-content/uploads/2013/09/KeyFacts\\_Cost-Sharing-Reductions.pdf](http://www.healthreformbeyondthebasics.org/wp-content/uploads/2013/09/KeyFacts_Cost-Sharing-Reductions.pdf)

<sup>36</sup> S. R. Collins, M. Z. Gunja, M. M. Doty, and S. Beutel, "Who Are the Remaining Uninsured and Why Haven't They Signed Up for Coverage?", The Commonwealth Fund, August 2016, <http://www.commonwealthfund.org/publications/issue-briefs/2016/aug/who-are-the-remaining-uninsured>

<sup>37</sup> Amy Goldstein, The Washington Post, Trump officials slash advertising, grants to help Americans get Affordable Care Act insurance, August 31, 2017, [https://www.washingtonpost.com/national/health-science/trump-officials-slash-advertising-grants-to-help-americans-get-affordable-care-act-insurance/2017/08/31/e8a45386-8e8f-11e7-84c0-02cc069f2c37\\_story.html?utm\\_term=.17f5754f54d3](https://www.washingtonpost.com/national/health-science/trump-officials-slash-advertising-grants-to-help-americans-get-affordable-care-act-insurance/2017/08/31/e8a45386-8e8f-11e7-84c0-02cc069f2c37_story.html?utm_term=.17f5754f54d3)

<sup>38</sup> Pinar Karaca-Mandic, Health Affairs, The Volume Of TV Advertisements During The ACA's First Enrollment Period Was Associated With Increased Insurance Coverage, March 2017

<sup>39</sup> C. Eibner & E. Saltzman, The Commonwealth Fund, Insuring Younger Adults Through the ACA's Marketplaces: Options to Expand Enrollment, December 16, 2016, <http://www.commonwealthfund.org/publications/blog/2016/dec/insuring-younger-adults>

<sup>40</sup> *Ibid.*

cost markets, ultimately bringing down costs for all consumers. We are currently analyzing the full impact on coverage, premiums, and cost that such a proposal would have.

As Congress considers ways to bring premiums down, we would caution that bringing premiums down by increasing out-of-pocket costs may do very little to help young people afford care. Very high-deductible or catastrophic plans will further expose our cash-strapped generation to financial insecurity that most cannot afford. Enrollment trends show little appetite for skinny plans, with young people opting overwhelmingly for more comprehensive coverage, not less.<sup>41</sup> In 2015, 77 percent of young adults ages 18 to 34 in Healthcare.gov states chose a Silver-level plan or higher, with only 21 percent selecting a Bronze plan and 3 percent in a catastrophic plan.<sup>42</sup> Perhaps surprising to some, a recent survey found that young adults were nearly 40 percent more likely to indicate that they would prefer a plan with a higher monthly premium and a lower deductible as compared with adults 50 and over.<sup>43</sup> This is particularly true for low- and middle-income consumers; the survey found just 39 percent of those earning under \$50,000 a year preferred a low premium, high-deductible plan, compared to 52 percent of people making over \$50,000.<sup>44</sup>

While so-called "copper plans" or similar proposals would certainly reduce premiums,<sup>45</sup> deductibles for these policies would be around \$9,000,<sup>46</sup> even while a recent analysis of consumer finance data found that, for young people, an extraordinary medical payment amounted to \$1,406.<sup>47</sup> Furthermore, the typical young adults' net worth is just \$10,900,<sup>48</sup> and the median income for an uninsured young worker is just \$20,000 a year.<sup>49</sup> In the event of a health care emergency, these types of policies would require a young person to spend nearly nearly all of their net worth—or half the annual income of a typical uninsured young worker—to even meet their deductible. Even if such a plan were coupled with a Health Savings Account, the typical uninsured young person would have to save \$632 a month to avoid facing an extraordinary medical payment just to meet a copper plan deductible.<sup>50</sup> Young people may determine that a plan offering them such little in value is not worth the cost and forego coverage altogether.

Millions of young people are accessing coverage for the first time and millions more are benefitting from the law's benefit standards and consumer protections, enabling them to live independent, productive lives without fear of experiencing a health emergency and devastating financial loss. We hope Republicans and Democrats will follow this Committee's lead and work together to bring greater stability to the health care system and make meaningful changes to the law to meet the needs of young people across the country. Thank you for the opportunity to speak with you today. I look forward to taking your questions.

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<sup>41</sup> ASPE Issue Brief, "Health Insurance Marketplace 2015 Open Enrollment Period: March Enrollment Report," 30-31, [https://aspe.hhs.gov/system/files/pdf/83656/ib\\_2015mar\\_enrollment.pdf](https://aspe.hhs.gov/system/files/pdf/83656/ib_2015mar_enrollment.pdf)

<sup>42</sup> Ibid.

<sup>43</sup> Jay McDonald, Bankrate, How bad is shopping for health insurance?, December 2, 2014, <http://www.bankrate.com/finance/insurance/health-insurance-poll-1114.aspx>

<sup>44</sup> Ibid.

<sup>45</sup> Caroline Pearson, Avalere Health, Avalere Analysis: 'Copper Plan' Alternative Would Lower Premiums 18%, August 20, 2014, <http://avalere.com/expertise/managed-care/insights/avalere-analysis-copper-plan-alternative-would-lower-premiums-18>

<sup>46</sup> Ezra Klein, Vox.com, 7 Democrats have a plan to make Obamacare cheaper. Here's how., October 28, 2014, <https://www.vox.com/2014/10/28/7083343/obamacare-copper-plans-explained>

<sup>47</sup> Farrell, Diana and Greig, Fiona. "Coping with Medical Costs through Life." JPMorgan Chase Institute, 2017

<sup>48</sup> Tom Allison, "The Financial Health of Young America: Measuring Generational Declines Between Baby Boomers & Millennials", Young Invincibles, January 2017, Page 11, <http://younginvincibles.org/wp-content/uploads/2017/04/FHYA-Final2017-1-1.pdf>

<sup>49</sup> Young Invincibles' analysis of Current Population Survey, Annual Social and Economic Supplement, 2016.

<sup>50</sup> Ibid.; Farrell, Diana and Greig, Fiona. "Coping with Medical Costs through Life." JPMorgan Chase Institute, 2017



# Leadership Council of Aging Organizations

*James Firman, Chair*

September 25, 2017

Dear Senator:

On behalf of the undersigned members of the Leadership Council of Aging Organizations (LCAO), and the tens of millions of older Americans we represent, we urge members of the Senate to oppose the Graham-Cassidy amendment to H.R. 1628 which would repeal critical provisions of the Affordable Care Act (ACA) and impose harsh Medicaid per-capita caps. We are deeply concerned that the Graham-Cassidy bill would significantly increase the number of uninsured Americans. The bill would also increase health care costs for millions more, especially older adults with modest incomes or pre-existing conditions.

We urge Senators to commit to a bipartisan, open process, following regular order, with committee markups that provide opportunities to consider amendments to improve the bill. We fear that consideration of the Graham-Cassidy bill would contradict the Senate's long history of engaging in a deliberative process. An important aspect of this Senate tradition is that its members have acted on health care legislation only after gaining a clear understanding of how proposals would affect Americans and, in the current instance, an estimated one-sixth of our nation's economy. Reports that Senators may rush to vote on the far-reaching Graham-Cassidy bill next week, without non-partisan expert analysis on how many of their constituents would lose their health insurance and how much their out-of-pocket costs would increase, are deeply concerning and would set an alarming precedent.

For example, according to an earlier Congressional Budget Office (CBO) analysis, provisions in this bill identical to previous attempts to repeal and replace would likely increase the number of uninsured Americans by 15 million next year. Further, the loss of approximately \$300 billion in federal funding when proposed block grants expire in 2027 could have the same impact as repealing the ACA with no replacement plan—causing nearly 32 million Americans to lose health coverage, according to prior CBO estimates.

LCAO strongly opposes several provisions of the Graham-Cassidy proposal. The bill would fundamentally restructure the Medicaid program by instituting Medicaid per capita-caps—which have nothing to do with the Affordable Care Act. Approximately 7 million vulnerable older adults rely on Medicaid, many for long-term services and supports provided at home and in nursing homes. Medicaid covers two in three nursing home residents. With nursing home care often costing about \$100,000 a year, older adults quickly run through their life savings before turning to Medicaid.



Medicaid home- and community-based services (HCBS) enable older adults to stay in their own homes and with their families. They are cost-effective, and they help struggling family caregivers keep loved ones together. But HCBS are at greatest risk of major cuts because they are optional under Medicaid, while nursing home care is mandatory. On average, Medicaid dollars support nearly three individuals with HCBS for every one person in a nursing home. The Graham-Cassidy bill cuts HCBS directly by repealing Community First Choice (CFC) funding, further reducing access to cost-effective services that help keep families together.

Federal cuts to Medicaid brought about by per-capita caps would likely drive states to scale back benefits and eligibility, impose waiting lists, implement unaffordable financial obligations, or otherwise restrict access to needed care. Alarming, the Graham-Cassidy bill would make drastic long-term cuts to Medicaid by dialing down the growth rate in 2025, just as boomers start turning age 80 and are far more likely to need expensive long-term care. According to a recent AARP Public Policy Institute analysis, the bill could cut \$3.2 trillion from Medicaid by 2036.

Proposed Medicaid cuts would also result in significant job losses and reduced wages for health and long-term care workers. Many of the estimated 4.4 million nursing facility and home care workers Medicaid pays for would lose their jobs or have their salaries cut, further worsening current direct care worker shortages.

Millions of older adults nearing retirement age also rely on the ACA's coverage expansions and its premium and cost-sharing supports, including through expansion Medicaid and the Marketplaces. By repealing and block granting federal funding for these programs, the Graham-Cassidy proposal undermines the availability of the very consumer protections that make health coverage more affordable. According to estimates, the Graham-Cassidy bill cuts \$239 billion in federal funding for expansion Medicaid and the Marketplaces between 2020 and 2026, representing a sizable and untenable cost shift to states.

After 2026, the Graham-Cassidy bill would end all low-income assistance and the Medicaid expansion, dramatically increasing both the size of the cuts and the ranks of Americans without insurance. Further, the bill abruptly ends these programs in 2027, producing a sudden cliff that would create significant problems for expansion states and consumers. The Medicaid expansion provides health security in 32 states to nearly 12 million previously uninsured Americans, including about 1.6 million older adults aged 50-64.

Through changes to the individual market, the Graham-Cassidy bill would dramatically increase costs and make coverage less available to individuals ages 50 to 64. Under the bill's block grants, states could redefine the essential benefits covered in their state as well as age rating factors. This could involve allowing insurance companies to charge people with pre-existing conditions significantly higher rates or impose an "age tax" on older adults.

Finally, the Graham-Cassidy proposal to repeal the Prevention and Public Health Fund would devastate the Centers for Disease Control and Prevention budget and wreak havoc on our nation's efforts to reduce chronic disease rates, immunize our children, and prepare the public health system to address infectious disease outbreaks and other threats. For older adults, cost-effective programs for falls prevention, Alzheimer's disease prevention, and chronic disease management would be eliminated.

We strongly urge that you oppose the Graham-Cassidy bill, which would dramatically affect the health and long-term care of millions of older Americans and their families. LCAO stands ready and willing to work with the House and Senate to craft and pass effective, responsible solutions that improve health insurance coverage and reduce out-of-pocket costs, not eliminate coverage and increase costs.

Sincerely,

AARP

AFSCME

The Aging Life Care Association

Alliance for Aging Research

Alliance for Retired Americans

AMDA – The Society for Post-Acute and Long-Term Care Medicine

American Association of Service Coordinators (AASC)

American Federation of Teachers

American Foundation for the Blind (AFB)

American Geriatrics Society (AGS)

American Society on Aging (ASA)

Asociación Nacional Pro Personas Mayores (ANPPM)

Association of Jewish Aging Services (AJAS)

B'nai B'rith International

Caring Across Generations

Center for Elder Care & Advanced Illness

Center for Medicare Advocacy

Community Catalyst

Easterseals

ElevatingHOME

Families USA

The Gerontological Society of America (GSA)

International Association for Indigenous Aging

Justice in Aging

LeadingAge

Lutheran Services in America (LSA)

Medicare Rights Center



National Academy of Elder Law Attorneys (NAELA)  
National Active and Retired Federal Employees Association (NARFE)  
National Adult Protective Services Association (NAPSA)  
National Adult Day Services Association (NADSA)  
National Alliance for Caregiving (NAC)  
National Association for Home Care & Hospice  
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 Long-Term Care Ombudsman Programs (NASOP)  
National Caucus and Center on Black Aging, Inc. (NCBA)  
National Committee to Preserve Social Security and Medicare  
National Consumer Voice for Quality Long-Term Care  
National Council on Aging (NCOA)  
National Hispanic Council on Aging (NHCOA)  
National Senior Corps Association (NSCA)  
Pension Rights Center  
PHI  
SAGE (Services and Advocacy for GLBT Elders)  
Service Employees International Union (SEIU)  
Social Security Works  
Women's Institute for a Secure Retirement (WISER)

## Senate Finance Committee Hearing on Graham-Cassidy Bill

### **Senator Orrin Hatch**

104 Hart Senate Office Bldg.  
Washington, DC, 20510  
(202) 224-5251

### **Senator Ron Wyden**

221 Dirksen Senate Office Bldg.  
Washington, DC, 20510  
(202) 224-5244

Dear Chairman Hatch and Ranking Member Wyden:

We at the AIDS Foundation of Chicago write to voice our extreme opposition to the Graham-Cassidy-Heller-Johnson proposal. We are very discouraged that instead of continuing down a bipartisan path and working on issues to improve the strength and stability of the Affordable Care Act's (ACA) marketplaces, the sponsors of this legislation have put forward a proposal that will:

- Eliminate the financial assistance that helps low- and moderate-income families purchase health care coverage;
- End expanded Medicaid coverage that helps millions of low-income adults;
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths
- Undermine essential protections for people with pre-existing conditions;
- Resurrect - *and worsen* - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of millions of Americans including older adults, low-and moderate-income families, people living with disabilities, people living with or vulnerable to HIV, veterans and people with preexisting conditions. It does nothing to improve affordability or availability of coverage for consumers and will likely result in 32 million losing coverage by 2027 and will undermine the financial stability of our health care system and place additional fiscal strains on our state budget.

As a result of zeroing out block grants for Marketplace tax credits and Medicaid expansion and additional cuts to Medicaid, the Graham-Cassidy-Heller-Johnson bill is essentially repealing the ACA without replacing it, and at least 965,000 Illinoisans would lose coverage by 2027, according to the Center for American Progress.

As of 2016, at least 12,000 people living with HIV in Illinois newly gained health care coverage through the ACA. That's 32% of people with HIV in Illinois, or 1 in 3 of the 37,788 people who are reported as living with HIV in Illinois (IDPH, 2016). HIV is a communicable disease. With linkage to HIV medications and medical care we can virtually eliminate HIV transmission. HIV-positive persons receiving treatment can reduce HIV transmission by nearly 100%. This is called "viral suppression." Individuals that are virally suppressed do not transmit HIV and have much better health outcomes which saves the system money.

Investing in HIV prevention led to improved health outcomes and reductions in new HIV infections from 2008 to 2014 by 18%. The prevention of 33,200 cases, across the country, over these six years resulted in an estimated cost savings in medical care of \$14.9 billion. In Illinois, every new HIV case prevented saves the state nearly \$400,000 per person in lifetime medical cost

This proposal would devastate people living with and vulnerable to HIV at a time when the United States is making progress towards ending the epidemic. It would also be disastrous for the response to other STDs at a time when the incidence is rising for gonorrhea, syphilis and chlamydia. This bill would undermine our nation's public health efforts to conquer disease and provide high-quality care to those who need it.

Below we've laid out in more detail our concerns with this proposal and the devastating impact it will have on consumers.

#### **Eliminates programs that serve as a lifeline for low- and moderate-income families.**

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA's successful Medicaid expansion, which has extended coverage to nearly 12 million newly eligible low-income adults. It also eliminates the ACA tax credits that 10 million low- and moderate-income people rely on to afford coverage in the individual market. Although it replaces this funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to former enrollees - and indeed the block grant is inadequate to pay for comparable benefits. From 2020 through 2026, block grant funding would be at least 7% (\$95 billion) below projected spending under current law. Regardless, the block grant ends in 2027, leaving states and former enrollees with no help whatsoever. We do not believe it is likely that Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream - something that would be extremely difficult, if not impossible.

#### **Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.**

This proposal also threatens the care of millions of low-income seniors, children and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. By capping and slashing funding for the traditional Medicaid program by 12% (\$1,079 billion)

between 2020 and 2036, the per capita cap will force Illinois to cut payments to health care providers and health plans, eliminate optional services, and restrict eligibility for enrollment - all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Since children make up almost one-half of the Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would also face painful cuts, since Medicaid is the primary payer for long-term services and supports. Community Based Services - the services that keep people with cognitive and physical impairments home and in their communities - are "optional" in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment is especially high.

#### **Pushes massive new costs onto states.**

All states, including Illinois would take on new risks and costs because this proposal converts the overall Medicaid program into a per capita cap. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving Illinois with insufficient funding to meet its current obligations. In addition, states would be fully exposed to any unexpected health care cost increases, such as from a natural disaster, an aging population or medical innovations. The per capita cap alone would reduce federal Medicaid spending by 12% (\$1,079 billion) by 2036.

On top of those cost shifts, the 31 states that expanded Medicaid under the Affordable Care Act will be at risk for far deeper cuts. This proposal ends all federal matching funds for the Medicaid expansion in 2020. Some of the funds that the federal government would have spent on Medicaid expansion get rolled into the block grant, but the block grant doesn't make up for Illinois' losses because the block grant is inadequate overall, the formula favors non-expansion states (it redistributes funding from expansion to non-expansion states), and it ends entirely in 2026, leaving states with no funding to replace the lost expansion funds.

Because federal dollars for Medicaid account for about 20% of state budgets, FitchRatings "believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond."<sup>1</sup> And by pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals.

#### **Increases premiums and out-of-pocket costs and destabilizes the individual market.**

By repealing the individual mandate and eliminating advanced premium tax credits and cost sharing reductions, this proposal would drive up premiums and cause insurers to exit the ACA's

---

<sup>1</sup> "Fitch: Latest ACA Bill Includes Medicaid Repeal and Replace Provisions for States", <https://www.fitchratings.com/site/pr/1029238>.

marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to increase by 20 percent. Furthermore, by replacing the financing of the ACA's financial assistance with a block grant without any guarantee that states would direct their temporary block grant funds toward financial assistance, this proposal puts the individuals who currently rely on financial assistance at risk for sharply higher out-of-pocket costs and coverage loss.

Beyond the impact of this proposal on individuals, insurers currently selling in the Illinois' Marketplace would face extreme uncertainty. Because this proposal allows states to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves from unpredictable claims costs or choose to exit the marketplace completely. This means that consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums and no guarantee of financial assistance to shield them from the increasing out-of-pocket costs.

This will ultimately force the 3,000 Illinoisans with HIV who gained marketplace coverage to turn to the AIDS Drug Assistance Program, dramatically increasing the need for funding and likely will result in wait lists for life-saving medications.

#### **Eliminates critical consumer protections.**

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA - the prohibition on charging higher premiums based on a person's health status or a preexisting condition. This means that in states that choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a preexisting condition. Additionally, this proposal allows states to waive the requirement that insurers cover essential health benefits including mental health services, substance abuse treatments and maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT community) or consumers with specific chronic conditions (e.g. mental health or substance use disorders). For example, this could return us to a time when insurers only covered short-term, minimal treatment for mental health or substance use disorders, if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment.

#### **Lacks transparency and opportunity for meaningful input.**

We believe that everyone should have a say in the decisions that affect their health. With only one hearing scheduled days before a possible vote, and without a full CBO score to properly evaluate the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for a true evaluation of and meaningful input on the policies in this proposal that would affect millions of people and one sixth of the US economy. We encourage a return to "regular order," as requested by many members of the Senate and

supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to weigh in.

Sincerely,

Alaina Kennedy  
AIDS Foundation of Chicago

September 25, 2017

Chairman Orrin Hatch  
Senate Committee on Finance  
104 Hart Office Building  
Washington, DC 20510

Ranking Member Ron Wyden  
Senate Committee on Finance  
221 Dirksen Senate Office Building  
Washington, DC 20510

Submitted by email to [GCHcomments@finance.senate.gov](mailto:GCHcomments@finance.senate.gov)

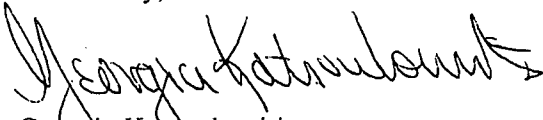
Re: Graham-Cassidy-Heller-Johnson Health Care Proposal (H.R. 1628)

Dear Chairman Hatch and Ranking Member Wyden:

We submit this statement to express our strong opposition to passage of H.R. 1628. The Massachusetts Law Reform Institute is a state-wide poverty law and policy center with decades of experience with health reform in Massachusetts. We are proud that Massachusetts has achieved the highest rate of insurance coverage of any state in the nation. As lawyers for poor people we have seen at first-hand how access to affordable health care has improved the well-being of our state's most vulnerable citizens while maintaining high rates of employer-based coverage and a robust commercial insurance market for individuals and small groups.

Passage of H.R. 1628 would be harmful to Massachusetts and to the nation as a whole. It is unconscionable that Congress would consider voting on a major health reform bill with only a single hearing, and insufficient time for a complete analysis by the Congressional Budget Office. We urge you not to move forward with this ill-considered proposal.

Yours truly,



Georgia Katsoulomitis,  
Executive Director

CC: Senator Elizabeth Warren  
Senator Edward Markey

Senate Committee on Finance  
Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
September 25, 2017

Vote NO! on the Graham-Cassidy Bill

I will simply state that I don't understand what motivates a human being to seek to deny healthcare to others. These actions kill people. Do the right thing; please keep the ACA and work to make it better for everyone.

I am very grateful for the ACA. I require coverage for a condition that requires maintenance medication. I maintain my good health, but this condition is not something that can be treated without medication. It would also be considered a pre-existing condition, and I could be denied coverage without the ACA. No medication = dire repercussions for me.

In 2014, the ACA gave me the opportunity to leave my low level job and explore another form of employment without fear of losing my health insurance coverage / medication. Although I was unemployed for 4 months, I maintained my health coverage through the ACA while I sought better opportunities. I am a much happier and productive member of society in my new occupation.

Yet the possibility of losing my job without the ACA to protect me from exorbitant, out-of-reach premiums, pre-existing condition coverage denials, impossible COBRA premiums, etc. scares the hell out of me. This society should provide care for all it's citizens, and not leave the poorest and sickest to struggle, suffer, and die. Killing the ACA is threatening our lives.

In 2015, my sister developed breast cancer. She had to undergo a double mastectomy and chemotherapy, and is now in remission, but the threat of cancer's return always looms. She is self-employed. Without the ACA, she would be "lumped" back into the high-risk pool, that would bar her from having insurance. The PREMIUMS WOULD BE TOO HIGH.

I have many more examples of the positive impacts that the ACA has had on myself and my loved ones. I reiterate that I don't understand what motivates a human being to seek to deny healthcare to others. These actions kill people. Do the right thing; please keep the ACA and work to make it better for everyone.

Thank you,  
Laura Decker

  
Austin, Texas 78741



# 1199SEIU

United Healthcare Workers East

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Gladys Wrenick  
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GENERAL COUNSEL  
Daniel J. Ratner

CHIEF FINANCIAL OFFICER &  
DIRECTOR OF ADMINISTRATION  
Michael Cooperman

September 25, 2017

Honorable Ben Cardin  
United States Senate  
Washington, DC

Dear Senator Cardin:

On behalf of over 10,000 health care workers represented by 1199SEIU Maryland/DC United Healthcare Workers East, we thank you, and Senator Van Hollen, for your leadership in the fight to ensure everyone receives the healthcare they deserve. We also commend you for opposing the Graham-Cassidy Plan.

1199SEIU, Maryland's largest health care union, represents frontline care givers in almost every stage of the health care delivery process in long-term care facilities, clinics, and hospitals. Over the past nine months, our members and their patients watched in horror as Senate Republicans and President Trump rushed plan after plan to lawmakers without public input. We demand care not chaos.

1199SEIU partnered Maryland Healthcare for All and others to hold forums where people told stories of Medicaid saving their lives and lives of loved ones, nursing home residents, and patients. Please share the following heart wrenching stories of 1199SEIU members with the Senate Finance Committee:

"After the passage of the ACA I treated patients in the ER whose blood work was so poor that I couldn't believe they were still alive. When I asked them when the last time they went to the doctor, they reply years because they have not had coverage. It will be devastating and people will die if they lose coverage again."

- Angela Simpson, Prince George's Hospital Emergency Room Nurse

"I treated several real estate agents who qualified for Medicaid after the 2008 crash. To lawmakers I say: It is not our job is not to decide who lives and who dies. And to everyone else I warn that you should never be too proud or naive to think you will not need a safety net."

- Dr. Andrea Speedie, Chase Brenton Federally Qualified Health Center

We look forward to working with you for quality, affordable, healthcare for all,



Patricia Lippold, Political Director, 1199SEIU United Healthcare Workers East

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DATE: September 25, 2017

TO: Finance Committee of the United States Senate

CC: Senator Dick Durbin, Senator Tammy Duckworth

FROM: Heather O'Donnell – Senior Vice President of Public Policy and Advocacy at Thresholds

SUBJECT: Testimony related to the Hearing to Consider the Graham-Cassidy-Heller-Johnson Amendment scheduled for September 25, 2017

Dear Chairman Hatch, Ranking Member Wyden, and Honorable Committee Members,

I submit this testimony on behalf of Thresholds to express our opposition to the Graham-Cassidy-Heller-Johnson Amendment to H.R. 1628, the American Health Care Act of 2017. Furthermore, we urge Congress to reject any efforts that would result in the loss of healthcare coverage or the reduction of benefits.

Thresholds has been providing community-based mental health and substance use treatment services for over 50 years. We provide care to more than 15,000 individuals across seven counties in northern Illinois including the greater Chicagoland area. We are proud to provide a full range of services to people living with serious and persistent mental health and substance use conditions including psychiatry, therapy, housing, case management, medication monitoring, and supported education and employment.

Repealing the Affordable Care Act (ACA) has very serious implications. Recent census data indicates that uninsured rates are at all-time lows due in large part to the ACA. Today, 93% of Illinoisans have healthcare coverage<sup>1</sup> which has paved the way for unprecedented access to mental health and substance use treatment. Across the nation, more than 30 million Americans have gained healthcare coverage through the ACA including more than 1 million in Illinois alone. Hundreds of thousands of these Illinoisans have a mental health and/or substance use condition.

If this amendment were to pass, the impact on Illinois would be disastrous. Shifting Medicaid expansion funds and the ACA's financial assistance into the "Market Based Health Care Block Grant Program," will cost Illinois \$8 billion dollars between 2020 and 2026. When the block grant expires, Illinois will lose \$10 billion in 2027 alone. In combination with other proposals in the bill, including a dangerous per-capita-cap for the traditional Medicaid program, Illinois will lose a total of \$135 billion in federal funding for healthcare, more than all but four other states.<sup>2</sup>

While no state could realistically make up for this level of divestment, Illinois is especially ill-prepared to withstand such deep cuts given the severity of our ongoing budget challenges. If this amendment were to become law, inevitably Illinois and other states will be forced to reduce benefits, eligibility, and rates for their Medicaid programs – devastating access for some of the most high need populations including children, the disabled, and those living with mental health and substance use conditions. Without treatment, mental health and substance use conditions do not just disappear – they

<sup>1</sup> US Census Bureau, Population Estimates – Illinois – July 1, 2016, <https://www.census.gov/quickfacts/fact/table/IL,US/PST045216>

<sup>2</sup> Avalere, Cumulative Change in Federal Funding to States Under GCHJ Compared to Current Law analysis, [http://avalere.com/expertise/life-sciences/insights/graham-cassidy-heller-johnson-bill-would-reduce-federal-funding-to-sta?utm\\_source=pressRelease&utm\\_medium=Twitter&utm\\_campaign=09-20-2017](http://avalere.com/expertise/life-sciences/insights/graham-cassidy-heller-johnson-bill-would-reduce-federal-funding-to-sta?utm_source=pressRelease&utm_medium=Twitter&utm_campaign=09-20-2017), issued September 20, 2017.

are life-long, chronic illnesses. Data shows that when treatment is no longer accessible, hospitalizations soar, driving up healthcare costs.<sup>3</sup>

As communities across Illinois and the nation combat a lethal opioid epidemic and a longstanding mental health crisis, now is not the time to cut Medicaid – a primary source of coverage and an avenue to treatment.

In addition to the gains in coverage, the ACA provides historic consumer protections that this amendment threatens to undermine. The plan risks protections for people living with pre-existing conditions such as a mental health or substance use condition. It also jeopardizes the guarantee of coverage for a core set of basic types of healthcare, known as Essential Health Benefits, which includes mental health and substance use treatment.

Moreover, the non-partisan Congressional Budget Office (CBO) announced that they will only issue a partial score for this legislation. The preliminary score will be limited to the federal budget implications. This assessment will not include estimated losses to coverage and changes in premiums, meaning we cannot be sure what this bill will mean for the tens of millions of Americans who have gained coverage under the ACA. Absent a full mark-up, it would be premature to advance this proposal.

We urge the Senate and the House to slow down this process and to thoroughly vet proposals through both a fiscal impact and human impact lens. We suggest that a full CBO score be completed and reviewed, and that public hearings are held to allow for a robust and informed dialogue prior to any action being taken on this or other healthcare repeal efforts. We also encourage members of Congress to work together on a bipartisan basis to develop solutions that strengthen access to coverage and improve the quality and affordability of benefits.

Thank you for the opportunity to submit comments on this critical issue. For more information, please contact me at

Sincerely,



**Heather O'Donnell**  
Senior Vice President – Public Policy and Advocacy  
Thresholds

---

<sup>3</sup> Thresholds, *The Path Forward: Investing in the Illinois Community Mental Health System*, November 2013 (Illinois behavioral health hospitalizations spiked by 19% when over \$100M in cuts to mental health treatment resulted in people losing access to services).

**STATEMENT OF**  
**Arizona's Children Association**  
for the

**Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal**

before the  
**Senate Finance Committee**

**September 25, 2017**

Address: [REDACTED]

**CONTACT: Denise Ensdorff, President & CEO**

Arizona's Children Association, a statewide agency, serves over 40,000 children and families a year. We've been providing needed services for children and families for as long as Arizona has been a state. We provide child welfare services as well as behavioral health services and the impact of this proposed bill will result in Arizona neglecting the needs of our children.

Over 60,000 Americans lost their lives to opioid drug overdoses in 2016. The death toll by drug overdose exceeds the highest mortality years associated with AIDS, car crashes, and gun violence and has become the leading cause of death for Americans. Of the 1 million children in the foster care system, more than 1/3 are connected to abuse, neglect or death of their parent or caregiver from an opioid addiction. This number has grown dramatically—up from 18.5 percent just seven years ago. Conversations around health care reform have largely failed to address the growing epidemic of opioid addiction and the direct impact on the lives of our country's children.

Under the proposed health care reform bill in Senate, the Medicaid program would be reduced by billions of dollars, resulting in less access to care for those parents and caregivers struggling with opioid addiction. Children of these individuals will suffer twice as much because they too rely heavily on the Medicaid program.

#### **Children in the child welfare system are uniquely vulnerable**

- Children in foster care have such unique vulnerabilities and health disparities that the American Academy of Pediatrics classifies them as a population of children with special health care needs.
- One third of children in foster care have a chronic medical condition, and 60 percent of those under age 5 have developmental health issues.
- Up to 80 percent of children entering foster care have a significant mental health need.
- Children in foster care face greater health needs because of their experiences of complex trauma, including abuse, neglect, witnessed violence, and parental substance use disorders.

#### **The number of children in the child welfare system is growing**

- As of the end of FY 2015, there were 427,910 children under the custody of their state in an out-of-home care setting, including a family foster home or treatment institution.
- In 2015, parental substance use was a factor leading to removal from the home for nearly a third of children, compared to just below 25 percent in 2005.
- In 2015 approximately 1 million children received Medicaid coverage through their involvement with the child welfare system.
- Children fare best when they are raised in families equipped to meet their needs. Medicaid's unique and comprehensive Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit equips families to care for abused and neglected children in foster or kinship care and adoption by giving them access to the range of physical and mental health services they need.

#### **Medicaid changes would hurt vulnerable children in foster care and undermine adoptions**

- Per capita caps and block grants would dramatically reduce funding for Medicaid. These cuts would lead states to reduce costs, resulting in reduced access to care and inadequate services for children in foster care.
- Children unable to receive treatment for their chronic behavioral and physical health conditions would be difficult to place in foster and kinship caregiver homes, leading to increased youth homelessness.

- Medicaid coverage serves as an incentive and assurance for families adopting a child with special needs from foster care. Families would be less likely to consider these adoptions without the assurance of Medicaid to meet their children's complex health needs.



north carolina  
**JUSTICE CENTER**

September 25, 2017

Senate Committee on Finance  
Attn. Editorial and Document Section  
Rm. SD-219  
Dirksen Senate Office Bldg.  
Washington, DC 20510-6200  
Submitted electronically via [GCHcomments@finance.senate.gov](mailto:GCHcomments@finance.senate.gov)

Re: Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal (September 25, 2017)

Dear Chairman Hatch, Ranking Member Wyden, and Ranking Member Burr:

We the undersigned write to voice our collective opposition to the Graham-Cassidy-Heller-Johnson proposal. We are very discouraged that instead of continuing down a bipartisan path and working on issues to improve the strength and stability of the Affordable Care Act's (ACA) marketplaces, the sponsors of this legislation have put forward a proposal that will:

- Eliminate the financial assistance that helps North Carolinians with low and moderate incomes purchase health care coverage;
- Prevent North Carolina from increasing access to Medicaid in the future and end expanded Medicaid coverage that helps millions of adults with low incomes in other states;
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of seniors with low incomes, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths;
- Undermine essential protections for people with pre-existing conditions;
- Resurrect *and worsen* the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

The Graham-Cassidy-Heller-Johnson (GCHJ) proposal threatens the health and financial security of millions of North Carolinians, including older adults, families with low and moderate incomes, people living with disabilities, women, veterans, and people with pre-existing conditions. The Kaiser Family Foundation estimates that GCHJ slashes federal health care funding for North Carolina by \$8.1 billion dollars between 2020 and 2026, and Avalere projects that the total losses in federal health care funding would grow to \$98 billion by 2036. While the estimates vary across third party groups – whether they be the Kaiser Family Foundation, Avalere, Manatt, or the Center on Budget and Policy Priorities – they all agree that North Carolina is a financial loser under this bill.

The proposal does nothing to improve affordability or availability of coverage for consumers and will likely result in at least 1.1 million North Carolinians losing coverage by 2027 and will

undermine the financial stability of our health care system and place additional fiscal strains on our state budget. Below we've laid out in more detail our concerns with this proposal and the devastating impact it will have on consumers in our state.

### **GCHJ eliminates programs that serve as a lifeline for families with low and moderate incomes**

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA's Medicaid expansion, preventing states like North Carolina from increasing access to the program in the future. It also eliminates the ACA's premium tax credits that roughly half a million North Carolinians with low and moderate incomes rely on to afford coverage in the individual market. Although it replaces this funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to former enrollees. After all, the block grant is inadequate to pay for comparable benefits. From 2020 through 2026, North Carolina would see a 14 percent reduction (\$5.7 billion) of federal ACA funds through these block grants compared to projected spending under current law, according to the Kaiser Family Foundation.

Adding insult to injury, the block grant ends in 2027, leaving states and former enrollees with no help whatsoever. It is unlikely that Congress would reauthorize additional funds for these programs at a later date because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream – something that would be extremely difficult, if not impossible.

### **GCHJ caps Medicaid, threatening care for seniors with low incomes, children, consumers with substance use disorders, and people living with disabilities**

This proposal also threatens the care of millions of seniors with low incomes, children and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. By capping and slashing funding for North Carolina's Medicaid program by \$2.4 billion between 2020 and 2026, the per capita cap will force North Carolina to cut payments to health care providers, eliminate optional services, and restrict eligibility for enrollment – all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Since children make up almost one-half of the Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would also face painful cuts, since Medicaid is the primary payer for long-term services and supports. Community Based Services – the services that keep people with cognitive and physical impairments home and in their communities – are “optional” in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment is especially high.



### **GCHJ pushes massive new costs and logistical burdens onto states**

Under this proposal, the federal government would cap its payments to states for most Medicaid enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving North Carolina with insufficient funding to meet its current obligations. In addition, states would be fully exposed to any unexpected health care cost increases, such as from a natural disaster, an aging population or medical innovations.

Because federal dollars for Medicaid account for about 20% of state budgets, FitchRatings “believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond.”<sup>1</sup> Federal Medicaid dollars account for 66.5 percent of all federal funding in North Carolina’s budget, which is greater than any other state without a Medicaid expansion. By pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals.

On top of that, the bill would require North Carolina and other states to design new programs using the block grants. Under GCHJ, it is unlikely that the HealthCare.gov federal platform would continue to conduct eligibility determinations and enrollment functions for the states, meaning that each state would have to design and implement an entirely new infrastructure for providing access to affordable health care. Moreover, the block grants in GCHJ are temporary, which is highly likely to discourage states from investing heavily into designing and implementing new systems and infrastructure without the certainty of continued funding in 2027 and beyond. States that pursue ambitious state programs would lose any flexibility whatsoever in 2027 and beyond when the funds disappear. As we’ve indicated above, it is unlikely that Congress will authorize continued funding for 2027 and beyond should GCHJ be ratified into law; this leaves states with a nearly impossible task.

### **GCHJ increases premiums and out-of-pocket costs and destabilizes the individual market**

By repealing the individual mandate and eliminating advanced premium tax credits and cost sharing reductions, this proposal would drive up premiums and cause insurers to exit the ACA’s marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to increase by 20 percent. Furthermore, by replacing the financing of the ACA’s financial assistance with a block grant without any guarantee that states would direct their temporary block grant funds toward financial assistance, this proposal puts the nearly half a million North Carolinians who currently rely on financial assistance at risk for sharply higher out-of-pocket costs and coverage loss. Older adults in particular would suffer under this bill. AARP estimates that a 60 year old North Carolinian making \$25,000 a year would see their premiums and out-of-pockets increase by \$20,716 in 2020 under GCHJ.

Beyond the impact of this proposal on individuals, insurers currently selling in the North Carolina individual market would face extreme uncertainty. Because this proposal allows states

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<sup>1</sup> “Fitch: Latest ACA Bill Includes Medicaid Repeal and Replace Provisions for States”, <https://www.fitchratings.com/site/pr/1029238>.

to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves from unpredictable claims costs or choose to exit the marketplace completely. This means that consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums and no guarantee of financial assistance to shield them from the increasing out-of-pocket costs.

### **GCHJ eliminates critical consumer protections**

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA: the prohibition on charging higher premiums based on a person's health status or a pre-existing condition. This means that in states that choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a pre-existing condition.

Additionally, this proposal allows states to waive the requirement that insurers cover essential health benefits including mental health services, substance abuse treatments and maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT community) or consumers with specific chronic conditions (e.g. mental health or substance use disorders). For example, this could return us to a time when insurers only covered short-term, minimal treatment for mental health or substance use disorders, if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment. It would also put women disproportionately at higher risk of large out of pocket costs for the care they need; previous CBO scores suggested that states would waive requirements for insurers to cover maternity benefits, forcing women of child-bearing age to go without that coverage and incur massive costs, or forcing them to purchase expensive maternity riders that could cost \$1,000 per month.

While many states may claim now that they would not reinstate explicit discrimination against people with pre-existing conditions under this proposal, other elements of the proposal, including the repeal of the individual mandate, would result in adverse selection and an increasingly unbalanced risk pool. As premiums increase and enrollment shrinks in a community rated risk pool that lacks an enrollment incentive (with neither the “stick” provided by the individual or the “carrot” of ACA financial assistance), state lawmakers and regulators will face pressure to implement these kinds of policies in order to prevent death spirals in their markets.

### **GCHJ lacks transparency and opportunity for meaningful input**

With only one hearing scheduled days before a possible vote, and without a full CBO score to properly evaluate the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for both a true evaluation of and meaningful input on the policies in this proposal that would affect millions of people and one-sixth of the U.S. economy. We encourage a return to regular order, as requested by many members of the Senate and

supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers, and state policymakers to weigh in.

Sincerely,

Action NC  
Charlotte Center for Legal Advocacy  
Coalition for Health Care of North Carolina  
Equality North Carolina  
Health Care for All NC  
Health Care Justice NC  
NARAL Pro-Choice North Carolina  
NC Aids Action Network  
NC Child  
NC MomsRising  
NC National Organization for Women  
NC Women Matter  
North Carolina Justice Center  
North Carolina League of Women Voters  
Pisgah Legal Services  
Planned Parenthood Votes! South Atlantic  
Progress NC  
Women's Forum of North Carolina  
Working America North Carolina  
Leslie Boyd, Community Health Advocate and NC NAACP Health Care Committee member



**Senate Committee on Finance**  
**Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal**

**September 25, 2017**

Statement Submitted by  
Linda Goler Blount, President & CEO,  
Black Women's Health Imperative

**[REDACTED]**  
Suite 940  
Washington, D.C. 20003

September 25, 2017

The Honorable Orrin Hatch  
Chairman  
Committee on Finance  
United States Senate

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
United States Senate

**Statement for the record submitted to the U.S. Senate Committee on Finance**

Dear Chairman Hatch, Ranking Member Wyden, and Members of the Senate Committee on Finance:

The Black Women's Health Imperative is the only national organization solely dedicated to improving the health and well-being of the nation's 21 million Black women and girls. As such, we are vocal on issues that we believe will impact this population. We write you today regarding the hearing to consider the Graham-Cassidy-Heller-Johnson Proposal ("the Graham-Cassidy proposal") to express our concern about its impact on Black women and their families. It is our belief that access to quality, affordable health care is a basic human right, regardless of race, gender, income, or zip code. The Graham-Cassidy proposal will dismantle the positive progress made by the Affordable Care Act (ACA), especially for marginalized communities such as Black women.

Historically, Black women have faced significant barriers to accessing quality and affordable health care, which has substantially contributed to a litany of health disparities that we have seen in this country. For example, Black women are twice as likely to suffer from heart disease as a result of high rates of chronic health conditions such as obesity, elevated cholesterol, high blood pressure and diabetes.<sup>1</sup> Also, while Black women have slightly lower breast and cervical cancer incidence rates than their white counterparts, Black women are more likely to die from these cancers.<sup>2</sup> Black women are also up to four times more likely than white women to die from pregnancy-related causes.<sup>3</sup>

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<sup>1</sup> *Women and Heart Disease Fact Sheet*, Centers for Disease Control & Prevention (2016)  
[https://www.cdc.gov/dhdsp/data\\_statistics/fact\\_sheets/fs\\_women\\_heart.htm](https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_women_heart.htm).

<sup>2</sup> *Press Release, NCI Launches Largest Ever Study of Breast Cancer Genetics in Black Women*, National Cancer Institute (2016) <https://www.cancer.gov/news-events/press-releases/2016/breast-cancer-genetics-black-women>; see also *Cervical Cancer Rates by Ethnicity*, Centers for Disease Control & Prevention (2016)  
<http://www.cdc.gov/cancer/cervical/statistics/race.htm>.

<sup>3</sup> *The State of Black Women & Reproductive Justice* (2017) [http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices\\_Report\\_final.pdf](http://blackrj.org/wp-content/uploads/2017/06/FINAL-InOurVoices_Report_final.pdf).

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The ACA has been critical in moving towards the elimination of health disparities that Black women and their families face. Between 2013 and 2015, among Black Americans, the percentage of uninsured working age adults, those skipping care because of medical costs, and those lacking a usual source of care greatly increased causing the narrowing of racial disparities between Blacks and Whites.<sup>4</sup> The ACA requires that all plans in the individual and small group markets include ten specified essential health benefits (EHBs), which include services essential to Black women's overall health such as preventive and wellness services, mental health and substance use disorder services, and prescription drugs. Generally, since the ACA went into effect, 55 million women have accessed screening mammograms, HIV and sexually transmitted infection screenings, contraceptive counseling and well-woman visits.<sup>5</sup> Moreover, the ACA's contraceptive coverage mandate has saved women approximately \$1.4 billion in out-of-pocket costs since it went into effect.<sup>6</sup> In addition, much of the narrowing of health disparities has been the result of low-income Americans gaining access to health insurance. Specifically, the percentage of low-income uninsured Black women decreased from 26 percent to 16 percent from 2012 to 2016.<sup>7</sup> The expansion of Medicaid enacted through the ACA has provided a significant source of coverage for millions of women, and has been critical to improving both maternal and child health outcomes by providing access to comprehensive health care services, including preconception services, for women who will or plan to conceive.<sup>8</sup> The results of the ACA have proven that providing Black women with health care services with these covered benefits leads to better prevention and management of serious health conditions that impact Black women and other populations of color, as well as low-income populations.

The Graham-Cassidy proposal seeks to repeal key provisions from the ACA that have been critical in increasing positive health outcomes for Black women. Nearly 7 million women and girls selected a private insurance marketplace plan during the 2016 open enrollment period.<sup>9</sup> The majority relied on the ACA's federal subsidies to help make their coverage more affordable. This proposal aims to eliminate this financial assistance — income-based premium tax credits and

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<sup>4</sup> The Commonwealth Fund, *Reducing Racial and Ethnic Disparities in Access to Care: Has the Affordable Care Act Made a Difference?* (Aug. 2017) [http://www.commonwealthfund.org/~media/files/publications/issue-brief/2017/aug/hayes\\_racial\\_ethnic\\_disparities\\_after\\_aca\\_ib.pdf](http://www.commonwealthfund.org/~media/files/publications/issue-brief/2017/aug/hayes_racial_ethnic_disparities_after_aca_ib.pdf).

<sup>5</sup> *Preventative Care Benefits for Women*, Health Care (2016) <https://www.healthcare.gov/preventive-care-women/>.

<sup>6</sup> *The Affordable Care Act's Birth Control Benefit is Working for Women*, National Women's Law Center (2016) <https://nwl.org/resources/the-affordable-care-acts-birth-control-benefit-is-working-for-women/>.

<sup>7</sup> The Commonwealth Fund, *How the Affordable Care Act Has Helped Women Gain Insurance and Improved Their Ability to Get Health Care* (Aug. 2017) [http://www.commonwealthfund.org/~media/files/publications/issue-brief/2017/aug/gunja\\_women\\_hlt\\_coverage\\_care\\_biennial.pdf](http://www.commonwealthfund.org/~media/files/publications/issue-brief/2017/aug/gunja_women_hlt_coverage_care_biennial.pdf).

<sup>8</sup> See Amy Chen & Daphne Wilson, National Health Law Program, *How Medicaid Expansion Benefits Maternal and Child Health* (Apr. 2017) <http://www.healthlaw.org/publications/browse-all-publications/how-medicare-expansion-benefits-maternaland-child-health>.

<sup>9</sup> U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, *Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report* (March 2016) <https://aspe.hhs.gov/system/files/pdf/187866/Finalenrollment2016.pdf>.

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cost-sharing reductions effective January 1, 2020. Taken together, these changes would raise premiums, increase deductibles, and make it harder for many low- to moderate-income Black women to afford health coverage.

The proposal also seeks to decimate Medicaid, a safety-net program that is disproportionately comprised of vulnerable women of color. The Graham-Cassidy proposal would cap Medicaid spending and eliminate Medicaid expansion. Medicaid is a critical source of reproductive health services for low-income women, covering half of all births in the United States and three quarters of all publicly funded family planning services. Nearly 1 in 3 Black women of reproductive age are enrolled in Medicaid.<sup>10</sup> Converting Medicaid to a block grant or a per capita system and ending Medicaid expansion will result in states being forced to cut benefits, enrollment, and reimbursements to providers. In addition, the harmful work requirements encouraged through this proposal would also cut enrollment and remove health care access for a population in desperate need of medical services. Without Medicaid coverage, low-income Black women lose access to preventative services, reproductive health services, education and counseling, and many other life-saving health care services.

The Graham-Cassidy proposal, like previous ACA repeal bills, targets Planned Parenthood by barring reimbursements to the organization and prohibiting the organization from participating in the Medicaid program for one year. This essentially results in the nation's most vulnerable citizens being denied access to life-saving and life-altering medical care from a trusted, reliable, and available provider of their choice. Currently, Planned Parenthood services nearly one-third of all women in need of publicly funded birth control.<sup>11</sup> Since federal funds are already restricted from being used to cover abortion services in almost all circumstances under the Hyde Amendment, defunding Planned Parenthood eliminates access to essential preventative care, contraceptives, tests and treatment for sexually transmitted infections, and breast and cervical cancer screenings. As a result, in some areas of the country, particularly rural areas, people would lose access to critical reproductive health services. These rural areas are much more likely to have high percentages of low-income black women.<sup>12</sup> This decision would not only impact Planned Parenthood clinics, but also other safety-net providers such as community health centers, which lack the capacity to absorb the 2.5 million Planned Parenthood clients — Medicaid enrollees and the non-Medicaid patients impacted by defunding.<sup>13</sup>

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<sup>10</sup> Supra note 3.

<sup>11</sup> Liz Galst, *No, Community Health Centers Cannot Absorb Planned Parenthood Patients* (Jan. 19, 2017) <https://www.plannedparenthoodaction.org/blog/no-community-health-centers-cannot-absorb-planned-parenthood-patients>.

<sup>12</sup> *Access To Obstetric Services In Rural Counties Still Declining, With 9 Percent Losing Services, 2004–14*, Health Affairs, (Sept. 2017).

<sup>13</sup> Jennifer Frost and Kinsey Hasstedt, *Quantifying Planned Parenthood's Critical Role In Meeting The Need For Publicly Supported Contraceptive Care*, Health Affairs Blog (Sept. 8, 2015)

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Finally, the Graham-Cassidy proposal grants states the overwhelming authority to determine which health care services are considered essential for mandatory insurance coverage, which sets up different standards of care across the country. The elimination of the current EHB protections, including maternity coverage, will only make it harder for Black women to prevent unintended pregnancy, have a healthy pregnancy, and raise a family. Given the higher rates of maternal mortality for Black women, these cuts could be deadly.<sup>14</sup> In addition, states that choose to modify or eliminate EHBs would likely offer less than adequate plans for people with living with pre-existing conditions resulting in rising premiums and increasing out-of-pocket costs for this subset of the population. Because Black women are disproportionately affected by health conditions that could be considered pre-existing conditions such as breast and cervical cancers, and pregnancy they will be more susceptible to health insurance that is financially out of their reach.

Overall, the Graham-Cassidy proposal will not only remove a safety net for Black women and their families but will also reverse the progress made by the ACA, which has resulted in the narrowing of health disparities. Unaffordable health coverage has the ability to jeopardize the economic security of Black women and their families due to higher out-of-pocket costs, which have been shown to cause serious financial difficulty such as bankruptcy.<sup>15</sup> So, instead of supporting a proposal that will physically, mentally, and financially devastate millions of Americans, we should be building upon the progress we have made through the ACA and work to make it even more effective in improving the health outcomes of not just Black women but all Americans. We encourage you and your Senate colleagues to return to regular order and work together in a true bipartisan fashion to ensure all Americans have access to the quality, affordable health care they deserve.

Sincerely,



Linda Goler Blount  
President & CEO  
Black Women's Health Imperative

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<http://healthaffairs.org/blog/2015/09/08/quantifying-planned-parenthoods-critical-role-in-meeting-the-need-for-publicly-supported-contraceptive-care/>.

<sup>14</sup> Supra note 3.

<sup>15</sup> Alison Kodjak, *Medical Bills Still Take a Toll, Even With Insurance*, NPR (Mar. 8, 2016)

<http://www.npr.org/sections/healthshots/2016/03/08/468892489/medical-bills-still-take-a-big-toll-even-with-insurance>.

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September 25, 2017

Honorable Chairman Orrin Hatch
Honorable Ranking Member Ron Wyden
Senate Committee on Finance
Rm. SD-219, Dirksen Senate Office Bldg.
Washington, DC 20510-6200

RE: Graham-Cassidy-Heller-Johnson Health Care Proposal

Dear Chairman Hatch & Ranking Member Wyden:

I write on behalf of Includa, Inc., a non-profit Medicaid Managed Care Organization managing long-term care services and supports to over 15,500 seniors and people with disabilities in a 51-county service region of Wisconsin. Our organization is responsible for paying for and coordinating care for seniors and people with disabilities with the goal of maximizing autonomy and supporting a person-centered and community-focused approach to service-provision for each of the people we support. It is with those values in mind that we are gravely concerned about the proposed Graham-Cassidy-Heller-Johnson health care bill.

Graham-Cassidy-Heller-Johnson would eliminate the federal government's historic partnership with the states through the implementation of per capita caps, a new means of limiting federal Medicaid funding for all populations, including the program's traditional constituents: seniors, children and people with disabilities. Independent experts have estimated that the proposal would cut \$175 billion from traditional Medicaid between 2020 and 2026, a cut with dire consequences for seniors and people with disabilities who are dependent on the program for long term services and supports1.

In Fiscal Year 2015, Wisconsin received \$4.85 billion in federal funding for its Medicaid program, requiring a commitment of \$3.36 billion in state funds2. As of February 2017, 219,909 of Wisconsin's 1,189,361 Medicaid enrollees were seniors and people with disabilities3. These 18.5% of Medicaid beneficiaries constitute a disproportionate share of Medicaid costs, and will be adversely impacted by

1 Center on Budget and Policy Priorities (CBPP). "Like Other ACA Repeal Bills, Cassidy-Graham Plan Would Add Millions to Uninsured, Destabilize Individual Market" Washington, DC: CBPP, September 20, 2017. https://www.cbpp.org/research/health/like-other-aca-repeal-bills-cassidy-graham-plan-would-add-millions-to-uninsured#\_ftnref1

2 Medicaid and CHIP Payment Advisory Commission (MACPAC). "MACStats: Medicaid Spending by State, Category, and Source of Funds." Washington, DC: MACPAC, December 2016. https://www.macpac.gov/publication/medicaid-spending-by-statecategory-and-source-of-funds/

3 Wisconsin Department of Health Services. "Monthly Enrollment By Category." Madison, WI: 2017. https://www.forwardhealth.wi.gov/wiportal/Tab/42/icscontent/Member/caseloads/enrollment/MonthlyEnrollment.pdf.spage

reductions in federal funding. As of FY 2014, 43.2% of Wisconsin's Medicaid spending went towards long term services and supports to seniors and people with disabilities<sup>4</sup>.

We believe there are better ways to control Medicaid funding than per capita caps. To help control costs and improve quality with respect to long term services and supports to seniors and people with disabilities, Wisconsin established the Family Care program in 1999. Under Family Care, regional managed care organizations were created and tasked with serving as the payer for long term services and supports to eligible Medicaid beneficiaries with disabilities in exchange for a capitated payment from the state. This managed care arrangement allowed for greater predictability in state Medicaid spending on LTSS while also empowering local entities to build infrastructure and effectively coordinate care with full knowledge of their local communities.

Wisconsin's Family Care system represents a national model for successful Managed Long Term Services and Supports as an instrument of improving cost and quality. Under Family Care, Wisconsin has continued to transition seniors and individuals with disabilities out of nursing homes and institutions and into more cost-effective and higher quality community-based settings. Because of Family Care, Wisconsin now enjoys a level of community integration for its seniors and people with disabilities well above the national average.

In addition, Family Care has allowed for more local capacity in case management and provider relations, giving members and their families the opportunity to receive support rooted in their own communities. A 2013 analysis from the Department of Health Services found that expanding Family Care to the fifteen counties not currently served (a process that should be completed by 2018) would reduce spending growth by \$34.7 million over the next ten years<sup>5</sup>.

In short, while we understand the importance of shifting towards more cost-effective means of managing Medicaid services, we believe there to be a better way. As such, we recommend that you reject Cassidy-Graham-Heller-Johnson and return to bipartisan discussions on how to improve our nation's health care system. Seniors and people with disabilities across the country now look to you to protect our nation's healthcare safety net for all.

Sincerely,



Mark K. Hilliker  
Chief Executive Officer



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<sup>4</sup> Eiken, Steve, Kate Sredl, Brian Burwell, and Paul Saucier. "Medicaid Expenditures for Long-Term Services and Supports in FY 2014." Bethesda, MD: Truven Health Analytics, April 2016.  
<https://www.medicare.gov/medicaid/ltss/downloads/ltss-expenditures-2014.pdf>

<sup>5</sup> Joint Committee on Finance. "Long Term Care Expansion Report." Madison, WI: Wisconsin Department of Health Services, December 2013. <https://www.dhs.wisconsin.gov/publications/p0/p00590.pdf>

To: Senate Finance Committee, for Sept. 25, 2017 hearing on Graham Cassidy

GrahamCassidy is not a responsible replacement for the ACA. The one committee hearing the finance committee is holding today is not sufficient for so serious and complex an issue. Graham Cassidy has little support from physician/patient groups. It effectively has little in terms of "replacement" for an estimated 32 million. There is no complete CBO score, no Democrat input, no real hearings with expert testimony. It is not clear that the bills delivery scheme will even work. This is "no health care" bill. If it were, much more thought and time would have been given to discussing it, more people would get coverage rather than fewer. Pew Research has determined that the majority of Americans support the ACA. Republicans want to keep a promise that is outdated with "nothing" aside from tax breaks for the 2%. Graham Cassidy is vile as written and removes protections for preexisting conditions, increases cost for the elderly, and puts children and veterans at further risk. This is not "health" care it is "wealth" care. Republicans aren't listening to the majority for the sake of the richest, Most Americans see and know the truth. Why can't the Senate act in good faith and make an honest attempt to work in a bipartisan fashion to fix the ACA.

Ms. Antoinette Hunter

[REDACTED]  
Austin, Texas 78746  
[REDACTED]



September 25, 2017

**Statement for the Record submitted to the Senate Committee on Finance:**

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal, Monday, September 25, 2017

Dear Chairman Hatch, Ranking Member Wyden, and members of the Senate Committee on Finance:

Kids Forward has been an advocate for Wisconsin children and families for 136 years. We urge you to oppose the Graham-Cassidy-Heller-Johnson Proposal, which would be a huge setback to the tremendous progress that has been made in recent years in increasing health insurance coverage. From 2013 to 2016, the number of uninsured Wisconsinites dropped by 218,000, a reduction of 42 percent.

The Graham-Cassidy bill would have a devastating impact on access to health for Wisconsinites, particularly those from marginalized and vulnerable communities. We are especially concerned that the proposed legislation would:

- cause millions of Americans to lose health insurance coverage by eliminating tax credits that help working families pay for health care;
- make premiums, co-pays and deductibles much larger for many low-income or older Americans, by sharply reducing total funding and providing less targeted subsidies for Marketplace plans;
- create great turmoil in the individual insurance Marketplace by forcing states to make substantial changes in the rules for those plans and giving them insufficient time to put the changes into effect;
- make deep cuts in Medicaid funding, which would gradually force Wisconsin to reduce services for many of the 1.1 million Wisconsinites who rely on Medicaid for their health care;
- undermine the current protections for people with pre-existing conditions by weakening the standards for essential health benefits; and
- make the health care system less efficient by eliminating the current provisions ensuring free access to cost-effective preventive care.

In addition to those substantive concerns, we are also extremely concerned about the rushed and opaque process being used to try to pass the Graham-Cassidy proposal. Passing such a huge bill before there is a Congressional Budget Office analysis of the impact of the effects on premiums and the number of uninsured Americans is a disservice to democracy and a terrible precedent.

Congress does need to pass health care legislation this week, but definitely not a bill that is expected to result in at least 20 million more uninsured Americans. Instead, it is critically important for you to pass bipartisan legislation that stabilizes the reauthorizes the individual insurance Marketplaces and provides funding for the Children's Health Insurance program and community health centers.

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Taylor".

Ken Taylor  
Executive Director





September 24, 2017

[REDACTED]  
Augusta, Maine 04330  
[REDACTED]

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of Maine Equal Justice Partners, I write to voice our extreme opposition to the Graham-Cassidy-Heller-Johnson proposal. Maine Equal Justice Partners is a nonprofit, nonpartisan legal aid organization representing the interests of Maine people with low income before the state and federal legislature, state agencies and in the courts. Nearly all those represented have incomes sufficiently low that they either qualify for Medicaid now, or would should our State accept the opportunity to expand coverage. Daily we see the value that Medicaid brings to Maine children and their families, seniors, and people with disabilities—keeping them healthy, enabling them to work, and in some cases, saving their lives. We believe that the Graham-Cassidy-Heller-Johnson bill would threaten the well-being of these vulnerable individuals and families.

We are deeply disappointed that instead of continuing down a bipartisan path and working on issues to improve the strength and stability of the Affordable Care Act's (ACA) marketplaces, the sponsors of this legislation have put forward a proposal that will:

- Eliminate the financial assistance that helps low- and moderate-income families purchase health care coverage, including the more than 79,000 people that purchase health insurance on Maine's Marketplace;
- End expanded Medicaid coverage that helps millions of low-income adults and we hope one day will help individuals in our State as well;
- Devastate Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths.
- Undermine essential protections for people with pre-existing conditions;
- Resurrect - *and worsen* - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of millions of Americans including older adults, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions. It does nothing to improve affordability or availability of coverage for consumers and will likely result in at least 161,000 Mainers losing coverage by 2027 and will undermine the financial stability of our health care system and place additional fiscal strains on our state budget. Below we've laid out in more detail our concerns with this proposal and the devastating impact it will have on consumers.

**A return to regular order from a process that right now lacks transparency and opportunity for meaningful input.**

We are also very disappointed and concerned about the lack of transparency and lack of opportunity for the public to provide meaningful comments on the proposal given the very short period of time provided to comment on a plan that has not yet been fully scored by the Congressional Budget Office. We believe that everyone should have a say in the decisions that affect their health, including those most at risk under this plan. With only one hearing scheduled days before a possible vote, and without a full CBO score to properly evaluate

the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for a true evaluation of and meaningful input on the policies in this proposal that would affect millions of people and one sixth of the US economy. We encourage a return to “regular order,” as requested by many members of the Senate and supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to offer valuable insight on this proposal.

**Eliminates programs that serve as a lifeline for low- and moderate-income families.**

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA’s successful Medicaid expansion, which has extended coverage to nearly 12 million newly eligible low-income adults. It also eliminates the ACA tax credits that 10 million low- and moderate-income people rely on to afford coverage in the individual market, including more than 79,000 here in Maine. Although it replaces this funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to former enrollees - and indeed the block grant is inadequate to pay for comparable benefits. Regardless, the block grant ends in 2027, leaving states and former enrollees with no help whatsoever. We do not believe it is likely that Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream – something that would be extremely difficult.

**Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.**

This proposal also threatens the care of millions of low-income seniors, children and people living with disabilities who relied on the Medicaid program well before enactment of the ACA. By establishing a per-capita cap and slashing funding for the traditional Medicaid program Maine would lose \$1 billion in federal funding for health care between 2020 and 2026; the cut would total \$9 billion between 2020 and 2036 according the Avalere. This could force Maine to cut payments to health care providers and health plans, eliminate optional services, and/or restrict eligibility for enrollment - all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Since children make up almost one-half of the Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would also face painful cuts, since Medicaid is the primary payer for long-term services and supports. We are acutely aware that the share of Maine seniors who are 85 or older will increase by 30 percent between 2025 and 2035, deepening this crisis even further. Community Based Services - the services that keep people with cognitive and physical impairments home and in their communities - are “optional” in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment is especially high.

**Pushes massive new costs onto states.**

All states, including Maine would take on new risks and costs because this proposal converts the overall Medicaid program into a per capita cap. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving Maine with insufficient funding to meet its current obligations. In addition, states would be fully exposed to any unexpected health care cost increases, such as from a natural disaster, an aging population or medical innovations.

Because federal dollars for Medicaid account for about 20% of state budgets, FitchRatings “believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond.”<sup>1</sup> And by pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals.

**Increases premiums and out-of-pocket costs and destabilizes the individual market.**

By repealing the individual mandate and eliminating advanced premium tax credits and cost sharing reductions, this proposal would drive up premiums and cause insurers to exit the ACA’s marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to increase by 20 percent. Furthermore, by replacing the financing of the ACA’s financial assistance with a block grant without any guarantee that states would direct their temporary block grant funds toward financial assistance, this proposal puts the nearly 80,000 Mainers who currently rely on financial assistance at risk for sharply higher out-of-pocket costs and coverage loss.

Beyond the impact of this proposal on individuals, insurers currently selling in the Maine’s Marketplace would face extreme uncertainty. Because this proposal allows states to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves from unpredictable claims costs or choose to exit the marketplace completely. This means that consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums and no guarantee of financial assistance to shield them from the increasing out-of-pocket costs.

**Eliminates critical consumer protections.**

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA - the prohibition on charging higher premiums based on a person's health status or a preexisting condition. This means that in states that choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a preexisting condition. Additionally, this proposal allows states to waive the requirement that insurers cover essential health benefits including mental health services, substance abuse treatments and maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT community) or consumers with specific chronic conditions (e.g. mental health or substance use disorders). For example, this could return us to a time when insurers only covered short-term, minimal treatment for mental health or substance use disorders, if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment.

Again, we reiterate our strong opposition to the Graham-Cassidy-Heller-Johnson proposal and encourage you to return to regular order that would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to participate in a meaningful way on this important proposal that could be damaging to Maine and every other state in the nation.

Sincerely,

*Ann Woloson*

Ann Woloson  
Policy Analyst

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<sup>1</sup> “Fitch: Latest ACA Bill Includes Medicaid Repeal and Replace Provisions for States”, <https://www.fitchratings.com/site/pr/1029238>.



NATIONAL COALITION  
FOR CANCER SURVIVORSHIP

*The power of survivorship. The promise of quality care.*

We offer the warnings about the lack of a transparent and open process again, with greater urgency. We understand that a significant revision of the Graham-Cassidy bill is soon to be released. One version of this revision – we understand there may be several iterations – would put cancer patients at even greater risk of being unable to purchase adequate health insurance. We would also point out that the Congressional Budget Office score that will be released will not be an analysis of the revised bill.

A bill – now revised – that puts so many Americans at risk should not be rushed through the legislative process.

The Committee on Finance should use the hearing on Monday, September 25, as a first step in a bipartisan effort at reform. The time of the committee should not be spent on consideration of a bill that may be released only minutes before the hearing.

We stand ready to participate in an open and deliberate process to improve Americans' access to affordable and adequate health insurance.

Sincerely,

A handwritten signature in black ink, appearing to read "Shelley Fuld Nasso".

Shelley Fuld Nasso, MPP  
Chief Executive Office





September 25, 2017

To the Honorable Members of the Senate Finance Committee  
Washington, DC 20510

**RE: Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal, Monday, September 25, 2017.**

Dear Members of the Senate Finance Committee:

On behalf of Lambda Legal, the nation's oldest and largest national legal organization defending the rights of lesbian, gay, bisexual, and transgender (LGBT) people and everyone living with HIV, we write in strong opposition to the Graham-Cassidy-Heller-Johnson Proposal. HR 1628 will cause millions of vulnerable people to lose life-saving health care coverage. The bill makes severe and harmful cuts to the Medicaid program, allows States to charge more for pre-existing conditions, and would remove access for LGBT people seeking critical services provided by Planned Parenthood.

**Eliminating Medicaid expansion and slashing the Medicaid program will significantly harm LGBT people, and other vulnerable communities.**

HR 1628's proposal to end Medicaid expansion and to slash funding for the program has serious consequences for LGBT people and their families. LGBT people experience high rates of poverty due to a lack of protection from discrimination, a refusal to recognize LGBT families, and a failure to adequately protect LGBT students. Over 20% of LGBT people living alone have annual incomes below \$12,000. Single LGBT adults raising children are three times more likely to have incomes near the poverty level than single straight adults raising children. Transgender people are nearly four times more likely than non-transgender people to have a household income under \$10,000.<sup>1</sup> The Affordable Care Act's Medicaid expansion has significantly improved insurance rates among LGBT people. Between 2013 and 2014, the number of uninsured LGBT adults with incomes less than 400% of the federal poverty level dropped by almost a quarter.<sup>2</sup> Eliminating the expansion will place those vulnerable populations who are already living near or below the poverty line at great risk of losing care and experiencing long-term negative health care outcomes.

Medicaid expansion has also been life-saving for people living with HIV and critical to efforts to combat the HIV/AIDS epidemic. Under traditional Medicaid's exacting categorical eligibility requirements, individuals with HIV frequently could not qualify for Medicaid coverage until their health deteriorated to the point where they qualified on the basis of disability because the disease has progressed to AIDS. Since Medicaid expansion however, the percentage of people living with HIV who are in care and receiving their care through Medicaid increased from 36% in 2012 to 42% in 2014 and for those below

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<sup>1</sup> Center for American Progress, Movement Advancement Project, *Paying an Unfair Price: The Financial Penalty for Being LGBT in America* (2014), available at <http://www.lgbtmap.org/file/paying-an-unfair-price-full-report.pdf>.

<sup>2</sup> Kellan Baker, Ashe McGovern, Sharita Grubert, and Andrew Cray, *The Medicaid Program and LGBT Communities: Overview and Policy Recommendations*, (August 9, 2016) available at <https://www.americanprogress.org/issues/lgbt/reports/2016/08/09/142424/the-medicaid-program-and-lgbt-communities-overview-and-policy-recommendations/>.

the federal poverty level, the uninsurance rate dropped from 22% to 15%.<sup>3</sup> Because treatment equals prevention when it comes to HIV, eliminating the expansion will not only result in significant harm to these groups, but will also negatively impact our ability to prevent new cases of HIV for those in vulnerable communities.

The Graham-Cassidy-Johnson bill also drastically cuts the Medicaid program overall by imposing a per capita cap, irrespective of a state's actual costs. As a result of the cap, individual states will be forced to make difficult choices imposed on them by the funding cuts and will have to contract eligibility, cut benefits, and/or reduce provider payments. Over time, the impact of these cuts will become more pronounced, as the per capita amount likely will increase slower than the actual cost of care per Medicaid beneficiary. Furthermore, a fixed block grant will not adjust to state or national economic conditions, such as a recession, and many people will be unable to obtain health care when they need it most.

### **HR 1628 Allows States to Charge More for Pre-Existing Conditions and Essential Health Benefits**

The bill provides a waiver system that lets states opt out of existing regulations that prohibit charging higher premiums based on one's medical history. If the bill passes, insurers can—and will—once again charge people higher premiums based on their medical history. To invoke the waiver, a state need only tender a description of how the State intends to maintain access to “adequate and affordable” health insurance for people with pre-existing conditions. Critically, the legislation fails to define “adequate” or “affordable,” and it is unclear what, if any, standard will be used to ensure that individuals with pre-existing conditions have meaningful access to necessary care. Prior to the ACA, many LGBT people and people living with HIV were forced to pay exorbitant premiums based on pre-existing conditions. HR 1628 would allow States to return to that practice, placing the lives of vulnerable people at great risk.

The bill also allows States to opt-out of the Affordable Care Act's Essential Health Benefits. This provision has been instrumental in ensuring that people have access to services and medications that are critical to their continued health and well-being. In particular, the Essential Health Benefits provision ensures that people living with HIV have necessary access to life-saving antiretroviral drugs. Allowing States to opt out of this provision likely will make it more difficult and costly for people living with HIV to obtain these life-saving treatments.

### **HR 1628 Cuts off Access to Planned Parenthood**

HR 1628 cuts off access to Planned Parenthood by defunding it. Planned Parenthood is one of the country's largest providers of transgender-inclusive health care and is a critical partner in HIV prevention. Every day, LGBTQ people depend on Planned Parenthood for essential health care, including STD and HIV testing, cancer screenings, and transition-related care. In many localities, Planned Parenthood health centers are the only places where LGBTQ people can find welcoming and inclusive care tailored to meet their needs.

### **HR 1628 Should Follow a Transparent Process**

We are deeply concerned that HR 1628 is being “fast-tracked” through the legislative process. Legislation that will drastically change the American health care system and affect one sixth of the

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<sup>3</sup> Jennifer Kates, *Insurance Coverage Changes for People with HIV Under the ACA* (Feb. 14, 2017) available at <http://www.kff.org/health-reform/issue-brief/insurance-coverage-changes-for-people-with-hiv-under-the-aca/>.



economy should move through a transparent and bipartisan process. A responsible and accountable legislative process for a bill—and especially a bill of this magnitude—should include comprehensive hearings, input from constituents, a comprehensive budget analysis and a complete floor debate.

We oppose HR 1628, and we urge you to vote no on this dangerous legislation.

Sincerely,

*Sasha J. Buchert*

Sasha Buchert  
Staff Attorney  
Lambda Legal

Monday, September 25, 2017

**Statement for the Record submitted to the Senate Committee on Finance: Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal**

Chairman Hatch, Ranking Member Wyden, and members of the Senate Committee on Finance:

The National Breast Cancer Coalition (NBCC) is a grassroots advocacy organization that links hundreds of groups and thousands of individuals from across the country into a dynamic, diverse coalition that gives breast cancer a meaningful voice in laboratories, health care institutions, and in local communities everywhere. We would like to take this opportunity to offer our comments for the record on the Graham-Cassidy-Heller-Johnson legislation.

Ensuring access to quality, evidence-based health care has long been a top priority for NBCC and is an essential component of our mission to end breast cancer. While we support research that will save lives, we recognize that in order for lives actually to be saved, women and men must have access to the interventions that result from research. NBCC works to identify, advocate for, and support the enactment and implementation of laws such as the “Affordable Care Act” (ACA) which mark important steps forward in achieving our goal of guaranteed access to quality health care for all.

*At my age and with my pre-existing conditions, repeal would mean my Obamacare would become Nocare. When I was first diagnosed with breast cancer twenty-four years ago, I was forced to spend much of my life savings despite the fact I had decent insurance. Then I was demoted and later lost my job. Cobra was expensive but not as bad as CoverColorado, the high risk insurance I had to purchase. At least we had it here, because no commercial company would accept me. I have been self-employed for the last decade, working part-time; Obamacare came through when I was most desperate for it and the subsidy it provides. This past year, as I near 65, breast cancer hit me for the third time. This is another crisis I will deal with but I need health coverage to do that. The problem is, I am a person that insurance companies love to hate. You see, I'm expensive. To be able to afford healthcare, I receive significant financial assistance to lower my premiums thanks to Obamacare. In fact, I wouldn't have had any insurance without that help. The Affordable Care Act eliminated lifetime limits on care so for the first time in over a decade, I have reliable insurance. While some people hate the policy, they can't argue with the fact that 600,000 more Coloradans are covered than before the ACA. It not only works for me, it works for many of us. If the ACA isn't perfect, repealing it would be perfectly disastrous. – Vicki, Colorado*

The Graham-Cassidy-Heller Johnson legislation would dismantle many of the important gains achieved through the ACA, leaving millions of Americans without access to quality and affordable health insurance coverage. While the bill still has no Congressional Budget Office (CBO) score, we know it will have a significant negative impact on women and men with, or at risk of, breast cancer. A central tenant of the bill is granting states increased flexibility in

crafting their own coverage solutions. However, this waiver process would allow States to let insurers charge different premiums based on age and alter what qualifies as an essential health benefit. Waivers changing the status of what is — and isn't — an essential health benefit could impact people with pre-existing conditions and undermine prohibitions on annual and lifetime limits for insurance coverage. The bill also phases out Medicaid expansion, cost sharing subsidies, tax credits and eliminates the individual and employer mandates.

*When I was employed and had insurance through my job, I was diagnosed with breast cancer. I continue to take medication every day to reduce my risk of recurrence. When my husband retired, I stopped working and was covered under the insurance he received as a retirement benefit. When he became eligible for Medicare, I was able to continue the insurance coverage, paying the full premium, until that benefit ran out. Fortunately, the Patient Protection and Affordable Care Act had been enacted into law by that time and I was able to shop for individual insurance without fear of being turned down due to my cancer history. In 2016 I was diagnosed with non-ischemic cardiomyopathy. Unable to pinpoint any other likely cause, my cardiologist and oncologist agreed that the likely cause was the chemotherapy I had as part of my breast cancer treatment. Under the pre-ACA rules, even if I had been able to get individual insurance, insurance coverage for the consultations, tests, medications, cardiac rehabilitation, and surgery to implant a pacemaker-type/defibrillator device could have been denied since they were related to my prior cancer diagnosis and treatment. Kathi - Wisconsin*

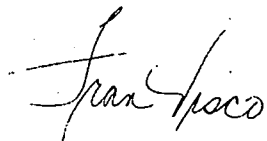
Similar to other repeal efforts, the Graham-Cassidy-Heller Johnson legislation would have catastrophic effects on millions of Americans who need access to comprehensive and affordable health care. Women and men with and at risk of breast cancer would face serious health consequences should this legislation become law. The average age of a person receiving a breast cancer diagnosis is 60 years old and the median age for invasive breast cancer is 62. Cutting Medicaid, charging older Americans more for health care and eliminating prohibitions against pre-existing conditions puts the most vulnerable populations at risk.

*I am a breast cancer survivor. When the Affordable Care Act (ACA) was passed it became a life saver for me. The ACA guarantees my pre-existing condition does not disqualify me from affordable health coverage. I now have access to regular medical checkups without fear that any diagnosis will be compromised by my inability to afford quality care and treatment. Due to the ACA my premiums with a subsidy are affordable. Even with an increase in my premiums this year, it is still an affordable amount for the assurance and right to have health insurance. In 2014 a breast MRI screening showed I had a ruptured breast implant that was put in as part of my breast cancer treatment. My insurance policy had a deductible and out of pocket cost which took me a year to completely pay - I put on a credit card, borrowed and negotiated with the hospital to pay over time. But I paid it all back by December 2015. The alternative, without the ACA coverage, I have no idea how I would have paid for the needed medical treatment. I feel for the millions who are now fearful of losing their health care. – Lois, California*

NBCC urges Senators to reject the Graham-Cassidy-Heller Johnson proposal and resume bipartisan efforts to stabilize and strengthen health insurance markets and continue to move the

country closer to guaranteed access to quality care for all as described in NBCC's Framework for a Health Care System, attached.

Sincerely,

A handwritten signature in black ink that reads "Fran Visco". The signature is written in a cursive style with a large, stylized initial "F".

Fran Visco  
President  
National Breast Cancer Coalition

Kim Murdock

████████████████████  
Denver, CO 80209

September 25, 2017  
Cassidy-Graham Proposal

Dear Senate Finance Committee,

Thank you for being willing to discuss the Cassidy-Graham proposal and hearing from constituents.

I am self-employed, which of course means I have to get individual insurance. Prior to the Affordable Care Act, I was unable to get insurance in Colorado. I spent my spare time hiking, running in 5k/10k races, going to the gym, and walking. I ate a plant-based diet, rarely ate sugar, did not drink alcohol, and was incredibly healthy. My cholesterol was pretty much nonexistent (except HDL, which you want to be high, and mine was). My blood pressure was 98/60. By all objective measures, I was in perfect health. Yet no insurance company in Colorado would even give me the chance to be insured.

Why? They wouldn't insure me because I was diagnosed with Type 1 diabetes when I was 9 years old. So I had a preexisting condition that I had to check off on all insurance forms, which precluded me from getting insurance.

Since the Affordable Care Act, I have been able to get insurance and finally relax that it won't be taken away. I have even been able to shop around for policies. It has been great! But now, thanks to this proposal, I have to worry about losing my insurance. And let's be honest here, saying insurance companies can't deny people with preexisting conditions but can charge higher premiums is the same as denying it. Unaffordable insurance means no insurance.

**Please vote no on the Graham-Cassidy bill.** Healthcare should be a right, not a privilege. Every other developed nation seems to understand that except the United States. Please vote no.

Thank you.

Respectfully,

Kim Murdock

**Title of Hearing: Graham-Cassidy Bill Hearing**

**Hearing Date: September 25, 2017**

**Jennifer Fairchild-Pierce**

**[REDACTED]**  
**Decatur, GA 30032**

Dear Senate Finance Committee,

I am writing today to express my grave concern with regard to the proposed Graham-Cassidy bill. As an American citizen, tax-payer, and voter, I am appalled by the repeated attempts to repeal the Affordable Care Act and replace it with hastily thrown-together plans that have no regard for the best interests of the American people. If the ACA is broken, fix it. Strengthen it. Don't just discard it because of political agendas that have nothing whatsoever to do with healthcare. The last-minute changes to this proposal to sway the votes of Senators Murkowski and Collins clearly demonstrate that this has nothing to do with what is right for Americans and everything to do with dismantling the accomplishments of the Obama administration.

This bill is half-baked. There is not enough time to get a proper CBO score. There is not enough time for necessary hearings, debate, and amendment. How are you going to resolve problems in the bill if there is no time to fully vet them? There are lots of problems we do know. For example, this bill would add 32 million Americans to an uninsured, destabilized individual market. Under this plan, insurance companies will discriminate based on pre-existing conditions. For those who even get insurance, premiums and out-of-pocket costs will increase dramatically. It will also radically restructure and deeply cut Medicaid expansion, which enabled 11 million people to gain coverage. In the short term, this plan will destabilize the healthcare market, risking collapse in the long term.

This bill would cut women's healthcare. As a woman, I find this appalling. Is my health less important than a man's? By allowing insurers to discriminate based on a preexisting conditions, I am very worried about being denied healthcare or not being able to afford it just because I have arthritis! But I am not worried about my health alone. I am worried about my friend with liver cancer who is dependent on Medicaid to be able to afford chemo. What happens to her if this bill cuts her Medicaid? I am worried about my parents, who are retired and living on fixed incomes. What about the senior citizens, children, and low-income families who depend on Medicaid?

Every healthcare bill that has been proposed this year has been a cruel attack on the weakest among us, and this one is the cruelest. Please do not rush through the legislative process. Do not push this bill through just for the sake of repealing the ACA. Do what is right for Americans. Do what is ethical and decent.

Sincerely,



Jennifer Fairchild-Pierce





September 25, 2017

Senate Committee on Finance  
Attn. Editorial and Document Section  
Rm. SD-219  
Dirksen Senate Office Bldg.  
Washington, DC 20510-6200

**Re: Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal on Monday, September 25, 2017 at 2:00PM EST**

Dear Chairman Hatch, Ranking Member Wyden and Members of the Senate Finance Committee:

The first 1,000 days from a woman's pregnancy through her child's second birthday has a profound impact on a child's ability to grow, learn and thrive, and a lasting effect on our nation's health and prosperity. For this reason, 1,000 Days—the leading organization working in the U.S. and around the world to ensure all moms and babies have healthy first 1,000 days—strongly opposes the Graham-Cassidy-Heller-Johnson (GCHJ) proposal.

***Access to comprehensive coverage and affordable health insurance is essential for the health and well-being of America's moms and babies.*** Research shows that access to health care saves lives and is key to reducing America's exceedingly high rates of deaths of women during childbirth and babies in their first year of life. High-quality preconception and prenatal care for women leads to healthier pregnancies—which leads to safer births, healthier babies and lower health care costs. Health plans must be required to cover all the essential services needed by young children and their families during the first 1,000 days and beyond, such as pre-conception and pre-natal care, maternity services, breastfeeding and post-partum supports, pediatric care and other critical maternal, infant and young child health services.

For young children and their families, affordable high-quality health care is a foundational investment in healthier and more prosperous futures. And for America's most vulnerable children and their families, Medicaid is the most important source of health insurance; and the Children's Health Insurance Program (CHIP) stands on the shoulders of Medicaid to expand access to more children and families. Together these two vital programs provide more than 45 million children with health coverage—covering 45 percent of all children under the age of six—and Medicaid pays for nearly half of all births in the US.

Any effort to address health care in America must maintain or improve existing health care access, quality and coverage. But the GCHJ proposal does just the opposite. Its deep cuts to Medicaid will endanger access to care for millions of America's most vulnerable women and children. Women will have to pay more in premiums and out-of-pocket costs for services they need before, during and after pregnancy. And the bill puts health care coverage decisions in the hands of states and health insurance companies who will no longer be required to cover maternity care, childbirth and newborn and pediatric care, or can make it prohibitively expensive. This proposal forces hard-working families to pay more for less coverage, which will



lead to detrimental, long-lasting impacts on the health and well-being of women, infants and young children in America.

1,000 Days urges all Senators to speak out in opposition to the GCHJ proposal and focus instead on bipartisan solutions to build a healthcare system that supports all mothers, babies and toddlers. In particular, we encourage the Senate to quickly advance the bipartisan legislation to support the Children's Health Insurance Program (CHIP) proposed by the Chair and Ranking Member of this Committee. CHIP is a crucial support for the health and well being of millions of our nation's children. Action is needed by September 30<sup>th</sup> to protect this important program. This bill shows that health care can—and does—transcend partisan bickering.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lucy M. Sullivan', with a long, thin line extending from the end of the signature towards the upper right.

Lucy M. Sullivan  
Executive Director  
1,000 Days

# HEARTLAND ALLIANCE

ENDING POVERTY

## Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal

Senate Finance Committee

Date: Monday, September 25, 2017

Time: 02:00 PM

Location: 215 Dirksen Senate Office Building

Testimony for Inclusion in the Public Record

Heartland Alliance for Human Needs & Human Rights

[REDACTED]

Chicago, IL 60604

Dear Chairman Hatch and Ranking Member Wyden:

We write to voice our extreme opposition to the Graham-Cassidy-Heller-Johnson proposal.

Heartland Alliance provides health and human services throughout the Midwest and in 20 countries around the world, using our experience to advocate for change. We serve more than 500,000 people each year, including refugees, those experiencing homelessness and chronic illness, and those seeking justice. We have seen the positive impact that Medicaid expansion and the Affordable Care Act (ACA) has had on those we serve here in Illinois, and urge the Senate to rethink the dangerous, partisan approach to reforming our health care system represented by this bill.

We are very discouraged that instead of continuing down a bipartisan path and working on issues to improve the strength and stability of the ACA's marketplaces, the sponsors of this legislation have put forward a proposal that will:

- Eliminate the financial assistance that helps low- and moderate-income families purchase health care coverage;
- End expanded Medicaid coverage that helps millions of low-income adults;
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths
- Undermine essential protections for people with pre-existing conditions;
- Resurrect - *and worsen* - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of millions of Americans including older adults, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions. The bill does nothing to make coverage more affordable or accessible. In fact, the proposal will result in at least one millions Illinoisans losing coverage by 2027. This bill will undermine the financial stability of our health care system and place additional fiscal strains on Illinois's already precarious state budget. Below we

have laid out in more detail our concerns with this proposal and the devastating impact it will have on consumers.

**Eliminates programs that serve as a lifeline for low- and moderate-income families.**

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA's successful Medicaid expansion, which has extended coverage to nearly 12 million newly eligible low-income adults. It also eliminates the ACA tax credits that 10 million low- and moderate-income people rely on to afford coverage in the individual market. Although it replaces this funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to former enrollees - and indeed the block grant is inadequate to pay for comparable benefits. From 2020 through 2026, block grant funding would be at least 7% (\$95 billion) below projected spending under current law. Regardless, the block grant ends in 2027, leaving states and former enrollees with no help whatsoever. We do not believe it is likely that Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream - something that would be extremely difficult, if not impossible.

**Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.**

This proposal also threatens the care of millions of low-income seniors, children and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. By capping and slashing funding for the traditional Medicaid program by 12% (\$1,079 billion) between 2020 and 2036, the per capita cap will force Illinois to cut payments to health care providers and health plans, eliminate optional services, and restrict eligibility for enrollment - all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Since children make up almost one-half of the Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would face painful cuts, since Medicaid is the primary payer for long-term services and supports. Community Based Services - the services that keep people with cognitive and physical impairments home and in their communities - are "optional" in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment is especially high.

**Pushes massive new costs onto states.**

All states, including Illinois would take on new risks and costs because this proposal converts the overall Medicaid program into a per capita cap. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving Illinois with insufficient funding to meet its current obligations. In addition, states would be fully exposed to any unexpected health care cost increases, such as from a natural disaster, an aging population or medical innovations. The per capita cap alone would reduce federal Medicaid spending by 12% (\$1,079 billion) by 2036.

On top of those cost shifts, the 31 states that expanded Medicaid under the Affordable Care Act will be at risk for far deeper cuts. This proposal ends all federal matching funds for the Medicaid expansion in 2020. Some of the funds that the federal government would have spent on Medicaid expansion are rolled into the block grant, but the block grant does not come close to making up for Illinois's losses. The block grant is inadequate overall, the formula favors non-expansion states (it redistributes funding from expansion to non-expansion states), and it ends entirely in 2026, leaving states with no funding to replace the lost expansion funds.

Because federal dollars for Medicaid account for about 20% of state budgets, FitchRatings "believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond."<sup>1</sup> And by pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals.

### **Increases premiums and out-of-pocket costs and destabilizes the individual market.**

By repealing the individual mandate and eliminating advanced premium tax credits and cost sharing reductions, this proposal would drive up premiums and cause insurers to exit the ACA's marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to increase by 20 percent. Furthermore, by replacing the financing of the ACA's financial assistance with a block grant without any guarantee that states would direct their temporary block grant funds toward financial assistance, this proposal puts the 350,000 Illinoisans who currently rely on financial assistance at risk for sharply higher out-of-pocket costs and coverage loss.

Beyond the impact of this proposal on individuals, insurers currently selling in Illinois would face extreme uncertainty. Because this proposal allows states to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves from unpredictable claims costs or choose to exit the marketplace completely. This means that consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums and no guarantee of financial assistance to shield them from the increasing out-of-pocket costs.

### **Eliminates critical consumer protections.**

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA - the prohibition on charging higher premiums based on a person's health status or a preexisting condition. This means that in states that choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a preexisting condition. Additionally, this proposal allows states to waive the requirement that insurers cover essential health benefits including mental health services, substance abuse treatments and maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT community) or consumers with specific chronic conditions (e.g. mental health or substance use disorders). For example, this could return us to a time when

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<sup>1</sup> "Fitch: Latest ACA Bill Includes Medicaid Repeal and Replace Provisions for States", <https://www.fitchratings.com/site/pr/1029238>.

insurers only covered short-term, minimal treatment for mental health or substance use disorders, if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment.

**Lacks transparency and opportunity for meaningful input.**

We believe that everyone should have a say in the decisions that affect their health. With only one hearing scheduled days before a possible vote, and without a full CBO score to properly evaluate the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for a true evaluation of and meaningful input on the policies in this proposal. We encourage a return to "regular order," as requested by many members of the Senate and supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to weigh in.

Please reject this proposal and return to bipartisan negotiations to bring down the cost of health care for all Americans and ensure we all have access to the care we need.

Sincerely,

Dan Rabbitt  
Project Manager, Health Policy  
Heartland Alliance



Franciscan  
Children's  
So every kid can.

[REDACTED]  
Brighton, MA 02135  
[REDACTED]  
[REDACTED]

September 25, 2017

Chairman Orrin Hatch  
Senate Committee on Finance  
104 Hart Office Building  
Washington, DC 20510

Ranking Member Ron Wyden  
Senate Committee on Finance  
221 Dirksen Senate Office Building  
Washington, DC 20510

Re: Graham-Cassidy-Heller-Johnson Health Care Proposal (H.R. 1628)

Dear Chairman Hatch and Ranking Member Wyden:

I serve as the Chief Executive Officer for Franciscan Children's in Brighton, MA. Franciscan Children's is one of four hospitals across the country providing a unique array of medical, mental health, and educational services to children with complex needs. We are the only pediatric-post acute care hospital in Massachusetts and one of the largest pediatric mental health providers in the state. Guided by our mission to help children achieve their fullest potential and live their best lives, our organization serves more than 12,000 children a year.

I write to you today to express my strong opposition to the Graham-Cassidy bill. More than 60 percent of the children that we serve at Franciscan Children's are on Medicaid. For the families who have children with complex medical needs, a hospital is often their second home. They rely on Medicaid to cover their child's frequent hospital stays, expensive medications, and myriad of subspecialists.

The Graham-Cassidy bill threatens to cut more than 40 billion dollars from children's health care over the next decade. Massachusetts is one of the states expected to incur the highest cuts to Medicaid – as much as \$13 billion from 2020-2027, according to one study from Avalere. Our organization relies on this funding and so do 30 million children across the country currently on Medicaid.

Investments in Medicaid enable children to thrive and grow into healthy, productive adults who actively contribute to our society. On behalf of our families – whose resilience and strength continues to inspire me every day – I ask that you oppose the Graham-Cassidy bill as written with its current cuts to Medicaid. Our children – the future of this country – deserve better.

Sincerely,

John D. Nash, FACHE, President and CEO of Franciscan Children's

CC: Senator Warren, Senator Markey



**Statement for the Record**

**Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal**

**Committee on Finance  
United States Senate  
September 25, 2017**

**Officers**  
**Chair**  
Judith L. Lichtman  
National Partnership for  
Women & Families  
**Vice Chairs**  
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National Congress of American Indians  
Thomas A. Saenz  
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Defense and Educational Fund  
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County & Municipal Employees

**Board of Directors**  
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American Association of  
People with Disabilities  
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National Education Association  
Marcia D. Greenberger  
National Women's Law Center  
Chad Griffin  
Human Rights Campaign  
Wylecia Wilggs Harris  
League of Women Voters of the  
United States  
Mary Kay Henry  
Service Employees International Union  
Mark Hopkins  
AAUW  
Sherrilyn Ifill  
NAACP Legal Defense and  
Educational Fund, Inc.  
Michael B. Keegan  
People for the American Way  
Samer E. Khalaf  
American-Arab  
Anti-Discrimination Committee  
Marc Morial  
National Urban League  
Janet Murgula  
National Council of La Raza  
Debra L. Ness  
National Partnership for  
Women & Families  
Stephanie Nitahara  
Japanese American Citizens League  
Terry O'Neill  
National Organization for Women  
Rabbi Jonah Pesner  
Religious Action Center  
Of Reform Judaism  
Anthony Romero  
American Civil Liberties Union  
Shanna Smith  
National Fair Housing Alliance  
Richard L. Trumka  
AFL-CIO  
Randi Weingarten  
American Federation of Teachers  
Dennis Williams  
International Union, UAW  
John C. Yang  
Asian Americans Advancing Justice |  
AAJC

**Policy and Enforcement  
Committee Chair**  
Michael Liberman  
Anti-Defamation League  
**President & CEO**  
Vanita Gupta

On behalf of The Leadership Conference on Civil and Human Rights, the National Health Law Program, the National Partnership for Women & Families, and the undersigned 234 organizations, we urge you to oppose the Graham-Cassidy proposal (Graham-Cassidy). This proposal will eliminate affordable quality health care for millions of Americans by gutting the Affordable Care Act (ACA); slash federal funding and destroy Medicaid by turning its funding into per capita caps; eliminate the Medicaid expansion; and defund Planned Parenthood health centers. Graham-Cassidy would leave tens of millions of people in the United States significantly worse off than under current law. Without a full score from the Congressional Budget Office (CBO), we do not yet have a complete understanding of the full devastation that Graham-Cassidy would bring, but what we do know is more than enough for all our organizations to unequivocally oppose this bill. We strongly urge you to oppose the Graham-Cassidy proposal and urge Congress to instead move forward with bipartisan efforts on market stabilization and other critical issues to improve access to affordable health care for all people in the United States.

The ACA and Medicaid are critical sources of health coverage for America's traditionally underserved communities, which our organizations represent. This includes individuals and families living in poverty, people of color, women, immigrants, LGBTQ individuals, individuals with disabilities, seniors, and individuals with limited English proficiency.

The ACA has reduced the number of people without insurance to historic lows, including a reduction of 39 percent of the lowest income individuals.<sup>i</sup> The gains are particularly noteworthy for Latinos, African Americans, and Native Americans. Asian Americans, Native Hawaiians and Pacific Islanders have seen the largest gains in coverage. The nation and our communities cannot afford to go back to a time when they did not have access to comprehensive, affordable coverage. Further, due to the intersectionality between factors, such as race and disability, or sexual orientation and uninsurance, and issues faced by women of color, many individuals may face additional discrimination and barriers to obtaining coverage if the ACA is weakened as a result of this bill.

Medicaid is also critically important, as it insures one of every five individuals in the United States, including one of every three children, 10 million people with disabilities, and nearly two-thirds of people in nursing homes. Medicaid coverage, including the Medicaid expansion, is particularly critical for underserved individuals and especially people of color, because they are more likely to be living with certain chronic health conditions, such as diabetes, which require ongoing screening and services. People of color represent 58 percent of non-elderly Medicaid enrollees.<sup>ii</sup> According to the Kaiser Family Foundation, African





Americans comprise 22 percent of Medicaid enrollment, and Hispanics comprise 25 percent.<sup>iii</sup> Medicaid also serves as a crucial program for Asian Americans, 17 percent of whom receive Medicaid, and Native Hawaiian and Pacific Islanders, 37 percent of whom receive Medicaid.<sup>iv</sup>

People of color are more likely than White non-Hispanics to lack insurance coverage and are more likely to live in families with low incomes and fall in the Medicaid gap.<sup>v</sup> As a result, the lack of expansion disproportionately affects these communities, as well as women, who make up the majority of poor uninsured adults in states that did not expand Medicaid. For people of color who experienced some of the largest gains in health coverage since the implementation of the ACA and Medicaid expansion, the Graham-Cassidy proposal could mean vastly reduced access to needed health care, increased medical debt, and persistent racial disparities in mortality rates.<sup>vi</sup> Further, Medicaid provides home and community-based services enabling people with disabilities to live, work, attend school, and participate in their communities. The proposed cuts would decimate the very services that are cost-effective and keep individuals out of nursing homes and institutions. Finally, one in five people with Medicare rely on Medicaid to cover vital long-term home care and nursing home services, to help afford their Medicare premiums and cost-sharing, and more.

Despite the common myth that all low-income people could enroll in Medicaid, the Medicaid program had previously only been available to certain categories of individuals (e.g., children, pregnant women, seniors, people with disabilities) who had little to no savings or assets. Parents of children and childless adults were often excluded from Medicaid or only the lowest income individuals in these categories were eligible. For example, the Medicaid expansion greatly expanded coverage for LGBTQ individuals who previously did not fit into a traditional Medicaid eligibility category and for working people struggling in jobs that do not offer health insurance and pay at or near the minimum wage. Yet the Graham-Cassidy proposal repeals Medicaid expansion and cuts billions from Medicaid itself which will force states to cut eligibility and services.

We do not yet have a full CBO score that tells us how many people would have Medicaid or marketplace coverage taken away from them under the Graham-Cassidy bill, and we will not have that estimate before legislation may come up on the Senate floor. But the analysis that is already available provides a stark picture, one in which Graham-Cassidy would decimate the Medicaid program as we know it, end the Medicaid expansion, defund Planned Parenthood health centers, and rescind tax credits and cost-sharing reductions currently available to low-income individuals to purchase private coverage.

The Graham-Cassidy bill makes fundamental changes to both the Medicaid expansion and the traditional Medicaid program, as well as dismantling ACA's reforms to the individual market. Graham-Cassidy destroys the Medicaid program, ending the federal-state partnership and dramatically altering the structure of the program by implementing a per capita cap. The bill would cut billions of dollars of funding to states, limiting the federal contribution to states based on a state's historical expenditures, which would be inflated at a rate that is projected to be less than the annual growth of Medicaid costs.<sup>vii</sup> Any costs above the per capita caps would be the sole responsibility of states, regardless of the cost of care. As a result, per capita caps will cause deep cuts in care for people with disabilities, seniors, women, and people of color who qualify for Medicaid. Women, who comprise the majority of Medicaid adult enrollees, would be particularly harmed, with women of color disproportionately impacted. Thirty percent of African-American women and 24 percent of Hispanic women aged 15-44 are enrolled in Medicaid.<sup>viii</sup> The move to per capita caps would also disproportionately harm people with disabilities, with home- and community-based services likely targeted for cuts by many states. The move to per capita caps may also give states the option to turn the entire Medicaid program into a block grant.



With regard to the Medicaid expansion, under the Graham-Cassidy plan, ACA tax credits and Medicaid expansion funding would be converted into block grants to states. The Medicaid expansion would effectively end at the beginning of 2020, and the block grants would end entirely in 2026. Graham-Cassidy would cut funding for the expansion under the new block grant system, with funding for the block grants set at 17 percent less than current funding, providing insufficient funds to maintain ACA coverage levels. Beginning in 2021, Graham-Cassidy would also redistribute this reduced federal funding stream across states based on their share of low-income residents instead of their actual spending needs, punishing states that have enrolled more low-income people. Furthermore, and deeply troubling, the legislative language describing what purposes the block grants could be used for is very broad, with no requirement that block grant funds even be used to aid low or moderate-income people.

As the Center on Budget and Policy Priorities has noted, once the block grant funding stops in 2026, Graham-Cassidy would effectively repeal the ACA's major coverage provisions without a replacement. CBO has previously estimated that this approach would result in 32 million more people being uninsured.<sup>x</sup> Graham-Cassidy is even more harmful than prior repeal approaches however, in part because states could not continue to cover Medicaid expansion enrollees in Medicaid with less federal funding.

Furthermore, we are very concerned that Graham-Cassidy gives states the option to impose a work requirement as a condition of eligibility under the Medicaid program. Such a requirement not only fails to further the purpose of providing health care but also undermines this objective. Among adults with Medicaid coverage, nearly 8 in 10 live in working families and a majority are working themselves.<sup>x</sup> This work requirement would include penalizing any woman who does not meet work requirements just 60 days after the end of her pregnancy.

In addition, Graham-Cassidy would single out Planned Parenthood by blocking federal Medicaid funds for care at its health centers. The "defunding" of Planned Parenthood would prevent more than half of its patients from getting affordable preventive care, including birth control, testing and treatment for sexually transmitted diseases, breast and cervical cancer screenings, and well-women exams at Planned Parenthood health centers, often the only care option in their area. This loss of funds will have a disproportionate effect on low income families and people of color who make up 40 percent of Planned Parenthood patients.<sup>xi</sup> Seventy-five percent of Planned Parenthood patients are at or below 150 percent of the federal poverty level and half of their health centers are in rural or underserved areas.<sup>xii</sup> One in five women in the United States have relied on Planned Parenthood for healthcare in her lifetime.

Lastly, we are seriously concerned about the lack of transparency of the discussions leading to Graham-Cassidy, and the rush now to vote on the bill without adequate time for analysis, hearings, and a full CBO score, which would provide opportunity for both lawmakers and the public to understand the proposed legislation and participate in this discussion in which their very access to health care for themselves and their families is at stake. It is unconscionable to even contemplate dramatically altering one-sixth of the U.S. economy and taking away health care from millions of people without a full CBO score in hand, along with adequate time to review the CBO's findings and debate the Graham-Cassidy bill with all the facts.

We urge you to oppose passage of the Graham-Cassidy bill and instead focus on moving forward with bipartisan efforts on market stabilization and other critical issues to improve access to affordable health care for all people in the United States. If you have any questions, please feel free to contact The Leadership Conference Health Care Task Force Co-chairs Katie Martin at the National Partnership for Women & Families ([kmartin@nationalpartnership.org](mailto:kmartin@nationalpartnership.org)), Mara Youdelman at the National Health Law



Program ([youdelman@healthlaw.org](mailto:youdelman@healthlaw.org)), or Emily Chatterjee at The Leadership Conference ([chatterjee@civilrights.org](mailto:chatterjee@civilrights.org)).

Sincerely,

The Leadership Conference on Civil and Human Rights  
National Health Law Program (NHeLP)  
National Partnership for Women & Families  
ACCESS  
Access Living  
ADAP Advocacy Association (aaa+)  
Advocates for Youth  
AFL-CIO  
African Coalition  
AFSCME  
AIDS Foundation of Chicago  
American Academy of Nursing  
American Association of Colleges of Pharmacy  
American Association of People with Disabilities (AAPD)  
American Association of University Women (AAUW)  
American Atheists  
American Civil Liberties Union  
American Federation of Teachers  
American Nurses Association  
American Public Health Association  
American-Arab Anti-Discrimination Committee  
Amida Care  
Amnesty International USA  
APLA Health  
APSE--Association of Persons Supporting Employment First  
Asian & Pacific Islander American Health Forum  
Asian & Pacific Islander Caucus for Public Health (APIC)  
Asian American Drug Abuse Program, Inc.  
Asian Americans Advancing Justice | AAJC  
Asian Americans Advancing Justice-Los Angeles  
Asian Law Alliance  
Asian Pacific American Labor Alliance, AFL-CIO (APALA)  
Asian Pacific Policy and Planning Council  
Association of Asian Pacific Community Health Organizations (AAPCHO)  
Association of Programs for Rural Independent Living  
Association of Reproductive Health Professionals  
Association of University Centers on Disabilities  
Autistic Self Advocacy Network  
Bazelon Center for Mental Health Law  
Bend the Arc Jewish Action  
Black Women's Blueprint  
Black Women's Health Imperative  
Black Women's Roundtable



Black Womens Roundtable, National Coalition on Black Civic Participation  
Black Youth Vote!  
Breast Cancer Action  
Cascade AIDS Project  
Center for American Progress  
Center for Community Change Action  
Center for Law and Social Policy (CLASP)  
Center for Medicare Advocacy  
Center for Popular Democracy  
Center for Reproductive Rights  
Children's Defense Fund  
Children's Health Fund  
Chinatown Service Center  
Coalition for Disability Health Equity  
Coalition of Labor Union Women  
Coalition on Human Needs  
Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)  
Commission on the Public's Health System  
CommonHealth ACTION  
Communications Workers of America (CWA)  
Community Access National Network (CANN)  
Council for Native Hawaiian Advancement  
Council of Mexican Federations in North America (COFEM)  
Crescent City Media Group  
Disability Rights Education & Defense Fund  
Drug Policy Alliance  
EMILY's List  
Empowering Pacific Islander Communities  
Equal Justice Society  
Equal Rights Advocates  
Equality California  
Equality Federation  
Families USA  
Family Equality Council  
Family Voices  
Farmworker Justice  
Feminist Majority  
Friends of the Earth  
GLMA: Health Professionals Advancing LGBT Equality  
Global Justice Institute  
Guam Communications Network  
Health & Medicine Policy Research Group  
Health Care for America Now (HCAN)  
Health Justice Project  
Healthy House Within A Match Coalition  
Heartland Alliance for Human Needs & Human Rights  
Hepatitis B Foundation and Hep B United  
Hispanic Health Network

HIV Medicine Association  
Human Rights Campaign  
Human Rights Watch  
Illinois Public Health Association  
Indivisible  
International Association of Official Human Rights Agencies  
International Association of Women in Radio and Television, USA  
International Institute of the Bay Area  
Japanese American Citizens League  
Jewish Council for Public Affairs  
Jewish Women International  
Justice in Aging  
Korean Community Services of Metropolitan NY  
La Cooperativa Campesina de California  
Labor Council for Latin American Advancement (LCLAA)  
Lambda Legal  
Latino Commission on AIDS  
Latinos in the Deep South  
Lawyers' Committee for Civil Rights Under Law  
LBGT PA Caucus of the American Academy of Physician Assistants, Inc.  
League of United Latin American Citizens  
League of Women Voters of the United States  
LEANet, a national coalition of local education agencies  
LPAC  
Main Street Alliance  
Matthew Shepard Foundation  
Medicare Rights Center  
Metropolitan Community Churches  
Mi Familia Vota  
MomsRising  
Movement Advancement Project  
MoveOn.org Civic Action  
NAACP  
NAPAFASA  
NARAL Pro-Choice America  
NASTAD  
NASW-NYC Committee on Health  
National African American Drug Policy Coalition Inc.  
National Asian Pacific American Women's Forum (NAPAWF)  
National Association of County and City Health Officials  
National Association of County Behavioral Health and Developmental Disability Directors & National  
Association for Rural Mental Health  
National Association of Human Rights Workers  
National Association of Social Workers (NASW)  
National Association of Social Workers New York City Chapter  
National Black Justice Coalition  
National CAPACD  
National Center for Law and Economic Justice



National Center for Learning Disabilities  
National Center for Lesbian Rights  
National Center for Transgender Equality  
National Coalition on Black Civic Participation  
National Collaborative for Health Equity  
National Congress of American Indians  
National Council of Asian Pacific Americans (NCAPA)  
National Council of Asian Pacific Islander Physicians  
National Council of Churches  
National Council of Jewish Women  
National Council on Independent Living  
National Disability Rights Network  
National Domestic Workers Alliance  
National Down Syndrome Congress  
National Education Association  
National Employment Law Project  
National Fair Housing Alliance  
National Family Planning & Reproductive Health Association  
National Hispanic Media Coalition  
National Hispanic Medical Association  
National Immigrant Justice Center  
National Immigration Law Center  
National Institute for Reproductive Health  
National Latina Institute for Reproductive Health  
National LGBTQ Task Force Action Fund  
National Low Income Housing Coalition  
National Network for Arab American Communities (NNAAC)  
National Network to End Domestic Violence  
National Organization for Women  
National Urban League  
National Women's Health Network  
National Women's Law Center  
National Women's Political Caucus  
NETWORK Lobby for Catholic Social Justice  
NICOS Chinese Health Coalition  
NOBCO: National Organization of Black County Officials  
OCA - Asian Pacific American Advocates  
OneAmerica  
Organizing for Action  
Organizing for Action-Springfield  
Out2Enroll  
People for the American Way  
PFLAG National  
Philadelphia Unemployment Project  
Planned Parenthood Federation of America  
PolicyLink  
Population Connection Action Fund  
Population Institute



Positive Women's Network - USA  
Presbyterian Church (USA) member  
Presbyterian Feminist Agenda Network  
Presbyterians Affirming Reproductive Options (PARO)  
Prevention Institute  
Prism Health  
Progressive Leadership Alliance of Nevada  
Project Inform  
Public Citizen  
Raising Women's Voices for the Health Care We Need  
Resource Center  
San Francisco AIDS Foundation  
Service Employees International Union (SEIU)  
Sexuality Information and Education Council of the U.S. (SIECUS)  
SisterSong: National Women of Color Reproductive Justice Collective  
SiX Action  
Slow Roll Chicago  
South Asian Bar Association of North America Health Law Section  
South Asian Network (SAN)  
Southeast Asia Resource Action Center  
Southern Poverty Law Center  
TASH  
The AIDS Institute  
The Alliance  
The Arc of the United States  
The National Campaign to Prevent Teen and Unplanned Pregnancy  
The Trevor Project  
The United Methodist Church -- General Board of Church and Society  
The Voter Participation Center  
Trust for America's Health  
UCHAPS: Urban Coalition for HIV/AIDS Prevention Services  
UMOS Inc  
UnidosUS  
Union for Reform Judaism  
United Church of Christ, Justice and Witness Ministries  
URGE: Unite for Reproductive & Gender Equity  
US Women and Cuba Collaboration  
Venas Abiertas  
Voices for Progress  
West Pinellas National Organization for Women (NOW-FL)  
Wisconsin Alliance for Women's Health  
Women Employed  
Women's Action Movement  
Women's Intercultural Network (WIN)  
Women's Media Center  
Women's Missionary Society African Methodist Episcopal Church  
Women's Voices Women Vote Action Fund  
Woodhull Freedom Foundation



Working America  
Young Invincibles  
YWCA USA

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<sup>i</sup> U.S. Department of Health and Human Services, Affordable Care Act Has Led to Historic, Widespread Increase in Health Insurance Coverage, pp. 2, 4 (Sept. 29, 2016), available at <https://aspe.hhs.gov/sites/default/files/pdf/207946/ACAHistoricIncreaseCoverage.pdf>.

<sup>ii</sup> Kaiser Family Foundation, Medicaid Coverage Rates for the Nonelderly by Race/Ethnicity: 2015, available at <http://kff.org/medicaid/state-indicator/rate-by-raceethnicity-3/?currentTimeframe=0>.

<sup>iii</sup> Kaiser Health Foundation, Medicaid Enrollment by Race/Ethnicity, available at <http://kff.org/medicaid/state-indicator/medicaid-enrollment-by-raceethnicity/>.

<sup>iv</sup> Summary Health Statistics: National Health Interview Survey, 2015, Table P-11a, Age-adjusted percent distributions (with standard errors) of type of health insurance coverage for persons under age 65 and for persons aged 65 and older, by selected characteristics: United States, 2015, [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/NHIS/SHS/2015\\_SHS\\_Table\\_P-11.pdf](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2015_SHS_Table_P-11.pdf).

<sup>v</sup> Kaiser Family Foundation, The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid, <http://kff.org/uninsured/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>

<sup>vi</sup> Center on Budget and Policy Priorities, African Americans Have Much to Lose Under House GOP Health Plan, available at <http://www.cbpp.org/blog/african-americans-have-much-to-lose-under-house-gop-health-plan>.

<sup>vii</sup> National Health Law Program, Top 10 Changes to Medicaid Under the Graham-Cassidy Bill (Sept. 14, 2017), available at <http://www.healthlaw.org/issues/medicaid/medicaid-expansion-toolbox/issues-a-advocacy/top-10-changes-to-medicaid-under-graham-cassidy-bill>.

<sup>viii</sup> Guttmacher Institute, Abortion in the Lives of Women Struggling Financially: Why Insurance Coverage Matters (July 14, 2016), available at <https://www.guttmacher.org/gpr/2016/07/abortion-lives-women-struggling-financially-why-insurance-coverage-matters>.

<sup>ix</sup> Center on Budget and Policy Priorities, Like Other ACA Repeal Bills, Cassidy-Graham Plan Would Add Millions to Uninsured, Destabilize Individual Market (Sept. 18, 2017), available at <https://www.cbpp.org/research/health/like-other-aca-repeal-bills-cassidy-graham-plan-would-add-millions-to-uninsured>.

<sup>x</sup> Kaiser Family Foundation, Understanding the Intersection of Medicaid and Work, available at <http://files.kff.org/attachment/Issue-Brief-Understanding-the-Intersection-of-Medicaid-and-Work>.

<sup>xi</sup> Planned Parenthood, This is Who We Are, (July 11, 2016), available at [https://www.plannedparenthood.org/files/6814/6833/9709/20160711\\_FS\\_General\\_d1.pdf](https://www.plannedparenthood.org/files/6814/6833/9709/20160711_FS_General_d1.pdf)

<sup>xii</sup> Planned Parenthood, The Urgent Need for Planned Parenthood Health Centers (Dec. 7, 2016), available at [https://www.plannedparenthood.org/files/4314/8183/5009/20161207\\_Defunding\\_fs\\_d01\\_1.pdf](https://www.plannedparenthood.org/files/4314/8183/5009/20161207_Defunding_fs_d01_1.pdf).



Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
Monday, September 25, 2017

[REDACTED]  
September 24, 2017

Neala Fugere  
[REDACTED]

Emigrant, MT 59027

I am a 28-year old female from Montana who has spent the last five years recovering from a detrimental, life-changing accident. I believe my story demonstrates how instrumental the Affordable Care Act (ACA) has been both in my recovery and in my progress to become a productive, independent member of our American society.

When I was 23 years old, just weeks after graduating from college, I suffered a climbing accident that resulted in a broken back, ribs, and clavicle; shattered ankles; and a traumatic head injury. Unconscious and in critical condition, I was air-lifted from the location of my accident to a level-one trauma center, where I spent the toughest month of my young life.

After I was discharged from the hospital, my family and I embarked upon a journey of recovery that has changed my life forever. A month in the hospital—from the ICU to rehab—seems like a long time. But five years of corrective surgeries, endless hours of physical therapy, countless x-rays, neuropsychology appointments, and a closet-full of back and ankle braces have culminated in a journey that is altogether much, much longer.

As a healthy millennial from a middle-class working family, I never thought I would actually need health insurance. Until my accident, that is.

Learning to use a wheel chair, then a walker, then learning to walk again, was undoubtedly the most difficult challenge I have faced to date. I can only imagine how much more difficult it would have been had I not had access to adequate health insurance—and therefore exceptional care—under the Affordable Care Act.

Like the Affordable Care Act, I understand the Graham Cassidy Bill will continue to allow young people under the age of 26 to remain on their parents' health insurance. This is important: had I not been under my parent's health insurance at the time of my accident, it's likely I would be legally bankrupt today. I would not have been able to move out of my parents' home and take a job in another town mid-way through my recovery—a job that has provided an affordable health care plan that I was able to seamlessly transition to on my 26<sup>th</sup> birthday.

I am grateful that my parents had access to an affordable and effective health insurance plan at the time of my accident. Under the ACA, I understand there is a mandate in place that requires larger employers to offer coverage to their employees, which helped contribute to the health insurance plan I enjoyed at age 23 via my father's employee health insurance. I furthermore

understand that the Graham Cassidy Bill would eliminate this mandate. In a rural, lower-income state like Montana, this elimination is unacceptable.

After five years of recovery, another even bleaker thought often crosses my mind. What if I had come from a low-income household dependent upon Medicaid? The Graham Cassidy Bill caters to middle to upper class individuals, and it certainly aims to decrease funding to Medicaid. We're fortunate to fall in the middle to upper class category in my family, but that's not to say we'd turn a deaf ear on a lower-income family in a similar situation.

In fact, it's quite the opposite. My family has had to use our health insurance to the fullest extent we ever thought possible. When the worst really does happen to you, when catastrophe truly strikes, you have a much clearer perspective when it comes to our health care system—and a lot more empathy for others. Disaster *can* strike. It can happen to any of us, at any time—regardless of age, gender, pre-existing conditions, or socio-economic background.

I now understand what it is truly like to be at the mercy of our health care system. As such, I feel strongly that we should strive to make health care as accessible as possible to every walk of life in the United States. Giving the states the option to opt out of ACA requirements is not a step in this direction.

The national requirements under the ACA gave my family peace of mind during those five long, arduous years of recovery. It also gave us access to some of the finest, most compassionate care available in the United States.

We cannot allow yet another ACA repeal to take this peace of mind and adequate health care away from hard-working Americans like my family and myself.

Thank you for your time.



Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
Monday, September 25, 2017  
United States Senate Committee on Finance  
215 Dirksen Senate Office Building, Washington D.C. 20510

FROM: National Child Abuse Coalition [REDACTED] 20815

The National Child Abuse Coalition, an organization of more than 20 national and professional organizations dedicated to the prevention of child maltreatment and protection and support for children and families that come to the attention of child protective services, opposes the Graham-Cassidy-Heller-Johnson Proposal because of the devastating impacts it will have on children and families already involved in the child welfare system, children and families at risk for entering the system, and adoptions from the child welfare system. We urge you to reject this damaging bill and instead seek bipartisan solutions that prevent child abuse and support healthy families and communities.

Medicaid is vital to child welfare populations, including those families at risk of entering the system, and the proposed Medicaid per capita caps and block grants will severely reduce access to services that are critical to meeting children's health needs and services that are essential for strong and stable families. Simply put - state child welfare systems depend on Medicaid for better child outcomes and stronger families and this legislation will undermine those systems and shift costs to states in ways that will make it immeasurably harder for states to support strong communities and healthy families. Numerous analyses demonstrate the proposed changes to Medicaid will reduce access to substance abuse and mental health services. Child welfare experts believe this will be devastating to our most vulnerable children and families. Those services are essential to preventing child maltreatment and to supporting families in ways that promote reunifications. State home visiting programs - which this Committee has strongly supported on a bipartisan basis - rely on Medicaid funding to reach more at-risk families. Critical progress will be undone by this proposal. Some of the harmful consequences of this legislation include higher rates of child maltreatment, fewer successful family reunifications, and fewer adoptions as support for families working to shrinks.

Just last year, this Committee took strong and important steps toward revolutionizing the Congress's commitment to prevention services for at-risk children and families through the bipartisan introduction of the Family First Prevention Services Act. Though the Coalition was disappointed this important legislation was not passed into law, we were very appreciative of the Finance Committee's strong recognition of the importance of prevention services, particularly mental health and substance use services, to reducing child maltreatment and supporting strong

families. The Coalition respectfully urges you to recognize the Graham-Cassidy-Heller-Johnson Proposal aggressively moves America in the direction opposite you pursued last year.

Please consider all the foster youth you have met in your work, the vulnerable families you have spoken with, and all you have done in the past to help these people and understand that the Graham-Cassidy-Heller-Johnson Proposal will undo what we have accomplished with your efforts.



September 25, 2017

**STATEMENT FOR THE RECORD  
BY AIDS UNITED, NASTAD, NATIONAL COALITION OF STD DIRECTORS,  
NMAC, AND THE AIDS INSTITUTE  
HEARING TO CONSIDER THE CASSIDY-GRAHAM-HELLER-JOHNSON PROPOSAL  
SEPTEMBER 25, 2017**

Dear Members of the Senate Finance Committee:

We urge you to protect the health care needs of vulnerable individuals living with and at risk for HIV and other STDs by opposing the Cassidy-Graham-Heller-Johnson Amendment to H.R. 1628, the "American Health Care Act of 2017." The proposal would strip coverage from those who need it the most, people with low incomes, living with life-threatening and chronic conditions, or with pre-existing medical conditions. The plan would raise costs for people with insurance and slash support to states that have acted with compassion to expand the health care safety net.

If passed, this plan effectively would:

- Eliminate the most vital protections of the ACA including premium and cost-sharing support and replace them with an underfunded and simplistic block grant to the states;
- Pave the way for insurers to deny coverage to people with a history of medical conditions, such as HIV;
- Reduce coverage for essential health benefits including prescription drugs, mental health, substance use treatment, and preventative health services;
- Open the door to annual and lifetime caps on coverage;
- Eliminate funding for Medicaid expansion coverage of more than 10 million people living on low incomes;
- Repeal the 52-year-old Medicaid entitlement of coverage for those who are low-income and people with disabilities while putting per person caps on federal Medicaid funding to the states;

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1101 14th St NW  
Suite 300  
Washington, DC 20005

NASTAD  
444 N. Capitol St NW  
Suite 339  
Washington, DC 20001

NCSD  
1029 Vermont Ave., NW  
Suite 500  
Washington, DC 20005

NMAC  
1000 Vermont Ave. NW  
Suite 200  
Washington, DC 20005

The AIDS Institute  
1705 DeSales St. NW  
Suite 700  
Washington, DC 20036

- Turns back progress made in eliminating racial health disparities, which are estimated to have an economic cost of \$35 billion in excess health care expenditures, \$10 billion in illness-related lost productivity, and nearly \$200 billion in premature deaths.

While exact estimates are not yet known, it is estimated the legislation could lead to more than 32 million people losing coverage.

This proposal would devastate people living with and who are vulnerable of HIV at a time when the U.S. is making progress toward ending the epidemic. The proposed cuts will deeply impact the Ryan White Program as many thousands of people living with HIV seek assistance. Unfortunately, this will inevitably lead to waiting lists for drugs, doctor visits and many people going without care. It would also be disastrous for the response to other STDs at a time when the incidence is rising for gonorrhea, syphilis, and chlamydia. It would undermine our nation's public health efforts to conquer diseases and provide high-quality care to those who need it.

Central to our progress toward fighting HIV and STDs has been expanding access to care and treatment. The ACA has allowed 11 million people to join the Medicaid program, including tens of thousands of people living with HIV who had been previously ineligible. The Cassidy-Graham-Heller-Johnson proposal would wipe out the Medicaid expansion and make deep, permanent cuts to Medicaid overall. Millions of people will lose coverage, including many with HIV and other STDs. This will inevitably lead to fewer people getting needed care and increased infections.

As your Committee and the Senate considers the Cassidy-Graham-Heller-Johnson Amendment, we ask that you keep in the mind the harmful impact this piece of legislation will have on our nation's most vulnerable communities, including those living with or vulnerable to HIV and STDs. Our nation has made great progress in our fight against HIV/AIDS, partly because of the increased access to high-quality, comprehensive healthcare made possible by the ACA. As new medical innovations become available to treat, prevent and care for people with HIV, it is important that our community does not lose access to care. This is not the time to roll back progress and add instability to the healthcare system.

We join the numerous elected officials and organizations representing patients, health care providers, insurers, and others in calling for its defeat. Instead we ask that you work together on bipartisan, commonsense solutions to the real problems people face.

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*AIDS United (AU), NASTAD, the National Coalition of STD Directors (NCSD), NMAC, and The AIDS Institute (TAI) are national non-partisan, non-profit organizations focused on ending HIV in the U.S. They have been working in partnership to identify and share resources to sustain successes and progress we have made in HIV and STD prevention, care and treatment in the United States*

September 25, 2017

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal

I rely on quality, affordable healthcare. I strongly oppose the Graham-Cassidy bill. I have struggled with chronic illness for a large part of my life. I had to retire early from my teaching job, partly due to my health problems, leaving me with a very small retirement pension. Since then, I have become more disabled by my chronic condition. If I didn't have Medicare and a supplemental insurance, I'd be in much worse condition. If pre-existing conditions were not covered, I might not have been able to work at all. If I hadn't had an affordable health plan while I was working, I'd be in worse shape. I very much want to see a bipartisan Congressional effort to improve the Affordable Care Act, NOT repeal it.

Johanna Halbeisen

  
Northampton, MA 01060

**STATEMENT AS TESTIMONY FOR:  
SENATE FINANCE COMMITTEE HEARINGS  
TO EXAMINE GRAHAM-CASSIDY-HELLER-JOHNSON PROPOSAL  
MONDAY, SEPTEMBER 25, 2017**

**SUBMITTED BY PHYSICIANS FOR REPRODUCTIVE HEALTH**

**[REDACTED]  
NEW YORK, NY 10018**



Jodi Magee  
President/CEO

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September 25, 2017

Dear Senate Committee on Finance:

We, the Board of Directors of Physicians for Reproductive Health, respectfully write to voice our opposition to the efforts to repeal the Affordable Care Act (ACA), including the most recently proposed Graham Cassidy bill. Physicians for Reproductive Health (Physicians) is a doctor-led national advocacy organization that uses evidence-based medicine to promote sound reproductive health policies. Physicians unites the medical community and concerned supporters, and together, we work to improve access to comprehensive reproductive health care, including contraception and abortion, especially to meet the health care needs of economically disadvantaged patients.

The Affordable Care Act ensures nearly universal health insurance coverage and guarantees access to critical reproductive health services such as well-woman visits, contraception without cost-sharing, and maternity care. Access to medical care is fundamental to the well-being of the patients we care for every day and such access is made possible by affordable health insurance. The repeated attempts to repeal the ACA not only demonstrate a lack of understanding of how our patients have benefitted from the ACA, but would actually put our patients in a much worse position than before the ACA was passed.

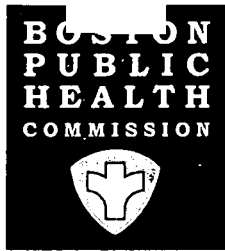
As reproductive health care professionals, we are gravely concerned that the recently proposed ACA repeal bills would push access to reproductive health out of reach for many of our patients. The proposed bill includes bans on abortion coverage in private plans, bars Medicaid recipients from accessing preventive care at Planned Parenthood, and dramatically changes the Medicaid program, potentially leaving millions without health care coverage. The Medicaid program is a vital health insurance program that serves our patients with the greatest need. Efforts to dismantle Medicaid and drastically reduce the number of people who are able to access health care would detrimentally impact our nation's health.

As medical health professionals, we have been disheartened by the lack of consultation with the medical community about the devastating effects of the proposed bill. In fact, many professional health care organizations have voiced their strong opposition to the latest iteration, particularly given that the bill is being moved forward without a full scoring from the Congressional Budget Office to fully understand the financial impact of the bill and estimates of how many people will lose coverage. We need Congress to work together to ensure that our patients have the best health care programs possible, not proposals that would increase premiums and cost millions of people their health insurance.

Our patients deserve to have health care coverage that meets their needs, including their reproductive health care needs. We request that any further changes to the health care bill be considered through a bipartisan, deliberative process that allows for consideration and input by the medical community. We join the chorus of

countless medical professionals, patients and advocates who recognize that this bill and the attempts to repeal the Affordable Care Act are bad for our patients and for our nation.

Sincerely,  
Physicians for Reproductive Health Board of Directors



Building a Healthy Boston

September 25, 2017

Chairman Orrin Hatch  
Senate Committee on Finance  
United States Senate  
Washington, DC 20510

Submitted via [GCHcomments@finance.senate.gov](mailto:GCHcomments@finance.senate.gov)

Dear Chairman Hatch, Ranking Member Wyden, and committee members:

We wholeheartedly oppose the Graham-Cassidy-Heller-Johnson health care proposal which would adversely impact the health of the people of Boston and Boston Public Health Commission (BPHC)'s ability to serve them. Eliminating public health programs that are now funded by the ACA would seriously undermine the ability of cities like Boston to protect and promote the health and well-being of our residents.

BPHC, the country's oldest health department, is an independent public agency providing a wide range of health services and programs. Public service and access to quality health care are the cornerstones of our mission - to protect, preserve, and promote the health and well-being of all Boston residents, particularly those who are most vulnerable. We achieve our mission by providing and supporting accessible high quality community-based health and social services, community engagement and advocacy, development of health promoting policies and regulations, disease and injury prevention, emergency services, health promotion, and health education services. BPHC's more than 40 programs are grouped into six bureaus: Child, Adolescent & Family Health; Community Initiatives; Homeless Services; Infectious Disease; Recovery Services; and Emergency Medical Services.

Those programs include:

- The Prevention and Public Health Fund (PPHF) was authorized under the Affordable Care Act. This funding stream is primarily dedicated to **investments in core public health programs at state and local health departments, such as BPHC**. Since 2010, the PPHF has supported efforts to combat infectious disease, prevent lead poisoning, detect causes of diseases and injury, and address the leading causes of rising health care costs. If the PPHF is eliminated, there will be devastating cuts to the Centers for Disease Control and Prevention (CDC) and state and local health departments in FY2017. In FY2016, the PPHF made up 12% of the CDC's budget, including more than half of funding for immunization programs. According to Trust for America's Health, Massachusetts would lose at least \$88,112,505 over the next 5 years if the PPHF were repealed. **We focus on improving the health of all Bostonians, especially our most vulnerable residents, with strategies that prioritize prevention, screening and early detection, and controlling and treating chronic disease.**
- The ACA provides **financial security by reducing out of pocket costs for preventive services** for Boston residents. Under the ACA, certain preventive services have been made available to consumers without

OFFICE OF THE EXECUTIVE DIRECTOR

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paying co-pays or deductibles. Examples of preventive services covered are flu shots, tobacco use cessation counseling, as well as no cost screenings for cancer, diabetes, and other chronic diseases. Additionally, routine access to good primary care and medications is critically important because it keeps chronically ill patients out of hospitals and emergency rooms, which are more expensive than routine care.

- **Planned Parenthood of Massachusetts has been a major player in helping Boston reach its lowest ever teen pregnancy rate in 2014** -- the most recent year for which we have data.
  - The 47% drop in teen pregnancy we saw in this city in the five years from 2009 to 2014 would not have been achieved without Planned Parenthood and access to comprehensive reproductive health services.
  - This access means that more than 225 young women living in Boston were able to avoid an unplanned pregnancy. **For the BPHC, it means fewer adverse birth outcomes, improved infant health and development, better long-term outcomes for moms and babies.**
- The ACA has literally been a **lifesaver for people with substance use disorders**. The city of Boston and BPHC has a comprehensive system of care for those seeking recovery, offering a wide array of prevention, treatment, and recovery support services designed to meet the unique and varied needs of individual residents, families and communities.
  - **Parity has been essential.** The ACA built on the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA, or the federal parity law), which requires group health plans and insurers that offer mental health and substance use disorder benefits to provide coverage that is comparable to coverage for general medical and surgical care. While almost all large group plans and most small group plans include coverage for some mental health and substance use disorder services, there are gaps in coverage and many people with some coverage of these services do not currently receive the benefit of federal parity protections. **All Bostonians have access to mental health and substance use care.**
  - Through the ACA prohibition on insurers denying coverage for pre-existing conditions, people with substance use disorders are able to get insured.
  - The ACA also provides for all screening, including for substance use disorders, at no cost to the consumer. Losing this provision would add another barrier to people getting care early before their substance misuse has progressed to costly addiction. Barriers to care would also mean people seeking treating with BPHC are that much sicker when they arrive.
- Boston residents have benefited greatly from **the ability to stay on their parents' health insurance until the age of 26**.
  - One in three Boston residents is between the ages of 20 and 34 and Boston is home to 35 colleges, universities, and community colleges.
  - Young college grads are secure from uninsurance upon graduation because they can now remain on the parents' plan past their graduation date, and secure from gaps in coverage due to unemployment, underemployment, or employment that does not offer health insurance benefits.
  - Our office sees young college graduates who are facing a high cost of living, including exorbitant rent and student loans. It can be difficult to convince the "young invincibles" that health insurance is a priority.

- **Out-of-Pocket Maximums** protect all residents from serious and insurmountable medical debt. Out-of-Pocket Maximums are especially important for people with complex medical needs that require regular medical appointments, prescriptions and medical procedures.
  - Out-of-Pocket Maximums offer transparency for all consumers, and for those consumers with complex medical needs, ability to budget and plan for their yearly medical expenses with a higher degree of certainty than was possible pre-ACA.
  - The Affordable Care Act offers protections to low income individuals, by capping the Out of Pocket Maximum.
  
- We often see residents who have lost their jobs and for whom COBRA is cost prohibitive. The marketplace offers affordable and comprehensive coverage that was not available before the ACA. Recently unemployed residents are relieved to learn that there are **options beyond COBRA** and that unlike COBRA the options are income based.
  
- **Funding of Health Insurance Navigators.** Navigating health insurance, and choosing a health insurance plan that meets your family's unique health and financial needs is confusing. This is especially true for new immigrants who are not familiar with the health care system in the United States.
  - In 2016, the Mayor's Health Line helped 861 households and over 1,100 individuals complete applications for health insurance.
  - One in every 5 Bostonians was born outside the United States. The ACA has significantly increased access to affordable health coverage for lawfully present immigrants through Medicaid expansion and health insurance Marketplaces with tax credit subsidies.
  - Consumers could easily be drawn to a low premium plan, not understanding the implications of high deductibles or co-insurance. It is important to have people in the community who can provide free and unbiased assistance to residents who are looking to buy a health insurance plan.
  - Challenges BPHC clients are now experiencing:
    - Overall clients are now more tense or uncomfortable when asked for immigration documents or if they have immigration documents.
    - Clients now express that they don't think there will be health coverage and benefits much longer and it is causing a lot of stress.

Thank you for the opportunity to submit comments in strong opposition to the Graham-Cassidy-Heller-Johnson health care proposal. This legislation would have extremely detrimental impacts on millions of Americans and hundreds of thousands of Massachusetts residents. We are hopeful this legislation will not move forward. We ask that the Committee does not move this legislation forward. Please feel free to contact Heather Gasper, our Director of Intergovernmental Relations at [hgasper@bphc.org](mailto:hgasper@bphc.org) if we can be of further assistance.

Sincerely,



Monica Valdes Lupi, JD, MPH  
 Executive Director  
 Boston Public Health Commission

September 25, 2017

Dear Chairman Hatch and Ranking Member Wyden:

I write to voice my **extreme opposition** to the Graham-Cassidy-Heller-Johnson proposal. I am very discouraged that instead of continuing down a bipartisan path and working on issues to improve the strength and stability of the Affordable Care Act's (ACA) marketplaces, the sponsors of this legislation have put forward a proposal that will:

- Eliminate the financial assistance that helps low- and moderate-income families purchase health care coverage;
- End expanded Medicaid coverage that helps millions of low-income adults;
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths
- Undermine essential protections for people with pre-existing conditions;
- Resurrect - *and worsen* - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of millions of Americans including older adults, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions. It does nothing to improve affordability or availability of coverage for consumers and will likely result in at least **488,000** losing coverage by 2027 and will undermine the financial stability of our health care system and place additional fiscal strains on our state budget. Below I've laid out in more detail my concerns with this proposal and the devastating impact it will have on consumers.

**Eliminates programs that serve as a lifeline for low- and moderate-income families.**

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA's successful Medicaid expansion, which has extended coverage to nearly 12 million newly eligible low-income adults. It also eliminates the ACA tax credits that 10 million low- and moderate-income people rely on to afford coverage in the individual market. Although it replaces this funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to former enrollees - and indeed the block grant is inadequate to pay for comparable benefits. From 2020 through 2026, block grant funding would be at least \$7 billion below projected spending under current law. Regardless, the block grant ends in 2027, leaving states and former enrollees with no help whatsoever. I do not believe it is likely that Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream – something that would be extremely difficult, if not impossible.

**Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.**

This proposal also threatens the care of millions of low-income seniors, children and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. By capping and slashing funding for the traditional Medicaid program by 12% (\$1,079 billion) between 2020 and 2036, the per capita cap will force Indiana to cut payments to health care providers and health plans, eliminate optional services, and restrict eligibility for enrollment - all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Since children make up almost one-half of the Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would also face painful cuts, since Medicaid is the primary payer for long-term services and supports. Community Based Services - the services that keep people with cognitive and physical impairments home and in their communities - are “optional” in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment is especially high.

**Pushes massive new costs onto states.**

All states, including Indiana would take on new risks and costs because this proposal converts the overall Medicaid program into a per capita cap. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving Indiana with insufficient funding to meet its current obligations. In addition, states would be fully exposed to any unexpected health care cost increases, such as from a natural disaster, an aging population or medical innovations. The per capita cap alone would reduce federal Medicaid spending by 12% (\$1,079 billion) by 2036.

Because federal dollars for Medicaid account for about 20% of state budgets, Fitch Ratings “believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond.”<sup>1</sup> And by pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals.

**Increases premiums and out-of-pocket costs and destabilizes the individual market.**

By repealing the individual mandate and eliminating advanced premium tax credits and cost sharing reductions, this proposal would drive up premiums and cause insurers to exit the ACA’s marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to

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<sup>1</sup> “Fitch: Latest ACA Bill Includes Medicaid Repeal and Replace Provisions for States”, <https://www.fitchratings.com/site/pr/1029238>.

increase by 20 percent. Furthermore, by replacing the financing of the ACA's financial assistance with a block grant without any guarantee that states would direct their temporary block grant funds toward financial assistance, this proposal puts people who currently rely on financial assistance at risk for sharply higher out-of-pocket costs and coverage loss.

Beyond the impact of this proposal on individuals, insurers currently selling in the Indiana Health Insurance Marketplace would face extreme uncertainty. Because this proposal allows states to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves from unpredictable claims costs or choose to exit the marketplace completely. This means that consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums and no guarantee of financial assistance to shield them from the increasing out-of-pocket costs.

**Eliminates critical consumer protections.**

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA - the prohibition on charging higher premiums based on a person's health status or a preexisting condition. This means that in states that choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a preexisting condition. Additionally, this proposal allows states to waive the requirement that insurers cover essential health benefits including mental health services, substance abuse treatments and maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT community) or consumers with specific chronic conditions (e.g. mental health or substance use disorders). For example, this could return us to a time when insurers only covered short-term, minimal treatment for mental health or substance use disorders, if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment.

**Lacks transparency and opportunity for meaningful input.**

I believe that everyone should have a say in the decisions that affect their health. With only one hearing scheduled days before a possible vote, and without a full CBO score to properly evaluate the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for a true evaluation of and meaningful input on the policies in this proposal that would affect millions of people and one sixth of the US economy. I encourage a return to "regular order," as requested by many members of the Senate and supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to weigh in.

Sincerely,

Leslie Ashley  
Indiana Resident



Dear Members of the Senate Finance Committee:

I urge you to vote **NO** on the Graham-Cassidy-Heller-Johnson Health Care Proposal. I am particularly concerned about the impact the bill will have on people with mental health or substance use disorders. I oppose the bill for the following reasons:

**It allows states to drop the requirement to cover mental health or substance use care.** Today, Exchange plans are required to cover essential health benefits, which include treatment for mental health and substance use conditions. Under this bill, each state will have the freedom to drop or change these requirements, putting mental health and substance use benefits at risk.

**It shifts Medicaid funding to a "per capita cap" system.** Shifting to per capita cap funding (a fixed amount of funding per person) may sound reasonable, but would not keep up with growth in costs and needs. This would result in states being forced to cut Medicaid services and eligibility, which would harm children and adults with mental illness.

**It effectively ends Medicaid expansion.** One in three people covered by Medicaid expansion plans lives with a mental health or substance use condition. Under this bill, Medicaid expansion would be converted to a smaller, temporary block grant that states could use for health coverage or any other health purpose, with no guarantee of mental health or substance use coverage.

**It reduces help to purchase health insurance.** Block grants would provide a fixed amount of temporary federal funding to replace insurance subsidies, severely cutting federal help for people to buy insurance. This will leave many people unable to afford the coverage they need for mental health or substance use treatment.

Please vote **NO** on this potentially devastating bill.


It will affect children covered by Medicaid for dental care, the number one disease in children is Tooth Decay! If passed, dental care will increase undoubtedly due to lack of routine check-ups detecting caries in early stages; resulting in increased expenses for restorative treatment.

Please consider the consequences!

Sincerely,

Jeanie Holtz, RDH

Eastern Shore Area Health Education Center

  
Cambridge, MD 21613




VIA Email only: [GCHcomments@finance.senate.gov](mailto:GCHcomments@finance.senate.gov)

September 25, 2017

U.S. Senate Committee on Finance  
219 Dirksen Senate Office Building  
Washington, DC 20510-6200

RE: Comments on the Graham-Cassidy Bill from the Georgia Advocacy Office for the Finance  
Committee Hearing on September 25, 2017

Dear Committee Members:

As the designated independent Protection and Advocacy System for people with disabilities in Georgia, we are in a unique position to know how harmful the Graham-Cassidy Bill would be to our fellow Georgians. We investigate incidents of abuse and neglect of individuals with disabilities and pursue administrative and legal remedies to ensure enforcement of human and civil rights for people who are often devalued, isolated, and institutionalized in state hospitals and other facility settings. Our efforts to support people with disabilities to move from institutional settings into homes and communities of their choice allow people to experience the joys of community engagement including family, friends, faith, and employment. Over the decades, we have seen children with disabilities move from nursing facilities to homes where they are loved and nurtured. We have stood beside people leaving state institutions after years of isolation and segregation as they begin a life of independence and inclusion.

During the course of our work, we have seen how Medicaid Home and Community Based Services (HCBS waiver services) can help people not only to have access to the medical care that they need, but also to have access to the supports needed to live as independently as possible and be included in their local communities. Many HCBS waiver services are delivered via Medicaid waivers. Waivers let states limit the number of people getting services. States can set up a “waitlist” for some waivers. Thus, people who meet the waiver program requirements may still have to wait for services until one of a limited number of slots becomes available. In Georgia, over 9,000 people are already on these waiting lists. Graham-Cassidy would cut Medicaid by hundreds of billions of dollars, likely leading to even longer waitlists as states struggle to provide required services to eligible individuals before providing optional waiver services.

Medicaid waiver services help people with disabilities to live full, meaningful lives just like everyone else. Medicaid waivers help support people to work, gain skills to care for themselves, maintain their homes, and have valued roles in their communities where they can contribute and belong. Without these necessary supports, people with disabilities will be at great risk of being institutionalized and will not get the needed care to stay healthy and safe. GAO works to ensure that individuals with disabilities have choice regarding services, that individualized services are available to people, and that people’s rights are protected when they choose to seek or refuse services. Graham-Cassidy will harm individuals with disabilities and many thousands of other individuals who have been able to access health insurance and especially Medicaid.

If Graham-Cassidy is signed into law, health insurance premiums will increase. People with disabilities will lose coverage. Cutting and capping Medicaid is dangerous for people with disabilities. For decades, research and best practices have told us that people are safer, healthier, and have better lives when they are more included in their community, are in freely given relationships, and have places where they belong and can contribute. Medicaid waiver services are crucial to the support needed to achieve those goals.

Medicaid block grants will reverse years of efforts made by states to support people with disabilities to live, work and belong in their own communities. This will also lead to longer waitlists to access HCBS waiver services, which also places people with disabilities at risk of institutionalization. It will also end protections on pre-existing conditions and lifetime caps. This will be detrimental not only to Georgians who experience disabilities but all Georgians who may experience a disability or develop a pre-existing condition in the future.

We are gravely concerned with this proposed bill and ask that you consider the devastating impact on people with disabilities.

Sincerely,



Ruby Moore  
Executive Director



Renée Pruitt  
Program Director  
Protection and Advocacy for People with  
Developmental Disabilities

Cc: William\_Dent@Isakson.senate.gov

September 22, 2017

Dear Chairman Hatch and Ranking Member Wyden:

We write to voice our extreme opposition to the Graham-Cassidy-Heller-Johnson proposal. We are very discouraged that instead of continuing down a bipartisan path and working on issues to improve the strength and stability of the Affordable Care Act's (ACA) marketplaces, the sponsors of this legislation have put forward a proposal that will:

- Eliminate the financial assistance that helps low- and moderate-income families purchase health care coverage;
- End expanded Medicaid coverage that helps millions of low-income adults;
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths
- Undermine essential protections for people with pre-existing conditions;
- Resurrect - *and worsen* - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of millions of Americans including older adults, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions. It does nothing to improve affordability or availability of coverage for consumers and will likely result in at least one million Pennsylvanians losing coverage by 2027 and will undermine the financial stability of our health care system and place additional fiscal strains on our state budget. Below we've laid out in more detail our concerns with this proposal and the devastating impact it will have on consumers.

**Eliminates programs that serve as a lifeline for low- and moderate-income families.**

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA's successful Medicaid expansion, which has extended coverage to nearly 12 million newly eligible low-income adults. It also eliminates the ACA tax credits that 10 million low- and moderate-income people rely on to afford coverage in the individual market. Although it replaces this funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to former enrollees - and indeed the block grant is inadequate to pay for comparable benefits. From 2020 through 2026, block grant funding would be at least 7% (\$95 billion) below projected spending under current law. Regardless, the block grant ends in 2027, leaving states and former enrollees with no help whatsoever. We do not believe it is likely that Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream – something that would be extremely difficult, if not impossible.

**Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.**

This proposal also threatens the care of millions of low-income seniors, children and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. By capping and slashing funding for the traditional Medicaid program by 12% (\$1,079 billion) between 2020 and 2036, the per capita cap will force

Pennsylvania to cut payments to health care providers and health plans, eliminate optional services, and restrict eligibility for enrollment - all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Since children make up almost one-half of the Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would also face painful cuts, since Medicaid is the primary payer for long-term services and supports. Community Based Services - the services that keep people with cognitive and physical impairments home and in their communities - are "optional" in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment is especially high.

#### **Pushes massive new costs onto states.**

All states, including Pennsylvania would take on new risks and costs because this proposal converts the overall Medicaid program into a per capita cap. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving Pennsylvania with insufficient funding to meet its current obligations. In addition, states would be fully exposed to any unexpected health care cost increases, such as from a natural disaster, an aging population or medical innovations. The per capita cap alone would reduce federal Medicaid spending by 12% (\$1,079 billion) by 2036.

On top of those cost shifts, the 31 states that expanded Medicaid under the Affordable Care Act will be at risk for far deeper cuts. This proposal ends all federal matching funds for the Medicaid expansion in 2020. Some of the funds that the federal government would have spent on Medicaid expansion get rolled into the block grant, but the block grant doesn't make up for Pennsylvania losses because the block grant is inadequate overall, the formula favors non-expansion states (it redistributes funding from expansion to non-expansion states), and it ends entirely in 2026, leaving states with no funding to replace the lost expansion funds.

Because federal dollars for Medicaid account for about 20% of state budgets, FitchRatings "believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond."<sup>1</sup> And by pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals.

#### **Increases premiums and out-of-pocket costs and destabilizes the individual market.**

By repealing the individual mandate and eliminating advanced premium tax credits and cost sharing reductions, this proposal would drive up premiums and cause insurers to exit the ACA's marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to increase by 20 percent. Furthermore, by replacing the financing of the ACA's financial assistance with a block grant without any guarantee that states would direct their temporary block grant funds toward financial assistance, this proposal puts the 301,632 Pennsylvanians who currently rely on financial assistance at risk for sharply higher out-of-pocket costs and coverage loss.

Beyond the impact of this proposal on individuals, insurers currently selling in Pennsylvania's marketplace would face extreme uncertainty. Because this proposal allows states to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves from unpredictable claims costs or choose to exit the marketplace

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<sup>1</sup> "Fitch: Latest ACA Bill Includes Medicaid Repeal and Replace Provisions for States", <https://www.fitchratings.com/site/pr/1029238>.

completely. This means that consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums and no guarantee of financial assistance to shield them from the increasing out-of-pocket costs.

**Eliminates critical consumer protections.**

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA - the prohibition on charging higher premiums based on a person's health status or a preexisting condition. This means that in states that choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a preexisting condition. Additionally, this proposal allows states to waive the requirement that insurers cover essential health benefits including mental health services, substance abuse treatments and maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT community) or consumers with specific chronic conditions (e.g. mental health or substance use disorders). For example, this could return us to a time when insurers only covered short-term, minimal treatment for mental health or substance use disorders, if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment.

**Lacks transparency and opportunity for meaningful input.**

We believe that everyone should have a say in the decisions that affect their health. With only one hearing scheduled days before a possible vote, and without a full CBO score to properly evaluate the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for a true evaluation of and meaningful input on the policies in this proposal that would affect millions of people and one sixth of the US economy. We encourage a return to "regular order," as requested by many members of the Senate and supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to weigh in.

Please reject the Graham-Cassidy-Heller-Johnson proposal. Over 1 million Pennsylvania consumers are counting on you. Please do not rip away the coverage they have, or reduce the benefits or protections on which they rely. Should you have any questions, please contact our policy director, Patrick Keenan, at (717) 322-5332 or at [patrick@pahealthaccess.org](mailto:patrick@pahealthaccess.org).

Sincerely,



Antoinette Kraus  
Executive Director



88 East Newton Street  
Vose Hall, 4th Floor  
Boston, MA 02118

Phone: 617.414.6366  
Fax: 617.414.7915  
[www.childrenshealthwatch.org](http://www.childrenshealthwatch.org)

September 25, 2017

Dear Chairman Hatch and Ranking Member Wyden,

As pediatricians, public health researchers, and child health and policy experts with the non-partisan Children's HealthWatch, we write to urge you to oppose legislation that reduces access to affordable health care in any way, especially for low-income people and families. Our research, conducted over nearly twenty years, consistently shows that families with young children are healthier when they are able to afford medical care and prescription medicines for all family members without sacrificing other basic needs, such as paying for food and rent. Based on our research, we strongly oppose any policy proposals, including the counterproductive Graham-Cassidy-Heller-Johnson proposal, that take health care away from families or limit access to the health care families need for their children to thrive.

Since 1998, Children's HealthWatch has collected more than 60,000 interviews from families with young children in emergency departments and primary care clinics at urban hospitals in five cities: Boston, Philadelphia, Baltimore, Minneapolis, and Little Rock. Medicaid and the Children's Health Insurance Program (CHIP) ensure many of those families are able to pay for health care and prescription medicines when they need them. **Cuts and structural changes proposed to Medicaid in the Graham-Cassidy-Heller-Johnson bill will have devastating effects on young children and their families.**

We know from our research that when families struggle to afford necessary medical care and prescription medicine, children are more likely to be hospitalized, in poor health, and at risk of developmental delays. In addition, their families are more likely to be unable to afford enough food, and their mothers are at increased risk of poor mental and physical health. These outcomes drive national health care costs up – not down. <sup>1</sup> Research from other groups shows that converting Medicaid into a block grant will result in millions of people losing health coverage, including families with young children.<sup>2</sup> Cutting families off of health insurance will exacerbate hardships and lead to worse health outcomes now and far into the future. And that will ultimately lead to higher costs of health care for all Americans.

Deprivation during the early years of life have long-term consequences on children's health and brain and socio-emotional development. The future of our nation depends on the health and well-being of our youngest children. Working to improve access to affordable health care for all families, rather than cutting funding that provides health coverage for our nation's most vulnerable citizens, must be a priority. Because of that, we strongly oppose the Graham-Cassidy-Heller-Johnson proposal and urge you to abandon the cuts and structural changes it proposes.

Sincerely,

**Mandy Blott, Ph.D.**

Licensed Psychologist

[REDACTED]  
Austin, Texas 78703

[REDACTED]  
[REDACTED]  
September 25, 2017

**RE: Graham-Cassidy Bill Hearing, Scheduled for September 25, 2017**

Dear members of the Senate Finance Committee,

As a psychologist practicing in Austin, Texas, I urge you to vote "no" on the Graham-Cassidy health bill. As a health care provider, I have significant concerns about loss of protections for 130 million people with preexisting conditions, one of the least popular provisions of this (and other) "repeal and replace" proposals. People with certain preexisting conditions could face premium hikes of thousands or tens of thousands of dollars per year, making affordable health care completely out of reach, and significantly increasing the risk of serious health problems or death. I also have deep concerns about the Medicaid per capita limits. If implemented many patients with chronic physical and mental health problems will be left without adequate care as they get older, increasing risk and burden to those patients and their communities. Some children who are born with chronic disabilities may exhaust their benefits in the first years of life, dooming them to lifelong disability or childhood mortality. This bill is unpopular, and will directly harm tens of millions of Americans. Please make the right choice and don't pass a bill that will make Americans sicker and leave our most vulnerable citizens without access to care.

Sincerely,

*Mandy Blott, Ph.D.*

Mandy Blott, Ph.D.



**Statement for the Record**  
**From Leading National Children's Health Groups**

**Submitted to the United States Senate Committee on Finance**  
**For the Hearing on the *Graham-Cassidy-Heller-Johnson Proposal***

**September 25, 2017**

**For More Information Please Contact:**

Kathleen King  
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Children's Defense Fund  
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of Pediatrics



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dental health  
project



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## Leading Children's Health Groups to United States Senate: "Vote NO on the Graham-Cassidy Health Care Repeal Bill"

September 25, 2017

The American Academy of Pediatrics, Children's Defense Fund, Children's Dental Health Project, Children's Hospital Association, Family Voices, First Focus Campaign for Children, March of Dimes and National Association of Pediatric Nurse Practitioners issue the following joint statement voicing their strong opposition to the Graham-Cassidy health care bill given its devastating impact on children, pregnant women, families, and our nation's health care system:

Our organizations represent children, pregnant women, families, children's health care providers and advocates across the country, and we speak here with one voice to urge the U.S. Senate to keep health coverage for children strong by rejecting the Graham-Cassidy health care repeal bill.

The bill is an assault on the health and futures of our children, pregnant women, and adults and our nation. Yet the Senate is poised to run ahead to vote on the bill without a complete assessment from the Congressional Budget office on the cost of care and numbers of children, pregnant women and others who will lose coverage.

The Graham-Cassidy bill fails children by ending the Medicaid program as we know it, jeopardizing comprehensive, affordable health coverage for the 72 million vulnerable Americans, 37 million of them children, who rely on Medicaid for their health care. Medicaid covers more than 40 percent of all children with special health care needs, roughly half of all births each year, and provides indispensable care for pregnant women. Medicaid offers comprehensive benefits many private health plans won't cover, like hearing and vision

screenings, and wheelchairs and hearing aids to meet children's needs as they grow and develop. Medicaid is there for families struggling from the opioid epidemic, covering treatment for parents and services for their children, and from other disasters. Medicaid is there for families living at or near poverty and for children and youth in foster care. But if this bill passes, Medicaid will no longer be there for any of them.

The Graham-Cassidy bill fails children by leaving more families uninsured, or without insurance that meets their basic needs. It would return us to a day when insurance companies can deny essential health services, including mental health, substance abuse treatment, and maternity care, and discriminate against children and adults with pre-existing conditions. This bill's deep and growing cuts in federal funding for states — estimated to be \$4 trillion over the next twenty years — would likely result in tens of millions of adults and children losing coverage.

By focusing on passing the Graham-Cassidy bill next week, Congress is also poised to miss a *real* deadline, passage of a long-term extension of funding for the bipartisan Children's Health Insurance Program (CHIP) by September 30, 2017. CHIP works because it is built on the strong foundation of Medicaid, and the two together have helped reduce the number of uninsured children by a remarkable 68 percent in the last 20 years. Just one week ago, a strong bipartisan bill was introduced to extend CHIP funding for five years, but now action to get CHIP over the finish line has stalled. Instead we are struggling to fight back the Graham-Cassidy bill that would dismantle rather than improve coverage for millions of children and pregnant women and also establish an enormous new block grant that threatens CHIP's unique valuable focus on maternal and child health.

Today, a record 95 percent of children in America have health coverage. Rather than build on this progress, the Graham-Cassidy bill tears it down. Our nation's children deserve health coverage that is there for them and their families. They certainly deserve better than the Graham-Cassidy bill.

**INTERFAITH  
HEALTHCARE  
COALITION**

**STATEMENT FOR THE RECORD  
SUBMITTED TO THE  
SENATE FINANCE COMMITTEE**

**ON THE**

**HEARING TO CONSIDER THE GRAHAM-CASSIDY-HELLER-  
JOHNSON PROPOSAL**

**SEPTEMBER 25, 2017**

**INTERFAITH HEALTHCARE COALITION**

**Washington, D.C. 20001**

For Further Information Contact:  
Lucas Allen – 202-601-7862  
Government Relations

September 25, 2017

Dear Senators:

**We, the more than 3,000 undersigned faith leaders representing Jewish, Christian, Muslim, Sikh, and Buddhist traditions, believe that healthcare is an essential human right.** We believe that individuals and families should not have to worry about the future of their healthcare coverage and whether or not it will be ripped away.

It was a tremendous relief that Congress was working in an open, bipartisan way to improve our healthcare system. But now, we are outraged that Congress would abandon these efforts for another partisan attempt that would take healthcare away from millions of our people. **For the sake of our people, please oppose the Graham-Cassidy proposal and support the reauthorization of the vital Children's Health Insurance Program (CHIP) and Disproportionate Share Hospitals (DSH) program.**

The Graham-Cassidy proposal would cause millions to lose health coverage, and people experiencing vulnerability, sickness, and poverty would be hit the hardest. Over the next decade, ACA funding would be eliminated, Medicaid would be gutted, and critical protections, such as for people with preexisting conditions, could be eliminated in certain states. Graham-Cassidy would end Medicaid as we know it by instituting a per capita cap and shifting billions of dollars onto states. The result would be nothing short of reducing access to quality healthcare, raising premiums, and eliminating protections for millions of Americans. In 2027 alone, Graham-Cassidy would cut federal health care spending by \$299 billion. More than 37 million children would be affected by cuts to Medicaid.

Graham-Cassidy not only threatens the health coverage of millions of children through cuts to Medicaid, but it also delays bipartisan congressional action to extend funding for programs like the Children's Health Insurance Program (CHIP). Since its creation in 1997, the uninsured rate of low- and middle-class children has decreased from 14% to just 5%. Without reauthorization, CHIP funding will expire at the end of September, and the nearly 9 million children on CHIP might begin to receive termination notices.

We also urge you to protect funding for DSH, which supports safety-net hospitals that provide health services to people without insurance. Without this funding, many hospitals will face difficult decisions to cut services or close entirely. In rural areas especially, lower-income Americans will face a crisis. The \$43 billion in proposed funding cuts over the next eight years will cause job loss, a decrease in the quality and number of services hospitals provide, and create life-threatening gaps in healthcare service for many Americans.

**To allow Graham-Cassidy to pass the Senate – and to allow the CHIP and DSH programs to lapse – is to allow the health of America's most vulnerable people to face unnecessary and immoral obstacles.** Jobs will be lost, local economies will be harmed, and access to healthcare

will become a challenge for many. Therefore, we deplore this proposed legislation and these potential funding cuts and pray that you will work with your colleagues in Congress to prevent any disruption of healthcare for Americans.

As faith leaders, it is our duty to care for and minister to people in our communities. As Senators, you have a similar duty to care for your constituents. Please focus on bipartisanship rather than political posturing, oppose Graham-Cassidy, and extend CHIP and DSH funding.

Sincerely,

### **National Faith Leaders**

**Sr. Simone Campbell SSS**  
NETWORK Lobby for Catholic Social Justice, Washington, DC  
*Once again, a group of white, male Senators have crafted a plan that is out of touch with the realities of millions of ordinary families and fails the moral tests of our faith. The Graham-Cassidy-Heller-Johnson proposal is immoral policy that would hurt millions of people, and their plan to rush it through without knowing the impact is reckless. This new repeal bill goes far beyond the BCRA by eliminating all ACA premium and copay supports, gutting Medicaid, and removing protections for people with pre-existing conditions. These policies target people struggling to get by, the sick, and the elderly—the very people Jesus teaches us to put first. Catholic sisters stand with our nation's most vulnerable people and we must stand against this anti-health, anti-life legislation.*

**Bishop William Barber II**  
Repairers of the Breach, Goldsboro, NC  
*This bill is racist and takes health care from millions of African Americans being peddled with a states rights agenda. It is a form of economic injustice that will hurt the poor who are mostly white. Bad for America.*

**Valarie Kaur**  
The Revolutionary Love Project, Los Angeles, CA  
*As a Sikh, an American, a lawyer, and a mother, I ask Congress to protect healthcare for millions of Americans who most need it.*

**Fr. Charles Currie S.J.**  
Jesuit Digital Network, Washington, DC

**Julian Medrano**  
Interfaith Worker Justice, Chicago, IL

**Rabbi Jonah Pesner**  
Religious Action Center of Reform Judaism/Union for Reform Judaism, Washington, DC

**Rabbi David Saperstein**  
Union for Reform Judaism, Washington, DC

**Rev. Dr. Jacqui Lewis**  
Middle Collegiate Church, NY, NY

**Rev. Jennifer Butler**  
Faith in Public Life, Washington, DC

**Sr. Patricia Chappell SNDdeN**  
Pax Christi USA, Washington, DC  
*Pax Christi USA strongly believes that healthcare is a human right which every human being is*

*entitled to. The Graham-Cassidy healthcare repeal bill is in violation of that human right. It threatens millions of people, children, elderly, those with pre-existing conditions and those made poor by our unjust economic system. We add our national voice to repeal this unjust piece of legislation.*

**Colin Christopher**  
Islamic Society of North America, Washington, DC  
*We have a moral obligation in this country to care for those who are young, elderly, sick, or unable to fend for themselves. If we can build the mightiest defense system the world has ever known, we also have the ability to fund the best preventative health care system. The Graham-Cassidy bill would decimate patient protections, decrease care, and directly lead to thousands of preventable lives lost that are currently being saved by the affordability and coverage of the ACA.*

**Josh Protas**  
MAZON: A Jewish Response to Hunger, Washington, DC

**Barbara Weinstein**  
Commission on Social Action of Reform Judaism, Washington, DC



September 25, 2017

The Honorable Orrin Hatch  
Chairman  
Committee on Finance  
U.S. Senate  
Washington, D.C. 20510

The Honorable Ron Wyden  
Ranking Member  
Committee on Finance  
U.S. Senate  
Washington, D.C. 20510

**RE: Senate Committee on Finance Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal**

Dear Chairman Hatch and Ranking Member Wyden:

The National Institute for Reproductive Health writes to oppose the Graham-Cassidy-Heller-Johnson proposal (Graham-Cassidy proposal) which would strip coverage from millions, strike a death blow to Medicaid as we know it, and fundamentally threaten the health and well-being of women across the country by slashing federal support that helps women and families afford coverage, restricting abortion coverage, barring individuals enrolled in Medicaid from accessing critical health care services at Planned Parenthood health centers, and a host of other provisions that threaten the reproductive health of women. The National Institute for Reproductive Health is a non-profit advocacy organization working across the country to increase access to reproductive health care and preserve women's rights to affordable and accessible abortion and contraception as part of the comprehensive range of health services that each person needs and deserves.

We strongly oppose this bill. While we do not yet have a complete understanding of the full devastation the Graham-Cassidy proposal will bring without a full score from the Congressional Budget Office (CBO), experts believe 32 million women and families will be without health coverage if it passes.<sup>i</sup> We urge you oppose the Graham-Cassidy proposal and instead work to move forward bipartisan efforts on market stabilization and other critical issues to improve access to affordable health care for all people in the United States.

The Affordable Care Act (ACA) and Medicaid are vital sources of health coverage for the country's historically underserved communities, including individuals and families living in poverty, people of color, women, immigrants, LGBTQ individuals, people with disabilities, seniors, and people with limited English proficiency. The passage of the ACA led to historic gains in health insurance coverage, allowing 20 million people new access to affordable health care<sup>ii</sup>, through the expansion of Medicaid coverage to low-income individuals and Marketplace subsidies for people living below 400% of the poverty, and the elimination of practices that deny individuals access to healthcare, or charge them more, like women, people with pre-existing conditions, and young people.<sup>iii</sup>



Today, as a result of the core Medicaid program that has existed since 1965 and Medicaid expansion in the ACA, Medicaid provides critical insurance coverage to one of every five people in the United States, including nearly one in five adult women, one in three children, 10 million people with disabilities, and nearly two-thirds of people in nursing homes. However, the Graham-Cassidy proposal makes fundamental changes to both the Medicaid expansion and the traditional Medicaid program. Medicaid is a federal-state partnership in which states receive federal funding based on the actual cost of providing services, which means that lower income states receive more federal funding. Under the Graham-Cassidy proposal, federal contributions to each state would be based on and limited to that state's historical expenditures, with a small inflation rate over the course of time that is projected to be less than the yearly growth of Medicaid costs. By 2020, funding for state Medicaid programs would shrink drastically and states would be forced to dramatically cut coverage and services for all enrollees, including the 13 million women of reproductive age who rely on Medicaid for access to reproductive health services.<sup>iv</sup> Moreover, states could also reduce Medicaid eligibility, including the retroactive eligibility that currently exists for pregnant women to provide coverage throughout pregnancy, and could implement work requirements – even for women who have given birth as little as 8 weeks before.

At the same time, starting October 1, 2017, the Graham-Cassidy proposal would allow states to conduct redeterminations for Medicaid expansion populations every six months, and incentivize states to conduct even more frequent redeterminations by providing a 5% increase in the federal match rate for redeterminations made at least every six months through December 31, 2019. The proposal is more extreme than previous Senate bills by reducing the federal match rate to 0% for any state that covers Medicaid expansion enrollees after January 1, 2020. If states want to continue to cover Medicaid expansion after that date, they would not receive any federal funding – many states would find it difficult or impossible to cover 100% of the costs for the Medicaid expansion population. These restrictions on Medicaid funding and eligibility would negatively impact on low income women's access to coverage and health care, especially reproductive health care, and would jeopardize the economic stability of women and families.

Abortion access for all women would also be undermined by the Graham-Cassidy proposal which beginning in 2018 would prohibit individual and small employers from using federal tax credits to purchase private health insurance plans that include abortion coverage beyond the Hyde exceptions. It also specifically prohibits individuals from using their Health Savings Accounts to pay for a High Deductible Health Plan that covers abortions. Altogether, these provisions could cause insurance companies to stop offering plans that provide abortion and ultimately put abortion access even further out of reach for women in the private market. This is especially concerning for states like California, New York, and Oregon, which broadly require abortion coverage in all or most of their private plans. If Graham-Cassidy becomes law, these states would be forced to change their existing policies, reducing or eliminating access to abortion for many women, or risk dramatically decreasing the number of state residents who are eligible for federal tax credits.





National Institute for  
Reproductive Health

In addition, similar to previous ACA repeal bills, the Graham-Cassidy proposal includes a provision targeting Planned Parenthood by prohibiting the organization from participating in the Medicaid program for one year, which would have devastating effects on the reproductive health of millions of United States residents, including the one in five women who will visit a Planned Parenthood in her lifetime. Like any other health care provider, Planned Parenthood is reimbursed for providing Medicaid-covered services including contraception, testing and treatment for sexually transmitted infections, breast and cervical cancer screenings, and other essential preventive care services. Excluding Planned Parenthood from the Medicaid program would reduce access to care for many people across the country, particularly in rural areas – many people rely on Planned Parenthood as their trusted provider of choice and would no longer be able to obtain their care at their chosen provider, while others would lose access to critical reproductive health care services entirely as other providers, including community health centers, lack the capacity to handle the influx of Medicaid patients.

The Graham-Cassidy proposal also removes important protections for women and families that were enshrined by the ACA. The ACA requires individual plans to cover ten categories of essential health benefits (EHB), including maternity and newborn care, and requires private plans to cover preventative services, such as contraceptives and mammograms, without cost sharing. The Graham-Cassidy proposal would allow states to waive these requirements and leave many women with the choice of being forced into debt to obtain care during pregnancy or obtaining inadequate or no maternity care at all. One study found that if a state eliminated the EHB requirement to cover maternity care, insurance plans would like charge women an additional \$17,320 premium for a maternity care rider.<sup>y</sup>

Furthermore, as was true before the ACA became law, insurers could once again discriminate against people with pre-existing conditions including cancer survivors, women who have had a cesarean section, or pregnant women, by charging them higher premiums or by denying them coverage outright. Eliminating the ACA's protection for those with pre-existing conditions could prevent many women with chronic or other conditions from obtaining the health insurance they need.

Finally, NIRH would like to voice our concern about the lack of transparency, debate and process in the move to pass the Graham-Cassidy proposal. This bill would affect one-sixth of the U.S. economy and could result in millions of people losing health care – it violates the basic premise of our democratic system to enact such a law without adequate time for analysis, hearings, and full analysis from nonpartisan entities like the CBO.

We urge you to oppose passage of the Graham-Cassidy proposal and instead focus on moving forward bipartisan efforts to address barriers to affordable health care access for all United States residents.



If you have any questions, please do not hesitate to contact Rose Mackenzie, Policy Counsel, at [rmackenzie@nirhealth.org](mailto:rmackenzie@nirhealth.org) or 646-520-3519.

Sincerely,

A handwritten signature in black ink that reads "Andrea Miller". The signature is fluid and cursive, written in a professional style.

Andrea Miller  
President  
National Institute for Reproductive Health

cc: All Senate Finance Committee Members

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<sup>i</sup> Center for American Progress, The Graham-Cassidy Repeal Bill Would be Devastating for Women and Families Across the Country, (Sep. 2017), available at <https://www.americanprogress.org/issues/women/news/2017/09/20/439314/graham-cassidy-repeal-bill-devastating-women-families-across-country/>.

<sup>ii</sup> U.S. Dept. of Health and Human Services, Office of the Asst. Secretary for Planning and Evaluation, Health Insurance Coverage and the Affordable Care Act, 2010-2016, (Mar. 2016), available at <https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf>.

<sup>iii</sup> Kaiser Family Foundation, Key Facts about the Uninsured Population, (Sep. 2017), available at <http://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>.

<sup>iv</sup> It should be noted Fitch Ratings, one of the three primary credit rating agencies that review state budgets and state creditworthiness, has noted that that even with these cost-cutting measures, states will still find themselves having to plug the massive hole in their budgets from Medicaid cuts and may ultimately be forced to cut spending for education at all levels, as well as funding for local governments and other major components of state budgets. See Press Release, Fitch: Latest ACA Bill Includes Medicaid Repeal and Replace Provisions for States, Fitch Ratings, <https://www.fitchratings.com/site/pr/1029238> (last visited September 24, 2017). NIRH believes that the burden of these cuts will likely fall heaviest on low-income families, as well as others who rely on the state for assistance, including the public school systems and hospitals that receive significant amounts of Medicaid funding.

<sup>v</sup> Center For American Progress, Senate Health Care Bill Could Drive Up Coverage Costs For Maternity Care And Mental Health And Substance Use Disorder Treatment, (Jun. 2017), available at <https://www.americanprogress.org/issues/healthcare/news/2017/06/20/434670/senate-health-care-bill-drive-coveragecosts-maternity-care-mental-health-substance-use-disorder-treatment>.

Lorraine Grisez

████████████████████  
Colorado Springs CO 80921  
████████████████████

Date: 25 September 2017

Subject: Comments Regarding the Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal Scheduled for 25 September 2017

Ladies and Gentlemen,

I write to you today from Colorado Springs, Colorado where my husband retired after 20 years (and 7 deployments) in the US Army. Although neither of us are originally from Colorado, we opted to make our post-Army life home in this great state because of the Medicaid Waiver system offered for children. Our daughter, Zoe, was born with a genetic condition called Spinal Muscular Atrophy. It is a devastating disease that has robbed her body of the majority of its voluntary muscle control.

Although Zoe is 100% physically disabled, she is very much like any other 16 year old girl in her school. She loves Taylor Swift. She texts and Snapchats her friends daily. And she is currently an Honors student who has dreams of attending college in two years when she graduates.

But unlike other girls her age, Zoe requires 24 hour medical care. She has either a parent or a medical professional with her at all times. She depends on a ventilator to breathe at night. She has had 17 major surgeries. She uses a power wheelchair with a custom seating system that totaled more than the cost of her friends' new cars this year. Her health care costs so far have exceeded millions of dollars.

I'm attaching a glimpse at a 30 day EOB (Explanation of Benefits) from Tricare. The total? Almost half a million dollars... and let me repeat that it is a 30 day EOB. Without Medicaid supplementing Zoe, we would be doomed because believe it or not, Tricare doesn't cover her care 100%. In fact, it doesn't cover home health providers at all for retirees, so without Medicaid, Zoe's adulthood faces a life in a skilled nursing facility where she most certainly does not belong.

Medicaid block grants will force states to make decisions about children like Zoe on waiver systems that keep families like ours afloat. Zoe will one day graduate high school and college and look to go out into the workforce. But with a preexisting condition, her options will be limited as to what insurance she can afford or if she can work at all because Medicaid forces income caps.

Recently we celebrated Zoe receiving the first treatment for SMA – a drug named Spinraza with a hefty price tag of \$150,000 an injection. Zoe began her 4 loading doses but will require 3 doses a year to maintain the treatment. Zoe's hope for this treatment will die if you vote yes on this

bill. This treatment has the potential of prolonging her life and saving the little ability she has remaining.

My daughter is amazing. She is the kind of person we all should want to be – thoughtful, selfless, and nonjudgmental. Her empathy for others will undoubtedly guide her into a career that will change lives and ultimately this world. But Zoe’s battles against her health are intense and she can’t do it alone. And the horrifying truth is that without a comprehensive health care plan that protects her, Zoe will not have a future at all.

With a combined 27 years of service between us, my husband and I have more than sacrificed our fair share for this country. The last thing we should have to worry about is the future of our daughter’s health care. Stand with us. Vote no on this bill and come up with a better solution that will reign in health care costs, hold pharmaceutical companies accountable for their outrageous pricing, and remove insurance company lobbyists from having any say on their financial gain when millions of lives are at stake.

Respectfully,  
Lorraine Grisez

services. You should use this to determine ry to discuss the charges with your provi	
Processed from 08/12/17 to 09/13/17	
<b>Paid Your Provider:</b>	<b>Amount You</b>
\$ 427,500.00	
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305.28	
2,029.25	
2,813.32	
368.21	
<b>\$ 446,130.97</b>	

head family deductibles. We are  
**30 Days of Zoe's Care**



**Zoe Celebrating her 16<sup>th</sup> Birthday**

## How Could the Graham Cassidy Bill Damage Health Care for People With and Without Disabilities in Illinois?

### Coverage Impact

- 965,000 less people insured in 2027<sup>1</sup>
- 1,163 more people will die per year due to insurance coverage loss in 2027<sup>2</sup>
- 2,569,015 people whose Medicaid will now be capped
- 690,400 people will lose their Medicaid due to expansion ending
- 259,900 people (including disabled people) will lose their tax credits that help them pay for their health insurance
- 5,471,800 people with pre-existing conditions who will no longer be protected from discrimination while buying insurance<sup>3</sup>
- 333,000 non-elderly people with disabilities whose Medicaid coverage will be capped
- 125,386 people use Home and Community Based Services that may be cut if states lose Medicaid funding

### Economic Impact

- \$9,264,000,000 cut in federal funding in 2027<sup>4</sup>
- \$153,000,000,000 cut in federal health spending for Illinois between 2020 and 2036, a 34% decrease in federal funds<sup>5</sup>
- \$1,644,805,021 Medicaid spending per year on Home and Community Based Services
- \$16,677,971 loss in state health prevention funds
- \$346,000,000 loss in federal funds because of medicaid caps<sup>6</sup> in 2027
- 114,300 less jobs in 2027 when the block grant ends
- Premiums will increase \$4,272 on average in 2027 when the block grant ends

<sup>1</sup><https://www.americanprogress.org/issues/healthcare/news/2017/09/20/439277/coverage-losses-state-graham-cassidy-bill-repeal-aca/>

<sup>2</sup> Using ratio from:

<http://annals.org/aim/article/1867050/changes-mortality-after-massachusetts-health-care-reform-quasi-experimental-study>

<sup>3</sup> Center for American Progress

<sup>4</sup> Center on Budget Policy and Priorities

<sup>5</sup> Avalere

<sup>6</sup><http://www.kff.org/health-reform/issue-brief/state-by-state-estimates-of-changes-in-federal-spending-on-health-care-under-the-graham-cassidy-bill/>

More source information can be found at:

<https://docs.google.com/document/d/1xg-Shl7al-w75ReZwYtMVtdBv4hx37uY3jC1DdVWkCc/edit?usp=sharing>

I do honestly know that there are so many people who have done and are doing great and hard work to improve our nation and it's standing. I thank you all for such hard work and heavy lifting. In hopes that we can all sleep soundly very soon.

Sincerely Your Country's Constituent,

Rochelle Ghose

  
Louisville, KY 40291

To: Senate Finance Committee

From: Rochelle Ghose  
[REDACTED]

Louisville, KY 40291

Re: Graham-Cassidy Bill Hearing

Monday 25 September 2017

Good Morning Senator Wyden and friends,

In all my sincerity, my hope is that this bill nor any other piece of legislation that comes forward does not pass if it should contain efforts to:

- curtail pre-existing conditions as a limitation to access to adequate healthcare
- raising premiums on folks who have a pre-existing condition
- capping Medicaid dollars
- undermining HCBS waivers
- that any healthcare legislation has a thorough CBO score conducted and evaluated
- that any healthcare legislation has thorough testimony from every shareholder before a vote, but also using common sense and not 'studying it to death'
- that any healthcare legislation not have behind the scenes, last minute arm twisting

You must understand that I have many reasons for grave concerns. My eldest daughter, soon to be 14, experiences a few conditions that will impact her ability to fully integrate and contribute to her community and access Medicaid when the time comes. I do hope that there will be something for her when she needs it, and not simply because she wasn't considered 'needy' enough. Thankfully, she has not been terribly medically involved as my cousin and other had and have been. But that might work against her if she is not deemed 'needy enough' by prehistoric qualifications. She will need someone to help her get to and from college, school, work, community activities that she enjoys, tennis practice and many others. For her quality of life. For her dignity. Who wants to be thought of as 'needy'? It carries negative stereotypes. Pre-existing conditions that, not a fault of her own of Down syndrome and autism and perhaps a few other 'conditions' is a part of who she is, but it is not her identity. Yet that diagnosis alone should NEVER be used against her for something that she cannot control. In spite of what too many people think of others with a disability, she actually contributes to the wonderful fabric of our society. As Temple Grandin of Ft. Collins says in the title of her book "DIFFERENT....NOT LESS." Means that we all have something to contribute to society. Our Founding Fathers said: "... life, liberty and the pursuit of happiness." Even if, at the time of the drafting of the framing of the Constitution and other documents people who were deemed less suitable, more inferior were not granted such liberties, we have come a long way. But also have such a long way to go. I can only imagine that the Founding Fathers and those before us who have left a legacy to be improved upon, are turning over in their graves as what our country is coming to if this kind of legislation is passed. My grandparents who worked as civilians in the Pentagon and elsewhere in DC as statisticians and secretaries to Generals, are turning over in their graves at what our country has come to without following decent protocol for policymaking. Today's hearings are a great step in the right direction.

My daughter's bright personality, charisma and empathy have made our family and her community a better place for having her in it. Her 5<sup>th</sup> grade class from Thurston Elementary in Springfield, Oregon annually makes Cranes for a Cause and she is to this day proud of her contribution a few years ago. Some of the cranes her class made are in Senator Wyden's office to this day. In a few years, my daughter Anoushka wants to be a doctor and a chef in a meaningful and challenging workplace with upward mobility and an honest wage. To live interdependently, go to college, drive a car and contribute to society.

What keeps you up at night?

What keeps me up at night, and there are many, but the healthcare legislation that our country is in at the moment is perplexing. Yet it should be common sense. Healthcare is a moral human right and a necessity for the entire society of ours to survive. Yes, some changes need to take place. However, pulling the rug out from under MILLIONS of people is NOT what legislators and policymakers were elected to do. So many people are looking for a hand UP, but NOT a hand OUT. However, leaving millions of people without an option is dehumanizing, disrespectful and undignified.

I am kept awake at night with concerns that my daughter will not have those opportunities. I am kept awake with concerns of what impacts will have on her two-younger siblings. If my eldest daughter is not afforded the same freedoms and rights to decent, affordable, well managed healthcare, then the rest of society will have to shoulder the burden. Or if I should become a single parent, working to pay extremely high premiums for health insurance, only to have to stay at home and care for my eldest, should Medicare not be available for her. If Medicaid funding is taken away, cut so severely, then that also impacts caregivers to help my daughter get to work, to provide any supports for integrated employment. That would be a third or fourth or more people out of the taxpaying workforce. Which also takes another person out of the workforce to help save for college tuition for my daughter and her siblings.

I am kept awake at night at the thought of so many people losing healthcare, being denied coverage, being sent back to the days of crowded, unfriendly, unfamiliar institutions with inadequate healthcare, if any, and people withering away to die, forgotten. Being buried with a number, not a name. Forgotten.

I worry for the doctors and nurses who care for all of us and especially for those who are the most vulnerable.

I am kept awake at night with concerns of what my sister is currently having to deal with, balancing challenges of a single mother with two teenage sons, living with our elderly parents who have health issues of their own. My sister is also a cancer survivor and deals constantly with the fatigue and brain fog that almost every other cancer survivor is dealing with. This in part gets in the way of her daily routine of life in general and working as a Certified Occupational Therapist with young children who for the most part are also dependent upon Medicaid. Should Medicaid be curtailed and blocked, the funding for their services depletes. The services my sister provides to the young children depletes. My sister's income depletes. My sister's independence depletes. My sister's ability to care for our parents depletes. The services my nephews are receiving depletes. The quality of their lives and all of our lives as society depletes. It's all interconnected.

I lose sleep worrying about my best friend, and cancer survivor. Another close friend with Multiple Sclerosis. Dozens of other friends who are impacted by other pre-existing conditions, and we all will acquire one someday. I lose sleep worrying about the hundreds of thousands of people who will immediately lose coverage if this is enacted, and the millions more over the next decade. How as a just and noble society do this to our neighbors, friends and family?

How is it that we as a society turn our backs on the Armed Service members who also rely on decent healthcare? My grandfather was in the Army during WWII, an Uncle in the Navy during the Korean War and another Uncle in the Air Force during the Vietnam War. Many classmates from high school were in Desert Storm. Many more are still serving. They deserve our respect as do so many others.

How is it that we can let people die simply because they were denied adequate healthcare? Nay-sayers won't believe the honest truth when they hear that people die. But they do.

I am kept awake at night for my family, friends and stranger's stories of their children with more complex medical issues. Not a day goes by that I don't think of my cousin, who was attending Arapahoe Community College in Littleton, Colorado, to become an architect. He had hopes, dreams and a vision of how to become independent of

the restraints put upon him by society and independent from his condition of quadriplegia. Unfortunately, he is no longer with us, but lives on in hopes for our country's future.

Many years ago, when we lived in Portland, before the ACA came to be, I heard so many terrible and frightening stories of how families had to file bankruptcy because of medical caps for the continuation of care for their loved ones. They were limited at one or two million dollars and the recipient was less than 10 years old. Some of the families had no other option to resort to sending their child away from their family to be cared for by strangers in a sterile and unfamiliar environment. They were unable to see their precious child grow up with their siblings, attend their local schools, grow up into adults and cherish the milestones everyone else had the privileges to. To this day I have constant reminders of the worries my dear friends have for their children and their hopes and dreams may turn to dust if this healthcare passes.

In Oregon: How Could the Graham Cassidy Bill Damage Health Care for People With and Without Disabilities in Oregon?

Coverage Impact:

526,000 less people insured in 2027

634 more people will die per year due to insurance coverage loss in 2027

959,357 people whose Medicaid will now be capped

556,700 people will lose their Medicaid due to expansion ending

95,500 people (including disabled people) will lose their tax credits that help them pay for their health insurance

1,681,100 people with pre-existing conditions who will no longer be protected from discrimination while buying insurance

103,700 non-elderly people with disabilities whose Medicaid coverage will be capped

46,196 people use Home and Community Based Services that may be cut if states lose Medicaid funding

Economic Impact

\$6,576,000,000 cut in federal funding in 2027

\$111,000,000,000 cut in federal health spending for Oregon between 2020 and 2036, a 50% decrease in federal funds

\$1,842,498,217 Medicaid spending per year on Home and Community Based Services

\$9,292,480 loss in state health prevention funds

\$162,000,000 loss in federal funds because of medicaid caps in 2027

45,300 less jobs in 2027 when the block grant ends

Premiums will increase \$4,188 on average in 2027 when the block grant ends

The Congressional Budget Office doesn't have time to score the Graham-Cassidy healthcare repeal bill before it's called for vote on the Senate floor. Access Living in Chicago has stepped into this void to assess the impact of Graham-Cassidy on Illinois citizens. This is what they've found:



## **Interfaith Organizational Letter:**

Last March, 47 various religious organizations, denominations, and faith traditions urged that any repeal of the Patient Protection and Affordable Care Act (ACA) meet our ten priorities for moral health care reform. These principles set out the moral framework that reflects our various faiths' principles for care.

**The latest proposal from Senators Graham, Cassidy, Heller, and Johnson falls short of most of these priorities.** Of particular concern is the proposal's restructuring of Medicaid through a per capita cap and the eventual elimination of the Medicaid expansion. These policies would endanger the millions of senior citizens, people with disabilities, people with long-term care needs, people experiencing poverty, and children who benefit from Medicaid. The erosion of protections for people with pre-existing conditions and deep cuts to premium supports make this proposal deeply concerning to people of all faiths.

**We oppose the Graham-Cassidy-Heller-Johnson proposal because it would bring us further from a health system that offers health, wholeness, and human dignity for all.** We urge Senators to continue the bipartisan work of stabilizing the individual insurance market and extending funding for CHIP rather than descending to another repeal proposal that fails to meet the moral obligations of our faith traditions.

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March 7, 2017

Dear Members of Congress,

We, the undersigned faith organizations and members of the Washington Interreligious Staff Community (WISC), write to urge that any change, repeal, or repair of the Patient Protection and Affordable Care Act (ACA) include comprehensive health care legislation in a single bill that meets our ten priorities for a faithful health care system.

While we come from different faith traditions, these priorities arise from a shared commitment to a faith-inspired moral vision of a health care system that offers health, wholeness, and human dignity for all. The scriptures of the Abrahamic traditions of Christians, Jews, and Muslims, as well as the sacred teachings of other faiths, understand that addressing the general welfare of the nation includes giving particular attention to people experiencing poverty or sickness. For their sake and for the common good, we must continue to make progress toward a U.S. health care system that is inclusive, equitable, affordable, accountable, and accessible for all. Rooted in faith, we ask that health reform:

1. Uphold the purpose of Medicaid by refraining from structural changes to how the program is funded. Changing the funding structure to a block grant or per capita cap would impose rigid limits on the amount of federal money available to states for Medicaid, endangering the health and well-being of children, older adults, people with disabilities, and their families.
2. Preserve the funding for Medicaid expansion and expand the program in all states.

3. Preserve the coverage gains made by the ACA and further decrease the number of Americans without health insurance.
4. Ensure that reasonable revenue is in the federal budget to pay for health care for all.
5. Ensure that insurance premiums and cost sharing are truly affordable to all. Policies to improve affordability must prioritize those with the greatest need, not those with the means to put money in a health savings account or wait for tax deductions.
6. Maintain health services and benefits currently provided by the ACA including access to essential medicines, mental health services, preventive services, pre-natal services, and other key services necessary to maintain health.
7. Maintain guaranteed issue for those with pre-existing conditions. Do not quarantine the millions of Americans with pre-existing conditions in unaffordable high risk insurance pools.
8. Prevent insurance companies from discriminating against women, the elderly, and people in poverty.
9. Create effective mechanisms of accountability for insurance companies and not allow them to have annual or lifetime caps on expenditures.
10. Continue to allow children under the age of 26 to be covered by their parents' insurance.

We must point out that the proposals and talking points to date fall far short of these priorities. Failure to meet these criteria will result in grave consequences for our communities, especially the most vulnerable in our society. The Congressional Budget Office estimated that repealing the ACA without a replacement ready would cause 32 million more people to go uninsured, with premiums doubling by 2026.<sup>1</sup> Piecemeal replacement ideas have been proposed that might mitigate the harm for some, but for many these tax credits, health savings accounts, and state innovation grants will be no substitute for quality, affordable insurance coverage.

Before committees markup legislation to repeal parts of the ACA, the millions of people who could be affected deserve proof of a comprehensive replacement plan that would protect their access to coverage. Changes to the ACA or Medicaid will impact the health of millions of Americans. Therefore, it is imperative that any proposal be deliberated through a transparent process that includes public hearings and analysis from non-partisan experts such as the Congressional Budget Office before any vote takes place.

Proposals to cut Medicaid funding by radically changing the funding structure into a block grant or per capita cap are particularly concerning to people of faith. These reforms would threaten Medicaid and endanger the millions of senior citizens, people with disabilities, people with long-term care needs, people experiencing poverty, and children who benefit from Medicaid. States would face impossible budget decisions, jobs will be lost, and the program will be less responsive to the needs of the people. Rationing care for those who need it most while giving large tax breaks to the wealthiest families is not just bad policy for a healthy, thriving nation; it also directly contradicts the values of our faith traditions.

We see this moment as a decision point for the kind of country and society we want to be. Are we a society which leaves people experiencing hard times out in the cold, or are we our sisters' and brothers' keepers? Beyond these abstract moral consequences, however, we know that ACA

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<sup>1</sup> Congressional Budget Office, *How Repealing Portions of the Affordable Care Act Would Affect Health Insurance Coverage and Premiums* (January 2017), <https://www.cbo.gov/publication/52371>.

repeal would have very real, life-or-death consequences for people experiencing illness and poverty in our nation. Stories of constituents and members of our faith communities remind us that lives are at stake. **We must NOT return to a health system where**

- the 27% of people under the age of 65 with pre-existing conditions are uninsurable,
- essential health services like pre-natal care are difficult to find and prohibitively expensive,
- half the population can be charged more for health insurance on the basis of their gender,
- health is a privilege for the few rather than a right bestowed upon all by a loving Creator.

We urge you to reject any proposals that do not meet our faith-inspired criteria. Legislation must meet these ten priorities to extend coverage and make health care more affordable and accessible. Millions of Americans and their communities of faith are counting on you to advance a moral vision of health, wholeness, and human dignity for all.

Sincerely,

Adorers of the Blood of Christ, US Region  
Alliance of Baptists  
American Muslim Health Professionals  
Angels Everywhere  
Auburn Seminary  
Bread for the World  
Church of the Brethren Benefit Trust  
Congregation of Notre Dame Justice and Peace Office of the American Provinces  
Congregation of Our Lady of Charity of the Good Shepherd, US Provinces  
Disciples Center for Public Witness  
Ecumenical Poverty Initiative  
Evangelical Lutheran Church in America  
Franciscan Action Network  
Franciscan Peace Center  
Friends Committee on National Legislation  
Islamic Society of North America  
Ladysmith Servite Sisters  
Leadership Conference of Women Religious  
Leadership of the Sisters of Charity, BVM  
Leadership Team of the Felician Sisters of North America  
Medical Mission Sisters  
Mennonite Central Committee U.S. Washington Office  
Methodist Federation for Social Action  
National Advocacy Center of the Sisters of the Good Shepherd  
National Council of Churches

National Council of Jewish Women  
NETWORK Lobby for Catholic Social Justice  
Office of Social Justice: Christian Reformed Church  
Our Lady of Victory Missionary Sisters  
Pax Christi USA  
Presbyterian Church U.S.A.  
Reformed Church in America  
Religious Institute  
Sisters of Charity, BVM  
Sisters of Mercy of the Americas' Institute Justice Team  
Sisters of St. Joseph of Carondelet  
Sisters of the Holy Cross  
Sisters of the Humility of Mary  
Society of St. Vincent de Paul, Council of the United States  
Stuart Center for Mission, Educational Leadership and Technology  
Union for Reform Judaism  
Unitarian Universalist Association  
Unitarian Universalist Women's Federation  
United Church of Christ, Justice & Witness Ministries  
United Methodist Church - General Board of Church and Society  
Western Methodist Justice Movement  
Women of Reform Judaism

CC: Members of the U.S. House of Representatives  
Members of the U.S. Senate

# ADVOCATES

FOR CHILDREN AND YOUTH

September 25, 2017

The Honorable Ben Cardin  
United States Senate  
Washington, DC

Dear Senator Cardin:

Advocates for Children and Youth (ACY) is a statewide organization that works to better the lives and experiences of Maryland's children through policy change and program improvement. I am writing to voice my opposition to the latest and most disastrous "repeal and replace" effort in Congress, which, once again, threatens to strip health care coverage from hundreds of thousands of children in Maryland.

Children from low- and moderate-income families and those with special health care needs depend on Medicaid for their health insurance coverage. The Medicaid caps and the end to Medicaid expansion proposed under Graham-Cassidy-Heller-Johnson (GCHJ) would reverse the historic gains in coverage that Medicaid, CHIP, and the Affordable Care Act have made for children and families in Maryland. These deep and permanent cuts would decimate coverage for vital preventive services to children, including such basic health care services as well-child checkups, immunizations, and dental care. GCHJ leaves vulnerable families at risk of having to pay significantly more for coverage or will cause them to lose their health insurance altogether.

GCHJ puts women's health at risk by barring states from reimbursing Planned Parenthood for preventive health and family planning services for people enrolled in Medicaid. GCHJ also undermines protections for people with pre-existing conditions by allowing states to waive the ACA's prohibition on charging higher premiums and eliminates the essential health benefit requirements mandated by the ACA.

Finally, the process used by the sponsors of this legislation lacks transparency and denies stakeholders an opportunity for meaningful input. The Congressional Budget Office estimates of the bill's impact on cost and coverage are not yet available, but analysts have projected coverage losses to be significantly higher than those that would have occurred under the Better Care Reconciliation Act (BCRA). Any legislation that would inflict that level of harm on children and families, especially those with disabilities and other chronic conditions, is simply unconscionable.

Thank you for your leadership on health care coverage and public health issues over the years and for all you have done for children and families in Maryland.

Very truly yours,



Anna L. Davis  
Health Policy Director

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
Monday, September 25, 2017  
2 PM EDT

September 25, 2017

Dear Chairman Hatch and Ranking Member Wyden:

I am taking time out of my busy and chaotic day to write to you regarding the most recent assault on healthcare in our country. I am exhausted with the daily battle to fend off attacks perpetrated by my own government regarding this country's healthcare. I am tired of the constant, just below the surface fear and roiling anxiety I feel every day regarding this subject. I am tired of consoling friends and family members who are squarely looking death in the face if this miserable piece of legislation passes. Continually making the American people feel these emotions is wholly un-American.

The American people overwhelmingly do not want the Affordable Care Act repealed and replaced. What we want is for our government to do their job by working in a bipartisan manner to improve the things that are wrong with the ACA, by bringing down costs and stabilizing the marketplace. What we do not want is any more secret backroom deals to benefit the GOP's donors at the expense of the most vulnerable in our country.


Graham-Cassidy-Heller-Johnson will be destructive to my state of Colorado specifically in the following ways:

- ❖ Eliminates the financial assistance that helps over 100,000 Coloradans purchase healthcare coverage;
- ❖ Ends expanded Medicaid coverage that 450,000 Coloradans rely on;
- ❖ Guts Medicaid through deep and permanent cuts that will grow over time and threaten care for hundreds of thousands of low-income seniors, children and people living with disabilities and shift massive costs and risks to states;
- ❖ Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths;
- ❖ Undermines essential protections for people with pre-existing conditions and does away with essential health benefits that provide robust coverage;
- ❖ Resurrects and worsens the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

It is time to give this horrible piece of supposed healthcare legislation the boot. It is also time for our government in general, and the senate in particular, to work for the American people and legislate in a bipartisan and constructive way that helps and does not hurt us. NOW is the time to do your job.

Sincerely,

Kristina Watson


  
Aurora, CO 80013-3335

**WRITTEN STATEMENT OF MOUNTAIN PARK HEALTH  
CENTER SUBMITTED FOR THE RECORD**

**THE UNITED STATES SENATE COMMITTEE ON FINANCE**

***HEARING TO CONSIDER THE GRAHAM-CASSIDY-HELLER-  
JOHNSON PROPOSAL***

**SEPTEMBER 25, 2017**

  
Phoenix, AZ 85004

Dear Chairman Hatch and Ranking Member Wyden:

Thank you for the opportunity to submit written testimony for the record for this hearing. We're writing to voice our strong opposition to the Graham-Cassidy-Heller-Johnson proposal. This proposal will have devastating consequences for our state, Arizona.

### **Introduction**

Mountain Park Health Center is a federally qualified health center that serves more than 80,000 patients in Arizona. We employ more than 850 staff to serve patients at eight locations throughout the Phoenix metropolitan area. Our patients primarily come from underserved and vulnerable communities who depend on community health centers like ours for affordable care.

Our state expanded its Medicaid program, the Arizona Health Care Cost Containment System (AHCCCS), under the Affordable Care Act (ACA). The expansion of Medicaid coverage for our state's most vulnerable communities in recent years has enabled us to expand access to care to more people. The new healthcare proposal now threatens to unravel the positive work we have been able to do for the community.

As a federally qualified health center, we play a role as a part of our country's healthcare safety net. We focus on preventative care and keeping patients healthy so they don't end up in emergency rooms – which is unnecessarily expensive for both the patient and the state. In the long run this model saves everyone money.

### **The Impact of the Graham-Cassidy-Heller-Johnson Proposal**

More than 500,000 Arizonans<sup>1</sup> stand to lose their health insurance coverage if this proposal passes – with many more affected over time. An analysis<sup>2</sup> of this proposal's impact projects that Arizona would lose \$19 billion in funding over the next 10 years. By 2036, we will lose \$133 billion. Those numbers translate into patients – *people* – our neighbors, parents, co-workers, children, spouses, and friends that will lose access to the care that they depend on.

This rushed proposal also undermines essential protections for people with pre-existing conditions by allowing states to waive the ACA's ban against two predatory practices: One, charging higher premiums based on health status and, two, allowing insurers to opt out of providing coverage for essential health benefits including mental health, substance abuse treatment, and maternity care.

It also eliminates the ACA's subsidies provided to low and moderate-income people to purchase individual market coverage and removes the individual mandate. This translates into higher premiums and out-of-pocket costs that will throw the individual insurance market into uncertainty in the short run. These changes also mean we risk the collapse of the market over time.

Slashing Medicaid only hurts millions of the most vulnerable people in our society. It means low-income seniors, children, and people living with disabilities will have access to care stripped



away from them. Walking back the expansion of AHCCCS in Arizona means thousands of our patients will lose coverage and access to basic care. It would be shameful to turn your backs on the people who need us most.

The ability for people to see a doctor for affordable, preventative care has saved the health system [x dollars] over [x time] here in Arizona. Our model of providing care to the community saves money and it saves lives. People don't have to wait until a condition is unmanageable or life-threatening to turn to an emergency room, because they can see us for affordable care. This proposal works in opposition to our commitment to our patients' health and safety – it means we will be unable to serve less families who depend on organizations like ours.

### **An Open and Transparent Process**

The Graham-Cassidy-Heller-Johnson proposal has yet to receive a full score from the Congressional Budget Office (CBO) so we can see its true impact, only one hearing has been scheduled to receive input, and there is a potential vote just days away only because the opportunity to force legislation out of "regular order" ends September 30.

The communities we serve deserve a thoughtful, deliberative process with input from industry experts, patients, providers, and state policymakers – and not this rushed, opaque process to pass a bill that will impact millions of lives and a sixth of the federal budget. The people you represent deserve better, and we urge you to return to "regular order" and try to fix our healthcare system in a much more responsible and constructive manner.

<sup>1</sup><https://www.americanprogress.org/issues/healthcare/news/2017/09/20/439277/coverage-losses-state-graham-cassidy-bill-repeal-aca/>

<sup>2</sup><http://avalere.com/expertise/managed-care/insights/graham-cassidy-heller-johnson-bill-would-reduce-federal-funding-to-sta>

## Grandson's PROCEDURE: KATIE BECKETT WAIVER RENEWAL

- I. IF YOU RECEIVE A DENIAL LETTER, IMMEDIATELY CONTACT PARENT-TO-PARENT [REDACTED] FOR HELP. (YOU MUST MEET ALL THE STATED DEMANDS AND DEADLINES IN ORDER TO APPEAL THE DENIAL. NEVER HAVING DONE IT, I DON'T KNOW EXACTLY HOW, BUT WATCHING A WEBINAR ON IT SCARED ME ENOUGH TO NOT TRY IT WITHOUT HELP.)
- II. IF YOU NEED ANY INFORMATION, ADVICE, ANSWERS (EVEN COMPUTER HELP) CALL THE KATIE BECKETT UNIT AT [REDACTED] I GUARANTEE YOUR QUESTIONS WILL BE ANSWERED MORE QUICKLY BY GOING TO THEM FIRST.
- III. IT'S BEST TO TAKE DOCUMENTS FROM MY COMPUTER. I HAVEN'T LOADED THEM TO GOOGLE DOCS OR ANY OTHER COMMON SERVER BECAUSE THEY CONTAIN SOCIAL SECURITY NUMBERS, ADDRESSES, AND BIRTHDATES OF ALL FAMILY MEMBERS.
- IV. IF YOU LOGON TO THE LINKS FROM MY COMPUTER, IT SHOULD REMEMBER THE USERID AND PASSWORD FOR ALL SITES (but I have provided them here just in case it doesn't.)
- V. LINKS SHOWN ARE CURRENT AS OF THE DATE THIS DOCUMENT WAS CREATED.
- VI. IN MID-JANUARY
  - A. For Form 704, collect, categorize and total all costs for last calendar year and download current data into 2016 List of Medical Care Providers.xlsx (change "2016" to current year and save as a new file) from "claims paid" data from these sources:
    - Medicaid Georgia Medicaid Management Information System. Userid is Grandson's Medicaid number. Current password is in blue folder in my briefcase. Password must be changed every 50 days. Put this on your calendar and don't forget to do it!! It is *horrendously* troublesome to get it reset.
    - Anthem Blue Cross Blue Shield Userid: bekahaycock Password: Wesson11 email: [REDACTED]
    - Caremark This is *Bekah's* sign-in information. Userid: [REDACTED] Password: Wesson11
    - Medicaid pharmacy records userid: Grandson's Medicaid Number; password: Wesson11
    - Family (can just subtract what everyone else paid from total cost)
  - B. Request medical records for last calendar year from all providers found in VI.A (except for therapists; that comes later). As they arrive, read through them and:
    - Note any new diagnoses, any new tests, any new recommendations
    - Update 2016 Summary of Medical History.xlsx (change "2016" to current year and save as new file) on my computer with new data
- VII. AROUND THE FIRST WEEK OF APRIL

## Grandson's PROCEDURE: KATIE BECKETT WAIVER RENEWAL

A. RSM Katie Beckett Unit will send you a checklist of what they need. (They should also send blank forms.) **If there is not enough time to return what they need by the deadline, call them immediately and ask for an extension. They may ask you to call back on the due date. If so, be sure to do it *on that date*. Early morning calls are more likely to be answered. If you leave a message, most likely they will *not* call you back.) You will definitely need:**

- Form 222 Medicaid Review Form. Click link to access Grandson's last one.
- Current SSI denial letter (If they ask for one, call RSM KB to ask about this requirement, because the next item should tell them that Grandson doesn't qualify for SSI.)
- Amount of total monthly gross earnings for the household (dated within last 30 days)
- DMA 285 Health Insurance Information Questionnaire. Click link to access Grandson's last one.
- Copy of front and back of health insurance cards (including pharmacy, vision, etc. if different)
- Form 704 Cost Effectiveness Form (you will use the costs you collected in VI.A. to complete this form) Click link to access Grandson's last one.

B. They may also ask for these additional forms:

- DMA-6A doctor's recommendation. Click link to access Grandson's last one.
- DMA 706 skilled nursing needs. Click link to access Grandson's last one.

C. They may also ask for these documents:

- Current therapy notes (last 90 days) ASK FOR THEM NOW
- Current Psych Eval (from school; must be dated within the last 3 years)
- Current IEP (from school)
- Hospital records (last 12 months) – you should have these from your records requests sent in late January

### VIII. IF THEY ASKED FOR MORE THAN WHAT IS LISTED IN VII.A., ALSO INCLUDE THE FOLLOWING EVEN THOUGH THEY DIDN'T ASK FOR IT:

- A. Cover letter from parents that includes a Table of Contents. Click link to access Grandson's last one.
- B. A letter for Dr. Timberlake's signature (that you will prepare) that supports the recommendation she is making on DMA-6A. Click link to access Grandson's last one. It should include:
- List of the adaptive equipment he is now using

## Grandson's PROCEDURE: KATIE BECKETT WAIVER RENEWAL

- Recommendations for anything new (equipment, therapies, etc.) – in addition to mentioning it in the letter, ask Dr. Timberlake to write prescriptions for all new recommendations. Include a copy of them as an attachment to the letter.

C. Document named xxxx Summary of Medical History. Click here to access latest one. Include only one year's worth.

### IX. IF YOU'RE PROVIDING EVERYTHING BEFORE THIS POINT, I STRONGLY ENCOURAGE YOU TO ALSO INCLUDE:

A. List of Medical Providers extracted from VI.A.

B. 24/365 Care Plan. For this you will need:

- List of current meds, dosages, frequency, delivery method, purposes
- List of routine tests, appointments, therapies, any other kinds of medical monitoring for EACH of his diagnoses
- Public school goals (from IEP)
- Current functional status (compare to Georgia Early Learning Standards). Pick an age with which to compare his functional status and emphasize which functions listed there that he *cannot* perform.
- Dr. Timberlake's goals and recommendations

C. Copy of all other medical records for the last calendar year.

### X. PARENTS SIGN EVERYWHERE ASSIGNED

### XI. ASK DR. TIMBERLAKE TO SIGN ALL DOCUMENTS SHE'S ASSIGNED

### XII. MAKE A COMPLETE COPY OF ALL THE DOCUMENTS

### XIII. SEND *ORIGINAL* DOCUMENTS TO:

RSM KATIE BECKETT UNIT

Norcross GA 30093

AND GET TRACKING INFO SO YOU'LL KNOW FOR SURE THEY RECEIVED IT.



September 25, 2017

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of the Maine Children's Alliance (MCA), I write to voice our extreme opposition to the Graham-Cassidy-Heller-Johnson proposal. MCA is a public policy, nonprofit improving the lives of Maine children, youth and families through research, collaboration and advocacy. For over 20 years, MCA has promoted sound policies and practices to make sure all Maine children have the resources and opportunity to reach their full potential from birth to adulthood.

We are deeply disappointed that instead of continuing down a bipartisan path and working on issues to improve the strength and stability of the Affordable Care Act's (ACA) marketplaces, the sponsors of this legislation have put forward a proposal that will:

- Threaten the health care of millions of children, seniors and individuals with disabilities by making deep, permanent cuts to Medicaid funding that would grow overtime and shift massive costs and risks to states;
- End expanded Medicaid coverage that helps millions of adults living in low-income households;
- Eliminate the financial assistance that helps low- and moderate-income families purchase health care coverage;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths;
- Undermine essential protections for people with pre-existing conditions;
- Resurrect - and worsen - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of millions of Mainers and Americans, including children, older adults, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions. It does nothing to improve affordability or availability of coverage for consumers and will likely result in at least 161,000 Mainers losing coverage by 2027 and will undermine the financial stability of our health care system and place additional fiscal strains on our state budget. Below we've laid out in more detail our concerns with this proposal and the devastating impact it will have on consumers.

***A return to regular order to a process that lacks transparency and opportunity for meaningful input.***

We are also very disappointed and concerned about the lack of transparency and lack of opportunity for states to provide meaningful comments on the proposal given the very short period of time provided to comment on a plan that has not yet been fully scored by the Congressional Budget Office. We believe that everyone should have a say in the decisions that affect their health. With only one hearing scheduled days before a possible vote, and without a full CBO score to properly evaluate the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for a true evaluation of and meaningful input on the policies in this proposal that would affect millions of people and one sixth of the US economy. We encourage a return to “regular order,” as requested by many members of the Senate and supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to weigh in.

***Eliminates programs that serve as a lifeline for low- and moderate-income families.***

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA’s successful Medicaid expansion, which has extended coverage to nearly 12 million newly eligible low-income adults. It also eliminates the ACA tax credits that 10 million low- and moderate-income people rely on to afford coverage in the individual market. Although it replaces this funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to former enrollees - and indeed the block grant is inadequate to pay for comparable benefits. Regardless, the block grant ends in 2027, leaving states and former enrollees with no help whatsoever. We do not believe it is likely that Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream – something that would be extremely difficult, if not impossible.

***Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.***

This proposal also threatens the care of millions of low-income seniors, children and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. By capping and slashing funding for the traditional Medicaid program by 12% (\$1,079 billion) between 2020 and 2036, the per capita cap will force Maine to cut payments to health care providers and health plans, eliminate optional services, and restrict eligibility for enrollment - all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Since children make up almost one-half of the Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would also face painful cuts, since Medicaid is the primary payer for long-term services and supports. Community Based Services - the services that keep people with cognitive

and physical impairments home and in their communities - are “optional” in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment is especially high.

***Pushes massive new costs onto states.***

All states, including Maine would take on new risks and costs because this proposal converts the overall Medicaid program into a per capita cap. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving Maine with insufficient funding to meet its current obligations. In addition, states would be fully exposed to any unexpected health care cost increases, such as from a natural disaster, an aging population or medical innovations. The per capita cap alone would reduce federal Medicaid spending by 12% (\$1,079 billion) by 2036.

Because federal dollars for Medicaid account for about 20% of state budgets, FitchRatings “believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond.” And by pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals.

***Increases premiums and out-of-pocket costs and destabilizes the individual market.***

By repealing the individual mandate and eliminating advanced premium tax credits and cost sharing reductions, this proposal would drive up premiums and cause insurers to exit the ACA’s marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to increase by 20 percent. Furthermore, by replacing the financing of the ACA’s financial assistance with a block grant without any guarantee that states would direct their temporary block grant funds toward financial assistance, this proposal puts the 80,000 Mainers who currently rely on financial assistance at risk for sharply higher out-of-pocket costs and coverage loss.

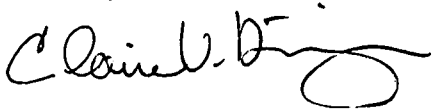
Beyond the impact of this proposal on individuals, insurers currently selling in the Maine’s Marketplace would face extreme uncertainty. Because this proposal allows states to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves from unpredictable claims costs or choose to exit the marketplace completely. This means that consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums and no guarantee of financial assistance to shield them from the increasing out-of-pocket costs.

***Eliminates critical consumer protections.***

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA - the prohibition on charging higher premiums based on a person's health status or a preexisting condition. This means that in states that choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a preexisting condition. Additionally, this proposal allows states to waive the requirement that insurers cover essential health benefits including mental health services, substance abuse treatments and maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT community) or consumers with specific chronic conditions (e.g. mental health or substance use disorders). For example, this could return us to a time when insurers only covered short-term, minimal treatment for mental health or substance use disorders, if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment.

Again, we reiterate our strong opposition to the Graham-Cassidy-Heller-Johnson proposal and encourage you to return to regular order that would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to participate in a meaningful way on this important proposal that could be damaging to Maine and every other state in the nation.

Sincerely,



Claire Berkowitz  
Executive Director





*A Passionate Voice for Compassionate Care*

September 25, 2017

Senate Committee on Finance  
United States Senate  
Washington, DC 20510

Dear Senator,

As leaders in Catholic health care from across our country and Trustees of the Catholic Health Association of the United States, we are depending on your strength and leadership to vote “NO” on the Graham-Cassidy bill. As you consider and make your final decision about this legislation, we urge you to think long and hard about the true impact this bill will have on our health care system and all those it serves—the frail elderly in nursing homes to the children with critical illnesses to the veteran who has served our country.

We have provided health care in our country for over 100 years focused especially on the most vulnerable—low-income and impoverished elderly, persons with disabilities, pregnant women, children, families and individuals—many of whom are covered by the Medicaid program.

Medicaid provides essential care through a wide variety of services, including acute care, long-term care and home health, mental health, and substance abuse services, as well as neo-natal programs and maternity care. The program covers nearly 50 percent of all U.S. births and helps reduce unemployment and homelessness by stabilizing individuals’ health.

We have reviewed and analyzed the Graham-Cassidy legislation and concluded that it will decimate the system of care and coverage in our country. Millions of people will lose coverage, causing pregnant women and their unborn children to go without pre-natal care, parents of children with serious illnesses to be unable to afford medical care, and poor elderly to be unable to get nursing home care. Unfortunately, this legislation is driven on campaign promises to repeal the Affordable Care Act and is missing the goal of improving the health of the people in our country. What the campaign pledge did not intend is for the entire Medicaid program and the vulnerable individuals it serves to be put in jeopardy.

We look to you, the leaders of our country, to protect and defend the dignity of all persons and ensure the common good. We urge you to move beyond the heightened campaign rhetoric and understand the true risk you are taking by undermining our system of care. We urge you to put the health of our country first. We urge you to take the time to truly debate and look for real solutions necessary to improve our health care system and vote “NO” on the Graham-Cassidy legislation.

Sincerely,

Rod Hochman, M.D.  
Chairperson, CHA Board of Trustees



*A Passionate Voice for Compassionate Care*

September 25, 2017

Senate Committee on Finance  
United States Senate  
Washington, DC 20510

Dear Senator,

On behalf of the Catholic Health Association of the United States (CHA), the national leadership organization of more than 2,000 Catholic health care systems, hospitals, long-term care facilities, sponsors, and related organizations, **I strongly urge you to reject the Graham-Cassidy-Heller-Johnson legislation and instead support bipartisan efforts to improve our health care system** focusing on insurance market stabilization, affordability, and coverage access and expansion.

The Graham-Cassidy legislation would eliminate the ACA Medicaid expansion coverage, premium tax credits and cost-sharing subsidies after 2019 and replace them with a seven-year block grant to states. **This new block grant is estimated to provide \$95 billion less to states from 2020 to 2026 than under current law, after which the grants end.** The loss of funding to states in 2027 alone is over \$231 billion. **The result will be unbearable cost shifting to patients, health providers and states, causing loss of coverage for tens of millions of individuals and families.** States that have expanded Medicaid or have high Marketplace costs or enrollment will face the deepest cuts under the state block grant, as funding would no longer be tied to actual coverage costs or the number of individuals enrolled in coverage.

Among other provisions, we are opposed to the broad waiver authority given to states, which could undermine key consumer protections such as restrictions on premium variation; essential health benefit requirements; minimum medical loss ratios; caps on annual and lifetime out-of-pocket charges; and protections keeping those with pre-existing conditions from being charged higher premiums. **We also are strongly opposed to this legislation's complete restructuring and deep funding reductions—estimated to be \$164 billion in cuts through 2027—to the traditional Medicaid program. Capping federal Medicaid funding, either with per capita caps or block grants, fundamentally undermines the health care safety net and our ability to serve beneficiaries.** As several of our nation's governors have stated, such proposals simply shift the cost burden onto local and state governments, individual beneficiaries and health providers. None of these could possibly make up for the huge losses in federal funding, in turn causing millions of vulnerable, low-income individuals and families to lose coverage. Medicaid is already a lean program, with spending per beneficiary considerably lower than private insurance and growth in spending per beneficiary slower than private insurance.



*A Passionate Voice for Compassionate Care*

**As you know, Medicaid is the foundation of our nation's safety net and provides necessary health care services to low-income children, pregnant women, individuals, seniors, disabled and medically complex individuals in our country. Medicaid provides essential support**

through a wide variety of services affecting a large segment of the population, including acute care, long-term care and home health, mental health, and substance abuse services, as well as neo-natal programs and maternity care. The program covers nearly 50 percent of all U.S. births and helps reduce unemployment and homelessness by stabilizing individuals' health. Additionally, Medicaid provides states the ability to design the program to fit their state's needs, enables innovation and also holds states financially accountable for their proportional share of the costs of the program.

**Again, we urge you to oppose the Graham-Cassidy-Heller-Johnson legislation and instead to focus on bipartisan reform efforts to strengthen and expand the health insurance coverage gains already achieved, and improve the stability and affordability of the insurance market.**

While the ACA is not a perfect law, and should be improved where necessary, no attempt to do so should leave behind millions of people who have obtained meaningful, affordable insurance that was not possible before the ACA. We stand ready to work with all members of Congress to improve the availability, affordability, coverage and quality of our health care system. But above all, we urge you always to keep in mind the many millions of vulnerable individuals and families who will be affected by such changes to our health care system.

Sincerely,

A handwritten signature in black ink that reads 'Sr. Carol Keehan'.

Sr. Carol Keehan, DC  
President and CEO



for Analysis and Advocacy

*Shaping New York State public policy for people in need since 1872*

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Albany, NY 12207

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**Kate Breslin**  
*President and CEO*

September 25, 2017

**To:** United States Senate Finance Committee  
**Re:** **Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal**  
Monday, September 25, 2017/2:00 PM  
215 Dirksen Senate Office Building  
**From:** Kate Breslin, President and CEO  
Schuyler Center for Analysis and Advocacy  
██████████  
Albany, NY 12207

Dear Chairman Hatch and Ranking Member Wyden:

The Schuyler Center is a public policy organization in New York that focuses on strengthening children and families as a long-term investment in the health and well-being of our state. We write to voice our opposition to the Graham-Cassidy-Heller-Johnson proposal because it would harm, rather than improve, the health and well-being of children and families.

We are concerned that the Graham-Cassidy proposal to repeal the Affordable Care Act will be harmful to children and families because it would:

- Eliminate financial assistance that helps low- and moderate-income families purchase health care coverage;
- End expanded Medicaid coverage that covers millions of low-income adults;
- Deeply cut Medicaid, with reductions that grow over time, threatening health care for millions of low-income seniors, children, and people living with disabilities;
- Shift costs and risks to states;
- Jeopardize access to life-saving and effective treatment for addiction and weaken states' efforts to address the current crisis of drug overdose deaths;
- Undermine protections for people with pre-existing conditions.

#### **Medicaid cuts will harm New York's families**

With this bill, all states, including New York, would take on new risks and costs because this proposal radically restructures the entire Medicaid program to a per capita cap. Medicaid's existing financing structure – shared between federal government and states – has helped communities respond to every economic downturn, natural disaster, epidemic, and public health emergency since the program was enacted in 1965. Should this bill pass, all states, including New York, would be wholly exposed to any unexpected health care cost increases, such as from a natural disaster, an aging population or medical innovations.

New York, as one of the states that expanded Medicaid under the Affordable Care Act, will be at risk for especially deep cuts under this bill, since the funding formula reallocates funding from states, like New York, that chose to invest in the Medicaid expansion as a way to improve the health of their citizens to states that did not chose expansion.

The punitive Medicaid cuts in this bill would harm children, seniors, persons with disabilities and low-income adults in New York who are now benefiting from our decision to provide them with access to needed health care services.

**Medicaid is a foundational source of health coverage for children, and an investment in their future; this bill will upend the hard, bipartisan work we have done in New York to achieve a remarkable 98% insured rate for children.**

Medicaid is the pillar on which the successful Children's Health Insurance Program (CHIP, Child Health Plus in NYS) and much of the Affordable Care Act (ACA) are constructed. Medicaid is a significant source of health coverage and financial protection for children and families. The benefits – better health, educational attainment, and economic outcomes – last through adulthood.

Over 43% (2.2 million) of children in New York rely on Medicaid for their health care. More than 37% of Medicaid enrollees are children. The proposed cuts to Medicaid contained in this bill are so severe that no eligibility category would be immune to the impacts of their impact. Since children make up a sizable share of Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted.

In addition to threatening Medicaid and Marketplace coverage, Graham-Cassidy is also derailing current efforts to renew funding for the Children's Health Insurance Program (CHIP). CHIP funding must be renewed by September 30 or coverage will be at risk. Earlier in September, a bipartisan bill was introduced to extend CHIP funding for five years. We urge you to put partisan wrangling aside and focus on ensuring that children across our nation can get the care they need.

#### **Other Considerations**

- Increasing premiums and out-of-pocket costs and destabilizing the individual market will put financial strain on low- and middle-income families. When families lose coverage they forgo health care.
- Allowing states to eliminate critical consumer protections, such as the prohibition on charging higher premiums based on a person's health status or preexisting conditions, is unhealthy for our nation and will result in uncertainty and potential costs for families.

We strongly oppose Graham-Cassidy because we believe that any efforts to move forward on health reform must be done in a bipartisan manner, with a commitment to protect Medicaid, CHIP and the consumer protections that are so important for our children and families.

## Written Testimony of Generations United

Washington DC, 20001

### Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal

Monday, September 25th, 2:00 PM

Generations United thanks Chairman Orrin Hatch, Ranking Member Ron Wyden and members of the Senate Finance Committee for this opportunity to provide comments for the record on the Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal.

Generations United stands firmly opposed to the Graham-Cassidy-Heller-Johnson Proposal. The bill threatens the health of children, youth, older adults and those who care for them by:

- Radically cutting Medicaid and endangering coverage for 70 million children, older adults, pregnant woman, people with disabilities and low- income parents.
- Authorizing waivers that would end safe guards for people who need health care including those with pre-existing conditions.
- Enacting changes that would cause skyrocketing health care premiums, 16 million people to become uninsured, and lead private insurance markets to fall apart.

#### Key Elements of Health Care Reform

Generations United believes health care reform efforts must recognize that policy changes have impacts across generations. People live in families. Changes that eliminate or reduce the health coverage of family members, caregivers and neighbors negatively impact the babies, children, youth, older adults and people with disabilities that they live with, support and care for. Likewise, changes to coverage for children and older adults impact the financial health and well-being of those caring for them.

Any policy changes to health coverage must adopt key protection principles for child, youth and older adult beneficiaries including:

- A “do no harm” standard preventing structural changes to the Affordable Care Act that would negatively impact the comprehensive and affordable coverage provided to children and older adults.
- A commitment to protect against changes to Medicaid’s financing structure that would end Medicaid’s guarantee of affordable, comprehensive health coverage for children with disabilities, poor and low-income children and older adults.
- A commitment to protect core Medicare benefits.
- Assurances that additional health care costs from changes to the Affordable Care Act

will not be shifted onto Medicare, Medicaid or other low-income health care program beneficiaries.

### **About Generations United**

Generations United is the national membership organization focused solely on improving the lives of children, youth, and older people through intergenerational strategies, programs, and public policies. Since 1986, Generations United has been the catalyst for policies and practices stimulating cooperation and collaboration among generations. We believe that we can only be successful in the face of our complex future if generational diversity is regarded as a national asset and fully leveraged. For almost twenty years, Generations United's National Center on Grandfamilies has been a leading voice for issues affecting families headed by grandparents or other relatives and the need for evidence based practices to support them.

Thank you for the opportunity to provide written testimony on this important issue. Please direct follow up questions to Jaia Peterson Lent at [jlent@gu.org](mailto:jlent@gu.org) or 202-289-3979.

**Testimony for:**

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal

Date: Monday, September 25, 2017 Add to my

Time: 02:00 PM

Location: 215 Dirksen Senate Office Building

**Testimony by:**

Jennifer Brown

  
Hampton, VA 23666

To Members of the Senate Finance Committee,

I am writing this testimony for your consideration as you seek input from members of the public about the impact of the Graham-Cassidy-Heller-Johnson bill. As the parent of a 21 year old daughter who has autism and an intellectual disability I am deeply concerned about the proposed changes to Medicaid. This bill proposes both a Block Grant to the states as well as a per capita cap on funding. Both of these changes to the Medicaid program put my daughter's access to a Medicaid Waiver, and the community based services that waiver would provide at risk. There is already a 10 year wait list here in Virginia. These changes would make that wait list last forever.

The way the base Medicaid program is structured now states determine what they are going to spend on this program and the federal funding is a match. This allows the program to expand and contract as the states need it to. The fact that each state must first commit 50% of funding for the program is what keeps the spending in check. When we place arbitrary limits on a program of this nature we put our state governments in a very bad position. They no longer have the funding they need to meet the needs of their citizens. Here is where things get very bad for our most vulnerable citizens like my daughter. Medicaid has a huge institutional bias. Institutional based services are mandated while community based services are not. When one takes a closer look at this it is truly frightening.

**Institutional and Segregated Settings:**

- Would place my daughter at a much higher risk of both physical and sexual abuse
- Would strip my daughter of her most basic of civil rights, including her right to
  - Chose who she will live with
  - Chose what time she will do the most basic of things like bath, eat, sleep
  - Chose what food she will eat
  - Chose when and where she can come and go
  - To own a pet dog
  - In short, she will lose her freedom



- It is also worthy of note that in Virginia the average cost to care for someone in an institution for care is \$343,267 and the average cost to support that person in the community on average is \$110,000.
  - The person in the community most likely is also
    - working and paying taxes
    - volunteering
    - contributing to their community

My daughter has always let us know that she wants to be included in her community. She was not ok with being placed in a segregated classroom, despite multiple barriers, she worked harder than any person I have ever seen to prove herself year after year to be included in regular education classes with her peers. She endured abuses, both physical and emotional and she would never give up. She was forced to take tests with 4 teachers observing to ensure she was not being helped. She passed the test. Year after year people had told this child she was not worth investment. Year after year she has persisted.

We should not pass bills that strip away one's access to life. The systematic gutting of Medicaid does that. It will quite literally place people in a form of prison when they have committed no crime. I have toured these "Training Centers" here in Virginia and over my cold dead body will my daughter ever live at one of these places. We should never as a nation strip away a citizen's humanity. It is wrong. If this is what you campaigned on, you were wrong to do so. No one sent you to Washington DC to hurt Americans. This bill will quite literally kill them. There are many types of death, for my daughter it would be her soul, the boundless inner light that has brought her this far against all odds.

This bill will violate the Supreme Court Olmstead Decision of 1999. It will strip Healthcare from Millions of Americans, and it will prevent my daughter from being able to live a self-directed independent adult life. It is a horrible thing to make a mother beg for her child's life, for her child's future. I am begging you for mine. Please do not let this bill move beyond this committee.

Statement Submitted by ~~insert your name here~~ Cathy Hanczaryk  
Senate Committee on Finance  
Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
September 25, 2017

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As someone who ~~HAS CF/HAS A CHILD WITH CF/ETC~~, has a grandchild with Cystic Fibrosis, the current health care debate in Washington is personal to me. Cystic Fibrosis (CF) is chronic disease that effects the lungs and digestive tract, leading to frequent lung infections and other complications. The current life expectancy for someone with CF is about 40 years.

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~~Customize with a paragraph about your personal story~~ My grandson Christian was diagnosed at birth with Cystic Fibrosis. He is 8 years old and in the third grade. Christian needs to have several breathing treatments and take multiple medications every day to keep his CF in check. Christian's healthcare is covered under Medicaid, and to cut the funding could mean the difference of my grandson, and others with CF getting their needed medication.

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The Graham-Cassidy proposal, which the Senate is expected to vote on next week, is unacceptable for people living with CF and other chronic conditions. People with CF require a complex and demanding care regimen, and need access to high-quality, specialized care. **Urge all U.S. Senators to oppose the Graham-Cassidy bill** because it would roll back protections for people with CF and jeopardize their access to affordable, adequate health care coverage.

The Graham-Cassidy bill fails to protect our community and is **absolutely unacceptable** for people with CF because it would:

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- a. **Remove full pre-existing condition protections for people with CF** by allowing insurers to set premiums based on an individuals' health status. This may put insurance coverage financially out of reach for some people with CF and prevent them from accessing critical health care.
- b. **Eliminate Medicaid expansion and drastically cut funding for the program** by instituting a per capita cap or a state block grant system, putting coverage of new and innovative treatments at risk. Medicaid provides a critical source of health care coverage for one half of children and one third of adults with CF. We must preserve this safety net by retaining expanded eligibility and ensuring adequate funding for Medicaid.
- c. **Remove protections against annual and lifetime coverage caps**, including for the millions of Americans with employer-sponsored insurance, by making it easier for states to amend Essential Health Benefits standards. Health care costs can accumulate very quickly for people with CF, making it very easy to reach annual or lifetime caps. The results of these caps can be devastating – leaving people with CF stranded without any coverage – and our community needs the protections against these caps to be kept in place.
- d. **Allow states to waive Essential Health Benefits**. Eliminating the guarantee of essential health benefit coverage for individual insurance plans would segment the market into plans

for sick people and plans for healthy people. This would likely drive up the cost of plans needed by people with CF, which provide more robust benefits.

While the Senate has considered several similar bills this year, Graham-Cassidy is the worst for people with preexisting conditions like CF, cancer, asthma, diabetes, or arthritis. Our health care system is far from perfect, but I refuse to believe any changes must come at the expense of the people who rely most on adequate, affordable health insurance.

I urge all US Senators to please keep families like mine in mind as you consider this legislation.



SISTERS OF THE GOOD SHEPHERD  
**NATIONAL ADVOCACY CENTER**  
*Rise Up AND Act for Justice*

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Statement for Submission to

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
Senate Finance Committee  
September 25, 2017

from

Lawrence E. Couch, Director  
National Advocacy Center of the Sisters of the Good Shepherd  
[REDACTED]  
Silver Spring, MD 20904

Affordable, universal health care is not a privilege, but a requirement to protect the life and dignity of every person. The government has an obligation to ensure that affordable health care is accessible and available to everyone.

The National Advocacy Center of the Sisters of the Good Shepherd calls on the United States Senate NOT to pass the Graham-Cassidy-Heller-Johnson proposal which would repeal the Affordable Care Act and eliminate health care coverage for millions.

As the United States Conference of Catholic Bishops stated in July, "Reform efforts must begin with the principle that health care is not a privilege, but a right in keeping with the life and dignity of every person. All people need and should have access to comprehensive, quality health care. Reform efforts should consider people's differing circumstances and ensure access which is in accord with their means. Every individual and family must be able to see clearly how they will fit within and access the health care system in a way that truly meets their needs, and immigrants must be included among them."

The Order of the Sisters of the Good Shepherd was founded in France in 1835 and has dedicated itself to serving poor and marginal people around the world. The Sisters have had a presence in the United States for over 175 years and are known for their work with victims of human trafficking and domestic abuse and with women and children living in poverty. The work of the Sisters and their lay partners in 70 countries in 5 continents, 22 States, and 1 U.S. Territory is based on the belief that everyone, regardless of age, sex, culture or religion, has the right to a basic quality of life, adequate income, shelter, opportunities for education and employment, quality health care, and nutrition.

As Catholics, our faith requires that everyone should be treated with the utmost dignity and respect, and that means NOT stripping away their access to affordable and quality health care.

The legislation offered by Senators Bill Cassidy and Lindsey Graham and others would completely eliminate the ACA's marketplace subsidies, which currently help almost 9 million people afford coverage. Unlike under earlier Republican bills, which substituted highly inadequate tax credits,

moderate-income working people buying individual market coverage would no longer be guaranteed any assistance.

The bill also would purge 11 million low-income adults from Medicaid who were added thanks to the ACA's expansion of Medicaid in their states.

In addition, Cassidy-Graham would dramatically redistribute funding across states, meaning that many states - especially Medicaid expansion states and states with high marketplace costs - would see far deeper cuts.

The legislation would end completely after 2026 - as if the need to help low- and moderate-income people afford coverage would just disappear overnight. The last repeal-and-replace bill was estimated to leave 32 million people without health insurance. This legislation looks to impact many more.

This legislative battle is about people's health and their lives. Think of the older adults, people with disabilities, and families with children who will be adversely affected, unable to receive regular, affordable medical care. This legislation is not what the doctor ordered.

The National Advocacy Center educates and advocates on social justice issues for the transformation of society to the benefit of all people reflecting the spirituality, history and mission of the Sisters of the Good Shepherd. NAC advocates at the Federal level for people living in poverty, immigrants, victims of human trafficking, victims of domestic abuse, and other vulnerable populations.

**Written Testimony  
Before the Committee on Finance, U.S. Senate**

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal

**Submitted by the  
National Association of State Head Injury Administrators  
September 25, 2017**

On behalf of the members of the National Association of State Head Injury Administrators (NASHIA), thank you for this opportunity to comment on the proposed Graham-Cassidy legislation to repeal the Affordable Care Act (ACA), which also makes significant changes and cuts to the federal Medicaid program. NASHIA was formed by state administrators of brain injury programs, however, our membership extends to individuals with brain injury, their families, rehabilitation professionals, and providers offering an array of rehabilitative and community short-term and long-term services and supports. Our mission is to assist states in improving and coordinating systems to assist individuals and their families to obtain the array of services and supports needed after a brain injury in order to live and work in the community as independently as possible.

After reviewing the proposed legislation, NASHIA must oppose the Graham-Cassidy-Heller-Johnson Proposal for these reasons:

1. The proposed legislation eliminates the Medicaid program as an entitlement program -- the major payor of long-term services and supports for individuals with disabilities, including brain injury, and older adults, thus placing the burden on states to address the long-term needs of citizens as they age or incur health conditions, such as dementia, Alzheimer's or a brain injury due to a fall – the second leading cause of brain injury.
2. It does not guarantee that Essential Health Benefits will be covered in health insurance policies as states may waive covered services, such as rehabilitation and therapies, which are vital to recover from a brain injury. Shifting the responsibility to states to assure adequate coverage will result in the business community, employees/employers and consumers to advocate for policies that are inexpensive, less robust in terms of coverage. Unfortunately, no one can predict whether he or she will incur a brain injury. It's only after a traffic crash, a fall from a ladder, or a sports-related concussion that the policy holder will then know what is afforded to them. Once an individual incurs a brain injury, then that individual will be subject to those services covered by the policy.
3. It allows insurance companies to discriminate against people with pre-existing conditions and all but guarantees these individuals will pay higher premiums. Once an individual sustains a brain injury, including a concussion, the person will fall under the pre-existing condition category. Although high risk pools have been mentioned as a solution to cover individuals with pre-existing conditions, these pools have not been without challenges. Prior to the ACA, 35 states offered high risk pools, which had limitations. Depending on the state, these limitations included lifetime or annual caps; excluded services needed by the pre-existing condition; had high deductibles; and/or high, unaffordable premiums.

**About TBI and Treatment, Rehabilitation, Community Long-term Services and Supports**

To provide appropriate treatment, rehabilitation, services and supports necessary for individuals to recover and to live as independently as possible requires many systems to work together including,

medical, rehabilitation and health care providers and organizations; and disability and human services systems, all of which are financed by private and public payors. Initially, individuals with a brain injury may be treated by emergency medical services professionals/technicians, emergency departments or within physicians' offices. Individuals with moderate to severe brain injuries are admitted to a trauma center or another hospital for acute care and receive treatment designed to stabilize the patient and prevent further physical, cognitive and/or emotional damage. The patients generally receive acute rehabilitation and post-acute rehabilitation, which may be provided in residential rehabilitation facilities or hospitals, skilled nursing facilities, or outpatient clinics.

Assisting individuals with brain injury and their families with the navigation of these systems and making service delivery as seamless as possible is challenging. Depending on the severity of injury, age at the time of injury, and disability and health-related conditions, which may emerge over time, requires health care and disability systems to be responsive and adept at providing appropriate and effective services to minimize the results of a TBI-related disability that affect cognitive, behavioral, and physical functioning. Payment systems impact whether individuals receive the treatment and services required.

While private health insurance policies may cover the upfront costs of care, depending on the adequacy of the policy, they generally do not pay for the long-term therapies to maintain functioning or long-term community services and supports to enable the individual to live and work in the community. In more recent years, families have found that once a member with a brain injury is considered "medically stable", they are carted off to a nursing home for recovery – no matter what the age of the individual is. Once there, it is difficult to obtain the necessary cognitive, behavioral and social therapies to help the individual to recover and transition to home and community. States have to cobble funding streams, including Medicaid and state funding, to make community living happen.

Each state now differs as to what is covered under Medicaid. But, all states must cover non-emergency transportation, in-patient hospital services, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for children under age 21, physician services, nursing facility services, outpatient services and home health. Allowing states to choose services provided and who is covered will further result in disparities across the states.

### **In closing**

Our rehabilitative and long-term services and supports systems for individuals with brain injury are fragile now. To change these payor systems will result in less coverage and certainly shifts the burden to states – which are already experiencing budget difficulties to pay for education, infrastructure, and other growing needs. This will likely pit individuals with differing disabilities, children, low-income and aging populations, along with providers, against one another for limited funds.

Therefore, we ask that you please oppose this bill and work towards health care and long-term care systems that will offer the right services at the right time to minimize the results of brain injury. We offer our assistance to help achieve that goal. You may contact Rebecca Wolfkiel, NASHIA Governmental Relations, at [REDACTED] Phone: [REDACTED] or Susan Vaughn, NASHIA Director of Public Policy at [REDACTED] if you have any questions or wish further information.



September 25, 2017

**RE: Opposition to Graham-Cassidy-Heller-Johnson Bill**

Dear Chairman Hatch and Ranking Member Wyden,

Steering Committee Members

*American Academy of Pediatrics,  
Massachusetts Chapter*

*Better Oral Health for Massachusetts  
Coalition*

*Boston Benefit Partners*

*Boston Children's Hospital*

*Boston Public Health Commission  
HIV Dental Program*

*Boston Public Health Commission*

*Office of Oral Health*

*Boston University Henry M. Goldman  
School of Dental Medicine*

*Delta Dental of Massachusetts*

*DentaQuest*

*DentaQuest Foundation*

*From the First Tooth*

*The Forsyth Institute*

*Harvard University School of Dental  
Medicine*

*Health Care For All*

*Health Law Advocates*

*Massachusetts Dental Hygienists  
Association*

*Massachusetts Dental Society*

*Massachusetts League of Community  
Health Centers*

*Massachusetts Society for the*

*Prevention of Cruelty to Children*

*Partners for a Healthier Community*

*Tufts Dental Facilities*

*Tufts University School of Dental  
Medicine*

*University of Massachusetts  
Medical School*

On behalf of the Massachusetts Oral Health Advocacy Taskforce (OHAT), we are writing to you to voice our extreme opposition to the Graham-Cassidy-Heller-Johnson proposal. Created in 2002, OHAT is a broad-based statewide coalition of consumers, advocates, health care professionals, academics, and insurers. We also work closely with the nation's first Legislative Caucus on Oral Health, chaired by State Representative John Scibak and State Senator Harriett Chandler, to help Massachusetts continue to be a leader in oral health equity and awareness.

We strongly oppose changes to the Affordable Care Act (ACA) that will jeopardize the oral health of thousands of residents in Massachusetts, especially our most vulnerable and underserved. The Graham-Cassidy-Heller-Johnson proposal does just that by threatening the health and financial security of millions of Americans including older adults, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions. It does nothing to improve affordability or availability of coverage for consumers and will likely result in approximately 665,000 Massachusetts residents losing coverage by 2027 and will undermine the financial stability of our health care system and place additional fiscal strains on our state budget<sup>1</sup>.

As a result, the impacts on oral health care coverage for thousands of adults and children in Massachusetts, and across the United States, will be devastating. Sadly, the Graham-Cassidy bill proposes to do the following<sup>2</sup>:

- **It cuts and block grants money for Medicaid expansion and marketplace coverage**, slashing funding that supports health and dental coverage for many across the country. The block grant would end after 2026, leaving millions unable to afford coverage.
- **Like other proposals, the Medicaid program would be cut and restructured**, which could force states to make cuts to adult dental coverage and poses serious risks to others covered by the program including seniors, children, and many with special health care needs.

<sup>1</sup> Center for American Progress, "Coverage Losses by State Under the Graham-Cassidy Bill to Repeal the ACA", <https://www.americanprogress.org/issues/healthcare/news/2017/09/20/439277/coverage-losses-state-graham-cassidy-bill-repeal-aca/>

<sup>2</sup> Families USA "Graham-Cassidy Proposal: Gigantic Block Grants and Huge Health Care Cuts", <http://familiesusa.org/product/graham-cassidy-proposal-gigantic-block-grants-and-huge-health-care-cuts>



- Also like other proposals, it eliminates the Essential Health Benefits that guarantee pediatric dental coverage in the private market as well as other consumer safeguards.

**This plan will also undermine bipartisan efforts like a CHIP reauthorization that are now gaining momentum:**

- This is coming at a time with other priorities like refunding the Children's Health Insurance Program are also at stake.
- Bipartisan progress and funding essential supports like CHIP and Community Health Centers is where Congress should be placing its focus, not on last-ditch attempts to resurrect ACA repeal measures the Senate has already rejected.
- The country has moved on from repeal. They want and expect Republicans and Democrats to work together to stabilize the health insurance marketplaces and take steps to help people afford the care and coverage they need.

In Massachusetts, as in other states, Medicaid coverage for adult dental services are optional benefits and, therefore, at risk of being eliminated at any time without any legislative oversight. We know from previous cuts to Medicaid adult dental benefits in Massachusetts has resulted in a significant decrease in access to effective oral health care, causing needless pain, suffering, and illness. Poor oral health also makes it difficult for people to manage chronic conditions such as diabetes and heart disease and to find and maintain employment in Massachusetts' service-based economy.

Furthermore, cuts to dental services waste millions of dollars in extensive and costly services in emergency and inpatient hospital settings and place an added burden on our state-based Medicaid program (known as MassHealth) and the Health Safety Net. In fact, a report published in August 2016 found that MassHealth members disproportionately use ED visits for preventable oral health conditions, at a cost four to seven times the cost of a dental office visit.<sup>3</sup> Non-elderly adults on MassHealth also use the ED for preventable oral health conditions seven times more frequently than commercially-insured adults. Furthermore, the report also highlighted the fact that hospital emergency departments are ill-equipped to provide comprehensive dental care and that most patients only receive antibiotics and pain medication, thereby leaving the underlying dental condition untreated. This is particularly concerning at a time when we are grappling with the ongoing opioid crisis that is impacting all corners of Massachusetts and the United States.

On behalf of OHAT and the residents of Massachusetts, thank you for the opportunity to submit comments in strong opposition to the Graham-Cassidy-Heller-Johnson health care proposal. The legislation will reverse the health care gains we have made in this country and will have extremely detrimental impacts on millions of Americans and hundreds of thousands of Massachusetts residents, especially on our most vulnerable populations. We are hopeful that this legislation will not move forward.

If you have questions or would like more information, please contact Dr. Neetu Singh, Oral Health Project Manager, at [REDACTED] or [REDACTED]

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<sup>3</sup> HPC Policy Brief, "Oral health care access and emergency department utilization for avoidable oral health conditions in Massachusetts", <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/publications/oral-health-policy-brief.pdf>

**Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal**  
U.S. Senate Committee on Finance  
Monday, September 25, 2017

Statement submitted for the record by:  
Arthritis Foundation



Washington, DC 20036

On behalf of the 54 million adults and children with arthritis in the United States, the Arthritis Foundation welcomes the opportunity to submit a statement for the record as the committee debates the latest proposal to repeal and replace the Affordable Care Act.

The Arthritis Foundation continues to be opposed to the legislation advanced by Senators Bill Cassidy and Lindsay Graham and is deeply concerned about the potential weakening of important patient protections that are guaranteed under current law. Because of the waiver language in this bill, states could eliminate essential health benefits such as prescription drug coverage – which patients with inflammatory forms of arthritis and other rheumatic illnesses rely on to manage their disease and live healthy, productive lives. People with rheumatoid arthritis, for instance, rely on biologic therapies for their care, and the downstream effects of an incomplete essential health benefits package would be harmful to appropriate care and treatment. Although the legislation does not eliminate the current pre-existing condition ban, it opens the door for states to permit health insurers to deny coverage associated with some conditions. Alarming, this means insurers could impose premium surcharges based on a patient's medical history or health status.

We are also concerned about the significant cuts to Medicaid should this bill become law. Due to an anticipated Congressional Budget Office score that will be incomplete, senators and all Americans are forced to turn to independent analyses for information on the impacts to coverage and cost. Per an analysis released by Avalere Health, for example, the legislation fundamentally changes the traditional approach to funding Medicaid and penalizes states that expanded Medicaid in favor of states that chose not to do so. Thus, federal funding to states would decline by an estimated \$21.5 billion over the 2020-2026 period, after which a funding cliff requires the block grants to be reappropriated by Congress.

Importantly, the haste in which this bill is moving for consideration by the Senate has halted any bipartisan efforts to stabilize the insurance markets over the short term or move forward on a five-year extension of the Children's Health Insurance Program before the end of the month. Over the course of the year, the Arthritis Foundation has continually advocated for patient-centered health reforms guided by six legislative principles. These principles were developed following surveys and focus groups of patients with arthritis and have informed our position on the legislation before the Committee. In August, we detailed several bipartisan recommendations to strengthen and improve current law. These policies included:

- Stabilizing the insurance marketplace through continued cost-sharing reduction payments to provide insurers certainty, prevent significant increases in premiums and ensure sufficient consumer choice in the marketplace.

- Ensuring outreach and engagement programs designed to enroll individuals in health care plans, both to incentivize healthy individuals to buy insurance, and to ensure that people with chronic conditions choose the plans that best suit their needs, thereby achieving a balanced risk pool.
- Providing additional flexibility for health savings accounts (HSAs) so that individuals with chronic illnesses like arthritis have enough flexibility with their plan to feel confident their health care needs are met. The legislation before the Committee includes some policies in this area, such as increasing the annual contribution limit to the maximum sum of an annual deductible and out-of-pocket expenses permitted under an HDHP, or allowing the use of HSA funds to pay for premiums. Focus groups conducted by the Arthritis Foundation have found that patients with these plans would find value in these flexibilities, among other important changes to HDHP/HSA plans.
- Addressing the proliferation of specialty tiers and rising levels of coinsurance through policy solutions that would use a capped copayment structure rather than coinsurance and permit a patient's cost-sharing responsibility to be spread evenly over the course of the plan year.

Patients are the ultimate stakeholders in health care. Advancing a bill that bypasses the full legislative process and fails to capture the important voice of the patient community is deeply concerning. As ever, the Arthritis Foundation stands ready to work with the Committee to develop meaningful legislation and advance bipartisan solutions to strengthen our health care system. Please contact Vincent Pacileo, Director of Federal Affairs, at [REDACTED] or [REDACTED] with questions or for more information.

Sincerely,

Anna Hyde  
Vice President, Advocacy & Access  
Arthritis Foundation



September 24, 2017

Dear Members of Congress,

On behalf of HEAL Trafficking, a network of over 1200 professionals combatting trafficking from a public health lens, we are writing to express how integral Medicaid is to the care of trafficking victims.

Medicaid is life-saving for victims of trafficking. Trafficking victims need medical care to treat ailments including opioid addiction, PTSD, HIV and other STDs, malnutrition, broken bones, pregnancy, untreated chronic disease, psychiatric illness, and disability from injuries. Medicaid pays for treatment for all of these conditions, all of which greatly impact health and quality of life. Without the services Medicaid provides, many victims will be unable to heal from their trauma and live healthy and productive lives.

Below, we have included the voices of trafficking victims and their healthcare providers.

We as HEAL Trafficking oppose the Graham-Cassidy bill, or any attempt to rollback or curtail the Affordable Care Act. Cutting Medicaid hurts human trafficking victims, plain and simple.

Sincerely,

A handwritten signature in black ink, appearing to be "Hanni Stoklosa".

Hanni Stoklosa, MD, MPH  
Executive Director,  
HEAL Trafficking, Inc.

A handwritten signature in black ink, appearing to be "Susie Baldwin".

Susie Baldwin, MD, MPH, FACPM  
President of the Board of Directors,  
HEAL Trafficking, Inc.



“Medicaid is life-saving for victims and survivors of human trafficking. Without the services Medicaid provides, many victims will be unable to heal from their trauma and live healthy and productive lives.”

Susie Baldwin, California Physicians Alliance

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“The trafficking victims I care for rely on Medicaid for survival.”

Hanni Stoklosa, Emergency Physician, Harvard Medical School, Brigham and Women’s Hospital

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"Medicaid has been integral to my ability to provide the standard of care to women who have survived human trafficking. As many as 70% of the human trafficking survivors I have seen rely on Medicaid to take back control of their bodies and their health. A recent trafficking survivor I cared for was able to have a surgeon fix the broken nose she sustained from her pimp because she had Medicaid. Another young woman found out she had an STD and was able to treat it before it impacted her fertility. A third woman was able to get a pap smear for the first time in 8 years and found out that she had uncontrolled high blood pressure. As a result of Medicaid, she was able to start medications quickly and change her long-term risk of stroke, heart attack and death."

Julia Geynisman-Tan, MD. Founder of the ERASE Trafficking Clinic, Chicago and Survivor Clinic, NYC

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"Medicaid is everything a victim has to survive any illness or emergency. "

“Most of the survivors present HPV, *all* have mental or physiological issues that need to be treated.

All of them have been raped, abused, beaten, malnourished, isolated, and so on...

“I had a 9 year old girl who was raped, and sexually abuse several times a day, everyday!!! So, having a proper medical, psychological treatment is a must for a survivor of human trafficking.”

Debbie Marulanda, Human Trafficking Service Provider

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“Many of our sex trafficked children are on Medicaid. They have a variety of medical and behavioral health needs that extend beyond what is covered by crime victims compensation. To help them heal from their severe, prolonged trauma they need access to healthcare. Investment now can help prevent long term costs, including HIV treatment, teen pregnancy, rehabilitation for drug addiction, psychiatric treatment, disability from injuries and untreated chronic disease, as well as costs associated with the criminal justice system.”

Jordan Greenbaum, Stephanie V. Blank Center for Safe and Healthy Children, Children’s Healthcare of Atlanta

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I have survived international human trafficking, domestic violence, and related adversity. Today I am a nationally known health and wellness speaker, award-winning author, and certified addiction treatment specialist. I thank Medicaid and ER staff for literally saving my life by treating my physical injuries and issues during the years following my escape. For years after being trafficked, I suffered from extreme post-traumatic stress. Through Medicaid, I was able to engage with a trauma therapist, a process that not only saved my life, but inspired me to dedicate the remainder of my years to advocating for vulnerable populations and to supporting those who provide services to those populations.

Marti MacGibbon, CADC-II, ACRPS, Survivor Leader and Advocate, Speaker, Nationally Award-winning Author, Certified Addiction Specialist

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"Medicaid is essential to accessing healthcare for survivors of Commercial Sexual Exploitation (CSE) and their children. CSE survivors most often exit systems of exploitation with a vast range of complex medical, mental health and dental needs. Attending to these basic needs is a pillar to healing that every survivor must have access to in order to rebuild their lives."

Autumn Burris, Founding Director, Survivors for Solutions

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We recently worked with a trafficking survivor who was pregnant. Without Medicaid, she would not have received the high-risk obstetric care she required nor would she have received trauma counseling. Due to the medical and mental health services she received, both mother and baby are now safe and thriving.

Dr. Nicole Littenberg, Pacific Survivor Center

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We know that there is a high correlation of child trafficking and child welfare / juvenile justice placement. Youth in care receive Medicaid, every trafficking survivor in the child welfare or juvenile justice system(s) would potentially be impacted by changes to Medicaid.

-anonymous child welfare agency worker

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"WestCoast Children's Clinic provides outpatient mental health services to more than 120 child sex trafficking victims annually, all of whom have coverage through Medicaid. Without Medicaid, we would be unable to provide critical outpatient mental health services to address the severe and chronic trauma experienced by exploited youth. Our staff are often the only reliable adult in a child's life, and severing the relationship with the clinician would cause additional harm."

Jodie Langs, Director of Policy, WestCoast Children's Clinic

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Working with Medicaid has been a crucial piece of the care we are able to provide to both victims and survivors of human trafficking. Enrolling these patients is one of the elements we work to accomplish during each intake (our clinic averages 3-5 new trafficking victims each week, and many, many more in continuity care). To aid in enrollment we reached out to representatives from Covered California and managed care medi-cal (CA Medicaid) discussing the needs of this unique patient population. They were incredibly receptive and sent selected case workers to our in-person human trafficking training where they additionally learned elements of victim-centered trauma-informed care. These representatives partnered with our clinic to help our patients navigate the system and get them into medicaid plans quickly and with relative ease. Our patients (and often their children) benefit from receiving needed medications, lab work, imaging, immunizations, prenatal care and preventative medicine services covered by Medicaid. Without Medicaid the vast majority of these patients would end up in the emergency room later on with more advanced pathology and increased morbidity. This would end up costing the health care system far more monetarily and lead to far fewer human trafficking victims and survivors who are able to start down a new path and successfully undergo a process of recovery.

Ron Chambers, MD, FAAFP, Program Director, DIO, Family Medicine Residency Program, Chair, Family Medicine Department, Medical Director, Mercy Family Health Center and Mercy Human Trafficking Clinic, Physician Advisor, Human Trafficking Response, Chief, South Sacramento Hill Physicians

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"Our trafficking survivors seen in our THRIVE Clinic rely on Medicaid to access vital healthcare. With hardly any other funding sources available, if Medicaid went away many of our patients would not be able to see a primary doctor, specialist, or even get prescriptions. It's a scary thought because for some of our survivors, it can mean the difference between life and death."

Grechen Mills, BS, University of Miami- THRIVE Clinic, Senior Case Worker

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# *The Arc*

*Tampa Bay*



The Arc Tampa Bay's  
Response to the Graham-  
Cassidy Bill's Impact on  
Florida

## Summary

Of Florida's population of 20.6 million, 318 thousand persons have Intellectual and Developmental Disabilities (IDD) – Down Syndrome, Prader-Willi Syndrome, severe autism, cerebral palsy, and other conditions. As explained in Board member Susan Brown's published piece (please see Appendix E), the impact on families financially and otherwise is significant. At the present time 74% or 237,511 of IDD individuals live with a family caregiver, 16% live alone or with a roommate, but 28,841 (10%) need to live in a supervised residential setting with many in less expensive home and community based small group homes through the Medicaid Waiver HCBS program whose continued existence in Florida is threatened by implementation of the Better Care Reconciliation Act if not amended. Four amendments are suggested at the conclusion of this presentation. The main points to consider leading up to them are:

- President Ronald Reagan's foresight to create HCBS programs simultaneously improved the lives of IDD individuals and reduced state and federal expenditures and permitted the closing of expensive state-run institutions.
- The CBO additional addendum document ("Longer-Term Effects of the Better Care Reconciliation Act of 2017 on Medicaid Spending") released Thursday reports that the federal contribution to the states will be reduced by 35% by the second decade.
- The current Graham-Cassidy bill requires that Medicaid long-term care (nursing homes and institutions) be continued despite the 35% reduction in federal financial assistance, thus during state legislative budgeting would pit mandatory nursing home coverage against voluntary IDD HCBS coverage – a real headache for future Republican governors who will have to deal with a problem not of their own making.
- Florida Republican Governors during the last 18 years have already undertaken significant initiatives to help meet IDD needs by closing large state institutions, privatizing IDD care, converting Medicaid to a managed care system, and instituting a **unique "iBudget" system** for IDD Medicaid Waiver individuals to select providers in the free market economy.
- The Arc Tampa Bay saves Florida \$41.6 million by providing home and community based services that cost only \$12 million for the same population.
- Florida is barely able to provide services to those IDD persons who need them now before the 35% reduction in federal Medicaid funding takes effect, even with the current highly favorable 62% Federal Medical Assistance Percentage (FMAP), the current federal contribution.
  - Florida now has a 20,000-person waiting list for HCBS services.
  - The Arc Tampa Bay has already instituted every cost saving measure possible, and has still gone from 32 to 18 group homes.
  - Florida is 49<sup>th</sup> of the 50 states in IDD fiscal effort because of limited tax receipts and a small state balanced budget.
- The impact of the Graham-Cassidy Bill on Florida shows that public and private resources cannot pick up the share lost to Graham-Cassidy's reductions.

- Florida is uniquely disadvantaged by having so many citizens from other states move here after their productive working and state tax-paying years, leaving Florida with the costly long-term care expenses while relieving the other states' responsibility for long term care.
- Florida has no alternative sources of federal funds and has both a constitutionally prohibited state income tax and a constitutionally required state balanced budget.
- Florida is the 9<sup>th</sup> poorest state in the U.S. with an extremely low tax base, and with the 62% FMAP, but despite 18 years of **Republican Governors' initiatives**, is still 49<sup>th</sup> of the 50 states in IDD fiscal appropriations. It is unlikely that any new initiative could be developed to replace **Graham-Cassidy's** federal reductions of assistance on such a massive scale.
- Although the Arc Tampa Bay Foundation privately raises over \$1 m annually, future private funding efforts would have to increase to 12 to 15 times that figure to save **The Arc Tampa Bay's** current 18 group homes and day program services, which is plainly not feasible in the Tampa Bay community.
- Families (parents and siblings) will not be able to take up the slack, particularly considering that 43% of **The Arc Tampa Bay's** individuals have no family members whatsoever!
- Closing HCBS group homes and re-institutionalizing IDD individuals would reverse **President Reagan's** successful HCBS program, and
  - Create political havoc in balancing the need for elders who lack self-care against IDD individuals who also need assistance with bathing, dressing, eating, toileting, and staying safe.
  - Potentially bankrupt Florida by reversing the cost savings of HCBS Medicaid Waiver over institutionalization.
  - Lose the gains in life expectancy and other measures of self-actualization for IDD individuals living at home with families supported by HCBS programs until the parents enter their 70s or die, as well as the day programs which allow two-parent families to work to support themselves and their other children.
  - Without HCBS funding and the resulting re-institutionalization of IDD individuals, there will be an increase homelessness, which a UCF study finds is abhorrent to Florida residents.

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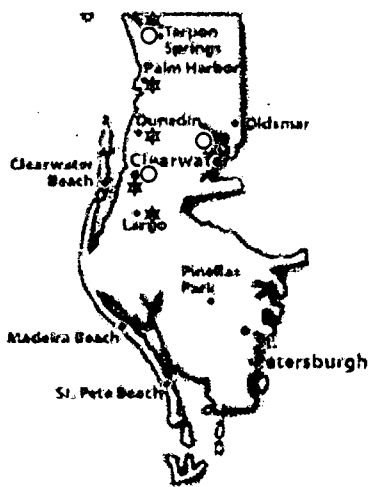
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## Introduction

### Description of The Arc Tampa Bay’s current services



The Arc Tampa Bay is one of the largest and most respected Arc Associations in Florida, serving residents of Pinellas, Pasco and Hillsborough counties in a variety of day and residential programs and employment opportunities to over 300 individuals with intellectual and developmental disabilities. These individuals vary greatly in their skills and abilities, requiring The Arc Tampa Bay to serve individuals who have profound challenges needing intensive supports for activities of daily living, have severe behavioral challenges including in engaging in self-injurious behaviors and property destruction, chronic medical problems, Downs Syndrome, Alzheimer’s, Prader-Willi Syndrome, Autism, Cerebral Palsy and additional secondary disabilities. We are serving individuals whose

ages range from children with autism who are three years of age, to octogenarians who are aging in place in our homes designed for IDD seniors and medically fragile IDD individuals.

Stars on the map of Pinellas County, FL, indicate cities where residential programs are located: Clearwater, Dunedin, Largo, Palm Harbor, Safety Harbor and Tarpon Springs. The three day-program sites are designated by the circles and are located in the cities of Clearwater, Safety Harbor and Tarpon Springs, Florida. In March 2017, The Arc Tampa Bay opened the Richard B. Funk Center for Great Expectations at the Long Center in Clearwater, FL. The Center is an Applied Behavior Analysis (ABA) clinic serving children diagnosed with autism spectrum disorder.

Residential Programs: Homes are beautiful and well-maintained with warm, inviting interiors. Overall, there are 18 group homes and one apartment complex, providing services to approximately 140 individuals, ranging in age from 11 to 89.

The residential programs are designed to provide specialty care:

Aging/Medical	Accessibility and safety design features such as wider hallways and wheelchair ramps	6 group homes
Behavior Analysis Support Services	Behavior analysis supervision to provide specific staff training and monitoring on techniques to reduce maladaptive behaviors that may cause harm and increase appropriate alternative behaviors	9 group homes
Higher Skills	Less support needed for personal care and daily living skills. Individuals served in these homes are typically independent in most life skills areas but for medication, transportation, safety skills and community skills	3 group homes
Waterfall Apartments	Units ranging from studio to two-bedroom. Staff are available in a support service/resource role	25 individuals

Day Programs: The Arc Tampa Bay also operates three day-program sites, Monday – Friday, for 270 IDD individuals. Day programs allow family members to work by having skilled care and programming for their intellectually and developmentally disabled loved one.

<p>Long Center – Clearwater, FL: The Arc Tampa Bay Foundation raised \$4 million of the \$15 million needed to construct the City of Clearwater’s well regarded multi-use facility that also houses The Arc Tampa Bay’s programs. This is the largest day program site. It is home to many other agencies and programs, facilitating inter-agency partnerships. The Arc Tampa Bay has access to many programs sponsored by City of Clearwater’s Aging Well Center. Other activities offered at the Long Center include Nutrition and Exercise Program sponsored by Special Olympics providing classes in nutrition, exercise and gardening to teach healthy habits and the Rhythmic Arts Project using percussion instruments to stimulate learning and interaction, and the Adaptive Tennis Program in collaboration with Clearwater’s Parks and Recreation Department and the</p>	<p><u>Classrooms:</u> Structured to offer a variety of options based on an individual’s needs. Multiple areas of focus: communication skills, daily living skills, sensory and tactile stimulation, PT, OT, leisure, recreational, community and retirement opportunities available. 7 classrooms.  <u>On Site Workshops:</u> Contractual job opportunities for individuals who choose to work and need intensive staff support due to medical, behavioral and other factors. 2 workshops.  <u>Supported Employment:</u> Job coaching supports for individuals choosing community-based employment. They receive supports to find employment and learn the skills to perform their job duties. 46 individuals enrolled.  <u>Companion Services:</u> Provided for individuals choosing activities requiring 1:1 staff ratios, such as Meals-on-Wheels, etc.  <u>Richard B. Funk Center for Great Expectations:</u> Applied behavior analysis services for children ages 3-18 diagnosed with Autism Spectrum Disorder or Other Pervasive Developmental Disorders. Individualized assessments and 1:1 therapy with certified behavior analysts to teach new skills and decrease problematic behaviors. 18 children receiving intensive professional services.</p>
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Suncoast Tennis Foundation utilizing a Certified Therapeutic Recreation Specialist to provide tennis instruction.	
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History and Financial Benefit of HCBS services

**President Ronald Reagan’s vision** bears fruit

In 1981, President Reagan signed into law the Medicaid Home and Community-Based Services (HCBS) Waiver program, section 1915(c) of the Social Security Act. The legislation provided a vehicle for Florida and other states to offer services not otherwise available through the Medicaid program to serve people (including individuals with developmental disabilities) in their own homes and communities. The HCBS Waiver program recognizes that many individuals at risk of being placed in institutional facilities can be cared for in their homes and communities, preserving their independence and ties to family and friends at a cost no higher than that of institutional care cost of institutionalization, and often times at a cost a mere small percentage of institutional care.

President Reagan correctly saw this as a win/win for Americans:

- De-institutionalization increased life expectancy: in 1983 a person with a diagnosis of Down Syndrome had an average lifespan of 25 years; today that average lifespan is 63 years.
- Reduced public cost – as President Reagan correctly predicted, the cost of providing better services in a family and individual-preferred home and community based setting is a small percentage of the cost of unwanted state institutionalization.
- The value of **Reagan’s** HCBS approach is further proven by the substantial civic and local government contributions to HCBS programs like The Arc Tampa Bay - group homes and day programs in addition to the individuals themselves and their parents.
- Further, with Americans primarily moving from a one-earner to a two-earner family structure, creating state-funded HCBS day programs like that of the Arc Tampa Bay, allowed both parents in a two-working-parent family to secure employment and supplement the costs of having an adult child live with them until the parents are in their 70s, thus delaying the cost to the IDD state budget for group home or institutional care.

Current Financial Benefit to Florida by The Arc Tampa Bay’s **HCBS programs**

Florida and The Arc Tampa Bay is no exception to the cost savings. With 140 residents supported by HCBS Waiver programs at an annual average of \$50,000 per person over the institutional cost of \$120,000 or more, The Arc Tampa Bay is saving the Florida Medicaid budget approximately 9.8 million dollars

*Currently The Arc Tampa Bay’s HCBS programs save the State of Florida \$41.8 million per year at a cost of less than \$12 million per year.*

per year. In addition, The Arc Tampa Bay's Day Program serves 270 IDD individuals which allows family members to work and support their family member at home. If those individuals were instead placed in Florida institutions, the additional cost would be 32 million dollars.

## Impact of the Graham-Cassidy Bill on Florida

### Florida's unique challenges

Under CBO's assessment addendum released this week, federal Medicaid spending under the Graham-Cassidy Bill of 2017 would be 26 percent lower in 2026 than it would be under the agency's extended baseline, and the gap would widen to about 35 percent in 2036. So that means a cut of more than one-third of Medicaid expenditures in the extended projection.

The federal effort supporting Medicaid will grow as time goes by, and particularly as baby-boomers enter the later, most expensive years of retirement.

Florida is likely to experience the adverse effects of Graham-Cassidy Medicaid reductions more than almost all other states. The current text of Graham-Cassidy would create an unfunded mandate – requiring Florida to maintain nursing home and institutional care as a mandatory Medicaid service while reducing the federal contribution by more than one-third, while at the same time continuing the HCBS program as a voluntary option. The result exposes the HCBS program to complete elimination because Florida could only undertake voluntary programming if it could first fulfill its growing mandatory requirement of institutional care to elders who have retired here. The Florida state constitution requires an annual state balanced budget. Given that 64% of Florida's long term care nursing residents have less than \$2,000 in countable assets, there is no possibility for the state to pass the \$9,000 per month cost on to individuals.

The baby-boomer generation is entering the advanced elderly age when nursing homes become the last significant alternative. Alzheimer's disease is increasing at an unprecedented rate which impacts nursing home occupancy rates. The number of persons in Florida nursing homes has grown from 72,656 in 1995 to 83,668 in 2015, even after the institution of PACE and other home and community based programs for seniors. Like other states, 64% of Florida's seniors in nursing stays are paid by Medicaid.

The proportion of older adults living in nursing homes increases considerably as they reach ages 80 and beyond. For example, while 7 percent of women nationally ages 80 to 89 lived in nursing homes in 2010, this share almost tripled (19%) for those ages 90 to 99 years. Even if the shares of older men and women living in nursing facilities in the future remain constant at 2010 levels, the larger number of baby boomers will mean substantial increases in the number of people needing such living arrangements after 2030. For example, while 1.3 million people ages 65 and older lived in nursing facilities in 2010, this number would rise to 2.3 million by 2030 (when the recent CBO score indicates that Medicaid reductions will result in a 35% reduction in federal share), and would rise to nearly 3 million by 2060.



Those trends portend a significant rise in Florida's nursing home and institutional costs (the mandatory Medicaid program under Graham-Cassidy) increasing the pressure to defund the voluntary albeit less expensive HCBS services for IDD individuals.

Florida is especially and unfairly disadvantaged by Graham-Cassidy. The "Sunshine State" draws an inordinate number of elderly from northern states, but gets no financial support from the northern states who have benefitted from the elders' state tax payments during their working years, who then move to income-tax-free Florida, and leave us to take care of mom and pop when they fall into ill health. Currently, however, Florida is one of the states that receives more federal dollars than it sends to Washington, D.C. But Graham-Cassidy's reduction of the largest source of Florida's federal dollars will have the huge impact on the Florida state budget and the state's ability to meet the needs of those who cannot care for themselves, the elderly who cannot manage self-care and IDD individuals who cannot manage self-care.

Florida, even today, has limited ability to meet IDD HCBS needs

Pressure on Florida's state budget is especially acute— even with the current and favorable 62% Federal Medical Assistance Percentage (FMAP). Florida ranks at the extremely low end in comparison with other states in its ability to raise funds to provide services to IDD individuals. The APD IDD waiting list has grown to over 20,000 qualified individuals. As a result, various Florida initiatives have been attempted to reduce costs while meeting the need.

### Florida Republican Governors' initiatives

Florida Republican governors from Jeb Bush in 1999 through Rick Scott in 2017 have consistently done everything possible to support the existing HCBS program:

- by closing costly state institutions to free up funds for home and community based care,
- by privatizing the delivery of services from state agencies to private, non-profit agencies like The Arc Tampa Bay as a service provider, and

### 2017's Most & Least Federally Dependent States

#### State & Local Tax Breakdown

All effective tax rates shown below were calculated as a percentage of the mean third quintile U.S. income of \$54,286 and based on the characteristics of the Median U.S. Household.

State :	Effective Real-Estate Tax Rate :	Real-Estate Tax Rank (\$):	Effective Vehicle Property Tax Rate :	Vehicle Property Tax Rank (\$):	Effective Income Tax Rate :	Income Tax Rank (\$):	Effective Sales & Excise Tax Rate :
Florida	2.49%	27 (\$1,034)	0.00%	1 (\$0)	0.00%	1 (\$0)	5.45%
South Dakota	4.40%	36 (\$2,309)	0.00%	1 (\$0)	0.00%	1 (\$0)	5.37%
Texas	6.24%	45 (\$3,265)	0.00%	1 (\$0)	0.00%	1 (\$0)	4.82%
Washington	3.56%	29 (\$1,931)	0.00%	1 (\$0)	0.00%	1 (\$0)	8.15%
Wyoming	2.02%	9 (\$1,697)	0.76%	41 (\$415)	0.00%	1 (\$0)	4.65%
District of Columbia	1.64%	5 (\$1,020)	0.00%	1 (\$0)	3.72%	45 (\$2,015)	4.44%
Illinois	0.90%	1 (\$487)	0.00%	1 (\$0)	3.85%	47 (\$2,030)	5.50%
Pennsylvania	5.02%	39 (\$2,775)	0.00%	1 (\$0)	3.90%	43 (\$2,117)	3.40%
Maryland	3.60%	20 (\$1,954)	0.00%	1 (\$0)	4.30%	29 (\$2,332)	4.92%
Oregon	3.56%	20 (\$1,929)	0.00%	1 (\$0)	4.74%	59 (\$2,570)	0.93%
Kentucky	2.76%	17 (\$1,511)	0.53%	32 (\$250)	4.07%	51 (\$2,645)	3.83%

- by creating the Agency for Persons with Disabilities Medicaid Waiver “iBudget” system to allow IDD individuals to budget for their own needs and purchase services in the free market wringing out waste and finding the least costly alternatives via individuals’ marketplace choices.

The Tampa Bay community has exhausted the limits of private resources through charitable giving but cannot make up the difference of lost government funding.

The community, through The Arc Tampa Bay Foundation, consistently raises substantial funds to support The Arc Tampa Bay agency’s programs. In recent years, active and professional efforts have resulted in raising significant funds, approaching nearly one million dollars per year:

2010 - \$680,000	Annual Private Fund-Raising through The Arc Tampa Bay community efforts
2011 - \$702,000	
2012 - \$844,000	
2013 - \$833,000	
2014 - \$790,000	
2015 - \$989,000	
2016 - \$755,000	

However, if HCBS services are lost because the state has to fund the growing mandatory institutional care services, the Foundation would need to raise 12 to 15 times that much, about \$12 million dollars year over year over year, to save the home and community based services currently provided by The Arc Tampa Bay. It is, frankly, just too much to expect.

In spite of cost-containment initiatives and private fund-raising, Florida ranks 49<sup>th</sup> in fiscal effort for IDD HCBS even before the impact of 35% reduction in federal Medicaid funds.

With the state already having to decrease funding through year-over-year reductions before Graham-Cassidy, even after implementation of the Governors’ initiatives in closing state institutions, privatization of state programs, and creation of the Florida APD Medicaid Waiver iBudget, and all of the Medicaid Waiver agencies’ budget reductions and private fund-raising, we have seen:

- 37% of other non-profit providers around the state go out of business over the last few years.
- The forced reduction at The Arc Tampa Bay from 32 group homes to our current 18 group homes.
- The Arc Tampa Bay’s budget being cut to the bone from Governor Bush’s tenure in 1999 to 2017 under Governor Scott. Every possible reduction and cost savings in The Arc Tampa Bay budget has already been undertaken. For example, an effort to secure funds from the Florida Legislature to install solar panels on our group homes and thus reduce operating costs was vetoed this year.

- The Arc Tampa Bay has a staffing vacancy rate of 20% due to necessary state Medicaid iBudget reductions even with the current favorable 62% FMAP. But the state's minimum wage has increased to a level where we cannot offer salaries competitive with Walmart, McDonalds and other private employers who offer similar salaries for work that is much less strenuous and difficult and with better hours. The Arc Tampa Bay must employ staff on a 24 hour/7 day per week/52 weeks per year basis.
- Yet with all the support received from Tallahassee and the 62% match from Washington, we are still 49<sup>th</sup> of the 51 states and D.C. in spending for IDD services now, even before the implementation of 35% Graham-Cassidy Medicaid reductions. There is no fat to cut. A chart comparing the 50 states' HCBS services effort is attached in Appendix A.

Florida lacks the means to replace the 35% loss of federal Medicaid funding  
*There is no other federal source to make up the loss of federal Medicaid funding*

Although HUD provides Section 8 and other public housing programs, IDD individuals incapable of self-care and need assistance and supervision are not eligible individually for HUD housing-only programs.

**Florida's state constitution prohibits a state income tax.** The state budget's main general revenue stream fluctuates because of national financial conditions out of our control. During the 2008-2009 downturn, the state's sales tax receipts plummeted with the loss of tourism. Without a state income tax, Florida has a total state budget cost of under \$4,000 per year per person, one of the lowest total state government budgets in the country. With limited state tax funds, and a reduction through Graham-Cassidy in the state's largest budget category – Health Services – there will be severe competition for allocations to meet budget needs for the school system, prisons, courts, roads, tourist development, corporate incentive programs, and others.

*Florida is the 9th poorest state in the nation, thus we are only capable of minimally public funding IDD services at a rate – today – putting us 49th of the 51 states and District of Columbia in spending on IDD HCBS services.*

IDD individuals' right to institutionalization's impact on future Florida state budgets

The financial impact **on Florida's** state budgets. If Graham-Cassidy accelerates the rate of already ongoing reductions in HCBS funding, we can anticipate reduction to extinction of the voluntary HCBS IDD program when the overall federal contribution is fully reduced by 35%.

If the scenario plays out as anticipated, we need to consider the possible alternatives for placement of IDD citizens, assessing the impact on our Florida communities. What will be the impact of transferring IDD individuals from home and community based settings to Florida institutions?

*If all HCBS-funded Florida group homes close, the result would be in an increased cost to Florida's Medicaid nursing home budget of over one-half billion dollars (\$510,000,000).*

IDD individuals meet the criteria for mandatory nursing home placement because they lack the capacity of self-care. If IDD re-institutionalization occurs, the cost to the state will be enormous. As noted above, removing just The Arc Tampa Bay's HCBS Medicaid Waiver funding will have an economic impact on the state budget of \$40-\$50 million per year.

Statewide, there are 7,000 persons in group homes. The numbers are staggering if they all close: 7,000 individuals at \$120,000 (\$840,000,000) over the \$50,000 (350,000,000) current average HCBS cost would result in an increased cost to the Florida's Medicaid nursing home budget of over one-half billion dollars (\$510,000,000).

And that does not count the thousands more IDD persons in Day Programs. Studies from the 1970s showed that when community alternatives were not available, extremely costly institutions became the only viable alternative.

We have already seen how the HCBS program resulted in cost-savings to the state and federal governments by transferring institutionalized individuals to the community, as President Reagan so wisely advised. The result will be reversed with the Graham-Cassidy Medicaid reductions.

The impact on loss of available beds for elders as nursing homes fill up with IDD individuals. There is another hidden but significant cost. The average elderly nursing home resident lives 18 months after admission. A 50-year-old IDD resident, however, will live in the nursing home for 13 years, based on current life expectancy. Gradually, nursing homes will lose occupancy to care for the typical transfer from hospital to nursing home patient. As nursing homes fill up with IDD residents, hospitals cannot discharge regular non-IDD patients who no longer need acute medical care but only skilled nursing care. As hospitals fill up with "permanent patients" as one doctor called them this week, there will be little room if any for those needing acute care. The private market cannot make up the difference by attracting regular nursing home patients since 64% of nursing home residents have less than \$2,000 in countable assets. There is no significant private market. And if we think the nursing home cost of \$120,000 per year is expensive, we dare not compare that to a 90-day hospital stay at an average of \$1 million per person for "permanent patients" who cannot be discharged from an acute care hospital to a skilled nursing facility.

Where are IDD individuals to go if not to nursing homes?

Will family take them home? First of all, 43% of The Arc Tampa Bay individuals have no family at all! They have outlived their parents. While some of the wealthiest families may provide for their sons' or daughters' futures through investment trusts after the parents' deaths, we need to remember that we are still the 9<sup>th</sup> poorest state in the country and Intellectual and Developmental Disabilities are an equal opportunity challenge, equally spread across the upper, middle and lower classes. The vast majority of IDD's siblings are not upper class, but a typical two-wage-earner family. Would the family not only be willing, but also be financially able to have the husband or wife quit work, take on the full-time care, 24/7, of a person with significant disabilities and needs, and additional expense, for decades into the future (they don't graduate and go on college and independent living), on now only one

family income source, with no respite relief? Passing Graham-Cassidy as is would be a terrible bet that families would, or even could, take on that financial commitment in addition to raising their own children, paying for their children's college, and saving for retirement so as not to become a burden on society themselves.

Will jail and homelessness be an acceptable alternative in Florida communities? It is well-documented that closing mental hospitals resulted in increased police activity and jail warehousing to deal with maladaptive behaviors rooted in the disease process. Studies of persons with IDD have shown that they are more likely, outside a loving and safe group home, to act in ways in public that others find at least odd if not threatening, which in turn results in unnecessary police action and sometimes additional jail warehousing, or as shown in a recent incident, potential death when the IDD individual is unable to follow police commands even when accompanied by a one-to-one staff aide.

A survey during the summer of 2009 by the UCF Institute of Social and Behavioral Sciences of 483 residents of Orange, Osceola in Seminole Counties on "Perceptions of the Homeless" found that 55% of Central Floridians described homelessness as a "major problem" already, with 90% saying the problem is getting worse. Further, the study found that 60% of respondents believed that "homeless people may be dangerous" and approximately one in five believe that "homeless people are more likely than others to commit violent crime," and "it is hard to understand how anyone becomes homeless." Enacting a public health policy that creates more homeless who are mentally and physically disabled, and sometimes unable to communicate due to severe intellectual disabilities or severe autism, will not be well received by the general public according to the UCF study.

## What amendments could be offered to the Graham-Cassidy Bill to avoid the problem?

Place IDD HCBS under the mandatory category of services that states must provide

Requiring Florida to continue cost-effective, less-expensive HCBS IDD services, and helping the Florida Legislature and the Florida Governor to be somewhat insulated from the pressure to take steps that would be detrimental to the state budget – by closing cost-effective IDD group homes and increasing the number of costly nursing home residents or the number of homeless. Removing the competition between elders (who lack self-care) and IDD individuals (who lack self-care), would remove the issue so that Florida would have more flexibility to do what's best for its citizens as determined by the Florida Governor and Florida Legislature.

Remove Graham-Cassidy's requirement that institutional care be mandatory

In the alternative, as Graham-Cassidy shifts more of the responsibility from the federal to state governments, allow Florida's Governor and the Florida Legislature to determine how best to meet the needs of elderly and disabled individuals who lack the ability for self-care by removing the mandatory requirement for institutional care funding. Let the legislative budgetary process determine the best way to balance the needs of these two groups of totally dependent

individuals, and be able to fund home and community based services for both groups to reduce the cost of institutional care. Tying state governors' hands by mandating Medicaid institutional care program puts future Republican governors in the crosshairs of a nearly impossible situation that was not of their own making.

#### Exempt Ronald Reagan's successful IDD HCBS program from the cost containment

Graham-Cassidy fails to recognize that the Florida elderly and the IDD population disproportionately grows. Babies are born every hour of every day. The population of Florida keeps growing. Florida needs relief from any legislation that would freeze the federal share based on 2016 numbers, **when we know that the state's COLA-tied mandatory minimum wage law is already straining HCBS private agencies' ability to fill staff positions.** One thing that we know as a fact: out of every 100 babies born in Florida, this year, next year, and years afterward, one is going to be intellectually or developmentally disabled because intellectual disability is defined as a person who scores at one percent on the standard IQ test. The 19,862,000 residents of Florida produce approximately 224,000 babies per year, adding 2,240 IDD individuals (or 22,400 every ten years) who will become in need of IDD program services. It is not rational to pretend that the numbers will not rise but the federal funds will not keep up.

#### Allow states to impose "length of residency" requirements

As noted, Florida is particularly disadvantaged by having to provide nursing home services to northerners who retire here in their elder non-productive years, get sick, and then need nursing home care. Allowing states like Florida to impose a five- to ten-year "length of residency" requirement would encourage citizens from other states to either return for their expensive institutional long-term care, or encourage northern states which can more afford it than Florida, to cover nursing home costs for their citizens who move to Florida or another state for the first five or ten years the elders reside in the Sunshine State.

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## Appendices

Appendix A - Florida now ranks 49<sup>th</sup> in Community Services Fiscal Effort of the 50 states and District of Columbia, 2017, even with the current favorable federal FMAP

Appendix B – State GDP Per Capita in 2015 – Florida as 9<sup>th</sup> poorest state lacks fiscal capacity to make up Graham-Cassidy losses

Appendix C – History of The Arc Tampa Bay and Description of The Arc Tampa Bay services

Appendix D – State of the state data

Appendix E – Board member Susan Brown writes eloquently of her family’s personal experience with Florida Medicaid Waiver funding and the Intellectual Disability of her son, Matt.

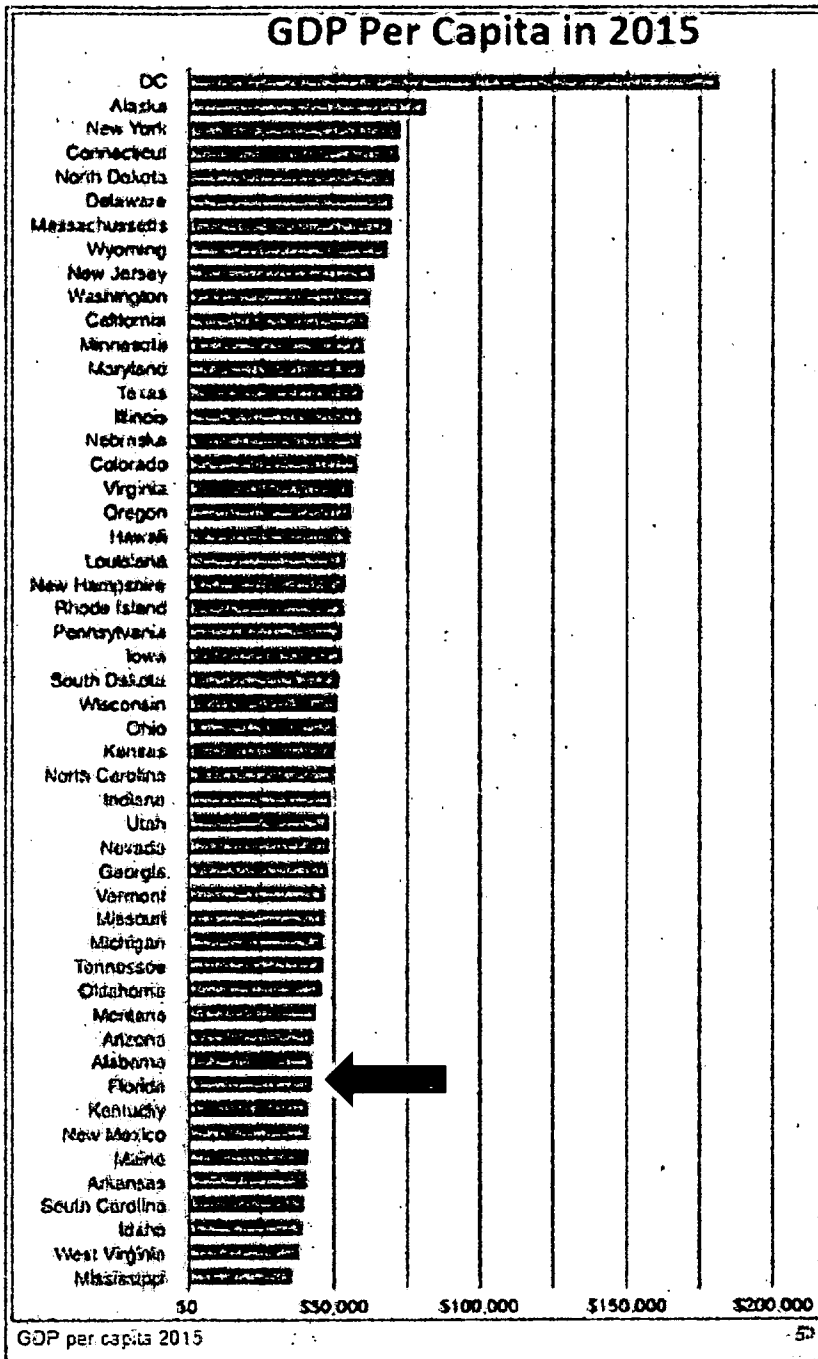
Appendix A – Florida ranks 49<sup>th</sup> of the 50 states and District of Columbia in HCBS Community Services Fiscal Effort , 2017

### COMMUNITY SERVICES FISCAL EFFORT VARIES OVER 500% IN THE STATES IN FY 2015

1 New York	\$8.56	18 Oregon	\$4.88	35 South Carolina	\$3.21
2 Maine	\$7.77	19 Connecticut	\$4.46	36 Maryland	\$3.18
3 West Virginia	\$7.55	20 Pennsylvania	\$4.43	37 Kansas	\$2.77
4 District of Columbia	\$7.15	21 Montana	\$4.13	38 Virginia	\$2.71
5 North Dakota	\$7.14	22 New Hampshire	\$4.05	39 New Jersey	\$2.68
6 Minnesota	\$6.83	23 Idaho	\$3.99	40 Washington	\$2.62
7 Vermont	\$6.53	24 South Dakota	\$3.96	41 Oklahoma	\$2.50
8 Louisiana	\$6.42	25 Delaware	\$3.90	42 Georgia	\$2.31
9 Kentucky	\$6.09	26 Missouri	\$3.87	43 Hawaii	\$2.31
10 Ohio	\$5.79	27 Arkansas	\$3.81	44 Alabama	\$2.20
11 Massachusetts	\$5.62	28 Nebraska	\$3.75	45 Colorado	\$2.14
12 Indiana	\$5.53	29 Arizona	\$3.67	46 Utah	\$2.11
13 Rhode Island	\$5.43	30 Michigan	\$3.65	47 Illinois	\$2.06
14 Iowa	\$5.27	31 North Carolina	\$3.63	48 Mississippi	\$2.02
15 Wisconsin	\$5.22	32 Wyoming	\$3.55	49 Florida	\$1.62
16 New Mexico	\$5.17	33 Tennessee	\$3.32	50 Texas	\$1.53
17 Alaska	\$5.12	34 California	\$3.23	51 Nevada	\$1.45

**Source:** Braddock, D., State of the States in Intellectual Disabilities, 2017

Appendix B – State GDP Per Capita in 2015 – as the state with the 9<sup>th</sup> lowest GDP, Florida lacks fiscal capacity to make up Graham-Cassidy reductions.





## Appendix C – History of The Arc Tampa Bay

### Early History: 1958-1972:

The Arc Tampa Bay (historically known as the Upper Pinellas Association for Retarded Citizens) was founded in 1958 with the banding together of a small advocacy group known as Parents and Friends of the Retarded. Unable to find services for their children, these six families began meeting in an old Clearwater city building on the bluffs where Clearwater's City Hall is presently located. Several years later, they moved to a small, rented office space on Ponce de Leon Street. This was the advocacy group's headquarters for several years. Pioneer programs such as Camp "We Can Do" originated from this location under the stewardship of Janna Capwell.

With demand for services growing in northern Pinellas County, the group realized the need to affiliate with The Arc of Florida (Formerly FARC) and the Arc of the United States (Formerly NARC). The Upper Pinellas Association for Retarded Citizens (UPARC) was officially formed with the presentation of their petition for membership to FARC by UPARC Board Member Marion Smith. UPARC was chartered as a unit of FARC and NARC on May 11, 1962 with formal incorporation occurring in 1963.

In 1968, UPARC's first Executive Director, Bob Vellekamp, was hired and the agency moved into a small wooden building on the grounds of old Clearwater High School. An old Quonset Hut building on Betty Lane was used for a workshop. During this formative decade, UPARC expanded programs by merging with Play Parc School, a community service program provided by the Junior League offering preschool services for children with developmental disabilities. Play Parc operated on the grounds of a small residential-type building on Prospect Street in Clearwater. With programs continuing to grow, fundraising efforts assisted with the acquisition of a new program site at Calumet Street. With construction completed in June of 1972, UPARC found their first real home.

### Housing Needs: 1975-1983:

Lack of housing options led to the formation of a "spin-off" group in the spring of 1975, dedicating their efforts to meeting the need for housing for individuals with intellectual and developmental disabilities. This group, The Resident Home Association, opened its first residence on Ridgelane Road in Dunedin in 1976. After opening three more group homes, the Resident Home Association merged with UPARC in October 1983, expanding the agency's continuum of service to 24-hour care.

### Years of Growth: 1979-2000:

With the agency continuing its accelerated growth during the 70's and 80's, UPARC leadership strived to ensure the financial stability of the organization to protect its assets and plan for future sustainability. A second body, the UPARC Foundation, was established in February 1979, founded by Dr. William E. Hale as a separate 501(c)(3). Demand for services continued to grow but funding sources presented an obstacle to expansion. Local leaders envisioned a multi-agency community facility. The dream became a reality in 1990 with the construction of the

Long Center in Clearwater, Florida. At the Long Center, UPARC was given access to over 75,000 square feet of office and program space for educational and recreational opportunities – including indoor basketball courts and proximity to an Olympic-sized swimming pool. The location also afforded UPARC with ability to participate in Clearwater sponsored events and activities. By the end of the 90's UPARC had grown to 32 group homes and expanded its day program sites to locations in Safety Harbor and Tarpon Springs.

#### Fiscal Challenges: 2003-2014:

Within ten years of relocating to the Long Center, difficult financial challenges were facing UPARC, its clients and its families. In 2003, UPARC's budget was almost \$16 million with 80% of the funding coming from the Agency for Persons with Disabilities and the balance raised by the UPARC Foundation. Each successive year became more difficult as the agency was challenged with ongoing budgetary decreases. By 2003, the overall reimbursement rates from APD had declined by 14%.

In 2014, UPARC's operating budget had decreased to a little less than \$11 million. During this period, UPARC ceased providing supports to children from 0-5 years of age, who were a catalyst for the creation of the agency, due to a change in Federal philosophy.

#### Present Day: 2015-2017:

The Arc Tampa Bay began 2015 with a new brand and a new call to action. In January 2015, our organization formally adopted a name change to The Arc Tampa Bay. A great deal of thought went into the change. Founded as the Upper Pinellas Association for Retarded Citizens, usage of the word "retarded" has developed such negative connotations for the persons served, compelling us to revisit our name. In 2010, we had legally changed our name to UPARC, Inc. For many of our stakeholders and the broader community, there was a lack of clarity with that name for people unaware of our history. As a long-term chapter of The Arc of Florida and The Arc US, we decided to rebrand in a manner consistent with the state and national brand. As a leader in the state, we felt for the brand to grow, it was important for us to do our part and embrace this change.

The Arc Tampa Bay supports the adoption of the terms intellectual disability and developmental disability as the term mental retardation is demeaning to those being served. The term remains in use in the medical field and is referenced in many state laws. The name change to "The Arc" encapsulates The Arc Tampa Bay's path forward.

In the past twenty years, the service delivery system has changed drastically providing us with the opportunity to serve people throughout the state of Florida, not solely Pinellas County. As we take transformative steps and continue to advocate for quality service delivery, creative collaborations, impactful legislative action and adequate funding, we invite individuals, agencies and corporations to "Achieve with US®."

## Overview of Services

### Adult Day Training Programs: Life Skills Development Level 3:

The Arc Tampa Bay has three locations providing a multitude of day program services for adults, operating Monday – Friday, 8 AM – 2 PM.

#### Long Center in Clearwater:

Additional programs offered for Long Center program participants include computer classes, art classes, drumming, tennis, cooking and nutrition, gardening, and numerous other recreational and community activities.

The largest day program site is located in the Long Center in Clearwater, FL. Through a partnership with Clearwater's Parks and Recreation, The Arc Tampa Bay has access to the Long Center's recreational facilities and has also participated in many activities offered through Clearwater's Aging Well Program. The Long Center is operated by the City of Clearwater and is home to many other agencies and programs, facilitating inter-agency partnerships. The Long Center boasts an Olympic size pool, a heated training pool, basketball courts, and a gym and fitness center. There are also outdoor recreational facilities: football and soccer fields, hiking paths, outdoor tennis, basketball and racquetball courts, and a playground.

Personal, Social and Community Supports (PSC): This program provides intensive staff supports to help participants improve their daily living skills, fostering independence. Many of the individuals in the program need assistance to ambulate and with their personal hygiene. Individuals are encouraged to participate in activities to improve their communication, socialization, cognitive and daily living skills. For people attending the PSC program, their circle of support may also include physical therapists, occupational therapists and speech – language pathologists.

Community Options: These classrooms are focused on increasing independence. Activities are designed to improve communication, socialization, daily living and community involvement.

Choices: The Choices programs is designed to provide focused supports for individuals with Autism Spectrum Disorder. They are engaged in a variety of educational and sensory activities to enhance communication and socialization skills. A separate sensory room is equipped with floor mats, special lighting, and a variety of tactile items. The room is available to encourage relaxation and exploration in a safe and comfortable environment.

Habilitation Services: The Habilitation Centers are designed to promote work opportunities, using vocational endeavors as the primary therapeutic activity. The Arc Tampa Bay has business agreements with several local businesses to provide contract work, such as packaging, shrink wrapping, collating, sorting and product assembly. Products are brought to the Habilitation Centers where they are packaged or assembled and then shipped back to the supplier. Some of these contract jobs include pool toys, clothing, pens, screws and boxes. Individuals are taught skills that will help them once they advance to employment opportunities outside of the

Habilitation Centers. Productivity, quality assurance, and punctuality are emphasized. Some of our contractual partnerships include the following businesses: Clever Training, Coating Technology, Deep Blue Marine, Diamond Tech, Halkey Roberts, Hang Smart, Hooters Inc., **McLain's**, **Melitta USA**, Monpetit Enterprises, Piedmont National Allstate, Polaris, Trinity Services Group, and Vista Galleries.

#### Developmental Enrichment Programs for Aging Adults:

The focus of this program is to provide leisure and retirement opportunities for actively aging individuals. Program participants can choose from a variety of options such as listening to music, creating artwork, swimming, or baking to name a few. They also enjoy participating in community activities such as bowling tournaments, and going to movies, plays and musicals.

#### Tarpon Springs Adult Day Training Program:

The Arc Tampa Bay's Tarpon Springs day program location was chosen to fill a void in services for adults with intellectual and developmental disabilities residing in north Pinellas County and south Pasco County. Many of these individuals were experiencing travel times of 30 to 45 minutes to the day program location at the Long Center in Clearwater, FL. With its proximity to local attractions such as the Sponge Docks, historic downtown Tarpon Springs, and the aquarium, adults attending the Tarpon day program enjoy the opportunity for numerous community outings. On site activities such as computer classes, arts and crafts, exercise programs, etc. offer additional therapeutic benefits and strategies to enhance daily offerings.

#### Harborside Studios in Safety Harbor:

This charming art studio located in the midst of Safety Harbor's eclectic art community caters to individuals who love to explore their creative side. Art instructors teach their students using a variety of fun mediums. Projects range from jewelry-making and furniture refurbishing to pottery and canvas. Ideally situated in the city's downtown area, Harborside Studios participates in Safety Harbor's Third Friday events, giving the artists more exposure and the opportunity to display their creations for sale. More than just a leisure pursuit, artists are compensated for the sale of their artwork.

#### Supported Employment Program: Life Skills Development Level 2:

Employment assistance is offered for those who are seeking community-based employment. A supported employment coach assists the individuals in the program to obtain identification cards, arrange transportation, apply for jobs and learn specific skills for the job. Individuals who remain in the workforce can request long-term supports for as long as they need. The Arc Tampa Bay accepts referrals through the following agencies and programs:

- Florida Division of Vocational Rehabilitation
- Agency for Persons with Disabilities/Employment Services
- iBudget Florida/HCBS
- WIOA

### Residential Habilitation Programs:

The Arc Tampa Bay is committed to supporting the rights of individuals with intellectual and developmental disabilities to live in residential settings as valued members of their communities. The Arc Tampa Bay provides standard and behavior focus residential habilitation services. All group homes offer nursing supports, dietician services, and transportation assistance.

Eighteen (18) agency operated group homes and one (1) apartment complex are located throughout the northern portion of Pinellas County. Homes are beautifully designed, well maintained, with warm and inviting landscaping suited to their neighborhoods. Residents are true members of their communities and enjoy leisure activities in their neighborhoods. Many have established relationships and connections with neighbors and local shop owners and vendors.

Each group home is staffed with direct support professionals. Home managers provide day-to-day supervision. Residential directors and Associate Executive Directors provide additional assistance and knowledge based on their areas of expertise.

In addition to standard or typical residential habilitation services, The Arc Tampa Bay operates a multitude of specialized housing options in order to maximize individualized supports and preferences and meet the needs of the individuals served in our homes:

#### Aging/Medical Group Homes:

As a provider of residential services since 1975, many individuals served by the agency have aged along with us. Individuals in these homes are faced with complex physical and health-related issues such as Alzheimer's disease, dementia, cancer, diabetes, decreased mobility, seizure disorder, etc. We firmly support the right of individuals with intellectual and developmental disabilities to age in place in a familiar environment with staff members knowledgeable about them and the care they need.

Staff members at these homes have been trained in medical procedures such as insulin monitoring, tube feeding, seizure protocols, wheelchair transfer to include Hoyer lift, in addition to standard trainings in first aid, CPR, Medication Administration and Zero Tolerance. Homes are monitored for any barriers to mobility and potential safety hazards. Specialized nursing supports focus on the particular needs of aging individuals with intellectual and developmental disabilities.

#### Behavior Focus Group Homes:

The Arc Tampa Bay operates multiple group homes in the behavior support residential program. These homes provide support and guidance to individuals who, in addition to their intellectual or developmental disability, have also been diagnosed with an accompanying mental health or behavioral disorder, such as mood disorder, intermittent explosive disorder, and schizophrenia to name a few. Direct support professionals are trained to provide individualized behavioral interventions and use the principles of applied behavior analysis to

produce socially significant behavior change by increasing desired behaviors using reinforcement.

Staff members are trained on implementing appropriate behavioral interventions for each individual who has a behavior support plan. Training is provided by board certified behavior analysts. Behavior analysts ensure that direct support professionals are competent to execute the individual behavior plans. They ensure staff deliver reinforcement according to schedule and track the required data. Behavior analysts will make appropriate changes to the behavior plans based on input from the direct support professionals and the individual's achievement of goals.

In addition to serving individuals with intellectual disabilities who are also diagnosed with a mental health or behavior disorder, several of the behavior focus group homes are further specialized according to more complex diagnoses such as Autism Spectrum Disorder and Prader-Willi Syndrome:

#### Autism Spectrum Disorder:

In order to meet the sensory needs of individuals with Autism Spectrum Disorder (ASD), The Arc Tampa Bay developed a home specifically designed in consultation with an occupational therapist. Sensory stimulation activities use equipment such as swings, weighted vests, stationary bicycles, a swimming pool, video games, etc. based on each individual's preferences. Individualized behavior support plans assist each resident to learn appropriate behaviors and reduce inappropriate, maladaptive behaviors that may cause harm or interfere with learning.

#### Prader-Willi Syndrome:

Individuals with Prader-Willi Syndrome (PWS) experience chronic feelings of insatiable hunger and a slowed metabolism that can lead to excessive eating and life-threatening obesity. Environmental modifications that limit the individuals' access to food must often be implemented to ensure their health and safety.

The Arc Tampa Bay operates two group homes for people with PWS. Due to the restrictive nature of adaptations to the homes in order to limit food access, a licensed dietician and board certified behavior analysts must provide oversight. Individuals with Prader-Willi Syndrome who reside in these specialized homes also receive routine medical evaluations from Dr. Daniel Driscoll, an expert in the field from the University of Florida. Dr. Driscoll is considered one of the world's leading researchers and physicians for Prader-Willi and was recently inducted into the Johns Hopkins University Society of Scholars. Through stellar medical guidance from Dr. Driscoll, all residents with PWS have achieved significant weight loss and ongoing support to ensure continuation of healthy habits.

#### **Children's Group Home:**

The Arc Tampa Bay operates a group home for children (up to age 18) who are in need of intensive staff supervision due to need for behavioral interventions. Children residing at the

home need intensive supports due to behaviors such as elopement, physical aggression, self-injurious behavior and property destructive. With oversight from a certified behavior analyst, staff provide behavioral interventions that increase appropriate behaviors as alternatives to the maladaptive behaviors. Focus of the program is to ensure school readiness and transition to a less intensive residential setting. Additional therapeutic services supplement activities to improve delays in communication and socialization. The home is located on a large residential lot with an outdoor swimming pool, offering many recreational opportunities. The Arc Tampa Bay works closely with Pinellas County Schools to ensure school personnel are kept up to date regarding each child's needs and progress:

#### Waterfall Apartment Complex:

The Arc Tampa Bay opened the waterfall Apartment Complex in 1991 as a housing option for individuals with intellectual and developmental disabilities. This program is structured to support residents in developing the necessary skills for individuals with intellectual and developmental disabilities to live independently in the community.

It is a free-standing apartment complex in the heart of the Clearwater community. There are two (2) separate buildings that serve up to 24 men and women. The complex is within walking distance of grocery stores, restaurants, and a bus stop. They contain studio, one bedroom and two bedroom apartments to rent through the US Department of Housing and Urban Development (HUD) program.

The prerequisite of the program is self-preservation without direct supervision. This applies to safety skills with day-to-day interactions with members of the surrounding community and the ability to maintain the apartment in a safe and kept manner. This is determined by record reviews and interviews of perspective participants in the program.

The program provides two (2) staff members during the day-time hours to assist with the participants' development in key areas of independent living skills. As part of the program, the residents are provided weekly education in safety and social skills, health and nutrition, job skill training, and personal budgeting. All participants are required to either work, actively be seeking employment, or volunteer weekly.

#### The Richard B. Funk Center for Great Expectations:

The Richard B. Funk Center for Great Expectations delivers unique supports for children with autism spectrum disorder. The purpose of the Center is to provide Applied Behavior Analysis (ABA) services to children ages 3-18 with an Autism Spectrum Disorder (F84.0) or Other Pervasive Developmental Disorders (F83.0-F84.9) diagnosis. Age and diagnosis may vary depending upon each individual insurance plan.

The Richard B. Funk Center for Great Explorations provides services on the first floor of the Long Center: 1501 N. Belcher Road, Clearwater, FL 33765. Dedicated parking for families receiving services is located in the back of the building.

### Transportation Services:

Transportation services provided through The Arc Tampa Bay's Transportation Program are available to individuals who are presently receiving services from one of The Arc Tampa Bay's numerous programs. The Arc Tampa Bay serves people with intellectual and developmental disabilities from the Tampa Bay area. Transportation is an adjunct service and the agency's transportation program operates primarily in the northern and central areas of Pinellas County, Florida.

We provide a range of trip purposes that include: medical, nutrition, shopping, social service, educational, employment, social and recreational. Currently, we use a variety of vehicles to provide passenger services. Our fleet includes vans, modified vans, cars, trucks and freightliners (warehouse). Eleven of our vehicles are equipped for wheelchair service. Our fleet of vehicles is maintained by a variety of local garages equipped to perform required inspections and needed repairs. We presently have 35 vehicles for passenger transport. Funding obtained through the Federal Transit Authority with local oversight by the Florida Department of Transportation has been instrumental in ensuring that our fleet stays up-to-date and that vehicles reaching their "useful life" can be retired from the fleet.

### Volunteer Program:

Whether you come to help us one time for a targeted project or come regularly to help at one of our programs, we always will be grateful for your assistance. Groups are invited to perform community service projects— like raking a lawn or painting a residence. Individuals may share their skills, such as teaching, answering the phone or performing other office skills.

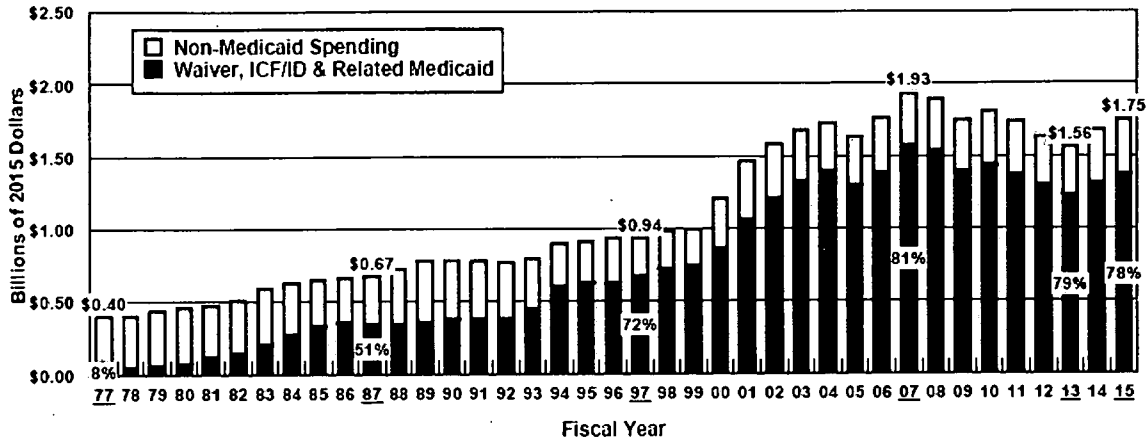
We are always looking for mentor models, similar to the Big Brother and Big Sister programs, for those at The Arc Tampa Bay who may no longer have intact families. These individuals would enjoy additional attention from a mentor on holidays or other occasions and the opportunity to share time with someone special.



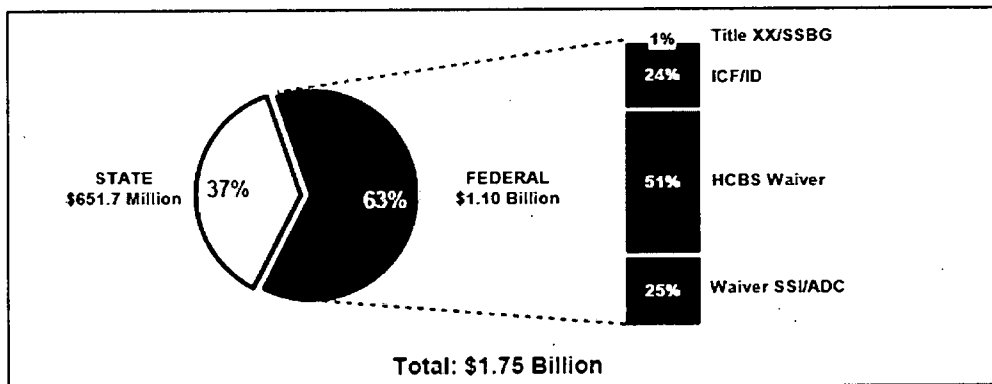
Appendix D – State of the state IDD data

**FLORIDA**

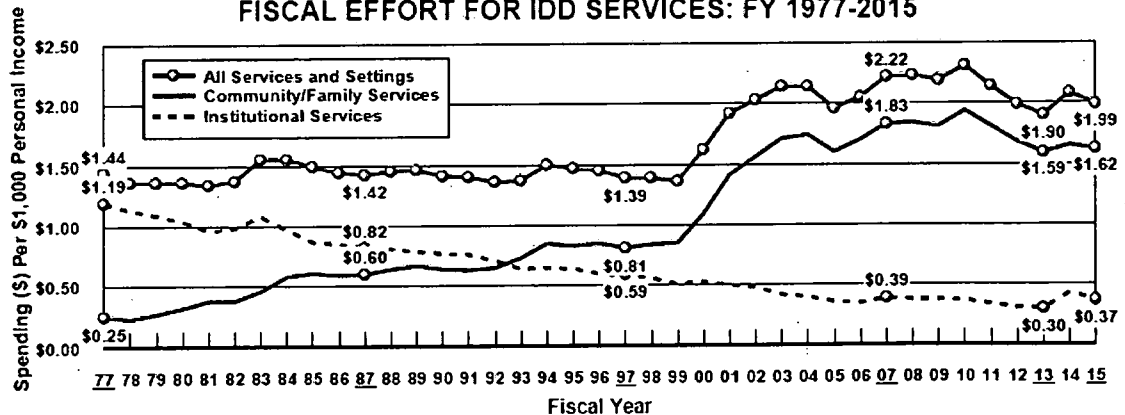
**TOTAL PUBLIC IDD SPENDING FOR SERVICES: FY 1977-2015**



**PUBLIC IDD SPENDING BY REVENUE SOURCE: FY 2015**



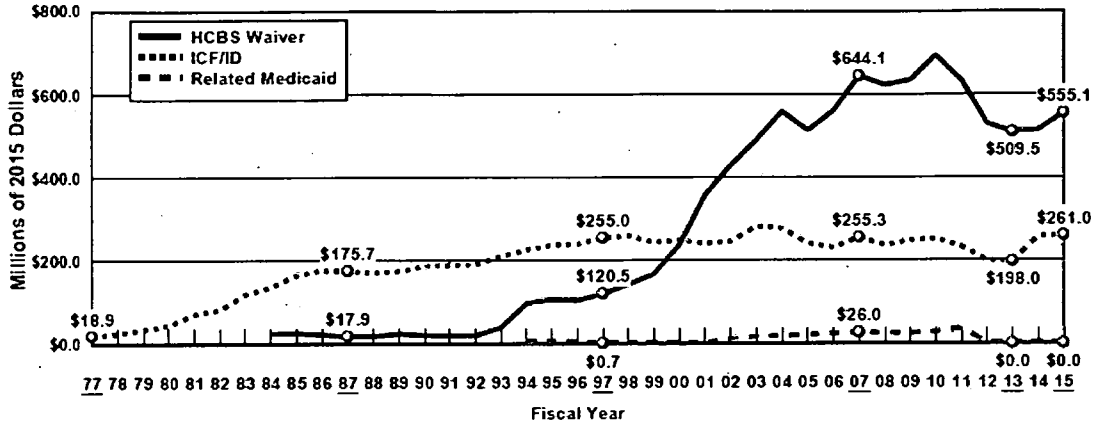
**FISCAL EFFORT FOR IDD SERVICES: FY 1977-2015**



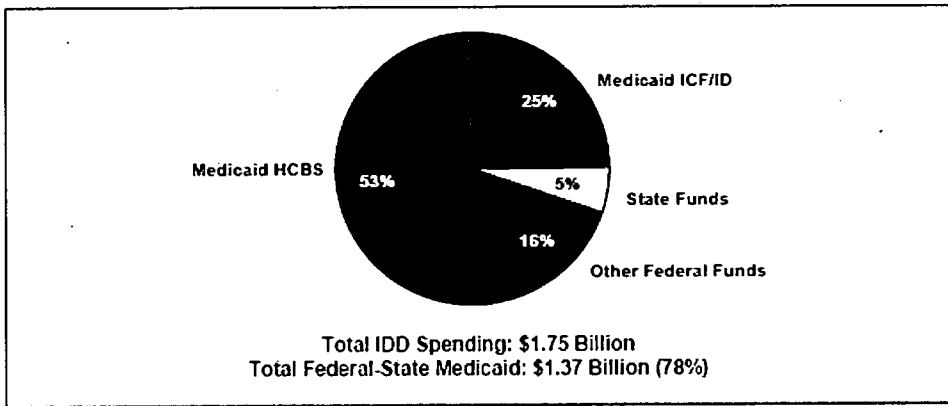
Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2017.

# FLORIDA

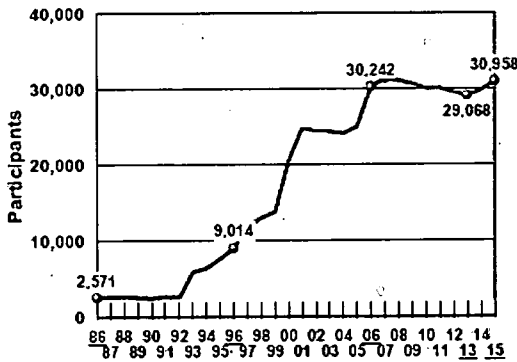
## FEDERAL IDD MEDICAID SPENDING BY REVENUE SOURCE



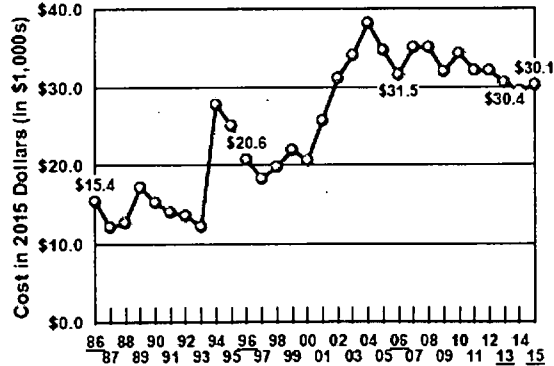
## FEDERAL-STATE MEDICAID AS A PERCENTAGE OF TOTAL IDD SPENDING IN FY 2015



### HCBS WAIVER PARTICIPANTS



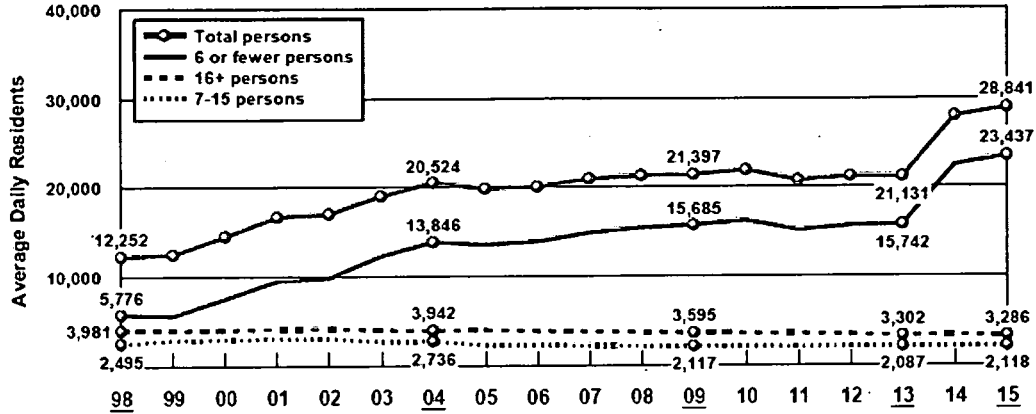
### ADJUSTED WAIVER COST PER PARTICIPANT



Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2017.

# FLORIDA

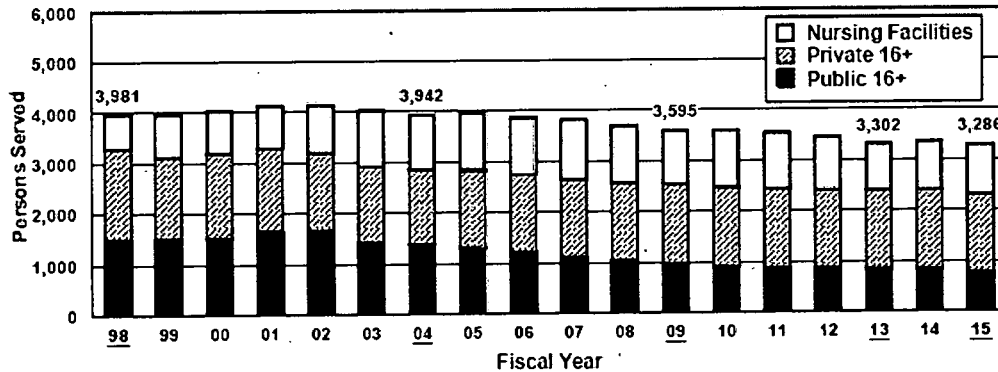
## PERSONS WITH IDD BY SIZE OF SETTING: FY 1998-2015



## PERSONS SERVED BY SETTING: FY 1999-2015

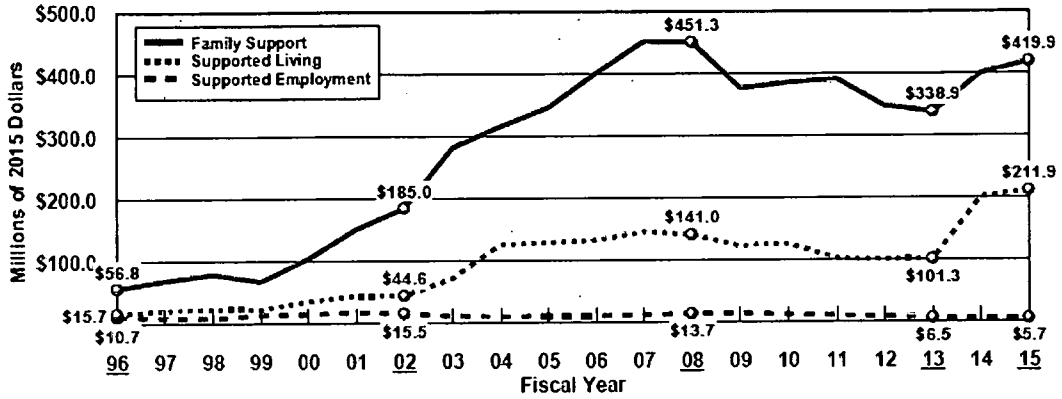
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>TOTAL</b>	12,473	14,508	16,673	17,015	19,004	20,524	19,834	20,048	20,905	21,273	21,397	21,885	20,718	21,178	21,131	27,893	28,841
<b>16+ PERSONS</b>	3,974	4,027	4,125	4,142	4,020	3,942	3,977	3,877	3,815	3,703	3,595	3,576	3,539	3,448	3,302	3,353	3,286
Nursing Facilities	871	840	839	950	1,101	1,100	1,152	1,132	1,176	1,140	1,071	1,124	1,120	1,037	919	951	930
State Institutions	1,512	1,534	1,647	1,660	1,423	1,377	1,299	1,219	1,125	1,041	962	902	874	866	852	850	774
Private ICF/IID	1,243	1,274	1,274	1,270	1,252	1,234	1,237	1,286	1,273	1,279	1,267	1,238	1,275	1,286	1,272	1,298	1,302
Other Residential	348	379	365	262	244	231	239	240	241	243	255	262	270	259	259	254	230
<b>7-15 PERSONS</b>	2,872	2,937	3,049	3,035	2,706	2,736	2,300	2,269	2,221	2,153	2,117	2,104	2,054	2,091	2,087	2,091	2,118
Public ICF/IID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Private ICF/IID	558	574	569	547	560	571	531	526	531	527	521	518	498	484	470	417	422
Other Residential	2,314	2,363	2,480	2,488	2,146	2,165	1,769	1,763	1,690	1,626	1,596	1,586	1,556	1,607	1,617	1,674	1,696
<b>6 PERSONS</b>	5,627	7,544	9,499	9,838	12,278	13,846	13,557	13,882	14,869	15,417	15,685	16,205	15,125	15,639	15,742	22,449	23,437
Public ICF/IID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Private ICF/IID	216	194	189	193	174	178	195	194	192	194	194	201	203	204	199	219	211
Supported Living	2,358	4,064	5,535	5,498	5,713	7,991	8,226	8,309	8,824	9,059	9,165	9,478	8,286	8,623	8,799	15,307	16,001
Other Residential	3,053	3,266	3,775	4,147	5,391	5,677	5,136	5,379	5,853	6,164	6,365	6,526	6,636	6,912	6,744	6,923	7,225

## PERSONS IN PUBLIC AND PRIVATE 16+ INSTITUTIONS: FY 1998-2015

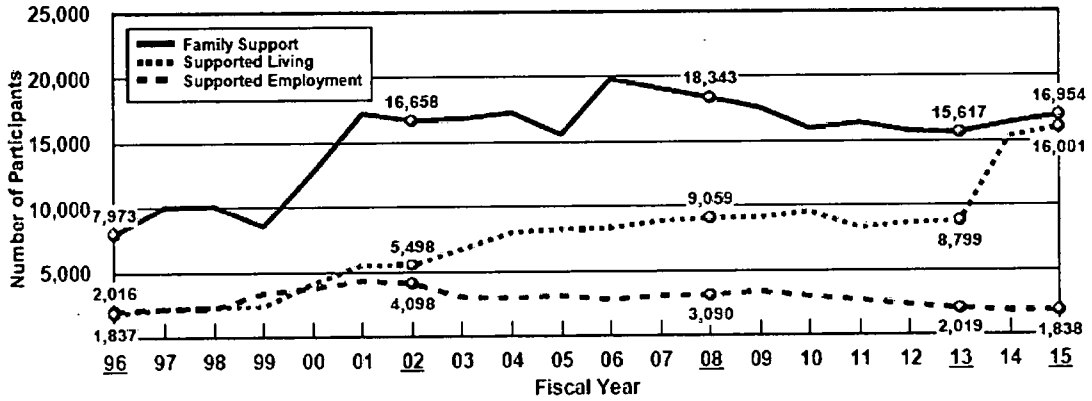


Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2017.

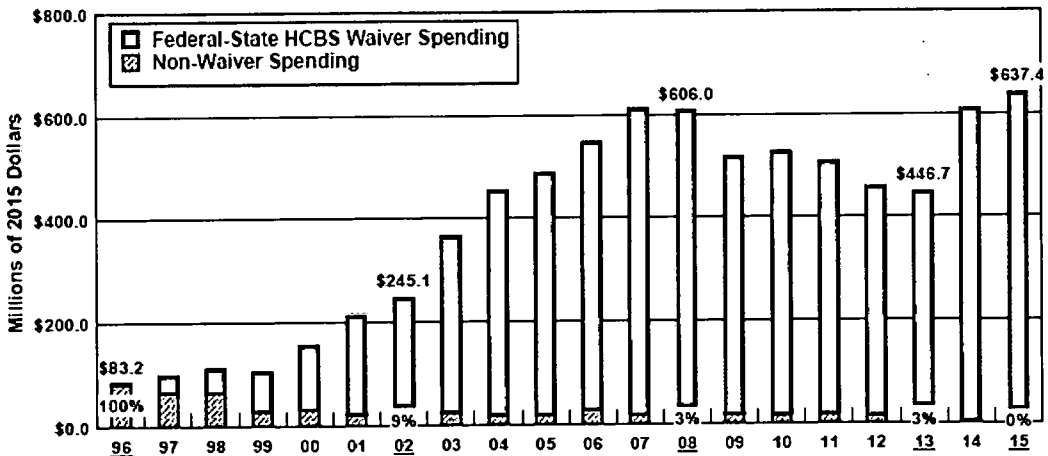
## FLORIDA INDIVIDUAL AND FAMILY SUPPORT SPENDING: FY 1996-2015



## PARTICIPANTS: FY 1996-2015



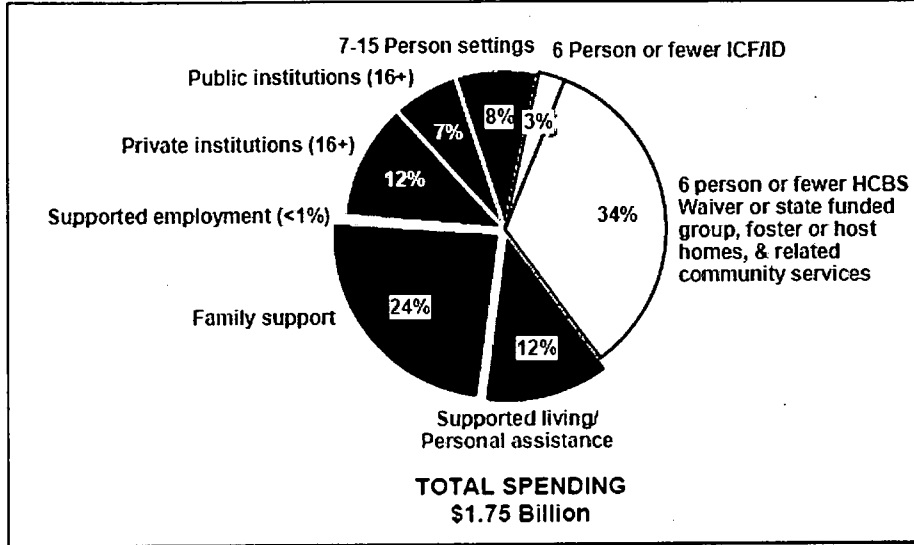
## SUPPORTED LIVING, FAMILY SUPPORT AND SUPPORTED EMPLOYMENT SPENDING: FY 1996-2015



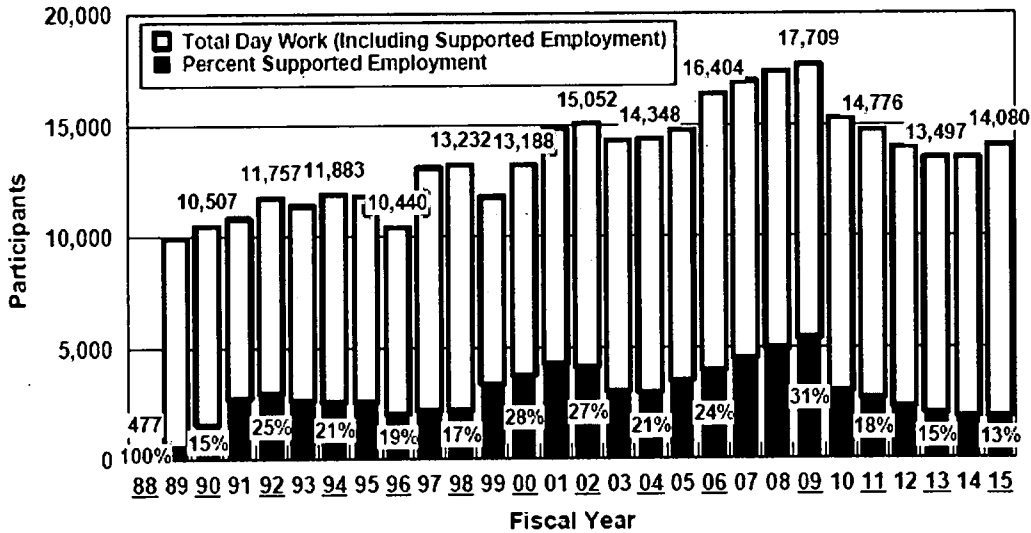
Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2017.  
<http://stateofthestates.org>

**FLORIDA**

**SUPPORTED LIVING, FAMILY SUPPORT, AND SUPPORTED EMPLOYMENT  
AS A PERCENTAGE OF TOTAL SPENDING: FY 2015**



**TOTAL DAY/WORK AND SUPPORTED  
EMPLOYMENT PARTICIPANTS : FY 1988-2015**

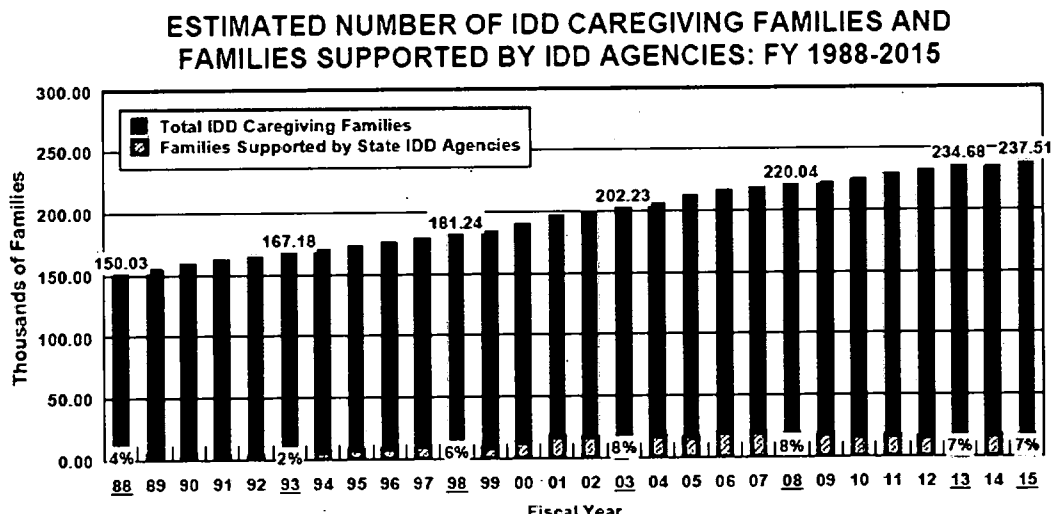
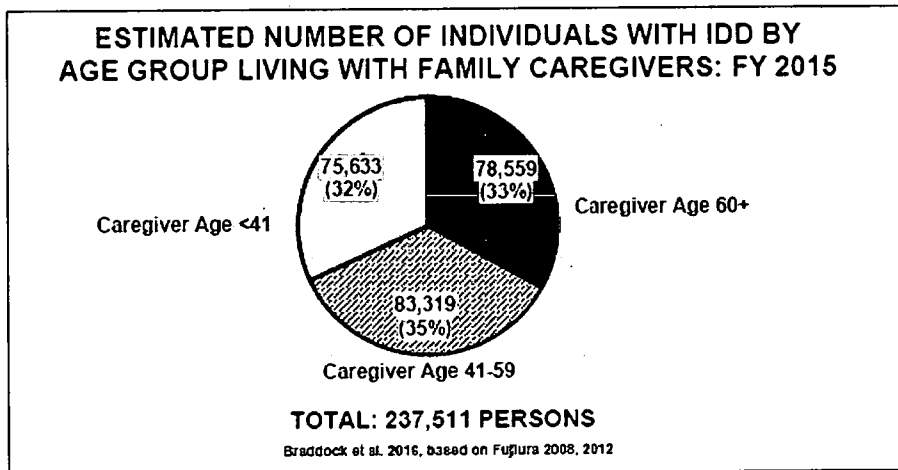
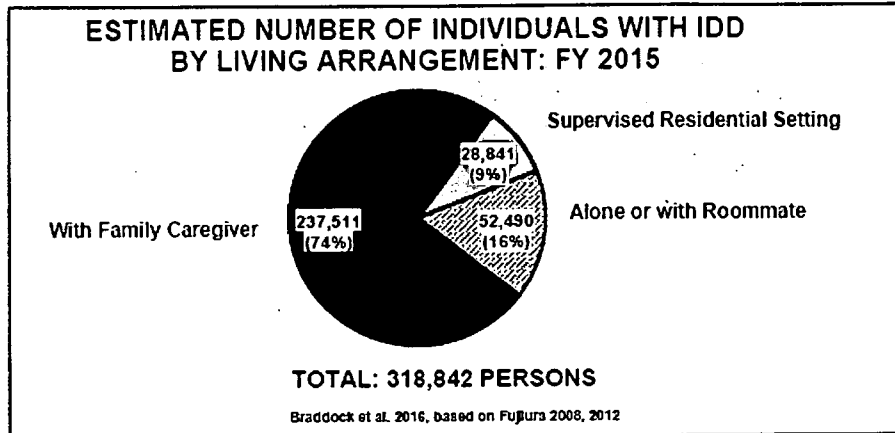


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Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2017.

<http://stateofthestates.org>

**FLORIDA**



6 Source: Braddock et al., Coleman Institute and Department of Psychiatry, University of Colorado, 2017. <http://stateofthestates.org>

Appendix E. Board member Susan Brown writes eloquently of her family's personal experience with Florida Medicaid Waiver funding and the Intellectual Disability of her son, Matt.



## How Medicaid Cuts Would Decimate Services for People with Intellectual Disabilities

By [Susan Brown](#). I write about [Intellectual Disability](#)

Published July 3, 2017, by [The Mighty](#).

**Cuts to Medicaid... what does that mean to families like ours and maybe yours, and why should you care?**

Let me share a small bit about our journey. I grew up in the suburbs of Atlanta, graduated from the University of Georgia in 1980 with a degree in Special Education. Moved back to my home community and began my teaching career in the fall of 1980, working with fourth to sixth graders who had mild intellectual developmental disabilities. Married my guy, Ed, in 1982, continued my profession as a special educator. In the fall of 1985 I moved to a middle school and taught students from ages 12-21 with moderate to profound intellectual developmental disabilities.

In November of 1986 I chose to stay home with our firstborn son, Matt, taking a break from teaching to be a stay at home mom. Here's where the twist happens in the story of our family... Matt is severely intellectually developmentally disabled. We didn't know this at his birth, but as development was supposed to occur, he was getting farther and farther behind. At that time, 1986, early intervention services were just beginning and not offered in all areas of America. Our pediatrician at that time was not very helpful, and just kept encouraging us to "give him some time."

When Matt was about 9 months old, I answered an ad for a part-time special education teaching position with our local early intervention office. I was not informed about early intervention and had no idea that the services that were offered at this office were what we also needed for Matt. Long story short, I began a nine-year career with that amazing team of nurses,

social workers, developmental pediatricians, occupational/physical/speech/music therapists and the incredible families we worked with. Matt received his therapies and needed services from this agency, too.



*Photo. Susan with her family.*

Fast forward in our lives, two more sons. Matt is the oldest at age 30, Neil is 26 living in NYC, Jeff is 22 pursuing a degree in secondary education. We now live in Florida, after moving from Atlanta to Denver. Ed works in the home building industry and I continue to be a stay at home mom caring for Matt. Ed and I just reached our 35th year of marriage this past spring. I left my teaching position about 20 years

ago, as Matt's needs increased and it became more difficult to juggle work and care for our family. We are grateful we had this as an option — many families don't have the options we did.

Our primary goal was to stay intact as a positive, growing, joyful family, caring for Matt in our family home for as long as we possibly can. We live full, productive, positive lives. He is the motivator for our family; he pushes us to learn, to love, to be compassionate and to laugh at life.

When Matt finished his public education time, at age 21, we were unsure what the next step would be for him. Families of children with disabilities are not given a hand book, it takes much energy to research options and look for programs and resources. Many families are just struggling to keep life going on a day-to-day basis and don't have the energy or resources to find help.

The Medicaid waiver is a "pot" of federal/state dollars that are specific for helping individuals with intellectual and/or developmental disabilities. Some individuals who need this waiver are not able to be employed to provide for their life-long needs. But that person with Down syndrome or some other type of developmental disability who bags your groceries at the local grocery store is probably also receiving services via a Medicaid waiver.

Do you know someone who has Down syndrome, autism, cerebral palsy, or someone like our Matt? These are people who need the Medicaid waiver to keep them living in their family homes or living in community-based homes with the supports needed. We *do not* want to go backwards and see the use of institutional care begin again for this most vulnerable population. Every state gets to determine the process for application to the Medicaid waiver and the delivery of that waiver if you are deemed eligible. Most states have lengthy waiting lists, the process is complicated and quite often people never receive funds/services. In our state of



Florida, there are over 20,000 people waiting to receive funding/services from the Medicaid waiver. If we decided to return to Georgia, we would have to apply for Matt again and go on their waiting list.

Agencies that provide services paid via the Medicaid Waiver, such as adult day training, cannot bill at a reasonable rate. Because of the low pay, these agencies are not capable of keeping employees, creating a high turnover of staff. Most employees could work at WalMart for better pay and benefits. The state of Florida has left the billing rate for agencies for day programs at a rate that was set in 2003 and has not increased the billing rate. Florida has made an effort to get older individuals off the waiting lists, but families now have difficulty finding agencies to serve their family member due to the low billing rate. Agencies cannot maintain payroll for employees if the billing rate is not commensurate with the services offered, so thousands of agencies have gone out of business.

Our Matt is now 30. He is stubborn, funny, and loves to boss his 58-year-old mom around. He's a goofy guy. He also needs physical assistance for all his personal care needs, bathing, toileting, dressing and feeding. His intellectual disability doesn't define him, it's just a part of who he is. His life has worth and he deserves to be cared for with love, compassion and dignity. We gladly continue to care for Matt in our home.

Matt continues to be on our private health insurance for his health needs, with Medicaid as his secondary health insurance provider. Matt receives a Medicaid waiver to provide for his adult day program which operates from 8-2 Monday-Friday; he also has respite and consumables (diapers/pads/wipes) built into his budget. Since Matt lives at home, his budget is around \$20,000 annually to cover those costs. It is not cash we touch — it is an electronic transaction with approved vendors/employees/agencies. If Matt lived in a local group home, like many of our friends in this group, his annual budget needs would be upwards from \$65,000 and likely much higher.

Ed has a great job and we are grateful for his employer meeting our needs with his salary and benefits. But if at age 78, when Matt is 50, we are no longer able to care for him at home, without the Medicaid waiver the cost for his annual care would be approximately \$100,000 annually. If Matt lives to be 80, we would need to have at least \$3 million set aside for him. **Well, that won't happen. We know many families across the country with children with disabilities, many of whose children now live in community-based living (group homes or semi-independent living). I know *none* who are able to pay out-of-pocket for those services for their kids.**

For too long people with intellectual/developmental disabilities have been pushed into dark corners, out of sight for the average American. Just 30 years ago the expose' of Willowbrook in New York exposed the abuse and atrocities individuals with disabilities had suffered for years in institutional care. Willowbrook was just one example of awful institutional facilities across our country. We have made great strides in providing inclusive lives for all people with **intellectual/developmental disabilities; let's not lose ground and see institutional care become the norm again.**

Just this past week, I was reading about Senator Mitch McConnell's treatments for polio as a young child, at Warm Springs, Georgia. I found it interesting and sad that when Dr. Salk was testing for the vaccine for polio, he used individuals as test subjects who were in institutions for "the feeble-minded." We are the voices for individuals who can't speak for themselves. People with intellectual/developmental disabilities continue to be among the most segregated and prejudiced groups in society — let's not give up on them now.


STATEMENT FOR THE RECORD  
SUBMITTED TO THE  
SENATE FINANCE COMMITTEE

On


“Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal”


September 25, 2017

Public Citizen

  
Washington, DC 20009

For further information, contact:

Shanna Devine – 

Steve Knievel – 

Access to Medicines

Eagan Kemp – 

Congress Watch

Public Citizen, a national public interest organization with more than 400,000 members and supporters, urges members of the Senate Finance Committee to reject Graham-Cassidy. Rather, members should work in a bipartisan capacity to address a top congressional priority for voters in 2017: taking action to reduce high prescription drug prices that elevate the costs of our health programs and strain family budgets.<sup>1</sup> In addition, members should continue their work on reauthorizing the Children's Health Insurance Program (CHIP)—a program with bipartisan support—given its looming September 30<sup>th</sup> deadline. Some states are likely to run out of funds unless CHIP is reauthorized soon.<sup>2</sup> Finally, it would be beneficial for members to focus on legislative efforts that would expand coverage to all Americans, and not on those estimated to increase the number of uninsured Americans by more than 30 million and end Medicaid as we know it.<sup>3</sup>

### I. Access to Medicines

Currently, one-in-five Americans report not taking their medication as prescribed because of cost<sup>4</sup>, and it is indisputable that Americans who are already rationing lifesaving medicines will suffer more under Graham-Cassidy. It includes measures that directly limit access to prescription drugs, disproportionately impacting children, seniors, people with disabilities and pre-existing conditions, and other vulnerable populations. Specifically, under Graham-Cassidy —

- States can waive the requirement for insurance plans to include prescription drug coverage and other essential health benefits (EHB), which will result in more patients paying larger amounts of money out-of-pocket for medicines. Before EHBs were established under the Affordable Care Act, nine percent of people who purchased their own health insurance did not have prescription drug coverage.<sup>5</sup>
- After 2026, there will be at least 32 million fewer people with Medicaid or individual market coverage, according to estimates from the Center for Budget and Policy Priorities.<sup>6</sup> Those individuals will have to rely on patient assistance programs or pay the full list price for prescription drugs out of pocket.
- Deep cuts made to Medicaid will cut off the lifeline to prescription drugs for children, seniors and other vulnerable populations.<sup>7</sup>

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<sup>1</sup> Politico & Harvard T.H. Chan School of Public Health, Americans' Top Priorities for Congress Through the End of the Year 3 (Sept. 2017), <http://bit.ly/2fe5qWI>.

<sup>2</sup> Medicaid and CHIP Payment and Access Commission, Federal CHIP Funding: When Will States Exhaust Allotments? (July 2017), <http://bit.ly/2vLpkSw>.

<sup>3</sup> Emily Gee, Center for American Progress, Coverage Losses by State Under the Graham-Cassidy Bill to Repeal the ACA (Sept. 20, 2017), <http://ampr.gs/2fbzykY>.

<sup>4</sup> The Commonwealth Fund, How the Affordable Care Act has Improved Americans' Ability to Buy Health Insurance on Their Own (2016), <http://bit.ly/2w9JG4J>.

<sup>5</sup> Haeyoun Park, *The 'Essential Health Benefits' Conservatives are Pushing to Cut*, New York Times, Mar. 24, 2017, <http://nyti.ms/2xlvSFz>.

<sup>6</sup> Jacob Leibenluft et. al., Center on Budget and Policy Priorities, Like Other ACA Repeal Bills, Cassidy-Graham Plan Would Add Millions to Uninsured, Destabilize Individual Market (Sept. 20, 2017), <http://bit.ly/2yet9ht>.

<sup>7</sup> Ibid.

- Market premiums and deductibles are expected to significantly increase, causing individuals with prescription drug coverage to pay more money for prescription drugs out-of-pocket for longer periods of time.<sup>8</sup>

In addition to these concerns, Graham-Cassidy does not include a single reform to lower drug prices. This approach is both inexcusable and irrational, given that spending on prescription drugs outpaced all other health services in 2015.<sup>9</sup>

Graham-Cassidy includes devastating healthcare cuts that will shift the financial burden onto vulnerable populations, seniors and states. Conversely, a number of drug pricing reforms have been introduced this Congress that would yield billions of dollars in savings to taxpayers and consumers, significantly reducing the negative impact that high drug prices have on healthcare spending, family budgets and Americans' health. For instance, the Increasing Access to Affordable Prescription Drugs Act (S. 771, H.R. 1776) would increase access to medicines and provide billions of dollars in savings annually. Specifically,

- Sec. 202, also introduced as The Stop Price Gouging Act, would put an end to steep, unfair prescription drug price spikes by imposing penalties on corporations that price gouge proportionate to the severity of the abuse. Researchers estimated that this bill would have saved \$26 billion in taxpayer dollars through Medicare Part D alone in 2015.<sup>10</sup>
- Sec. 201 would allow the Secretary of the Department of Health and Human Services to negotiate Medicare Part D prescription drug prices, using the lowest price paid by the "Big Four" or Department of Veterans Affairs (VA) as a fallback price. If the secretary were able to attain the same prices for brand-name prescription drugs as the VA, it would save taxpayers \$16 billion annually.<sup>11</sup>
- Sec. 205, also introduced as the Medicare Drug Savings Act, would amend Medicare Part D by requiring drug manufacturers to grant drug rebates to HHS for low-income individuals at the level provided in Medicaid. The CBO estimates that this measure would reduce federal spending by \$145 billion over 10 years.<sup>12</sup>

High prescription drug prices will continue to be an issue of national significance and a priority for all Americans. However, the stakes are even greater within the context of the current healthcare debate.

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<sup>8</sup> Ibid.

<sup>9</sup> Centers for Medicare and Medicaid Services, *National Health Expenditures 2015 Highlights* (2015), <http://go.cms.gov/2hn3vyt>.

<sup>10</sup> Thomas Hwang and Aaron Kesselheim, *Taxing Drug Price Spikes: Assessing the Potential Impact*, Health Affairs Blog, May 12, 2017, <http://bit.ly/2uaYN0L>.

<sup>11</sup> Marc-Andre Gagnon, Carleton University & Sidney Wolfe, Public Citizen, *Mirror, Mirror on the Wall: Medicare Part D Pays Needlessly High Brand-Name Drug Prices Compared with Other OECD Countries and With U.S. Government Programs* (July 23, 2015), <http://bit.ly/2p8FRJi>.

<sup>12</sup> Congressional Budget Office, *Require Manufacturers to Pay a Minimum Rebate on Drugs Covered Under Part D of Medicare for Low-Income Beneficiaries* (Dec. 8, 2016), <http://bit.ly/2xUtZ5Y>.

## II. CHIP Reauthorization

CHIP provides high-quality and efficient care to millions of low-income children and pregnant women. With the Medicaid and CHIP Payment and Access Commission estimating that Arizona, the District of Columbia, Minnesota, and North Carolina will exhaust their funds by the end of the year, Congress must act quickly to reauthorize CHIP.<sup>13</sup> A further 27 states are estimated to exhaust their federal CHIP funds by March 2018. We must ensure that children are able to retain their coverage and that states do not have to send out disenrollment notices or set up waiting lists for their programs. The coverage that CHIP provides is too important to let it slip, even temporarily.

## III. Medicaid

Further, the proposed cuts to Medicaid in Graham-Cassidy could create significant challenges for states, including when it comes to providing long-term care for the elderly and people with disabilities, including children. Medicaid currently pays for over half of long-term care and that number is only anticipated to grow.<sup>14</sup> States have the option to require Medicaid coverage of home and community based long-term services, whereas institutional coverage is required. In effect, cutting Medicaid poses a significant threat to both state budgets and seniors receiving long-term services in home or community settings. The annual health care cost of an institutional setting, such as a nursing facility, averages \$91,250 a year, twice the average cost of a home health aide (\$45,760) and nearly five times the average cost of a community setting, such as adult day health care (\$17,940).<sup>15</sup> Under Graham-Cassidy, states may be forced to make cuts to their long-term care programs, and those cuts would likely fall heavily on home and community-based services. This would force many seniors and people with disabilities out of their chosen care setting and into institutional settings, hindering their independence and significantly raising the cost of their care. Congress must continue to enhance the independence and the quality of life of the most vulnerable through improving their coverage, not through making unnecessary cuts to their long-term care.

Congress should reject Graham-Cassidy and advance sustainable healthcare measures that respond to Americans' priorities and needs and ensure that everyone in America has access to the high-quality, affordable care.

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<sup>13</sup> Medicaid and CHIP Payment and Access Commission, Federal CHIP Funding: When Will States Exhaust Allotments? (July 2017), <http://bit.ly/2vLpkSw>.

<sup>14</sup> Erica L. Reaves and MaryBeth Musumeci, Kaiser Family Foundation, Medicaid and Long-Term Services and Supports: A Primer (Dec. 15, 2015), <http://kaiserf.am/2xIONjP>.

<sup>15</sup> *Ibid.*

# STAVROS

CENTER FOR INDEPENDENT LIVING, INC.

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September 22, 2017

To the Senate Finance Committee:

My name is Jennifer Lee and I am writing on behalf of Stavros. For over 40 years, Stavros has been advocating for the rights of persons with disabilities in Massachusetts and beyond. Each year, we assist thousands of individuals with disabilities in removing barriers within the community, education, recreation, and healthcare. As an agency, we assist local hospitals with promoting coordinated care which promotes disability competence, and affordable, accessible care for those with disabilities. We also continue to advocate for Medicaid and the services and supports offered to those with disabilities under the Affordable Care Act (ACA).

Stavros would like to express our opposition to the Graham-Cassidy bill. This bill, filed by Senator Graham (S. Carolina) and Senator Cassidy (Louisiana), proposes cuts to Medicaid, eliminates protections for those with preexisting conditions, and works to eliminate the Affordable Care Act (ACA). Cuts to Medicaid and the ACA will be detrimental to the lives of persons with disabilities. Medicaid provides the necessary services and supports needed to support persons with disabilities' ability to live in the community. Medicaid covers Long Term Services and Supports (LTSS), Personal Care Attendant (PCA) services, and other needed supports for those with disabilities. Without adequate Medicaid funding and protections for those with preexisting conditions, individuals with disabilities will be forced into institutions or die because they are unable to afford the services they need.

As we celebrate the 18th anniversary of the Supreme Court's Olmstead (1999) decision, we strongly believe that the Senate should be considering a healthcare bill which strengthens Medicaid and protects those with preexisting conditions. Graham-Cassidy Bill fails to do these things; its provisions will have devastating impacts on persons with disabilities. We strongly urge you to oppose the Graham-Cassidy bill. We appreciate your commitment to protecting Medicaid and persons with disabilities.

Thank you for your time and consideration!

Sincerely,

**Jennifer Lee**  
Stavros  
Systems Advocate



Senate Finance Committee  
Hearing to Consider Graham-Cassidy-Heller-Johnson proposal  
Monday, September 25 at 2:00pm, EDT

Comment submitted by:

Cristina Adams

Austin, TX 78731

I am emphatically opposed to the Graham-Cassidy bill. It is unconscionable and incomprehensible that our elected officials would even think of killing off the ACA, which has covered so many more Americans and decreased the trajectory of medical costs. If this bill is passed, it will upend the insurance and medical fields, and throw millions of American citizens off health insurance.

Are you aware that virtually every industry involved in the medical field has come out vocally against Graham-Cassidy. So have the majority of Americans. Is the Senate not listening to the voters, or do our public servants simply no longer care about the good the of people? You know full well the people do not want the ACA repealed. You know the people are opposed to Graham-Cassidy. You know, and yet you continue to ignore our voices.

Among the numerous negative effects, Graham-Cassidy would:

- Completely eliminate the ACA's marketplace subsidies, which currently help 10 million people afford health coverage. They would no longer be guaranteed any assistance to buy plans.
- End the expansion of Medicaid, which has extended coverage to close to 12 million low-income adults. The plan offers no guarantee of alternative affordable coverage for these beneficiaries, and scales back (and eventually eliminates!) funding to expansion states.
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states.
- Puts women's health at risk by barring states from reimbursing Planned Parenthood for preventive health (mammograms, pap smears, etc) and family planning services for people enrolled in Medicaid.
- Undercut protections for people with pre-existing conditions by allowing states to waive the ACA's prohibition on charging people with pre-existing conditions higher premiums as well as its essential health benefit requirements. This means some consumers would



not be able to get critical services like maternity care and substance use treatment, or afford coverage at all.

- Inflict great harm on people struggling with substance use disorders by slashing Medicaid, and cutting services and financial assistance to afford premiums or copayments for office visits and medicine, jeopardizing access to the most effective treatments for addiction and to life-saving overdose medicine.
- Undermine coverage gains for communities of color. GCHJ would cause long-term damage to the Medicaid program and raise health care costs to extremely unaffordable levels for consumers. Millions of low-income people of color, especially those with chronic health conditions, would be among the hardest hit.
- Replace Medicaid expansion dollars and marketplace subsidies with inadequate block grants that would impose massive federal cuts on states and end in 2026.
- Impose a Medicaid per capita cap that cuts care for seniors, people with disabilities, and families with children – cuts that would grow much larger in coming decades.

The fact is that without a full CBO score detailing the impact on how many exactly consumers will lose coverage and with no time for actual debate, this hearing is nothing more than a distraction from what is really happening: the latest attempt to gut Medicaid and strip health care from millions of Americans.

It is long past time for the Republican Party to stop putting ideology and party above all else. What we need is a thoughtful, bipartisan discussion of how to improve the ACA and how to finance it so that as many Americans as possible can have basic, affordable health care.



Dear Chairman Hatch and Ranking Member Wyden:

We write to voice our extreme opposition to the Graham-Cassidy-Heller-Johnson proposal. We are very discouraged that instead of continuing down a bipartisan path and working on issues to improve the strength and stability of the Affordable Care Act's (ACA) marketplaces, the sponsors of this legislation have put forward a proposal that will:

- Eliminate the financial assistance that helps low- and moderate-income families purchase health care coverage;
- End expanded Medicaid coverage that helps millions of low-income adults;
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths
- Undermine essential protections for people with pre-existing conditions;
- Resurrect - *and worsen* - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of millions of Americans including older adults, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions. It does nothing to improve affordability or availability of coverage for consumers and will likely result in approximately 665,000 Massachusetts residents losing coverage by 2027 and will undermine the financial stability of our health care system and place additional fiscal strains on our state budget.<sup>1</sup> Below we've laid out in more detail our concerns with this proposal and the devastating impact it will have on consumers.

**Eliminates programs that serve as a lifeline for low- and moderate-income families.**

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA's successful Medicaid expansion, which has extended coverage to nearly 12 million newly eligible low-income adults. It also eliminates the ACA tax credits that 10 million low- and moderate-income people rely on to afford coverage in the individual market. Although it replaces this funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to former enrollees - and indeed the block grant is inadequate to pay for comparable benefits. From 2020 through 2026, block grant funding would be at least 7% (\$95 billion) below projected

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<sup>1</sup> Center for American Progress, "Coverage Losses by State Under the Graham-Cassidy Bill to Repeal the ACA", <https://www.americanprogress.org/issues/healthcare/news/2017/09/20/439277/coverage-losses-state-graham-cassidy-bill-repeal-aca/>.



spending under current law, including a \$5-\$8 billion loss in federal funding to Massachusetts.<sup>2</sup> Regardless, the block grant ends in 2027, leaving states and former enrollees with no help whatsoever. We do not believe it is likely that Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream – something that would be extremely difficult, if not impossible.

**Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.**

This proposal also threatens the care of millions of low-income seniors, children and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. By capping and slashing funding for the traditional Medicaid program by 12% (\$1,079 billion) between 2020 and 2036, the per capita cap will force Massachusetts to cut payments to health care providers and health plans, eliminate optional services, and restrict eligibility for enrollment - all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Since children make up almost one-half of the Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would also face painful cuts, since Medicaid is the primary payer for long-term services and supports. Community Based Services - the services that keep people with cognitive and physical impairments home and in their communities - are “optional” in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment is especially high.

**Pushes massive new costs onto states.**

All states, including Massachusetts, would take on new risks and costs because this proposal converts the overall Medicaid program into a per capita cap. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving Massachusetts with insufficient funding to meet its current obligations. In addition, states would be fully exposed to any unexpected health care cost increases, such as from a natural disaster, an aging population or medical innovations. The per capita cap alone would reduce federal Medicaid spending by 12% (\$1,079 billion) by 2036.

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<sup>2</sup> Avalere, “Graham-Cassidy-Heller-Johnson Bill Would Reduce Federal Funding to States by \$215 Billion”, <https://www.americanprogress.org/issues/healthcare/news/2017/09/20/439277/coverage-losses-state-graham-cassidy-bill-repeal-aca/>.



On top of those cost shifts, the 31 states that expanded Medicaid under the Affordable Care Act will be at risk for far deeper cuts. This proposal ends all federal matching funds for the Medicaid expansion in 2020. Some of the funds that the federal government would have spent on Medicaid expansion get rolled into the block grant, but the block grant doesn't make up for Massachusetts' losses because the block grant is inadequate overall, the formula favors non-expansion states (it redistributes funding from expansion to non-expansion states), and it ends entirely in 2026, leaving states with no funding to replace the lost expansion funds.

Because federal dollars for Medicaid account for about 20% of state budgets, FitchRatings "believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond."<sup>3</sup> And by pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals.

### **Increases premiums and out-of-pocket costs and destabilizes the individual market.**

By repealing the individual mandate and eliminating advanced premium tax credits and cost sharing reductions, this proposal would drive up premiums and cause insurers to exit the ACA's marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to increase by 20 percent. Furthermore, by replacing the financing of the ACA's financial assistance with a block grant without any guarantee that states would direct their temporary block grant funds toward financial assistance, this proposal puts Massachusetts residents who currently rely on financial assistance at risk for sharply higher out-of-pocket costs and coverage loss.

Beyond the impact of this proposal on individuals, insurers currently selling in the Health Connector would face extreme uncertainty. Because this proposal allows states to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves from unpredictable claims costs or choose to exit the marketplace completely. This means that consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums and no guarantee of financial assistance to shield them from the increasing out-of-pocket costs.

### **Eliminates critical consumer protections.**

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA - the prohibition on charging higher premiums based on a person's health status or a preexisting condition. This means that in states that choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a

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<sup>3</sup> "Fitch: Latest ACA Bill Includes Medicaid Repeal and Replace Provisions for States", <https://www.fitchratings.com/site/pr/1029238>.



preexisting condition. Additionally, this proposal allows states to waive the requirement that insurers cover essential health benefits including mental health services, substance abuse treatments and maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT community) or consumers with specific chronic conditions (e.g. mental health or substance use disorders). For example, this could return us to a time when insurers only covered short-term, minimal treatment for mental health or substance use disorders, if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment.

**Lacks transparency and opportunity for meaningful input.**

We believe that everyone should have a say in the decisions that affect their health. With only one hearing scheduled days before a possible vote, and without a full CBO score to properly evaluate the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for a true evaluation of and meaningful input on the policies in this proposal that would affect millions of people and one sixth of the US economy. We encourage a return to “regular order,” as requested by many members of the Senate and supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to weigh in.

Thank you for the opportunity to submit comments in strong opposition to the Graham-Cassidy-Heller-Johnson health care proposal. This legislation would have extremely detrimental impacts on millions of Americans and hundreds of thousands of Massachusetts residents. We are hopeful this legislation will not move forward.

Sincerely,

A handwritten signature in black ink that reads "David B. Waters". The signature is written in a cursive, flowing style.

David B. Waters, CEO



Wisconsin Coalition of Independent Living Centers

[REDACTED]

September 25, 2017

TO: U.S. Senate Committee on Finance

FROM: The Wisconsin Coalition of Independent Living Centers, Inc.

Maureen Ryan, [REDACTED]

RE: Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal

The Wisconsin Coalition of Independent Living Centers (WCILC) is the statewide association of the eight Independent Living Centers (ILCs) in Wisconsin's seventy-two counties. The ILCs provide services and supports and systems advocacy for people of any age or disability. WCILC vehemently opposes the Graham-Cassidy proposal for many reasons.

- 1.) WCILC objects to including the biggest restructuring of Medicaid in the program's more than 50-year history in a bill that is meant to repeal and replace the ACA. Such a drastic change to Medicaid deserves a very thorough, time-intensive, separate consideration and debate. It must be vetted using the traditional bipartisan committee process and include significant stakeholder input, not by holding only one public hearing and with just days before taking a final vote.
- 2.) WCILC objects to its significant Medicaid funding cuts and rollback of key insurance protections for people with pre-existing conditions created by the Affordable Care Act (ACA).
- 3.) WCILC objects to the changes to the private insurance market that will negatively impact people with disabilities. Allowing states to get waivers from the community rating provision and Essential Health Benefits means that people with disabilities are no longer guaranteed access to needed services on the private health insurance market. It also means that health insurance

companies can go back to charging people with disabilities more for their health care. If this bill is passed, important coverage decisions will be left up to individual states, resulting in a patchwork system that offers inconsistent coverage of important therapies and medical devices.

- 4.) WCILC objects to the Medicaid per capita cap that includes a slowed growth rate that does not keep pace with the long-term care needs of the increasing population of people with disabilities or the aging. Wisconsin's strong Medicaid Program is essential to the health and independence of people with disabilities. Adults with a disability are more likely to be low-income, have less access to health care, and report higher health risk factors and chronic conditions. People with disabilities rely on specific supports only available to them through Medicaid, such as personal care and mental health and substance use disorder services. Medicaid also pays for many people who are forced into nursing homes. Medicaid per capita caps will shift costs and risks to Wisconsin taxpayers and require our state policymakers to do more with less.

WCILC has heard from thousands of people and not one is in favor of the Graham Cassidy proposal. WCILC urges you to do the right thing and vote "no" !

Title of Hearing: Graham-Cassidy Bill Hearing

Date of the Hearing: September 25, 2017

Name: Jennifer Loudon

Address: ██████████ Somerset, NJ

Dear Senate Finance Committee,

I am a young, independent, United States citizen, and there are many things in the proposed Graham-Cassidy Bill that deeply concern me. First, and foremost, I do not envy anyone in the position of trying to fix our broken healthcare system. This is an incredible task, with unfortunately, a life-altering result for millions of people if the wrong conclusion is reached. I sincerely wish everyone in Congress the best of luck in coming up with a viable healthcare reform plan for all Americans.

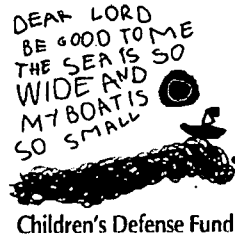
The first issue that I have with the Graham-Cassidy Bill is the way in which the bill got to this point. After multiple failed attempts at coming up with a proposed healthcare system, the Senate GOP has brought to light a final 'hail Mary' before the 50-vote limit expires at the end of the month. Not only is this bill's content worse than previous attempts, but it reeks of dire desperation. "So, it seems very much it is less about the actual policy. It's more about this being last plan left standing and the last option to move forward with 50 votes this year" (Sarah Kliff, Vox). The GOP had over seven years to come up with a viable alternative on their own and they have not done it. "The issue is too important, and too many lives are at risk, for us to leave the American people guessing from one election to the next whether and how they will acquire health insurance" (Senator John McCain). I implore the Finance Committee to relay to the Senators that they hold human lives in their hands while they are focused on meeting an artificial parliamentary deadline. Healthcare is an issue that affects all of us, the ability of someone to see a doctor or get medicine when they are sick should not be a matter of a single party's opinion.

The contents of the bill are also quite troubling. The bill still calls for Medicaid cuts and caps, removes specified protection for people with pre-existing conditions, and it leaves it up to the state Governors to do whatever they want with the funds. The New Jersey legislature can't even properly manage the recent gas tax hike money to fund the DOT, never mind the very health of state residents. As I said previously, I am a young and independent woman. I have my Masters in Environmental Science, I work full time at a wastewater treatment laboratory, and I am in the process of earning my PhD in Environmental Engineering. I want to change the world. I also have a number of chronic conditions that I manage through a multitude of doctors and medications. These chronic conditions are the result of my mother, epileptic since she was a child, being on her own medications while pregnant with me. My father was a printer who died of melanoma when I was in high school (my mother had to declare bankruptcy because there was no way a mentally/physically disabled woman and a 15 year old girl could pay his outstanding medical bills). Because of my lack of health insurance growing up, I didn't see doctors regularly until I was in college, and didn't get actual health coverage until I started working in the wastewater laboratory in 2009. I went 27 years fearing every sniffle and skinned knee because I knew that my only chance of getting medical help was to go to the nearest emergency room and hope that someone could help me. Even once I was in college and could go to the medical clinic on campus, the Rutgers insurance plan didn't cover everything. The doctors found a mass the size of an orange at the base of my trachea and I needed surgery to get it removed. My only hope was charity care. Thankfully things worked out for the most part. The majority of the costs were covered by charity care and I worked out a payment plan with the anesthesiologist that the company would get \$10 a month until my bill was paid...I had just turned 18 and I was already in medical debt.



People who have pre-existing conditions or are disabled require more care, so to put caps on that care or to price them out of the system from the beginning only further hurts those who have already gotten the short end of the stick! This bill essentially tells the most vulnerable citizens 'Well sorry you've already been through so much because you have this life altering affliction, but you won't be able to see doctors or get the medicine you need to manage said affliction anymore because we only have a few days until our parliamentary shortcut runs out' and then leaves them helpless. Again, I have to think of people like my mother in this case. She has an incurable neurological disease caused by a chemical imbalance and relies on both Medicare and Medicaid for her extensive treatment. She's been on every seizure medication out there and has even tried some experimental ones as well. If she were to lose her coverage for her doctor visits and medications, she would go back having three grand-mal seizures a month- that's no way to live. I help her out as much as I can financially for things like food, going out to a movie once in a while, and providing her a cell phone in case of emergencies while walking around town. But I'm not a millionaire, I'm rarely even a thousandaire! So while I can give my mom some of the simple pleasures in life that most of us take for granted, there is no way that I would be able to cover her medications. She relies on Medicaid for nothing less than survival, please do not take that away from her! And please do not allow the NJ State Legislature to dictate whether she lives or dies either, she had to have a seizure right in front of the judge just to get her NJ Disability benefits to begin with!

Sincerely,  
Jennifer Ann Loudon from NJ



**Statement for the Record**  
**Submitted to the United States Senate Committee on Finance**  
**For the Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal**  
**September 25, 2017**  
**by the**  
**Children's Defense Fund**  
**[REDACTED]**  
**Washington, DC 20001**

The Children's Defense Fund (CDF) appreciates the opportunity to submit a statement for the record in advance of the Senate Committee on Finance's hearing to consider the Graham-Cassidy-Heller-Johnson proposal (Graham-Cassidy bill). The Children's Defense Fund has made giving every child a healthy start a core part of our mission for nearly 45 years. The Graham-Cassidy repeal bill under consideration by your Committee would undo more than 50 years of progress expanding comprehensive child-appropriate health coverage to tens of millions of children. Today, thanks to Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA), 95 percent of children in America have health coverage – an historic high. The Graham-Cassidy bill threatens progress at a time when we must continue to move forward, not backwards for children. The Children's Defense Fund strongly opposes the Graham-Cassidy repeal bill that will deprive children of the comprehensive and affordable child-appropriate coverage they are guaranteed today under Medicaid and the ACA. It jeopardizes their futures and also the nation's future economic and national security. We urge Members of the Committee to reject the bill and not report it out of committee and instead focus its efforts on extending CHIP funding and stabilizing the health insurance marketplace.

The Graham-Cassidy bill would do great harm to children:

- **It ends Medicaid as we know it with a massive cost shift to states by imposing a per person cap on federal spending, regardless of need or unexpected costs such as the opioid epidemic, rising drug prices, or recent hurricanes and other natural disasters.** States would have to pay all costs in excess of the cap, or more likely – since it would become increasingly impossible for states to fund the gap that grows bigger and bigger over time – make huge cuts in eligibility, benefits, and provider payments that will most certainly leave children and other vulnerable populations worse off. Medicaid currently assists 37 million children, covering almost half of all births and more than 40 percent of children with special health care needs.
- **Jeopardizes health coverage and special treatment for children in the child welfare system, who have long been championed by Members on both sides of the aisle in this Committee.** Children in the child welfare system have special health care needs

related to the untreated trauma and other challenges they often have experienced prior to entering care. The deep cuts to Medicaid would make it extremely difficult for states to continue funding home visiting programs, drug treatment programs and other prevention programs now benefiting from Medicaid that help keep children out of foster care. Once in foster care virtually all children now benefit from Medicaid. Many children in care have developmental problems and others suffer from chronic physical and mental health conditions. Without a guarantee of continued Medicaid funding, child welfare agencies will have to struggle to provide health and mental health coverage and other special treatment for children and youth in foster family homes and group care settings and for children with special needs adopted from foster care. For many of these adopted children, Medicaid funding helps ensure them permanent families and keep them out of more costly long-term institutional settings. Such permanency support would be severely threatened. Medicaid also assists young adults transitioning from foster care without being adopted or returned home. Education agencies too will be left with many fewer Medicaid dollars to help school districts assist children with disabilities, including children who have been abused and neglected or are in foster care.

- **Replaces the ACA's marketplace subsidies and Medicaid expansion with a block grant funded at well below current levels, and federal funds for the block grant would end altogether after 2026, resulting in even more people losing coverage after that.** States would have broad authority to spend these block grant funds on any health care expenses with no requirement that the dollars assist low- and moderate-income Americans with health coverage.
- **Allows states broad waiver authority to exclude coverage of essential health benefits, such as mental health, substance abuse treatment and maternity care.** It also allows states to return to the day when insurance companies were allowed to charge higher premiums based on health care status. When combined, such provisions in the Graham-Cassidy bill once again allow discrimination against children and adults with pre-existing conditions.
- **Destabilizes the individual insurance market in the short run by ending the mandate that all adults purchase coverage and eliminating the ACA's subsidies to purchase individual coverage.** In the long run, such changes are likely to lead to the collapse of the individual insurance market and make coverage more costly and less available to children and families and other adults.
- **Derails bipartisan efforts to extend federal funding before September 30<sup>th</sup>, 2017 for the Children's Health Insurance Program (CHIP), which ensures affordable, comprehensive health coverage for 9 million children.** By focusing attention this week on the Graham-Cassidy bill, Congress is poised to miss this important CHIP deadline. CHIP works because it is built upon the strong foundation of Medicaid, and together CHIP and Medicaid have helped reduce the number of uninsured children by a remarkable 68 percent in the last 20 years. Just last week, Chairman Hatch and Ranking Member Wyden introduced a strong bipartisan bill to extend CHIP funding for five years,

but momentum to get CHIP over the finish line has stalled and attention is focused instead on the Graham-Cassidy bill that would dismantle coverage for millions of pregnant women and children instead of improving it.

In the absence of a complete analysis from the Congressional Budget Office (CBO), independent analysts agree: the Graham-Cassidy bill is a massive funding cut to states and will result in millions of Americans losing health coverage. Both Avalere Health and the Commonwealth Fund, for example, found that the Graham-Cassidy proposal would lead to \$4 trillion in cuts to states over the next two decades because of its draconian Medicaid cuts and its elimination of the Medicaid expansion and tax credits for the ACA marketplaces that were intended to make coverage more affordable. Specifically, Avalere found children will see funding slashed by an astonishing 31 percent by 2036. Estimates from the Commonwealth Fund and the Brookings Institute show the Graham-Cassidy bill will leave 32 million more Americans uninsured by 2027, with 15 million in the first year alone. It is extremely discouraging that under Graham-Cassidy, states that have been most successful at enrolling people in newly available coverage under the Affordable Care Act would be most severely punished by deep and growing cuts. These cuts and coverage losses will impact children immediately and for generations to come.

The Children's Defense Fund joins other children's advocacy organizations and providers in calling on Members of the Senate Finance Committee and all members of the U.S. Senate to consider the harsh consequences the Graham-Cassidy bill will have on children, and all Americans, and to reject this legislation. Instead, we ask you to move forward the bipartisan Hatch-Wyden Keeping Kids' Insurance Dependable and Secure Act (S.1827) to extend CHIP for five years. The Graham-Cassidy repeal bill would reverse progress in health coverage and make children worse off by depriving them of the comprehensive and affordable child-appropriate coverage they are guaranteed today. It jeopardizes their futures and also the nation's future economic and national security. We urge the Committee to build on the progress made over the past five decades to expand and improve health coverage for children and, at a minimum, to do no harm. We must not move backwards.



**WRITTEN STATEMENT FOR THE RECORD**  
<http://www.apiahf.org/>  
**FOR THE HEARING ENTITLED "GRAHAM-CASSIDY-HELLER-JOHNSON PROPOSAL"**

**UNITED STATES SENATE  
COMMITTEE ON FINANCE**

**SEPTEMBER 25, 2017**

**BY THE  
ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM  
[REDACTED]  
WASHINGTON, DC 20006**

The Asian & Pacific Islander American Health Forum (APIAHF) submits this written testimony for the record for the September 25, 2017 hearing before the Senate Committee on Finance entitled "Graham-Cassidy-Heller-Johnson Proposal."

We believe it is time for Congress to put aside attempts to repeal the Affordable Care Act (ACA) and instead take needed steps to ensure that all Americans are able to afford and access health insurance that meets their needs. APIAHF is the nation's leading policy organization working to advance the health and well-being of over 20 million Asian Americans (AA), Native Hawaiians and Pacific Islanders (NHPI) across the U.S. and territories. From our work with AA and NHPI communities, we understand the role the ACA has played in improving access to health insurance for communities of color across the nation. Since 2010, the uninsured rate has fallen from 15.1 percent to 6.5 percent in 2016 for AAs and from 14.5 percent to 7.7 percent for NHPs, higher than any other racial group. In addition, the uninsured rate fell from 17.8% to 9.4% for African Americans, 30.9% to 18% for Latinos, and 24.2% to 14.4% for American Indians and Alaska Natives.<sup>1</sup>

As an organization that has worked for over 30 years at the federal, state, and local levels to advance sensible policies that reduce health disparities and promote health equity, we are deeply troubled by the Graham-Cassidy proposal and its potential impact on the nation's health system. It would remove an estimated \$215 billion in federal health care funding to

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<sup>1</sup> American Community Survey Table S0201, 2010 and 2016 1 year estimates.

states through 2026, forcing them to make difficult and likely harmful decisions about providing for their residents.<sup>2</sup>

Millions of Americans, including AAs and NHPs, who rely on coverage under the ACA will be worse off under the Graham-Cassidy repeal bill. Under the guise of flexibility, this plan would end Medicaid as we know it by phasing in per-capita caps and ending its expansion. Under the guise of access, the bill would completely eliminate financial support that is currently allowing millions of low- and moderate-income Americans to afford their monthly premiums. More than eight in 10 previously uninsured AAs and NHPs qualify for financial assistance through the ACA.<sup>3</sup> In short, Graham-Cassidy is a major repeal not only of the ACA, but a serious threat to the stability of the nation's insurance markets.

### **Graham-Cassidy Would End Medicaid**

As proposed, Graham-Cassidy would end Medicaid's guarantee as a safety net to the poor, elderly and disabled, capping Medicaid funding to the states. As such, the repeal bill would effectively end Medicaid as we know it, breaking the over 50 year promise and partnership between the federal government, states and its most vulnerable citizens. By eliminating the Medicaid Expansion, which has drastically reduced uninsured in the states that took up the option, and replacing the current funding formula with per-capita caps, the bill represents an overall major net loss for states.<sup>4</sup> In the absence of federal funding, states would have to make harsh choices, to either limit eligibility, benefits, services or reimbursements. In total, the very people whom the program is designed to protect and serve, low-income Americans, would be harmed.

This includes people like Mee Pwa, a mother of four struggling to support not only her family, but her parents as well. Mee's daughter has a lifetime disability and requires monthly hospital visits to check on her kidneys and constant care at school. Her nurse changes her catheter every three hours. Medicaid pays for these hospital visits, the medical supplies, and care that her daughter receives. Medicaid keeps her child alive.

And then there are families like Tuyet from New Orleans, Louisiana. After her husband died a premature death from lung cancer, she became the sole provider for her 6 children. Like all parents, Tuyet sacrificed her health for that of her children and was lucky to be able to rely on Medicaid to keep them healthy. Tuyet's son, Quynh Vo, has down syndrome and counts

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<sup>2</sup> Graham-Cassidy-Heller-Johnson Bill Would Reduce Federal Funding to States By \$215 Billion, Avalere Health, September 20, 2017. Available at: <http://go.avalere.com/acton/attachment/12909/f-04e3/1/-/-/-/-/avalere%20CAP%20Graham%20Cassidy%20Bill%20Analysis.pdf>

<sup>3</sup> Wendt, Minh et al, Eligible Uninsured Asian Americans, Native Hawaiians, And Pacific Islanders: 8 In 10 Could Receive Health Insurance Marketplace Tax Credits, Medicaid Or CHIP, Office of the Assistant Secretary for Planning and Evaluation, March 18, 2014. <https://aspe.hhs.gov/pdf-report/eligible-uninsured-asian-americans-native-hawaiians-and-pacific-islanders-8-10-could-receive-health-insurance-marketplace-tax-credits-medicaid-or-chip>

<sup>4</sup> Greater Drop in Uninsured Rate Among Adults in Medicaid Expansion States, Center on Budget and Policy Priorities. Available at: <https://www.cbpp.org/greater-drop-in-uninsured-rate-among-adults-in-medicaid-expansion-states>

on Medicaid. Without Medicaid, how would Tuyet afford a home for herself and her son? In her words:

***“Sometimes I lay awake at night wondering what will happen to Quynh Vo after I pass. If Medicaid is taken away from him, how will he go see a doctor or pay for hospital stays?”***

Graham-Cassidy would eliminate the Medicaid program and cut funding for people with disabilities by 15 percent.<sup>5</sup> It would also eliminate the health and well-being and threaten the very ability to survive for the over 74 million Americans counting on Medicaid.<sup>6</sup> Such changes would be particularly devastating to communities of color who rely on Medicaid, including 33.4% of African Americans, 30.7% of Latinos, 16.9% of Asian Americans, 34% of Native Hawaiians and Pacific Islanders and 34.1% of American Indians and Alaska Natives.<sup>7</sup> NHPs match American Indians as the racial community with the highest percent of its population on Medicaid: Medicaid’s role in covering the nation’s most vulnerable populations, whom are disproportionately people of color, means that any cuts to Medicaid will hurt efforts to improve health equity.

### **Graham-Cassidy Would Result in Discrimination in Healthcare for the at Least 50 million Americans with a Pre-existing Condition<sup>8</sup>**

Racial and ethnic minorities, including AAs and NHPs, disproportionately experience a number of chronic conditions due to factors including poverty, inability to afford quality coverage, and challenges accessing culturally competent care, among others. The AA and NHPI community speaks over 100 different languages and traces their heritage to more than 50 different countries. As of 2016, 11% of AAs and 23% of NHPI families live below the poverty line.<sup>9</sup> Language barriers, lack of cultural competency, poverty, and immigration status all affect the ability of AAs and NHPs to access coverage and care.

Graham-Cassidy would deepen those disparities by turning back the clock on coverage gains that have substantially reduced uninsurance amongst communities of color. In addition, the

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<sup>5</sup> Graham-Cassidy-Heller-Johnson Bill Would Reduce Federal Funding to States By \$215 Billion, Avalere Health, September 20, 2017. Available at: <http://go.avalere.com/acton/attachment/12909/f-04e3/1/-/-/-/avalere%20CAP%20Graham%20Cassidy%20Bill%20Analysis.pdf>

<sup>66</sup> Total Monthly Medicaid and CHIP Enrollment, Kaiser Family Foundation, June 2017. Available at: [www.kff.org/health-reform/state-indicator/total-monthly-medicare-and-chip-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](http://www.kff.org/health-reform/state-indicator/total-monthly-medicare-and-chip-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)

<sup>7</sup> *Summary Health Statistics: National Health Interview Survey, 2015*, National Center for Health Statistics, available at: [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/NHIS/SHS/2015\\_SHS\\_Table\\_P-11.pdf](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2015_SHS_Table_P-11.pdf).

<sup>8</sup> At Risk: Pre-existing Conditions Could Affect 1 In 2 Americans, Assistant Secretary for Planning and Evaluation, November 1, 2011. Available at: <https://aspe.hhs.gov/basic-report/risk-pre-existing-conditions-could-affect-1-2-americans>

<sup>9</sup> Samantha Artiga, et al., *Key Facts on Health and Health Care by Race and Ethnicity, Section 1: Demographics*, Kaiser Family Foundation, June 7, 2016, available at: <http://kff.org/report-section/key-facts-on-health-and-health-care-by-race-and-ethnicity-section-1-demographics/>.

repeal bill would permit states to eliminate pre-existing condition protections, disproportionately impacting AAs and NHPs.

AAs and NHPs have a higher likelihood of suffering from a number of chronic conditions requiring routine access to care and underscoring the importance of early prevention. NHPs have the highest age-adjusted percentage of people with diabetes (20.6%), more than 3 times that of Whites (6.8%).<sup>10</sup> AAs and NHPs are the only racial group for whom cancer is the leading cause of death.<sup>11</sup> Certain AA and NHP subpopulations suffer from even greater health disparities. Fourteen percent of Indian Americans have diabetes, a rate higher than that of nearly all other racial groups.<sup>12</sup> Vietnamese women have cervical cancer rates five times higher than White women.<sup>13</sup> NHPs are 30% more likely to be diagnosed with cancer than whites.<sup>14</sup> Allowing insurance companies to discriminate and deny coverage on the basis of a pre-existing condition would make coverage cost prohibitive for these individuals.

### **Graham-Cassidy Would Eliminate Coverage for Tens of Millions**

By eliminating the ACA's Medicaid expansion, ending Medicaid, and repealing the ACA's financial assistance, the bill would likely end health coverage for tens of millions of Americans, rendering it unaffordable. The result would be predictable consequences seen prior to passage and implementation of the ACA, including increased uncompensated care and delays in accessing critical care amongst the uninsured. Prior to the ACA, 59% of the uninsured delayed health care.<sup>15</sup> This majority included people like Tuyet from New Orleans, Louisiana. In 2004, Tuyet's husband was diagnosed with stage four lung cancer and died soon thereafter, leaving her as the sole provider and parent to their six children, then aged 9 through 18. Tuyet still wonders if they would have caught her husband's cancer earlier if he had health coverage.

Without financial assistance, millions of Americans would not be able to afford private coverage through the ACA's Marketplaces. This includes Fangyu Wu from Ohio, a successful business woman and mom of five. In her words:

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<sup>10</sup> Asian and Pacific Islander American Health Forum, *Native Hawaiian and Pacific Islander Health Disparities*, 2010, available at: [www.apiahf.org/sites/default/files/NHPI\\_Report08a\\_2010.pdf](http://www.apiahf.org/sites/default/files/NHPI_Report08a_2010.pdf)

<sup>11</sup> Heron, Melonie, *Deaths: Leading Causes for 2014*. *National Vital Statistics Reports* Volume 65, Number 5. United States Centers for Disease Control, 2016.

<sup>12</sup> Spanakis, Elias and Sherita Hill Golden, *Race/Ethnic Difference in Diabetes and Diabetic Complications*. *Curr Diab Rep.* 13(6), 2013, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3830901/>

<sup>13</sup> Miller BA et al., *Racial/Ethnic Patterns of Cancer in the United States, 1988-1992*, 1996, available at: <https://seer.cancer.gov/archive/publications/ethnicity/>

<sup>14</sup> *Cancer and Native Hawaiians/Pacific Islanders*, U.S. Department of Health & Human Services: Office of Minority Health, Last updated March 29, 2016, available at: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=76>.

<sup>15</sup> Brown, Alyssa, *Costs Still Keep 30% of Americans From Getting Treatment*, Gallup, December, 9 2013, available at: [www.gallup.com/poll/166178/costs-keep-americans-getting-treatment.aspx](http://www.gallup.com/poll/166178/costs-keep-americans-getting-treatment.aspx)



*"It [Affordable Care Act] has helped me a lot. I have less to worry about and feel much better. Now I am able to focus on being a mom, building my business, and enjoying my new beginning."*

Prior to the ACA, high costs caused many AAs and NHPs to either forgo care entirely or sell everything they had to afford care. People like Trieu, a young adult from Pennsylvania, had to skip care and hoped he did not get sick until he got coverage thanks to the ACA's financial help.

The ACA's financial assistance saved the life of Jirapon in Georgia. Jirapon is a single mom with three children who works as a cook. Thanks to a local community based organization, she was able to enroll in health care for the first time. She qualified for subsidies as well as Medicaid for her youngest child. After getting covered, Jirapon went for a general screening and was diagnosed with breast cancer. She was able to access affordable surgery, reconstruction, and long-term care because of the ACA.

Falani and his wife, Teuloi, from Utah went uninsured for 15 years prior to the ACA, even though Falani was battling stomach cancer and diabetes. Without coverage, he resorted to home remedies and emergency care when things got really bad. The ACA changed their lives when they realized they could afford a plan for \$45 a month and finally get much needed dialysis.

The Graham-Cassidy bill would eliminate coverage for these individuals and millions of others, create chaos in the marketplace and drastically reduce funding for states. As such, APIAHF strongly opposes the bill.

For questions contact Amina Ferati, Senior Director of Government Relations & Policy

[REDACTED]

My name is Patrick Sheridan and I am a current student at Stetson University in Florida. The reason I am making this statement is because I want to ensure that everyone has access to affordable healthcare, but also to tell my own personal story. I was born with a congenital heart defect called Double Outlet Right Ventricle. It's not something I often tell people, but I felt compelled to tell you, a group of twenty-six U.S. Senators whom I've never met, because I hope that sharing my experience will cause you to think deeply about the harm this bill will cause to people like me.

When I was born, my parents had no inkling of a possible problem with me until a few hours after my birth, when I was airlifted to a hospital around 150 miles away with a pediatric cardiac facility. I had my first of three heart surgeries four days after I was born, after which I was placed in the Pediatric ICU at West Virginia University Hospital. This unit is one which offered very little privacy, and as my mom recalled to me recently "it was kind of shocking to see the things that happen to small children – birth defects, accidents, surgeries, etc." Indeed, this openness eventually led to me contracting a respiratory virus when I was around a year old after my second surgery. Following these two surgeries, I had another when I was 4 and half at Children's Healthcare of Atlanta. As my mom recalls, "the facilities at CHOA were much better". Every patient had a private room, and I had a much quicker recovery period of only eight days, as opposed to seventy-nine days for the prior surgery.

Despite these procedures, my mom also notes "there are still a lot of unknowns about the future. One of the hardest things about all this is having to watch your child suffer through surgeries and other medical procedures. We have to put our trust in doctors and nurses without always understanding what is happening and without knowing what the outcome will be". I still see a cardiologist every six months, and will continue to do so for as long as I am able to afford

to do so. I am on two prescription medications, with the possibility of a third being added. Just this weekend, I passed out once and nearly twice. Fortunately, these incidents were not serious, but had they been even a little bit worse I could've ended up in the hospital, hampering the ability to continue with my studies and lead a normal life.

My family and I are watching the ongoing healthcare debate closely due to the high cost of treating my condition even with insurance. "We need the assurance that we will have access to insurance coverage, that pre-existing conditions will be covered and that you will be insured until you are able to finish school, enter the workforce and have your own insurance", my mom says. I feel this way too, but I also know that I have overcome great obstacles already and will be able to do so again.

However, that being said, losing my insurance would make overcoming those obstacles much more challenging. Over the summer, I had a cardiac catheterization which cost \$6,000, a price I could not afford on my own without taking out loans or seeking parental assistance. While I am blessed to not have student debt stemming from my undergraduate education, I cannot be sure I will be so blessed if I pursue graduate training. Having health insurance, though expensive due to my condition, would take an even greater financial burden off of me and my family so I can use the resources I have on pursuing my education to hopefully become either a history professor or a constitutional lawyer. Perhaps one day I will achieve my wildest dreams and become a U.S. Senator or have the honor of being confirmed by your august body to the Supreme Court! But, of course, I could not achieve any of that if I cannot afford the proper medical treatment that I need. That is why I urge you to deeply think about the decision you will make, and I hope you will decide to oppose this bill which would endanger not only my health but those of millions of others as well.

September 25, 2017

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of more than 9,000 nurse practitioners in Massachusetts and the patients we care for, the Massachusetts Coalition of Nurse Practitioners is writing to voice our extreme opposition to the Graham-Cassidy-Heller-Johnson proposal.

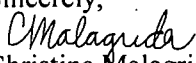
The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of millions of Americans including older adults, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions.

The bill does nothing to improve affordability or availability of coverage for consumers and will likely result in approximately 665,000 Massachusetts residents losing coverage by 2027 and will undermine the financial stability of our health care system and place additional fiscal strains on our state budget. As proposed the bill will:

- Eliminate the financial assistance that helps low and moderate-income families purchase health care coverage;
- End expanded Medicaid coverage that helps millions of low-income adults;
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths
- Undermine essential protections for people with pre-existing conditions;
- Resurrect - *and worsen* - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

We believe that everyone should have a say in the decisions that affect their health. With only one hearing scheduled days before a possible vote, and without a full CBO score to properly evaluate the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for a true evaluation of and meaningful input on the policies in this proposal that would affect millions of people and one sixth of the US economy. We encourage a return to "regular order," as requested by many members of the Senate and supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to weigh in.

Thank you for the opportunity to voice our strong opposition to the Graham-Cassidy-Heller-Johnson health care proposal. We are hopeful this legislation will not move forward.

Sincerely,  
  
Christine Malagrida, FNP  
President | Massachusetts Coalition of Nurse Practitioners

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal, September 25, 2017, 10:00 AM, 215 Dirksen Senate Office Building

Marie Massart

[REDACTED]  
Sturgeon Bay WI 54235

My name is Marie Massart and I would like you to know how Medicaid affects my life since my birth 29 years ago. I am a student at [REDACTED] trying to learn a trade for possible employment in Social Work with minor in Democracy and Justice.

29 years ago my parents thought nothing but joy to bring in the world there first baby together. After being together for 2 years and married for a little over a year on June 19th 1988. They delivered me everything went well until doctors realized a few things wrong. After hours of waiting for answers they were taken to me before my first surgery at a few hours old. That was to close my open spine. I was born with Spina Bifida.

From there it was more specialist more surgeries but I am lucky compared to most. Most with Spina Bifida have 100s of surgeries in no time at all due to hydrocephalus issues. I am very fortunate that I have only had 4 surgeries in the last 29 years for this. I have had to have foot surgery to current a severe case of club feet. One for a pick line and one on my bladder in my lifetime.

Because of my complications in life I would not be able to afford my medications or treatments without Medicaid. I was on Katie Beckett for a while as a child and went through birth to 3. Both helped with the speech therapy I needed as a child and I also had Physical and Occupational therapy growing up. I have had to relearn to walk more times then I can count.

I have medical equipment that helps me daily. Some that has come out of pocket or to my services. I just got started in Wisconsin Long Term Services IRIS in August that helps me with my personal cares I need and Transportation to go places in my community. Without Medicaid i would not have any of it. Please leave people's health and care alone.

Sincerely,

Marie Massart

**Wright, Kevin (Finance)**

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**From:** Casey Leichter <[REDACTED]>  
**Sent:** Friday, September 22, 2017 7:49 PM  
**To:** gchcomments  
**Subject:** Regarding Graham-Cassidy, and American Healthcare

There is no doubt, and no question, but that Graham-Cassidy is a travesty of a bill. No medical professional, no medical organization, no patient advocacy group supports it. The people who know best are saying, don't pass this bill. It will break people; it will destroy the insurance market; it will kill people.

Please do not pass Graham-Cassidy.

I have an idea. How about if you continue the bipartisan work which was begun a couple weeks ago to come up with a bill that doesn't destroy the ACA, but actually makes it work better?

How about, in other words, if you something that helps the people in the states you're supposed to be representing, in whose interests you're supposed to be working?

The voters, the residents, the citizens of your states; the voters, the residents, the citizens of the United States.

Not the Koch brothers, who treat you like hired help and have about as high a regard for you as a shah for a palace servant. Not your multi-billion dollar donors, who regard you with the contempt of the buyer for the buyee.

But the people. Your people. The ones who elect you, and who are depending on you to do right by them.

Please.

C. E. Leichter

--  
Cynthia Leichter  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Doris Cohen [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:07 PM  
**To:** gchcomments  
**Subject:** health insurance bill

It is essential for my granddaughter that Graham-Cassidy bill be defeated. She is a 23-year-old college graduate with a degree in American history and literature who has 8 pre-existing health conditions, including asthma, bone loss, and depression. She is a resident of DC, currently working full-time at 2 part-time jobs. She is very worried about turning 26 and no longer being able to have health insurance through her parents' policy because she is not likely to have a job with benefits that will cover all her conditions.

Health insurance is an issue which requires thoughtful discussion and bipartisan solutions.

Doris M. Cohen  
[REDACTED]  
Audubon, PA 19403

**Wright, Kevin (Finance)**

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**From:** Elizabeth Chirles [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:07 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Elizabeth Chirles  
Charleston, SC



**Wright, Kevin (Finance)**

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**From:** Cory Valencia <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 8:06 PM  
**To:** gchcomments  
**Subject:** Graham/Cassidy Healthcare Bill

As a person with a pre-existing condition, I strongly oppose the Graham/Cassidy Healthcare Bill.

Cory Valencia

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Tara Moylan [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:06 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

Good evening.

I am writing in protest of the Graham-Cassidy "healthcare" repeal bill. What we have now isn't ideal, but it's a walk in the park compared to anything that's been suggested to take its place.

My grandparents are senior citizens. My grandfather fought in the Korean war. They would most likely lose their house- in the midst of dealing with my grandmother suffering from dementia, my grandfather having heart disease, and both dealing with their son's death earlier this year.

I have had more difficulty with the insurance company this year than in all my years of adulthood (I am 35). I do not think it's a coincidence that the insurance companies are making things even more difficult than before with the ever looming threat of repealing the ACA.

I have multiple friends who are small business owners or who work for small businesses in our rural community who would love their insurance- people with small children who deserve to be healthy and not consumed by debt and struggling every moment for the rest of their lives.

When will our country get with the program and start seeing that our unalienable rights of life, liberty, and the pursuit of happiness rely on being able to LIVE?

Best Regards,

Tara Moylan  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Becca Calhoun [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:06 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing - I oppose this bill

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. At 44 years old, I am a breast cancer survivor which means that I will carry around this label of pre-existing condition for the rest of my life and I know that it will effect what kind of health care I have access to and how much I will pay. The ACA provides critical protection for me and so many others who are even more vulnerable than I am. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Rebecca Calhoun  
Seattle, WA 98108

**Wright, Kevin (Finance)**

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**From:** DAVID CAROL AYCOTH [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:05 PM  
**To:** gchcomments  
**Subject:** Graham- Cassidy bill

Dear Senate Finance Committee,

I am a concerned American interested in obtaining quality, affordable healthcare. For these reasons I am opposed to the Graham-Cassidy bill. Almost 3 years ago, our grandson was born with a serious birth defect. Over the next 2 years he was hospitalized multiple times which required treatment in the hospitals neonatal and pediatric intensive care units. My son and his wife obtained their and Noah's insurance through the Affordable Care Act. Without the ACA, Noah would have been uninsurable due to his pre-existing condition. Noah fought a brave battle, but left his earthly home last year 4 days before his 2nd birthday. Our family has been emotionally devastated by Noah's loss, but without the ACA we would also be financially destroyed. The Graham-Cassidy bill will change the way States can handle pre-existing conditions and cut Medicaid funding to the states.

Please think of all of the families with special needs children and the negative impact this bill would have on them, and vote against Graham-Cassidy.

Thank you.

Carol L. Aycoth  
Salisbury, NC

**Wright, Kevin (Finance)**

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**From:** Mary Dirx Jorn <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 8:05 PM  
**To:** gchcomments  
**Subject:** I'm sorry to say this is a terrible bill that will worsen healthcare

Dear Graham-Cassidy Hearing,

Please do not pass this bill. You know it is no good and will serve to throw tens of millions of people out of health coverage. It will make things much worse.

I have a pre-existing condition, as does my husband. We will not be covered, you know we won't.

Don't do anything until you can do it right. Please. We need lower drug prices. We need affordable care for everyone. It is no shame to admit you have to get to work on this. Don't pass a crap bill just to say you passed something. You will not fool your constituents.

Medical groups have spoken out against this plan. Listen to their reasons! They know.

This will be bad medical coverage (lack of medical coverage!) for our neediest folks, those in nursing homes, the disabled, the poor, all who get their care through Medicaid, which will lose funding. It is bad coverage for everyone. Vote No!

Sincerely,  
Mary Jorn

[REDACTED]  
Lawrence Kansas 66049  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Joan Tarasevich [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:05 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

My family and I rely on having quality affordable healthcare, and we are very fortunate to have been able to pick up health insurance at the small nonprofit where I work when my husband was laid off from his corporate job in November 2016.

Honestly I would prefer a single payer system so the money paid actually goes to the provision of HEALTH CARE. NOT to the administration of insurance. I write this having spent 2+ hours on 5 different phone calls talking to people in the Philippines about my inability to pull down an Explanation of Benefits (EOB) from my insurers website (some technical glitch in the system-- that still IS NOT RESOLVED)--with all of these people, time and money having nothing to do with providing health care! AND I need the EOB in order to validate the use of my health debit card.

I find it amusing that advocates of the Graham-Cassidy bill justify this bill by saying that Governors should be able to decide what best meets the needs of their constituents. Diabetes doesn't care which state you live in. Cancer doesn't care which state you live in. Addiction to opiates does not care which state you live in. Providing quality prenatal care should not be dependent on where you live; it should be available to every child/family.

Providing quality healthcare for all Americans should be a fundamental right.

PLEASE place nice in the sandbox and work together and FOCUS ON THE HEALTH CARE THAT FAMILIES NEED and work across the aisle to improve the ACA.

PLEASE.

Joan Tarasevich

--  
**joantarasevich**

+ [REDACTED]  
in the woods of Herald Harbor  
[REDACTED]  
Crownsville MD 21032  
USA

a.k.a. 黛琼

**Wright, Kevin (Finance)**

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**From:** Pamela Marks [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:04 PM  
**To:** gchcomments  
**Subject:** ACA REPEAL IS APPALLING!!

Dear Senators,

DO NOT PUSH THROUGH THIS HEINOUS GRAHAM-CASSIDY BILL !! THIS IS A CATASTROPHIC IDEA THAT WILL HARM THE ELDERLY, CHILDREN, THE DISENFRANCHISED, AND THOSE OF LIMITED INCOME... Thank you.

I WATCH AND I VOTE !!!

Sent from Pam's iPad

**Wright, Kevin (Finance)**

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**From:** Linda Plessner <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 8:04 PM  
**To:** gchcomments  
**Subject:** Oppose the Graham - Cassidy bill

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. As well, I work with seniors and those with disabilities who rely on Medicare coverage to remain living at home vs having to be placed in nursing homes at an expense 5 times greater than having services at home. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Linda Plessner



## Wright, Kevin (Finance)

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**From:** Cathy <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 8:04 PM  
**To:** gchcomments  
**Subject:** Vote NO to Graham Cassidy proposal

Dear Chairman Hatch and Ranking Member Wyden:

We write to voice our extreme opposition to the Graham-Cassidy-Heller-Johnson proposal. We are very discouraged that instead of continuing down a bipartisan path and working on issues to improve the strength and stability of the Affordable Care Act's (ACA) marketplaces, the sponsors of this legislation have put forward a proposal that will:

- Eliminate the financial assistance that helps low- and moderate-income families purchase health care coverage;
- End expanded Medicaid coverage that helps millions of low-income adults;
- Gut Medicaid through deep, permanent cuts that would grow over time and threaten care for millions of low-income seniors, children, and people living with disabilities and shift massive costs and risks to states;
- Jeopardize access to life-saving and effective treatments for addiction and weaken states' efforts to address the current crisis of drug overdose deaths
- Undermine essential protections for people with pre-existing conditions;
- Resurrect - *and worsen* - the devastating cuts in coverage and benefits that the American public and the majority of Congress have already rejected.

The Graham-Cassidy-Heller-Johnson proposal threatens the health and financial security of millions of Americans including older adults, low-and moderate-income families, people living with disabilities, veterans and people with preexisting conditions. It does nothing to improve affordability or availability of coverage for consumers and will likely result in at least 965,000 losing coverage by 2027 and will undermine the financial stability of our health care system and place additional fiscal strains on our state budget. Below we've laid out in more detail our concerns with this proposal and the devastating impact it will have on consumers.

### **Eliminates programs that serve as a lifeline for low- and moderate-income families.**

This proposal takes away secure coverage from millions, and replaces it only with the possibility of inadequate and temporary coverage. It ends the ACA's successful Medicaid expansion, which has extended coverage to nearly 12 million newly eligible low-income adults. It also eliminates the ACA tax credits that 10 million low- and moderate-income people rely on to afford coverage in the individual market. Although it replaces this

funding with a block grant to states, the proposal offers no guarantee that states will provide an alternative affordable coverage option to former enrollees - and indeed the block grant is inadequate to pay for comparable benefits. From 2020 through 2026, block grant funding would be at least 7% (\$95 billion) below projected spending under current law.<sup>[AB1]</sup> Regardless, the block grant ends in 2027, leaving states and former enrollees with no help whatsoever. We do not believe it is likely that Congress would reauthorize additional funds for these programs at a later date, because the funds would no longer be in the baseline of the federal budget. Congress would therefore have to identify and reauthorize a new funding stream – something that would be extremely difficult, if not impossible.

**Threatens care for low-income seniors, children, consumers with substance use disorders and people living with disabilities.**

This proposal also threatens the care of millions of low-income seniors, children and people living with disabilities who relied on the Medicaid program even before enactment of the ACA. By capping and slashing funding for the traditional Medicaid program by 12% (\$1,079 billion) between 2020 and 2036, the per capita cap will force Illinois to cut payments to health care providers and health plans, eliminate optional services, and restrict eligibility for enrollment - all of which could restrict access to important health care services for Medicaid enrollees.

No eligibility category would be immune to the impacts of these cuts. Since children make up almost one-half of the Medicaid beneficiaries, they cannot possibly be protected if cuts of this magnitude are enacted. Cuts to Medicaid would also leave consumers with substance use disorders without access to the most effective treatments for addiction and to life-saving overdose medicine. And seniors and people living with disabilities would also face painful cuts, since Medicaid is the primary payer for long-term services and supports. Community Based Services - the services that keep people with cognitive and physical impairments home and in their communities - are “optional” in Medicaid. The fiscal pressure created by per capita caps will likely lead states to cut back on these services, forcing seniors and people living with disabilities out of their homes and into institutions for their care. And the burden will likely hit communities of color especially hard, where Medicaid enrollment is especially high.

**Pushes massive new costs onto states.**

All states, including Illinois would take on new risks and costs because this proposal converts the overall Medicaid program into a per capita cap. Under this proposal, the federal government would cap its payments to states for most enrollees, and those caps would grow more slowly than actual Medicaid expenditures, leaving Illinois with insufficient funding to meet its current obligations. In addition, states would be fully exposed to any unexpected health care cost increases, such as from a natural disaster, an aging population or medical innovations. The per capita cap alone would reduce federal Medicaid spending by 12% (\$1,079 billion) by 2036.

On top of those cost shifts, the 31 states that expanded Medicaid under the Affordable Care Act will be at risk for far deeper cuts. This proposal ends all federal matching funds for the Medicaid expansion in 2020. Some of the funds that the federal government would have spent on Medicaid expansion get rolled into the block grant, but the block grant doesn't make up for Illinois' losses because the block grant is inadequate overall, the formula favors non-expansion states (it redistributes funding from expansion to non-expansion states), and it ends entirely in 2026, leaving states with no funding to replace the lost expansion funds.[AB2]

Because federal dollars for Medicaid account for about 20% of state budgets, FitchRatings "believes substantial Medicaid cuts would require states to make material budget adjustments over the next decade and beyond."<sup>[1]</sup> And by pulling coverage from so many, this proposal would drive up uncompensated care costs on local communities, state budgets, safety net providers, and hospitals.

### **Increases premiums and out-of-pocket costs and destabilizes the individual market.**

By repealing the individual mandate and eliminating advanced premium tax credits and cost sharing reductions, this proposal would drive up premiums and cause insurers to exit the ACA's marketplaces. As we know from previous CBO projections, repealing the individual mandate alone would increase the number of uninsured individuals by 15 million and cause premiums to increase by 20 percent. Furthermore, by replacing the financing of the ACA's financial assistance with a block grant without any guarantee that states would direct their temporary block grant funds toward financial assistance, this proposal puts the 965,000 who currently rely on financial assistance at risk for sharply higher out-of-pocket costs and coverage loss.

Beyond the impact of this proposal on individuals, insurers currently selling in the Illinois' marketplace would face extreme uncertainty. Because this proposal allows states to change the market reform rules under the ACA and because there are no requirements or standards on how states must use the block granted money, insurers would likely face completely unpredictable risk pools. To make up for this uncertainty, insurers would likely impose large premium increases to protect themselves from unpredictable claims costs or choose to exit the marketplace completely. This means that consumers who purchase coverage on the individual market would likely have fewer coverage options, much higher premiums and no guarantee of financial assistance to shield them from the increasing out-of-pocket costs.

### **Eliminates critical consumer protections.**

This proposal allows states to eliminate one of the most popular and important consumer protections under the ACA - the prohibition on charging higher premiums based on a person's health status or a preexisting condition. This means that in states that choose to eliminate this requirement, insurers could charge individuals with even relatively mild pre-existing conditions thousands of dollars above standard rates to obtain the same coverage as someone without a preexisting condition. Additionally, this proposal allows states to waive the requirement that insurers cover essential health benefits including mental health services, substance abuse treatments and

maternity care. This could lead to discrimination against segments of the population (e.g., older adults, LGBT community) or consumers with specific chronic conditions (e.g. mental health or substance use disorders). For example, this could return us to a time when insurers only covered short-term, minimal treatment for mental health or substance use disorders, if they covered it at all. Before the ACA, almost half of plans in the individual market excluded addiction treatment.

**Lacks transparency and opportunity for meaningful input.**

We believe that everyone should have a say in the decisions that affect their health. With only one hearing scheduled days before a possible vote, and without a full CBO score to properly evaluate the budgetary and coverage loss impacts, it is impossible to have an open and deliberative process that would allow for a true evaluation of and meaningful input on the policies in this proposal that would affect millions of people and one sixth of the US economy. We encourage a return to “regular order,” as requested by many members of the Senate and supported by the American public, which would require the opportunity for stakeholders, including industry experts, providers, consumers and state policymakers to weigh in.

Thank you,

Catherine Davis

**Wright, Kevin (Finance)**

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**From:** Jamelah Earle [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:04 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Jamelah Earle  
Albion, MI

## **Wright, Kevin (Finance)**

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**From:** James Pennington [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:03 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy Heller Healthcare Bill

Honorable Members of Senate Finance Committee,

It should be clear to all of you by now that the people (your constituents) are not in favor of repealing the ACA. Rather, the general consensus seems to dictate retaining current legislation and "fixing" it. This is in spite of a several month long, self serving and, frankly, despicable campaign by the GOP (I am a Republican) and the current administration to undermine the ACA's stability in the marketplace.

"Fixing it" is an almost laughably simple way to describe what must be done to make the ACA work for all Americans. I do understand that this task will not be simple. The following are a FEW things one citizen believes regarding this issue.

... An urgent bipartisan plan to stabilize markets is needed to retain insurance plans availability in all markets. ASAP!

... Individuals and families who's earnings are too high to get subsidies are currently being priced out of the marketplace either by premiums or deductibles. **THIS MUST BE ADDRESSED IMMEDIATELY.** The Insurance Companies must be a participant in this fix. The entire burden cannot be placed on the backs of tax payers and policy holders while Insurance Industry tallies record profits.

... Insurance companies **MUST** be in exchanges in **ALL** markets they serve otherwise. Yes, they may lose money (if they are not efficient administrators) in exchange plans, but should and do more than make up for loses in private markets.

... **EVERYONE** must participate (there's the pool ins co's say they must have to lower prices). We use this system for automobile insurance. Why not for health insurance? It follows that Ins. Industry must be controlled with **FIRM** regulatory and oversight measures.

... All common sense and decent minded parts of current law **MUST** be retained. For example, essential benefits, pre-existing condition coverage, cap limit prohibitions, etc. Changing these things or eliminating them are nothing more than gifting the Insurance Industry. The Ins. Ind. **MUST** be willing to be a fair minded **PARTNER**. (We could always move toward single payor and eliminate them altogether).

... Retain employer mandate for now.

The final goals should include - providing health care coverage to all Americans (notice "access to" is eliminated) - reducing healthcare cost % of GDP - producing a healthier population (which should further reduce costs) - forever removing the albatross of potential HC imposed financial ruin from every American's neck.

**I URGE YOU TO VOTE NO ON THIS BILL IF IT COMES UP FOR VOTE THIS WEEK.**

## Wright, Kevin (Finance)

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**From:** June Baswell [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:03 PM  
**To:** gchcomments  
**Subject:** The Hearing for the Graham-Cassidy Bill

Graham-Cassidy Bill Hearin  
September 25, 2017  
June Freeman Baswell  
[REDACTED]  
Taylors, SC. 29687

This is my personal healthcare story that I wrote some time back and am sending to the Senate Finance Committee. During most of the period that I didn't have insurance both my husband and I were working.

I know personally what it's like to do without insurance especially when you're a diabetic like me. You don't get the tests you need because they're too expensive. You skimp on your testing supplies. For ten years I went without insurance because the plan I could get would have taken half of our pay. I cried when I was finally eligible for Medicare

But then there is still the problem of trying to avoid the donut hole where you might end up paying thousands of dollars you don't have for medicines you need to live. You end up begging for samples from your doctor. You pray you will not need insulin which is outrageously expensive or any of the "designer" diabetic drugs they push on television.

The ACA was designed to steadily close the donut hole.

If it is repealed, then people on Medicare will have to pay more for their drugs or go without medication they need to stay healthy and alive. The passage of Graham/Cassidy will cost lives. It's as simple as that.

## **Wright, Kevin (Finance)**

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**From:** Gordon G. Forbes [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:02 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy-Heller

I want to register my opposition to this terrible bill that the sponsors are trying to ram through Congress by a date certain. This bill is disastrous on many levels. It takes away the guarantee of coverage for pre-existing conditions among other things. But the worst provision is the one setting in motion the inevitable end of Medicaid that will force states to make all sorts of draconian choices as the funding dried up. Those choices might well include the "death panels" we were warned about under ACA, but that never materialized. This bill demonizes poor people and is nothing more than an excuse to divert huge sums of money from their healthcare to fund tax cuts for the already wealthy.

If your committee even has jurisdiction over this legislation, please vote no on advancing it to the floor.

Respectfully,

Gordon G. Forbes  
Spencertown, NY 12165

NY-19 Congressional District.



**Wright, Kevin (Finance)**

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**From:** Debbie Laskin [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:01 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy Bill

Some of my family members rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My story with pre existing condition is a personal one. I am lucky enough to receive quality care and medication and have been in remission for over a year. Health care is a necessity to one's quality of life. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely, Debbie Laskin

Mineola, New York

**Wright, Kevin (Finance)**

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**From:** LINDA SPENGLER [REDACTED] >  
**Sent:** Sunday, September 24, 2017 8:01 PM  
**To:** gchcomments  
**Subject:** Healthcare

Our family relies on quality affordable healthcare.

I oppose the Graham-Cassidy bill. Our family has multiple health problems that would be affected if this was passed. My grandson has a congenital heart condition & the passage of this act would affect his health care immensely. Also, my husband & I have health problems that would be affected if this act were to be passed.

I would like to see a bipartisan Congressional effort to improve ACA not repeal it.

Sincerely,

Linda Spengler

[REDACTED]  
La Canada, CA 91011  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Sandra Russo [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:01 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My story with pre-existing conditions, coverage caps, and affordability, etc. is hurting us. I would like to see a bipartisan Congressional effort to improve the ACA, NOT repeal it.

Sincerely,

Sandra Russo  
[REDACTED]

Hampton, NJ 08827

**Wright, Kevin (Finance)**

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**From:** Mary MUCHUI [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:01 PM  
**To:** gchcomments  
**Subject:** Proposed end of the Affordable Care Act

As a low income senior with a disabled adult son, I urge Congress to keep the Affordable Care Act. It is not perfect, but the proposed Republican bill is much worse.

Mary Jane Muchui  
registered voter

**Wright, Kevin (Finance)**

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**From:** GAIL ISQUITH [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:01 PM  
**To:** gchcomments  
**Subject:** Healthcare Bill

It is imperative to NOT pass the current health care bill. It does not address the issues that need fixing in ACA. It however deprives Americans of essential health care guarantees. Wait until bi partisan cooperation works to write a bill beneficial to All Americans.

Thank you  
Gail Isquith  
New Jersey

Sent from my iPhone

## Wright, Kevin (Finance)

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**From:** Jennifer Sowell <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 8:01 PM  
**To:** gchcomments  
**Subject:** Healthcare reform bills

I'm writing to include my voice in the hearing record.

Luckily I live in a state with elected representatives who continuously strive to do the right thing (thanks Sens Wyden and Merkley). But I'm from a state where the opposite is true (looking at you Inhofe & Lankford). Those two party-liners from my home state of Oklahoma, along with the majority of the GOP, instead continue to chug away at a destructive waste of time.

You're wasting the time of your colleagues in the Senate, and that of the American people, who must continuously stay vigilant against your senseless, needless attacks on us.

You know damn well that healthcare isn't broken or failing. Not without your pushing it to anyway. NOBODY wants what you continually propose regarding healthcare, as each iteration is more devastating than the last.

There's a simple solution, ready to go, that could easily be adopted and would actually be a good thing for the vast majority of the population of this country. Just take away your damning labels and rhetoric that vilify an otherwise excellent way to provide healthcare to us all.

Instead, you continue to fart out ill-conceived "plans" that would do more harm than good. Any healthcare plan proposal that screws over people with pre-existing conditions, cuts taxes for the wealthy and corporations, and panders to big pharma isn't gonna fly. So STOP IT already!!! We're all sick of this shit.

It's obvious you're doing this in order to check a box rather than for any legitimate reason. You could easily just implement the same healthcare system you as Senators enjoy, which could be seen as ending ACA (your box you so desperately want to check) AND give the American people a fair and functioning system of healthcare. And then you could move on to other important matters, rather than continuing to push this crap out hoping it'll get through.

Another option is to come together to draft a bi-partisan, sane bill focused on DOING WHAT'S RIGHT, rather than drafting secret BS plans that benefit the already well off while throwing the common citizen under the bus. Trying to rush legislation through without debate, diverse voices, oversight, CBO scoring, etc, etc = YOU'RE DOING IT WRONG!!

Please stop playing games. It's exhausting, sad, and embarrassing. This is NOT what we the people want or expect of you.

Jennifer Sowell

**Wright, Kevin (Finance)**

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**From:** Cindy Bell [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:01 PM  
**To:** gchcomments  
**Subject:** Healthcare Reform

I oppose the content of the current healthcare reform proposal and support Medicare for all. I will campaign and vote in all elections for those whose actions are congruent with these ideas.

Cindy Bell  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Toni Halle <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 8:00 PM  
**To:** gchcomments  
**Subject:** Graham/Cassidy

I am a registered nurse working in an acute hospital setting. The health and well being of my fellow humans has been my lifelong passion.

I strongly oppose this legislation that will severely cut Medicaid and remove millions of Americans from their health insurance plans or render them unaffordable. This legislation does not protect people with pre existing conditions and puts the most fragile Americans at great risk for worsening health or death.

There is plenty of room for improvement within the current ACA. Let's put a bipartisan effort into making it the best it can be.

Toni Halle,RN

Sent from my iPhone



## Wright, Kevin (Finance)

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**From:** Wendy Vignaux <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 8:00 PM  
**To:** gchcomments  
**Cc:** Frederick, Julia (Warren)  
**Subject:** don't repeal ACA

Please do not repeal the Affordable Care Act. Insurance works more effectively when everyone participates. Making insurance beyond the reach of the less fortunate is not only cruel but weakens the insurance market for the rest of us. Premiums are not high because of the Affordable Care Act, but in spite of it. If every citizen shared in the insurance pool it would lower premiums for all. There is too much wealth in this nation for anyone to suffer or die because they can't afford medical care. We are a better nation than this. We need to take care of all of our citizens.

Wendy and Jeremy Vignaux

Music is the universal language of mankind.  
– Henry Wadsworth Longfellow

**Wright, Kevin (Finance)**

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**From:** Laura Lander [REDACTED]  
**Sent:** Sunday, September 24, 2017 8:00 PM  
**To:** gchcomments  
**Subject:** No to Graham-Cassidy

All Americans need and deserve quality healthcare. All of my life I have worked hard and paid for my own individual insurance coverage, being an independent contractor. I have paid into the Social Security system. Until the ACA, I could only afford catastrophic coverage, which meant that everything and anything in the way of medical care or medicine I paid out of pocket. If I were to get hit by a truck and survive, I may have received some benefit. Finally, after the ACA was brought into being, I could afford regular check-ups and preventive care.

Now, due to a disability, I am no longer able to continue in my profession as licensed massage therapist. I can't afford even the basic plan from ACA. I am without any coverage at all, and waiting to qualify for Medicaid, which won't be until next summer.

Hopefully I won't get sick in the interim.

I see a problem with this system. We need to improve on what we have, not get rid of it and cut back healthcare from even more people.

We need congress to act in the interest of the nation, not in the interest of the wealthiest 1% and of themselves. We need them also to follow due process and not try to rush their agenda through despite its cruelty. We need them to work in a bi-partisan fashion, and let go of their super-inflated egos.

Sincerely,

Laura Lander

[REDACTED] Harpswell, ME. 04079

**Wright, Kevin (Finance)**

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**From:** Molly Wise <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 8:00 PM  
**To:** gchcomments  
**Subject:** NO to the G-C Healthcare Bill!

I strongly oppose the Graham-Cassidy healthcare bill. In a developed nation such as ours, no one should fear bankruptcy for contracting a serious illness. To me, true freedom is being able to choose to do anything you want in your life. This bill would take away that freedom from so many Americans who depend on the ACA to live a normal life.

Thank you,  
Molly Wise

**Wright, Kevin (Finance)**

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**From:** Rachel Robinson <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 7:59 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Public Testimony

I am a happily married American. I work up to 50 hours a week at three jobs developing and conducting programming promoting literacy in children. I am also in a masters program working towards my masters in library science so that I may one day be employed as a children's librarian. My husband and I rely on the IUD I was able to get while on Medicaid a few years ago for our family planning. If it was not for Medicaid I would not have an IUD and would be much less secure in my plan with my husband to wait to have children until we can afford to provide for them. Medicaid and the ACA which allowed for it's expansion in my state is far from perfect, but stripping it's funding and repealing the ACA is not the answer. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Rachel Robinson  
Philadelphia, PA

## Wright, Kevin (Finance)

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**From:** Wendy Davis <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 7:59 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy hearing

I am writing to ask that the Congress and the Senate adopt regular order and work together to improve and strengthen the ACA. Life is hard enough for most of us that the constant worry that we will not have access to affordable, quality health insurance is almost unbearable. I want my daughters to be able to have the care they need if they become mothers and my son who has suffered a serious concussion to be freed of worry that his insurance will become unaffordable because of his pre existing condition. We are supposed to be the land of the free and the home of the brave and I hope our country's representatives will free us from worry about health care and be brave enough to work together to ensure that we all, women and men, poor and rich, sick and not sick, have the healthiest future possible regardless of gender or means.

Thanks you,  
Wendy Davis  
Elkridge, Maryland

**Wright, Kevin (Finance)**

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**From:** Mari Nyx <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 7:59 PM  
**To:** gchcomments  
**Subject:** Repeal bill

Dear Sir or Madam:

This bill is horrible for Americans. More than 32 million people will lose healthcare, my son and I will be part of those people.

Also, this bill has been the only one where every part of healthcare from insurance companies to physicians, to advocates agree that is the worst bill created thus far.

Please for the sake of humanity, vote NO.

Cordially,

Mari Keenan

**Wright, Kevin (Finance)**

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**From:** Tordis Fahringer [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:05 PM  
**To:** gchcomments  
**Subject:** Re Graham-Cassidy hearing

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. Both my son and I have pre-existing conditions - what will happen to our care if this bill is passed? Also, Medicaid needs to stay in place and get stronger!

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Tordis Fahringer

Sterling, VA

**Wright, Kevin (Finance)**

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**From:** reality <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 7:57 PM  
**To:** gchcomments  
**Subject:** The Graham-Cassidy-Heller-Johnson bill  
**Attachments:** 2017-09-23 Senate Finance Committee.doc

To the Senate Finance Committee,

I have attached a statement regarding the Graham-Cassidy-Heller-Johnson bill. I will also provide the text of that attachment below.

Thank you for considering.

Sincerely,  
Thomas E. Carpenter Jr.

//

2017-09-23

Thomas E. Carpenter Jr. Ph.D  
[REDACTED]  
Louisville, KY 40217

Dear Senator Hatch and Senate Finance Committee,

I have two numbers for you and your committee to mull over: \$8.14 and \$4.95. These are values that potential Graham-Cassidy-Heller-Johnson (GCHJ) supporters can use as valuation for premature deaths due to loss of insurance. Details to follow.

But first, before I get to the simple explanation and calculation of \$8.14 and \$4.95, I want to state clearly that I do not want my country to be one whose government is intentionally deaf to its public, is dismissive of the experience and knowledge of its experts, is contemptuous of the studious and academic, that is glib, cavalier, and careless with the lives of its citizens, that does not want to work cooperatively to make conditions better for its citizens, is insouciant and unconcerned with the vulnerable, that couldn't care less if it has subjected 10's of millions to constant anxiety over its financial and health futures, that is oblivious to its own terroristic actions on its own citizens, and that is officiously attentive and concerned only or primarily with those who've managed, justifiably or not, to scarf up most of the wealth for themselves.

But if I look at what has occurred and is occurring in my country, and specifically what is occurring in the U.S. Senate at this very moment and in the Finance Committee hearing on Mon., 9/25/17, I have to conclude that my country is exactly that sort of country. Currently we have before us something – GCHJ – that is widely and deservedly despised by the American public. A recent poll showing only 24% support. It has 0% support among organizations that are knowledgeable of any of the many facets of the health care industry. Let me repeat: 0% organizational and institutional support. No provider group (doctors, nurses, hospitals, ...) supports it. No patient group supports it. No insurance group or company supports it. ... Indeed, organizations have come together to make joint statements that no lawmaker should be unaware of (<https://www.ahip.org/content/uploads/2017/09/Joint-statement-AMA-AAFP-AHA-FAH-AHIP-BCBSA-9.23.17.pdf>). There are many others. For example: the American Academy of Actuaries ([http://www.actuary.org/files/publications/GCHJ\\_092217.pdf](http://www.actuary.org/files/publications/GCHJ_092217.pdf)), the bipartisan Medicaid Directors statement ([http://medicaiddirectors.org/wp-content/uploads/2017/09/NAMD-Statement-on-Graham-Cassidy9\\_21\\_17.pdf](http://medicaiddirectors.org/wp-content/uploads/2017/09/NAMD-Statement-on-Graham-Cassidy9_21_17.pdf)), as well as statements from scores of individual organizations too numerous to list last for



be lost. On its merits, GCHJ can not be justified. This is clear. It is intentional destruction and represents untold misery and anxiety for 10's of millions. And yet it is still under consideration. It violates every one of the conditions I listed in the previous paragraph that is unacceptable in the United States in America. And America deserves much better than the protagonists of this episode are giving it.

Many of the experts who have looked at the GCHJ bill have called it "catastrophic." And catastrophic destruction of the American health care system is what Americans are now being asked to be considered responsible government. We'll get to \$8.14 and \$4.95 shortly.

Clearly, for legislation that affects every American's life, tens of millions directly, and upwards of 1/6 of the economy -- as legislation that affects health care does, -- the public deserves as careful an analysis as can be provided and adequate time to digest the results. The public is therefore justly deserving of the most complete CBO scoring possible with regard to coverage, cost, and changes to the economy. It deserves time to reflect on that analysis. Of course a "hearing" of a couple of hours held several days before a vote, as the Mon., 9/25/17 session by Senator Hatch is giving that 1) provides no time for wide-ranging stakeholder testimony, 2) includes the bill's authors as primary witnesses, and 3) will tend to no amendments, does not satisfy those requirements. It is a bad-faith stunt. It is another insult to the public and it's an insult to the spirit of America. So I ask that all Senators vote 'no' on GCHJ for this fact alone: that the Senate is ignoring a serious, good-faith effort at regular order and instead attempting to replace it with a sham. It is doing all this while refusing to provide the public with information they deserve to allow them to judge what the legislation does to them, theirs, their futures, their children's futures, and their economy. Few are fooled about why this is happening. The bill's authors and supporters know exactly how awful this bill is for Americans and America. That these authors and supporters are then willing to foist it upon the country is testament to their motivations and, in no uncertain terms, tell us who they do and do not stand for and with. We're on the verge of \$8.14 and \$4.95.

There should be no consideration of changes to the health care system that results in lower coverage and higher costs, that raises premiums and deductibles on the private market (individual and employer), that further harms rural communities, that decreases employment in the health sector, and even collapses private exchange insurance markets. GCHJ, as its predecessors, does each of those, and most depressingly, it treats America's most vulnerable with contempt, disdain and cruelty. It does not attempt to make America better or its people better off; it sets out to do the opposite. This is not what a great nation does; it is what a sick nation with authoritarian leaders who discount public opinion and public will does. The American health care system needs improvement in outcomes for people, not intentional, unnecessary degradation that costs even more and covers even less. Americans and America deserve better.

Among the items being demanded by GOP donors are the dismantling of the ACA and Medicaid. (It has been noted by many that there is no specific funding after 10 years.) These demands on the American health care system will lead to 10's of millions of fewer Americans with health insurance and that will in turn lead to 10's of thousands of premature deaths each year. And there are legitimate estimates of what those numbers of uninsured and premature deaths will be.

So back to those numbers noted in the first sentence..., what do they represent?

I would like to provide potential supporters of GCHJ with a dollar value that they themselves are assuming, wittingly or unwittingly, for each life that would be lost (in the first 10 years) if those health care policies are adopted. That is, what in dollar amounts each GCHJ supporter is receiving from donors for each premature death the donor policy results in in the first 10 years of implementation. I hope that it is helpful to the potential GCHJ supporter as one would think he/she would be interested in the monetary value his/her donor is providing for his/her vote (and his/her morality).

The most widely reported value donors are ready to devote to the 2018 elections is a figure upwards to \$400,000,000. So, what the \$8.14 (or \$4.95) figures represent are what each member voting to approve the GCHJ would get for each premature death in years 1-10 after GCHJ as a cut from their donors' \$400,000,000. That is, it is a valuation, a (maximum) value, a GCHJ supporter is implicitly giving to the life lost by premature death because of loss of insurance caused by GCHJ. (Of course, the actual value would be less if other things the donors are getting policy-wise were to be included in the calculation.) But I'll be as generous as possible (make the figure large as possible) and will assume the vote is for the highest amount that has been published that I am aware of (\$400,000,000) and only includes premature deaths due to lack of insurance due to GCHJ. The first number -- \$8.14 -- is calculated assuming the most conservative number of premature deaths, and the second number -- \$4.95 -- is calculated using a (more likely) average over years 1-10 (assuming a linear increase of uninsured from 15 million in year 1 to 32 million in year 10.)

**Wright, Kevin (Finance)**

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**From:** Ureach <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 4:05 PM  
**To:** gchcomments  
**Subject:** Against graham --Cassidy

I am against the graham Cassidy bill.

Tina murray  
[REDACTED]  
Madison wi. 53704.

TM

## Wright, Kevin (Finance)

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**From:** tana Schwemin [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:04 PM  
**To:** gchcomments

Hello,

My name is Tana Schwemin. I am one of the tens of million regular mom's in America. I am writing you today to urge a NO vote on Graham-Cassidy.

32 million Americans cannot afford to lose health insurance. 65 million people on Medicaid cannot afford to lose their care with the inhumane spending caps detailed in this bill.

Of the many reasons that this bill is horrifically cruel and harmful to all of our citizens, I want to focus on our medically fragile children that stand to lose it all with this bill. Specifically, my friends son, Nathan. He just turned 4 years old and he's a fighter. He has a rare genetic disease called Schwachman-Diamond Syndrome. Medically typical children can handle a small cut, a bug bite, eating food orally. Nathan cannot. A small bug bite or cut can turn into a life threatening infection for Nathan. Nathan is pre-lukemic. He has to have bone marrow biopsies regularly to make sure that if he does develop leukemia, it's caught early. Nathan is ALIVE today because of two things, his incredible family and Medicaid. Nathan relies on daily shots of Neupogen, which stimulates the growth of white blood cells, and keeps him alive.

Just to break it down, without Medicaid, the basics that Nathan needs on a monthly basis would cost:

Neupogen: \$5,430  
Tube Feed Formula: \$2,200  
Pancreas medicine: \$600  
Kidney Medicine: \$350  
4 inhalers \$1,100  
Reflux Medicine \$460  
Antibiotics \$72

That's IF he does not make a visit to the ER, which for a simple fever costs \$2500.

Without an ER visit, that's: \$10,212 a month. With a single ER visit, that's \$12,712 a month. With Medicaid AND private insurance, it costs them \$35. Their private insurance covers most everything, but Medicaid is absolutely essential in keeping Nathan healthy and keeping this family out of financial disaster.

Without access to world class pediatric specialists, emergency room staff, the devices and medicine that Nathan relies upon, I'm not sure we'd see the happy, resilient, warrior of a 4 year old that we see in this video below.  
<http://fox17online.com/2017/08/23/muskegon-twp-firefighters-help-boy-with-rare-disease-celebrate-birthday/>

It is our job as adults and your job as legislators to fight for and protect our most vulnerable citizens. This is Nathan. This is all of our children. This is our elderly. This is our Veterans. This is our disabled. This is our sick. This is ALL OF US.

I know that you took this job to advocate for and fight for the Country and it's people that you love so much. PLEASE, make the right choice and vote "NO" on Graham-Cassidy. If not for your Country, for Nathan. He deserves a fighting chance.

I appreciate your time and your consideration. I hope that your legacy will remain in tact and you will be on the long list of heroes, on the right side of history.

Best Regards,  
Tana

**Wright, Kevin (Finance)**

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**From:** Devin Maroney [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:04 PM  
**To:** gchcomments  
**Subject:** Please oppose Graham-Cassidy

To whom it may concern:

I am 34-year-old man who changed careers to work as a mental health counselor to in areas where it is desperately needed. I have relied on Obamacare during this career transition. Rising health care costs are an issue but taking away basic and necessary services from people like me - and from people in far more precarious positions than I am in - is both unwise and immoral.

When you look back on your life, what will matter? Love and generosity. That's all. This bill is cruel. For your sake and for the health of our nation, please reject this bill.

Thank you,

Devin Maroney

## Wright, Kevin (Finance)

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**From:** Katherine Pearson <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 4:03 PM  
**To:** gchcomments  
**Subject:** Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal, Monday, September 25, 2017, 2 p.m., 215 Dirksen Senate Office Building

DATE: September, 24, 2017

TO: Senate Finance Committee, U.S. Senate

RE: Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal, Monday, September 25, 2017, 2 p.m., 215 Dirksen Senate Office Building

FROM: [REDACTED] Birmingham, AL 35222

Dear Senate Finance Committee,

I plead with you to put aside the 8-year mantra to “repeal and replace.” That rhetoric alone has destabilized the insurance industry with on-going consequences. Is it not a part of your responsibility as the Finance Committee to “do no harm?” I am truly frightened that you are considering the Graham-Cassidy-Heller-Johnson Proposal in your committee.

Kaiser Health News says the Graham-Cassidy-Heller-Johnson Proposal is the most disruptive of all the measures proposed by the GOP Congress so far (see <http://khn.org/news/gop-health-bills-changes-go-far-beyond-preexisting-conditions/> ). It is also opposed by almost every major medical and health advocacy group, 50 state Medicaid directors, and leading governors. Can you say to me honestly that you are wiser and more knowledgeable than these healthcare professionals? Or are you walking in lock step with an idea that won votes in the past but where alternatives presented so far are increasingly unpopular.

I urge you to vote “No” on the Graham-Cassidy-Heller-Johnson Proposal and any measure that will raise insurance premiums and healthcare costs on Alabama/American families while cutting millions of people off of their health insurance, hurting work-place insurance systems, and our national healthcare economy.

I urge you to protect the ACA, our 10 essential health benefits, protections for pre-existing conditions and against life-time caps, long-term and level funding of Medicare, CHIP, community health, and Medicaid.

I urge you to concur with Sen. John McCain and protect our democracy with “regular order” in Congress (i.e. bipartisan support, more than one public hearing, a process for amendments, and thorough “scoring” from the Congressional Budget Office).

I urge you to resume bipartisan discussions on valid “repair” measures to the ACA that come from the healthcare and insurance industries rather than partisan blindness. Along with the passage of a bipartisan bill, you must move quickly to prevent the uncertainty faced by insurers and citizens. The net result of your actions so far is forcing insurance agencies to raise premiums or to drop out of the market altogether. If you aren’t

moved by the consequences to the health of your constituents, then at least consider the damage this bill and similar ones will do to the American economy.

Congress has accomplished nothing this year to improve our health, our healthcare system, and our lives in this respect. So far, it has only made an urgent problem worse.

Respectfully, we deserve better.

Mary Katherine Pearson



**Wright, Kevin (Finance)**

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**From:** Linda Van Citters [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:03 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

Dear Senators:

My family relies on quality, affordable healthcare, which we purchase through the state ACA website. I oppose the Graham-Cassidy bill. We currently do not have insurance available through an employer, Medicare, VA, or any other entity. I am retired, my husband is self-employed. The ACA has been a blessing to us, and millions of other families, by making affordable insurance available, and doing away with pre-existing condition surcharges (or unavailable coverage!). We also truly appreciated the ability to keep our children on our employer-provided healthcare plan, back when they were under 26 years old, and I was working (in the health care field; in a hospital laboratory). Just want to mention that the vast majority of health care professionals - people who have dedicated their lives and careers to patient care - are also **AGAINST** passage of the Graham-Cassidy bill, as I'm sure you know...doctors, hospital associations, nurses, etc., even the insurance industry recognizes that this bill will **NOT** improve the health care of millions of our citizens.

I would like to see a *bipartisan* Congressional effort to **improve the ACA, not repeal it**.

Sincerely,  
Linda Van Citters

[REDACTED]  
Mukilteo, WA 98275



## Wright, Kevin (Finance)

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**From:** Nina Bisbee [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:02 PM  
**To:** gchcomments  
**Subject:** Public Comment on Graham-Cassidy Bill

Dear Chairman Hatch and Ranking Member Wyden:

I am deeply opposed to the Graham-Cassidy-Heller-Johnson proposal currently being pushed through the Senate because millions of people will lose their healthcare. I am not convinced that even the authors of the bill fully understand its impacts and there is little time for a full analysis by the Congressional Budget Office to determine such impacts. The bill will not protect those with pre-existing conditions which is even popular with those who oppose the ACA.

I favor a well considered bi-partisan process to address the problems with the ACA, which is working by and large. Alternatively, I would support a complete overhaul that is developed in a bi-partisan manner.

Health Care represents about 1/5th of our economy and is a life and death issue for many Americans. It is not something that should be drastically overhauled over the course of a few weeks by a hand full of senators, who are not experts and have allowed for a full analysis and discussion of what they are proposing. This is a dangerous and undemocratic proposal.

Nina Bisbee

19046  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Gwynn Fulcher <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 4:02 PM  
**To:** gchcomments  
**Subject:** Opposing the GCH

Good Afternoon,

I am writing to express my opposition and alarm over the Graham Cassidy bill. This bill will leave my aging parents with an uncertain future for their care and leave dear friends without healthcare at all. I'm begging the committee to please torpedo this heinous bill.

--  
Gwynn V. Fulcher  
Chicago, 60618

## Wright, Kevin (Finance)

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**From:** Nick Stallbaumer <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 4:01 PM  
**To:** gchcomments  
**Subject:** Attn. Editorial and Document Section

Nicholas John Stallbaumer  
4207 SW 30th Street  
Topeka, KS 66614

Senate Committee on Finance  
Attn. Editorial and Document Section  
Rm. SD-219  
Dirksen Senate Office Bldg.  
Washington, DC 20510-6200

Senators,

I understand the reality in which you approach many of the difficult decisions you have to make, I am a student of History and Political Science, it cannot be easy for one person to find parity in the interests of so many, from the "common man" to your wealthy donor. That said, I also understand the futility in making an empathetic plea in regards to healthcare, as those Senators that I disagree with align less with the "common man" and more with wealth donors. Donors who either fail to grasp that we as humans gather, form societies and governments in the basic premise of strength in numbers; or more likely, desire only the very basic government to exist so they can use their wealth to further pillage and enrich themselves. Despite the futility, I'm at this time compelled to try and urge you on an empathetic level as trying to do so on a logical, rational level is now futile as well, given the brazen disregard for truth and American principles that the Graham-Cassidy Amendment has brought out.

First, an ex-pat living in France, I came across his story last November, the 22nd to be exact, on what would have been my Dad's 50th birthday had he not passed away a month earlier from what we believed to be Cardiac Amyloidosis.

The story, "I had a health crisis in France. I'm here to tell you that 'socialized medicine' is terrific" (<http://www.latimes.com/opinion/op-ed/la-oe-lamar-french-healthcare-20161118-story.html>), without going into much detail is a writer giving an overview of his experience when, shortly after his 54th birthday, while reading the newspaper his heart started beating violently. His condition, a defective aortic valve, a birth defect, a pre-existing condition; however, rather than send him on his way after stabilizing him, the socialized healthcare system in France kept him for observation. This proved useful when on his second day he had another episode allowing his doctors to see in real-time what was happening aiding their ability to treat. He required open-heart surgery, a battery of tests, rehab, etc; it was 47 days until the writer returned to his apartment. When he returned, he was able to resume his life as he had left it, he didn't have the burdens that come with a similar medical crisis do in US, his home country, in all his out of pocket cost was \$1,455, as he requested a private room. This means he was able to resume his place in the broader social order, ready to resume his place as a consumer, as a producer.

Contrast that with my Dad, in mid-August 2016, he had a similar incident to the writers while at work, his heart started racing violently, he got dizzy, nearly passed out. By the time the paramedics were able to get to his office, which is only about 500 feet from the Kansas State Capital Building, and then transport him to the emergency room, a good amount of time had passed, and whatever was going on had stopped. Despite the fact that he had an insurance plan with fairly good coverage, since this episode had passed there was no justification to keep him and he was sent home with a referral to a cardiologist. This happened a few more times, every time he was simply stabilized and sent home, because simply put, its just not profitable to simply keep someone hospitalized, waiting for something to happen.

The issue of justification was not just a roadblock at the emergency room, it was one at his cardiologist as well. His cardiologist ordered a number of tests, a handful of which were denied because they were deemed as unjustifiable

by the insurance company. In the time since his death last October, those denials have been reviewed by a malpractice attorney who felt that while worthy of a claim, recommended that the benefits didn't outweigh the costs associated

Now in mid-September he had a stroke for which he spent a scant three days in the hospital. His cardiologist wanted to keep him there longer, but again faced issues in not just justifying it to the insurance company, but in having an available bed; mind you, this is in the capital city of Kansas, not a small rural town. His cardiologist was however able to use this as a stepping stone to get him ambulatory treatment at a larger heart center in Kansas City.

It was there where he received the diagnosis of Cardiac Amyloidosis which was their best determination based on what little they were able to do. Though the hospital is only 60 miles from home, it is "out-of-network" thus making insurance approval for anything all the more difficult. Again there were a number of tests that his doctors want to perform, which insurance refused to approve.

His first appointment in Kansas City was in early-October, he had another episode, this one significant to warrant an overnight stay, before he passed away on October 21st 2016 at age 49.

Given that some forms of Cardiac Amyloidosis are genetic, my Mom requested an autopsy, at significant out of pocket cost, for the benefit of my brother and I. From that we learned that he did not in fact have Cardiac Amyloidosis, he died from Stage-4 Bone Marrow Cancer in one of his ribs which had spread into his chest. This immediately brought back memories to Summer-2012, when he began experiencing pain around the rib that we found out after his death had been cancerous. Upon seeing his doctor at that time, the requested tests were denied by his insurance and unjustifiable, these were the same tests that were deemed unjustifiable throughout the last few months of his life. His doctors were trying to check for that possibility, but were unable to, as it was an unjustifiable expense.

Unlike the ex-pat in France for whom it's just part of the system, it's in the nation's best interest to have a healthy populace, whether their citizens or not, versus my Dad, who was at the mercy of the best interests of a faceless corporation.

Then there is my own story, September 16th 2015, while doing some trimming of dead tree branches around my house, a yearly activity, I lost my footing and fell twelve feet, suffering a significant neck injury and traumatic brain injury. It was late in the evening, and as I did not lose consciousness I decided to wait until morning to go to the Doctor. The next morning, I choose to go to the emergency-care facility attached to my then primary-care Doctors office versus the emergency room. Funds were tight so a \$25 co-pay was more preferable to a \$100 one. That was a terrible mistake.

I found out a week later when following up with my Primary Care Doctor that I did not receive a proper evaluation, though he sold it as nothing to be concerned about, and continued to do so as my problems worsened and I fought to get a referral to a neurologist. A little over two years later I'm barely recognizable to who I was beforehand. I suffer from moderate hyperthermia, moderate cognitive impairment, dementia episodes, seizures, partial neurological blindness, among many other issues. Not to mention that I've been effectively removed from the workforce at age 35, with a college degree, as well as comparable experience in an unrelated field, I've become a leech on the system instead. Then there is the greatest injustice of it all, for a number of reasons, despite the "grand-slam" malpractice case against the initial Doctor (they've even shown "consciousness of guilt" by falsifying related medical records among other things) I saw following my injury, because of insurance denials on testing, issues getting necessary appointments, as well as my current Doctors avoiding fully diagnosing me, I was unable to meet all the criteria for a complete case before the statute of limitations ran out, I've also been unable to seek SSDI, Medicaid, etc.

Senators, what I hope you take from this is that the ultimate issue with healthcare in the United States is that it's based around doing what is the best interests the profits of corporations and trusts and this holds true even for non-profits and they compete in a profit-based environment, they must co-exist within it. Graham-Cassidy is a devastating monster, it's affects will have dire consequences on our healthcare system; however, given the large opposition to it by nearly every major healthcare organization I will let them handle the details, they are the experts, they have better numbers than I. As I said at the beginning of this, I am a student of History and Political Science, it's likely I understand your jobs better than some of you do, as most of you come from fields outside that realm. I

urge you to study our history and politics, specifically from the late 19th century to the Great Depression; by that, I don't mean read a book about it written by a contemporary, actually study the events, the words of those who lived, understand what happened and why, because as someone who focused especially on that period of our history we are effectively repeating it, and this time I don't think we'll be so lucky on the other side.

Thank you,

Nicholas Stallbaumer

**Wright, Kevin (Finance)**

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**From:** sylvia meloche <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 4:02 PM  
**To:** gchcomments  
**Subject:** ACA

Please do not repeal the ACA. I Am a widowed retiree living mostly on social security and am dependent on Medicare. Most of my friends are in the same stage if life. Please do not abandon us.

S. Chang  
Zip code 60031

**Wright, Kevin (Finance)**

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**From:** Lisa Hepner [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:02 PM  
**To:** gchcomments  
**Subject:** NO to Graham Cassidy

Don't take away our healthcare! If you want to help people try Medicare for All!!!

## Wright, Kevin (Finance)

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**From:** Larry Finnegan <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 4:01 PM  
**To:** gchcomments  
**Subject:** "Graham-Cassidy" healthcare repeal bill

Dear Senators,

I have just completed volunteering to help with a free rural health clinic run by the RAM (Remote Area Medical; RAMUSA.org) group in southwestern Virginia, in Jonesville, VA. 299 people from the surrounding area (SW Virginia, Tennessee and West Virginia) arrived early (some the previous afternoon) and waited in the school parking lot until the clinic opened at 6:00 AM Saturday morning on September 23, 2017.

The RAM group sponsors more than 30 (in 2017) of these free clinics in rural areas of the country (VA, NV, GA, CA, etc). These clinics serve PART of the uninsured AMERICAN population, providing services for vision, dental, diabetes and general medical conditions. Doctors, dentists, nurses, pharmacists, EMTs and other medical professionals as well as non-medical volunteers, provide their skills and time as volunteers to help fellow AMERICANS with their health problems. Many of the patients do work, but do not have health insurance, some are older folks who cannot afford dental and vision services on their own.

I have also volunteered at similar clinics in Washington County, Maine as well as in Guatemala, and have come to expect that these types of clinics are a fact of life in third-world countries.

The USA is a wealthy country. AMERICANS should not have to wait for once-a-year medical services, from volunteer medical staff for basic health services.

The Congress should be looking for ways to support medical services for all AMERICANS instead of trying to drastically cut such services. If this nation can afford to spend \$700 Billion on military which is designed to KILL people, surely we can find some money to help our citizens to have health care to save and prolong their lives. Maybe even to fund research that addresses some of the (chronic?) health problems that are the most costly in the nation and find ways to reduce these costs for individuals and the nation as a whole, saving money for the Federal government as well as for individuals and their families.

Please vote 'NO' on another poorly thought out repeal plan and work towards a sensible health system for the nation as a whole.

Thank you,

Larry Finnegan  
[REDACTED]



**Wright, Kevin (Finance)**

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**From:** Brainwrap [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:01 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Charles Gaba  
Bloomfield Hills, MI

Sent from my iPad

**Wright, Kevin (Finance)**

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**From:** Dutch DeCarvalho [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:59 PM  
**To:** gchcomments  
**Subject:** Hearing Comments  
**Attachments:** Graham Cassidy Comments.docx

Hi -

I have attached my comments regarding the Graham-Cassidy ACA Repeal Bill Hearing for tomorrow, September 25th.

--  
Dutch de Carvalho  
Secretary, [REDACTED]  
BFA Dance & BS Health Science Candidate  
P [REDACTED]

**Wright, Kevin (Finance)**

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**From:** Peg Kavaney [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:00 PM  
**To:** gchcomments  
**Subject:** Fwd: Graham Cassidy Hearing

Sent from my iPad

Begin forwarded message:

**From:** Peg Kavaney <[REDACTED]>  
**Date:** September 24, 2017 at 2:56:48 PM CDT  
**To:** [REDACTED]  
**Subject:** Graham Cassidy Hearing

I believe in quality, affordable healthcare for all Americans.

**Action: Submit public testimony for Monday's Graham-Cassidy hearing.**

**Email: [GCHcomments@finance.senate.gov](mailto:GCHcomments@finance.senate.gov) by 1pm EST Monday 9/25.**

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My story is...pre-existing conditions, being retired on a fixed income. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Peg Kavaney  
55414

Sent from my iPad

## Wright, Kevin (Finance)

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**From:** Nedra Roberts [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:01 PM  
**To:** gchcomments  
**Subject:** My Health Care

Greetings,

My husband and I are in our 70s, and he is a cancer survivor. This past week, we got notice that his latest check up shows signs that new cancer cells are forming in the same area from where the first melanoma was removed. His surgery is scheduled, and we pray for the best outcome, but if our health care is taken away or compromised, he might no longer be covered for his pre-existing condition. We live in Atlanta, GA. Tom Price was our representative for years. He and his fellow Republicans have no interest in giving people good health care. Red Stare Georgia will not provide good affordable health care. PLEASE DO NOT vote for the Cassidy-Graham bill to repeal the ACA. Lives depend on your compassion and integrity.

Sincerely,

Nedra Roberts

## Wright, Kevin (Finance)

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**From:** Sirena Terr [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:59 PM  
**To:** gchcomments  
**Subject:** Objection to the Graham-Cassidy Bill

I am a U.S. citizen, an attorney and a mother and I object to the passage of this bill. Health care and health insurance are huge, complex issues that require a basic philosophy and thorough understanding of how they will affect all citizens. This cannot be rushed through.

Even before we pass a law, have we determined our philosophy? Is every U.S. citizen entitled to healthcare and/or health insurance? Or does it depend on how much money a citizen has? Are we only entitled to the health care we can afford, in a country where it is unaffordable?

Have we determined that it's okay for health insurance companies to make huge profits and have the final say on which medications and treatments its insureds can have, regardless of what their doctors think?

Have we determined that it's okay for drug companies to make huge profits and have no restrictions on charging unconscionable prices for drugs, even generic drugs?

Are we going to do anything to rein in health care costs so that health insurance costs can be controlled?

Is it right that my husband and I pay more each month for our health insurance premium than for our mortgage, real estate taxes and home insurance combined and we live in a state with the highest real estate taxes in the nation?

All of these questions must be answered before a health insurance bill is crammed through Congress.

Sincerely,  
Sirena Terr

[REDACTED]  
Livingston, NJ 07039



Virus-free [REDACTED]

**Wright, Kevin (Finance)**

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**From:** Kathy Martone [REDACTED] >  
**Sent:** Sunday, September 24, 2017 4:00 PM  
**To:** gchcomments  
**Cc:** Senator Tom Cotton (Cotton)  
**Subject:** Graham Cassidy Bill

Dear Senate Finance Committee.

I am writing to express my outrage and opposition against this abominable healthcare bill. From everything I am reading, millions of people will be kicked off their insurance which will in turn lead to thousands of deaths. Insurance companies will be able to start once again excluding coverage for pre-existing conditions. Medicaid will be gutted - in AR alone this will be devastating. Women's health care provisions will be slashed. Practically every medical organization including the AMA and AARP have spoken out publicly against this disastrous bill.

On a personal note, my mother is in a nursing home here in AR and her health expenses are covered by Medicaid. This has been a lifesaver for me and my siblings as we cannot afford to pay for the quality healthcare she now receives. If this bill passes, my mother will lose access to healthcare and she will likely face a premature death. As you can imagine, I am beside myself with worry and fear about this very real possibility should the Senate pass this piece of legislation.

I just retired as a clinical psychologist with over 40 years experience. I am still in contact with a number of my patients who have serious life threatening health conditions and depend on Obamacare and/or Medicaid for their healthcare. These are good decent people and I care about them deeply. If Congress passes this bill, they will all lose the ability to purchase insurance and their health will deteriorate and I know for a fact that several of them WILL DIE. This is unacceptable.

Healthcare is a right not a privilege. I am begging you to do the right thing and oppose this bill that is weaponized to kill.

Sincerely,  
*Kathy Martone Ed.D.*

[REDACTED]

*Author*

*Artist*

[REDACTED]

*Eureka Springs, AR 72632*

[REDACTED]

[REDACTED]

[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Sharman Ordoyne [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:00 PM  
**To:** gchcomments  
**Subject:** I oppose the Graham-Cassidy bill

Quality, affordable healthcare is important to me and my family. Because of this, **I oppose the Graham-Cassidy bill.** I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sharman Ordoyne  
New York, NY

**Wright, Kevin (Finance)**

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**From:** Emily Henkelman <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 3:59 PM  
**To:** gchcomments  
**Subject:** Public Comment on Graham-Cassidy Bill

Dear Chairman Hatch and Ranking Member Wyden:

I am concerned about the Graham-Cassidy-Heller-Johnson proposal currently being pushed through the Senate for numerous reasons including those briefly described below.

As a primary care pediatrician for mostly poor children in Philadelphia, cuts to the Medicaid system would strand children without needed access to healthcare for preventative vaccines, developmental screening and access to needed services as well as leave them without coverage in the setting of chronic medical conditions and possible hospitalization.

For your voting age constituents, the lack of support for those with existing medical conditions and possible significant increases in insurance premiums is not acceptable.

If the human aspect of these cuts is not moving enough, for my cc'ed senators and representative, the predictions that PA would lose \$6 billion in funding due to passage of this bill should cause you to pause and question how you are best supporting your constituents.

Emily Henkelman

19146  
[REDACTED]



**Wright, Kevin (Finance)**

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**From:** Diane Hanson [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:59 PM  
**To:** gchcomments  
**Subject:** Firm Opposition to Graham Cassidy

Dear Senators,

I firmly and respectfully oppose the Graham-Cassidy amendment and all other attempts to eliminate patient protections, cut Medicaid as it exists under current law, and turn Medicaid into a block grant program.

I am a cancer survivor who will need to buy insurance on the individual market place. The protections in Graham-Cassidy are wholly insufficient to assure my being able to obtain insurance. Despite the wording, which by itself is open to a huge range of interpretations, there is no mechanism for enforcement of any protection. This is unacceptable.

Furthermore, I absolutely agree with Senator McCain that the United States can not massively restructure its health care system each time power changes hands in Washington, D.C. It is hugely disruptive to our society and a waste of money and talents. My husband and I have spent the last 9 months worrying that one of us will have to find a job with healthcare benefits in order for us to be accepted on a healthcare plan. Again, unacceptable.

Senators, I want you to work together in a bipartisan fashion to fix the healthcare system. Your goal should be universal coverage at an affordable price. People should pay into it in proportion to their means. If you can't do that under the Affordable Care Act, the give us a single payer system.

Respectfully submitted by an constituent whose patience has been sorely tried by this game playing with the health of our citizens,

Diane Hanson

[REDACTED]  
Rochester, MN 55906  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Steve Harrison <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 3:58 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

VOTE NO. This bill, if passed, will devastate my family and tens of thousands of people in my state. My granddaughter Sarah has POTS, a syndrome of the autonomic nervous system. She got it after an auto accident in which she was a passenger and suffered a collapsed lung. She has a degree and work experience as a K-3 teacher, and desperately misses being able to do the work she loves. However, POTS means that her blood pressure can suddenly drop, causing her to faint, or to have to lie down for two hours or more. She also has to check in to her local hospital from time to time in order to receive fluids and potassium intravenously. The insurance bills and out-of-pocket costs for Sarah and her family are very high now. They get by with help from Sarah's extended family, but they are always close to the edge financially. If Graham-Cassidy passes, their situation will worsen a great deal. Insurance for their family is likely to go from \$1200 per month to \$5000 per month or more, and that would be disastrous. How many families have a similar story? Millions! Please reject this bill.

Steve Harrison  
[REDACTED]

Auburn AL 36830  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Carol Gilbert <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 3:58 PM  
**To:** gchcomments  
**Subject:** Proposed Healthcare Bill

The proposed bill will have a decidedly negative impact on some of my friends. Several are on Medicaid, another is disabled and several have pre existing conditions. I am urging you to vote against the bill and instead adopt a thoroughly vetted, bi-partisan approach to the creation of a health care that doesn't put millions of your constituents at risk.

Sent from my iPhone

## Wright, Kevin (Finance)

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**From:** Julie Feighery [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:58 PM  
**To:** gchcomments  
**Subject:** No on Graham Cassidy, Please

Dear Members of the Senate,

I am writing to ask you to vote no on the upcoming vote to repeal the ACA. I have a 6-year-old son, Stephen, who has severe cerebral palsy and suffers from chronic lung disease. Prior to this year he has been a happy child who loves music, *Jeopardy* (seriously, we tape it on the DVR for him), and the stories of Mo Willems. 2017 has been a difficult year for our son, who had a few setbacks and then a major illness that left him spending over two months in the ICU. We have him back home now, but we are not sure how long he will be with us. We hope it will be years, but it may be months or weeks. There is a real terror every time the alarm on his pulse oximeter and/or ventilator goes off because he has stopped breathing or when he has to have an emergency trach change. Have you ever had to give your child a life-saving medical treatment? Ever had to do it daily, sometimes hourly? It is a terrible experience, one that I would not wish on anyone.

Thanks to changes made in the ACA, our insurance is not able to place a lifetime cap on his care. This has at least brought financial peace of mind during what I can safely say has been the worst year of our lives, a small comfort, but as we also have a 4-year-old son whose future we need to plan for, an important one.

I think there is a bipartisan way that health care can be addressed that has not fully been attempted yet. I hope the Senate and GOP leadership in particular will slow down and truly find a way to address the ACA's issues, without destroying it in a rush for a "win" and taking away the protections in the ACA that have helped so many vulnerable children such as my son.

I keep a record of my experiences and concerns regarding Stephen's care. I think most caregivers do. Do you want to fix health care? If so, please spend some time with the caregivers in your states--those caring for ill children or elderly parents and listen to our stories. We can help you find solutions, if that is what you are really looking to do.

Thank you for your time,

Julie Feighery

South Bend, Indiana

**Wright, Kevin (Finance)**

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**From:** Cris [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:57 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

My niece, who was hit by a car a year ago and sustained a serious brain injury, relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. Because she can no longer work, and her husband must stay home with her and her two young children, she depends on Medicare for her health care needs.

Yes, there are flaws to the ACA but I would like to see a bipartisan Congressional effort to improve it, not repeal it.

Sincerely,

Cristine Graham  
Bradford Woods, PA

**Wright, Kevin (Finance)**

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**From:** tvdcattvd <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 3:56 PM  
**To:** gchcomments  
**Subject:** Stop Graham-Cassidy

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. Due to many pre-existing conditions in my family good insurance prior to ACA was out of reach and my mothers care in a nursing home would be impossible without Medicaid. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Tom Van Dyke

Forest park IL

Sent via my Samsung Galaxy, an AT&T 4G LTE smartphone

## Wright, Kevin (Finance)

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**From:** [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:55 PM  
**To:** gchcomments  
**Cc:** IQ, Senator (Sanders); info@leahyforvermont.com; Leahy, Senator (Leahy)  
**Subject:** Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal, September 25, 2017  
**Attachments:** Testimony.pdf

To make it easier to file I have attached the following testimony as a pdf as well. Thanks

Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal, September 25,  
2017  
Kim Lang 96 Deforest Heights, Burlington, Vermont 05401

This is a terrible proposal that will kick millions of Americans off health insurance, raise costs, reduce access to care and eliminate protections for pre-existing conditions. As a cancer survivor with a 94 year old mother and a brother who has neurological issues due to a brain tumor 40 years ago this is very personal. I have family members who are in the military or vets. I live in Vermont where Medicaid was expanded and there were people who had insurance for the 1st time. I am a psychotherapist and see clients who for lack of insurance were unable to get the mental health care they needed until the ACA was enacted. Many of them used the ER as their primary care physician (PCP) which further burdened our healthcare system in Vermont.

I find the extreme partisan nature of this bill particularly distasteful. Most Senators voting on this bill have not read it and are woefully unaware of its provisions (even Cassidy has demonstrated a shocking ignorance of his own bill). Rather trying to shove through in a partisan effort without a CBO informed understanding we need a bipartisan transparent discussion of healthcare. The CBO did analyze a very similar waiver proposal in May (the American Health Care Act) and concluded that about fifty-five million Americans would end up living in states that would opt out of the ACA community-rating rules and "over time, less healthy individuals (including those with preexisting or newly acquired medical conditions) would be unable to purchase comprehensive coverage with premiums close to those under current law and might not be able to purchase coverage at all." This bill is an attempt to obtain an ill-informed "sound bite" win, not an informed win for the American people who, by the way, will lose our healthcare. We are a divided country in need of a bipartisan effort for something as vital as healthcare. The vast majority of Americans, myself included, do not want this bill to pass. In this great nation all citizens should be able to obtain healthcare not just the wealthy

The CBO analysis for the AHCA earlier this year showed that my state, Vermont, will be severely harmed. The recent Avalere study indicated that \$4 trillion cut to states over the next two decades includes \$14 billion cut to Vermonters. 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. Vermont would see a \$2 billion reduction from 2020 to 2026 and a \$14 billion cut over two decades. That is NOT the direction I want my state to go. It is bad for my state AND it is terrible for this country.

The Graham-Cassidy bill would eliminate Medicaid expansion, which has helped 61,230 Vermonters receive quality, affordable coverage, and put part of its funding into inadequate block grants. The bill would further punish states, like Vermont, that expanded Medicaid by redistributing funds to states that did not expand Medicaid. 135,480 Vermonters 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, placing the care of 135,480 Vermonters enrolled on Medicaid in jeopardy.

Right now 64,603 Vermonter children are enrolled in Medicaid and CHIP, and their care could be at risk because of the funding cuts in Graham-Cassidy.

Medicaid disproportionately helps children, seniors in nursing home care and people with disabilities. The Avalere study found that Graham-Cassidy would cut funding for people with disabilities by 15-percent and 31-percent for children by 2036. 64,603 Vermonter children's care is at risk.

There is no explicit funding to combat substance use in The Graham-Cassidy bill. It would not include the (inadequate) \$45 billion fund the last Senate bill included 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 \$102 million cost of comprehensive coverage for all people treated for opioid use disorders in Vermont in 2026. This is a huge issue in my area where opioid abuse is rampant and needs addressing.

As if their healthcare had not already been extremely problematic, veterans across the country, my family members, 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.

22,092 Vermonters 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 22,092 Vermonters.

Graham-Cassidy would raise costs for people with pre-existing conditions. It would allow states to let insurance companies once again charge people with pre-existing conditions more, which could raise costs for up to 263,200 Vermonters like me 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.

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 we receive, even impacting people with coverage from their employer. Up to 51,000 Vermonters with employer-sponsored coverage would lose these protections.

The Graham-Cassidy bill would allow states to let insurers charge people over 50 like me 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 Vermonters could pay as much as a \$11,414 more in higher premiums and out-of-pocket costs in 2020.

Millions of women could face higher costs or lose access to care. This bill 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 (Interestingly there is no mention of foregoing payment for viagra).

This is just not ok. Planned Parenthood is my go-to for female healthcare as well as for many women. I am 58 years old and Planned Parenthood has caught early cancer and saved my life. When my 94 year old mother was visiting me and got a UTI Planned Parenthood treated her, saving her a trip to the ER. Planned Parenthood serves women of all ages and demographics.

While I am particularly interested in healthcare in my state of Vermont I am also interested in all American citizens having a right to healthcare. 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.

There is a sound reason why Medicaid Directors IN ALL 50 STATES are against this bill which is touted as giving them more flexibility and power. Clearly it does not. The health insurance industry came out forcefully against it since the bill's state-by-state block grants could create health care chaos in the short term and an uncertain insurance market. The Blue Cross Blue Shield Association and America's Health Insurance Plans both made statements referring to allowing states to waive key consumer protections and undermine protections for those with pre-existing medical conditions, and "The legislation reduces funding for many states significantly and would increase uncertainty in the marketplace, making coverage more expensive and jeopardizing Americans' choice of health plans and further destabilize the individual market. I stand with the dozens of national advocacy groups representing patients, doctors, insurers and hospitals have strongly condemned the Graham Cassidy many of which I listed at the end of this testimony. Please vote no on the bill and work toward a bipartisan solution with open, transparent process.

Strongly condemned the Graham Cassidy Bill:

Adult Congenital Heart Association, ALS Association, Alzheimer's Association, Alzheimer's Impact Movement, American Cancer Society, American College of Emergency Physicians, American College of Physicians, American College of Preventive Medicine, American Diabetes Association, American Academy of Family Physicians, American Academy of Pediatrics, American Cancer Society, American College of Emergency Physicians, American College of Physicians, American College of Preventive Medicine, American Congress of Obstetricians and Gynecologists, American Diabetes Association, America's Essential Hospitals, American Foundation for the Blind, American Health Care Association, America's Health Insurance Plans, American Heart Association, American Hospital Association, American Liver Foundation, American Lung Association, American Medical Association, American Nurses Association, American Osteopathic Association, American Occupational Therapy Association, American Psychiatric Association, American Psychological Association, American Public Health Association, American Society for Addiction Medicine, American Speech-Language-Hearing Association, Amputee Coalition, The Arc, Arthritis Foundation, Association of American Medical Colleges, Association of University Centers on Disabilities, Asthma and Allergy Foundation of America, Autism Society, Autism Speaks, Autistic Self Advocacy Network, Big Cities Health Coalition, Blue Cross Blue Shield Association, Catholic Health Association, Children's Hospital Association, Center for Medicare Advocacy, Coalition to Stop Opioid Overdose, Consortium for Citizens with Disabilities, COPD Foundation, Cystic Fibrosis Foundation, Family Voices, Federation of American Hospitals, HIV Medicine Association, Infectious Diseases Society of America, JDRF, Lutheran Services in America, Kaiser Permanente, March of Dimes, Medicare Rights Center, National Association of Medicaid Directors, National Association of Pediatric Nurse Practitioners, National Association of School Nurses, National Coalition for Cancer Survivorship, National Down Syndrome Congress, National Health Council, National Institute for Reproductive Health, National Kidney Foundation, National Multiple Sclerosis Society, National Organization for Rare Diseases, Planned Parenthood, Public Health Institute, Robert Wood Johnson Foundation, Trust for America's Health, WomenHeart

America's Health Insurance Plans, Blue Cross Blue Shield Association,  
Association of Community Affiliated Plans

AARP, Consumers Union

Thank you,

Kim Lang

**Wright, Kevin (Finance)**

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**From:** Robert Hall [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:55 PM  
**To:** gchcomments  
**Cc:** Jurinka, Elizabeth (Finance); Khosla, Jay (Finance)  
**Subject:** AAFP Comment for Graham Cassidy Hearing 9/25  
**Attachments:** Testimony--Senate Finance Committee--Graham-Cassidy[FINAL]--092517.pdf

Dear Finance Committee Staff:

I hope this message finds you well.

Attached, please find a statement for the record from the American Academy of Family Physicians.

Thank you for its consideration.

- Bob

**Robert Hall | Director of Government Relations**  
**American Academy of Family Physicians**  
[REDACTED] | Washington, DC 20036  
Office: [REDACTED]  
Cell: [REDACTED]

**Wright, Kevin (Finance)**

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**From:** E Price <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 3:56 PM  
**To:** gchcomments  
**Subject:** Comments On Graham-Cassidy

To the Senate Finance Committee,

My name is Dr. E. D. Price, and I'm a psychologist and professor in Chicago, and I'm calling to express extreme disapproval of the Graham-Cassidy Amendment.

I received my PhD in 2014, after 5 years of diligent research, teaching, and studying. Since then, I have always maintained multiple jobs at once, teaching at schools such as Loyola University Chicago, North Park University, and The Chicago School of Professional Psychology. I have taught 7 classes in a single semester, sometimes more, while balancing research jobs, consulting work, and even academic editing jobs on the side. My students love me. I have had work published in top-tier journals during this time. And yet, for all my hard work and success, I have not been able to get a full-time job with health insurance.

Academic full-time jobs are on the decline, and have been for decades now. While I am proud of my degree and happy to have the opportunity to work as a scientist and educator, I am dismayed by the instability this career now affords. None of my employers give me benefits. Without the Affordable Care Act I would be unable to buy health insurance. Colleagues of mine have spent years without insurance, pre-ACA, or have been forced to scrimp and save just to afford catastrophic health care plans. With the repeal of the ACA, I would return to a similar circumstance.

I am training our future researchers, writers, scientists, and citizens. I travel across the city teaching class in statistics, research methods, and social psychology. Despite all the value I provide to my employers and the preparation and support I give my students, I am beholden to the health care market. Without the ACA's marketplace and protections regarding pre-existing conditions and minimum standards of care, I would not be able to afford essential medications, doctor's visits, treatment when I get sick, or God forbid, emergency services if I am hurt. Graham-Cassidy would leave this educated, hard-working, devoted professional out in the cold.

--  
**E Price, PhD**  
[REDACTED]

They / Them Pronouns  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Dena Doolin [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:56 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy Bill

Please do not pass this bill! As detailed by health care professionals and major health organizations across the nation, this bill will be disastrous to millions of Americans. Also, the majority of Americans oppose this bill. Please do not pass this bill and instead, continue with bipartisan efforts to improve the health care system we have. Thank you for your consideration, Respectfully, Dena Doolin Fairborn, Ohio

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** dstokes75 <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 3:55 PM  
**To:** gchcomments  
**Subject:** Opposition to Graham-Cassidy HC Bill

I wish I could fire you all for presenting this monstrosity to the Senate and citizens. You all should be ashamed. I strongly oppose this legislation and want my opposition on record as such.

Thank you for your time,  
Daniel Stokes  
Portland, OR 97219

Sent from my T-Mobile 4G LTE Device

**Wright, Kevin (Finance)**

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**From:** Cecilia Norris [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:55 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill

I am a family physician and the medical director of the Iowa City Free Medical and Dental Clinic. Although, as an educated, privileged white person, this bill will likely not impact me directly, it will be devastating to my former patients who are now covered under the Affordable Care Act. I think that before any Senator votes for this bill s/he should be required to tell a person, "I'm sorry but there is nothing I can do for you under our current health care plan. You have to wait until your condition becomes so serious that it requires emergency medical treatment so you can be treated at the emergency room. I know that you have a hard time affording \$10 a month for your medication but if you want to get this taken care of before that critical point, try to get an appointment with ..... this specialist. They will likely charge at least \$300 before they will even schedule an appointment for you." I had to tell patients that too many times before the ACA was passed. I know that the ACA is not perfect, because I still have to tell some patients this; but many of my patients were able to obtain coverage under the ACA. The ACA saved the lives of several of my patients and has made other more productive, healthier members of society. These are real PEOPLE, not political pawns/collateral damage. Please join me in following the oath I took to "First, do no harm" and vote against the cruel Graham-Cassidy bill.

Sincerely,  
Cecilia M. R. Norris, MD

**Wright, Kevin (Finance)**

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**From:** [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:55 PM  
**To:** gchcomments  
**Subject:** Graham/Cassidy bill public testimony

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My husband and I are both self-employed, with two daughters. We both have pre-existing conditions. It is all we can do to afford the health insurance through Obamacare that is available to our family now. I am also increasingly concerned at what I perceive as the bill's attacks on women--not covering pregnancy, or birth control. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Megan Chance

[REDACTED]  
Kingston, WA 98346

**Wright, Kevin (Finance)**

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**From:** Colleen Berry [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:54 PM  
**To:** gchcomments  
**Subject:** Statement on Graham-Cassidy Bill  
**Attachments:** GCHearingStatement.docx

Good afternoon,

Attached, please find my statement that I would like entered into the record during the hearing tomorrow regarding the Graham-Cassidy bill.

Thank you for your time,  
Colleen S. Berry



**Wright, Kevin (Finance)**

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**From:** Lee Ryan [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:54 PM  
**To:** gchcomments  
**Subject:** In opposition to Graham-Cassidy and in support of improving the ACA

Dear members of the Senate Finance Committee,

I write in opposition to the proposed Graham-Cassidy bill.

One of my oldest and dearest friends is self-employed and relies on the ACA for health insurance and access to health care. Because she has a pre-existing condition, she would have been unable to get insurance were it not for the ACA.

As a self-employed person she provides crucial support to a team of medical researchers doing cutting edge work on such devastating diseases as Alzheimers. If Graham-Cassidy passes and she loses her ACA coverage, she would need to leave this role to seek a job that offers insurance — leaving her team of researchers and all of us the worse off!

This is one concrete reason why I oppose the Graham-Cassidy bill.

I support a bipartisan Congressional effort to shore up and strengthen the ACA, not repeal it.

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Lee Ryan  
San Francisco, CA 93118  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Jeff <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 3:54 PM  
**To:** gchcomments  
**Subject:** Better health care

My wife is a cancer survivor. After the ACA passed I was able to retire and we are aspiring science fiction authors. This new bill will undermine our ability to rely on healthcare and create an uncertain future for us. Personal health security is foundational to one's ability to innovate and pursue their own take on the American dream. Please oppose the Graham Cassidy bill.

Jeff kidder, 97232

## Wright, Kevin (Finance)

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**From:** THOMAS KERKHOFF [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:54 PM  
**To:** gchcomments  
**Subject:** Statement regarding Graham-Cassidy Healthcare Repeal Bill

Dear Senate Finance Committee,

I am against the Graham-Cassidy Healthcare Repeal Bill. Our daughter has narcolepsy which significantly affects the quality of her life. If this bill will not cover pre-existing conditions, she may not be able to get healthcare because she was diagnosed in 2006. Or perhaps she can get healthcare but for a much higher price. She is already financially maxed out because of her health insurance, her frequent required doctor appointments and the medications she has to take in order to be able to work, drive a car, and have as normal a life as possible. And that's just our personal story. There will be perhaps millions of Americans whose lives will be greatly affected by this bill to the point that they may simply not be able to afford health insurance. Our senators serve their constituents. I would like our senators to imagine the impact this bill would make on their own lives if they had to get their own health insurance this way. And I would like our senators to continually work for the greatest good for the greatest number of people.

Respectfully Submitted,

Barbara Kerkhoff

Gainesville, FL

**Wright, Kevin (Finance)**

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**From:** margaret harazin sato <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 3:54 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy hearing on Monday September 25, 2017

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it. Please restart the efforts of Lamar Alexander and Patty Murray in the health committee.

Sincerely,  
Maggie Sato

## Wright, Kevin (Finance)

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**From:** Daniel Rothbauer [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:54 PM  
**To:** gchcomments  
**Subject:** ACA Repeal & Replace

As a long time CFO for two different types of business, I have seen medical premium's costs skyrocket prior to the ACA and the yearly increases dramatically decline after. More people covered plus better preventative care has helped to lower the premium increases for medium to large businesses. Therefore the ACA is working well for some of us, the lucky ones covered by our work's insurance group policies.

Unfortunately, due to a lack of competition in the ACA markets, the policies and costs are not great. Rather than a partisan bill that simply makes the problem worse, why don't you fix the problems with the ACA. Allow state-to-state competition, add federal programs to foster more Doctors and Nurses into the field (needed desperately due to aging population) and allow Medicare to negotiate drug prices. We need to have a law that states no State or Federal Medical Program should have to pay more for drugs than any other 1st World Country. Your bill does nothing but hurt low income workers.

How about fostering good business climate by allowing self employed people to buy into Medicare at prices set by age? Are new ventures are stimulating the country but people are scared to work for themselves because they can't get good and affordable coverage, and don't try to push those worthless high deductible low yearly max policies off as good. Cheap policies that are not really insurance, i.e. that won't provide coverage should you actually get really sick or need major medical procedures are a scam.

Let's expand choices not lower them. This bill is bad for the country both financially and socially. Include more voices in this major decision for all. Vote no on this worthless sham bill.

Respectfully,

R Daniel Rothbauer

**Wright, Kevin (Finance)**

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**From:** Cleo Kottwitz [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:48 PM  
**To:** gchcomments  
**Subject:** healthcare for rural folks

I am a retired United Methodist pastor; for over 30 years I served primarily in rural settings of Missouri. My wife was a Registered Nurse. During my last 3 appointments she served as a public health nurse in Washington, Phelps, and Texas Counties of Missouri. We walked the walk with church member families and others in need of healthcare. Please do not pass any legislation that will take away health care from our church members and friends.

Sincerely,  
Cleo D. Kottwitz  
[REDACTED]  
Columbia, MO 65203  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Lesley Reed <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 3:53 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities.

Lesley Reed  
Minerva, OH

## Wright, Kevin (Finance)

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**From:** Deborah Katz <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 3:53 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

This bill is nothing more than a thinly veiled attempt to pass something - anything, just so Republicans can continue to get contributions from wealthy donors who only have their own interests at heart. This issue is too important to be rushed through the Senate. What is needed now is a responsible Congress who are willing work with Everyone in Congress to solve the health care crisis that has worsened under Republican rule. The solution to Health care reform requires meaning input from all stakeholders including Democrats, Republicans, Independents, Patients, Hospitals, Physicians, Nurses, Drug Manufactures, state and local governments and insurance companies. We need a just and fair system that provides decent affordable health care coverage for everyone and is built from consensus so that we don't have to constantly live through a wrenching debate every four years. The U.S. spends more per capita than any other country on health care and yet we have the worst patient outcomes. Are we really the greatest country on Earth? If we are then surely we can do much better than this. Stop playing political football with people's lives and do your job!.

Sincerely yours,  
Deborah Katz  
Dumont, NJ 07628



**Wright, Kevin (Finance)**

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**From:** Robin Nicholson [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:53 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

I oppose this bill . All Americans need affordable health care!  
Congress should work together to improve the ACA not repeal it!  
Thank you,  
Robin Nicholson

Sent from my iPhone  
Robin Nicholson

**Wright, Kevin (Finance)**

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**From:** Nora Hernandez <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 3:53 PM  
**To:** gchcomments  
**Subject:** Thanks Jen Hofmann

my family rely relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy . I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely, Nora Hernandez

Portland, Or.

Sent from my iPhone

## Wright, Kevin (Finance)

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**From:** Karen Nathan [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:52 PM  
**To:** gchcomments  
**Subject:** Health care

I will literally die without coverage via the ACA. I'm self employed and my husband works for a small organization that doesn't offer health benefits, and even if they did, they would probably offer them via the ACA marketplace.

I have diabetes and am bi-polar. Without affordable insurance, I wouldn't be able to afford my medications. As it is, one of my diabetes meds has an out-of-pocket cost of \$825 per month. I don't even want to think about what the cost would be without insurance.

Right now, there is only one option for insurance next year in Shenandoah County, VA - Anthem Healthkeepers. They are asking the VA Insurance board for premium increases ranging from 45-62%. I am a CPA, make a decent living and those increases may price me out of the market; or at least, force me to drop my husband from my policy as he has no major medical needs (currently). Like all other insurers, Anthem is rattled by the discord in DC regarding what to do with healthcare. I would like us to have universal coverage like every other developed nation in the world has. At the very least, it would be great to have bipartisan work on making the ACA more effective and more affordable. It would be wonderful if our representatives weren't bought and paid for by special interests as opposed by doing what is right for the country. The majority of the country supports the ACA - why won't our representatives work together to make it more effective???

Regards,  
Karen Nathan

**Wright, Kevin (Finance)**

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**From:** carol palecki [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:48 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

Dear Senators,

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My story with pre-existing conditions meant that I was not able to be covered for many years due to a bicycle accident in which I was victim of a hit and run driver. After years of frustration and no coverage, I felt more victimized by the health insurance companies than by the criminal who hit me. The ACA helped me an enormous amount.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it. Thank you.

Sincerely,  
Carol Palecki  
[REDACTED]  
Oakland, CA 94610

**Wright, Kevin (Finance)**

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**From:** Linda Baxter [REDACTED]  
**Sent:** Sunday, September 24, 2017 3:51 PM  
**To:** gchcomments  
**Subject:** No on GC



Your conscience may need a little help.

## Wright, Kevin (Finance)

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**From:** Katie Valeska Wright [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:42 PM  
**To:** gchcomments  
**Subject:** Depending on affordable healthcare

As someone with chronic health conditions, I rely on quality, affordable healthcare. The same is true for my husband and almost everyone in my extended family. Because of this, I oppose the Graham-Cassidy bill. We are hard-working, productive members of society. If this bill goes through, any healthcare emergency due to our pre-existing conditions would threaten to bankrupt us--and we are more financially stable than the majority of Americans who deal with cancer, heart disease, diabetes and the like. It is a bill that threatens the well-being and stability of millions and serves no benefit to the health of American citizens.

I desperately hope to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Katherine Wright

Hilliard, OH

**Wright, Kevin (Finance)**

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**From:** Mary E Russell MD <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 4:42 PM  
**To:** gchcomments  
**Cc:** [REDACTED]; Hurt, Nikki (Markey)  
**Subject:** In opposition to Graham-Cassidy Bill

*Members of the Senate Finance Committee,*

*As a physician deeply committed to provision of healthcare from development of new modality to their availability to patients,, I write in opposition to the Graham-Cassidy bill to replace the ACA. Patients deserve access to healthcare regardless of pre-existing conditions that provides basic services (including preventative and maternity care) that they can afford.*

*This Graham-Cassidy bill is just as bad as the ACA repeal efforts that came before. My home state has worked hard to improve the well-being of its residents, provide access and reduce costs, This bill would clearly undo many of the gains that we have worked hard to achieve over the years.*

*Any physician knows that when it comes to our patients, coverage doesn't always mean care. By overturning protections for patients with preexisting conditions and by slashing coverage of essential health benefits, this bill would leave too many patients between the cracks – especially the most vulnerable.*

*Rather than stripping health care from millions of Americans, Congress now has an opportunity to take a bipartisan approach toward stabilizing the insurance markets and fixing the ACA. I urge you to take that opportunity and join me in opposing Graham-Cassidy.*

Mary E Russell MD, FACC  
[REDACTED]

**Ascent Translational Sciences**  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Ryan Moser [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:42 PM  
**To:** gchcomments  
**Subject:** No to Graham-Cassidy

Dear Senate Finance Committee,

Please stop further attempts by the Republican Senate to unilaterally end government protections and subsidies for healthcare in the name of "reform" that helps only a small percentage of Americans, at the expense of everyone else. Rather remember your job is to govern all the people, and fix Obamacare, or better yet, begin constructing a real modern healthcare system that truly protects everyone.

Thanks,  
Ryan Moser  
Jersey City, NJ



**Wright, Kevin (Finance)**

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**From:** Laura Overstreet [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:42 PM  
**To:** gchcomments  
**Cc:** Wright, Kevin (Finance); Dent, William (Isakson)  
**Subject:** Graham-Cassidy Hearing Comments

Hello,

My name is Laura Overstreet, and I am a lifelong resident of Georgia, currently living in Atlanta. I was paralyzed 27 years ago at age 10 by transverse myelitis. Through rehabilitation, I regained some mobility but still use a power wheelchair. With the help of a Medicaid waiver for home and community based services, I have been enabled to graduate from both [REDACTED] and [REDACTED] university. I have also been angled to teach at [REDACTED]. This waiver has allowed me to live at home in my community and be a full member of society.

If funding for this waiver were cut as the Graham-Cassidy bill looks to do with Medicaid services, I would likely have to go into a nursing facility. I am only 37 years old and want to live the best life I can, but my disability means that I need help to bathe, dress, cook, clean, etc. My parents are older and cannot do this by themselves.

Please vote no on the Graham-Cassidy bill. It will hurt people with disabilities like myself.

Thank you,  
Laura Overstreet

[REDACTED]  
Atlanta, GA 30309

**Wright, Kevin (Finance)**

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**From:** Fiona <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 4:41 PM  
**To:** gchcomments  
**Subject:** Please vote no.

I am a small business owner, and without Obamacare I can't survive.

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:41 PM  
**To:** gchcomments  
**Subject:** A Better Solution

As a registered voter and concerned citizen, I am against the Graham-Cassidy bill. My colleagues, friends, and family—regardless of background or political affiliation—are in agreement that Congress must work together in a bipartisan manner to improve upon the Affordable Care Act, not slam through a bill that would leave millions of Americans without healthcare. No man, woman, or child with a preexisting condition should be forced into high-risk pools. And block grants are not a solution.

All citizens in every State deserve access to affordable, appropriate healthcare. Please do the right thing and vote no on the Graham-Cassidy bill.

Best,

Stephanie Bäuerlein

Huntington Beach, CA

## Wright, Kevin (Finance)

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**From:** Jana Argersinger [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:41 PM  
**To:** gchcomments  
**Subject:** Comments on Graham-Cassidy bill

Dear members of the Senate Finance Committee:

I write to let you know that I strongly oppose the Graham-Cassidy health care bill.

Like many, many Americans, I have friends and family members who would be hurt by Graham-Cassidy-- which numerous experts, medical associations, and patient groups agree would deprive millions of coverage and cause widespread misery. My sister Erin, for example, is a struggling self-employed translator in Arizona who now has good, comprehensive coverage under the ACA for \$70 per month, coverage that looks to be seriously endangered by this bill. My friend Leslie, a dedicated teacher who makes \$30,000 a year, suffers from an aggressive form of thyroid cancer that requires about \$100,000 in care each year, and it is clear that the effect of the new legislation would be to put insurance out of reach for people like her with pre-existing conditions. And I have a close relative whose treatment for life-threatening opioid would likely not be funded.

My loved ones deserve good care, as does every American. I support bipartisan efforts, like those undertaken by senators Alexnader and Murray, to fix those aspects of the ACA that aren't working well and build on those that are.

With thanks,  
Jana Argersinger  
Moscow, Idaho  
United States of America

**Wright, Kevin (Finance)**

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**From:** Julie <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 4:40 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

My family and I rely on quality, affordable health care. Without this vital safety net, we would spiral into financial hardship.

My family is everything to me. We are a family created through adoption. My two sons were born to a birth family who relied on Medicaid. Without Medicaid, my two sons would not have received the prenatal care they - and all children - deserve. My sons' birth family would not have received the health care they needed - and still need. One of my sons has a pre-existing condition. Please do not condemn him to a lifetime of unaffordable insurance.

It is morally reprehensible to take away health care from American citizens. Health care is a right. When people have access to affordable, quality health care, we all benefit.

I want to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Julie Gilbert

[REDACTED]  
56082

**Wright, Kevin (Finance)**

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**From:** Sheri A Saperstein [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:39 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

I oppose the Graham-Cassidy bill because - like huge numbers of American citizens - I have a disability (Multiple Sclerosis) which is now also a pre-existing condition, am on expensive medications, and have known and worked with a great many others who also do.

I am 52, and have lived with Multiple Sclerosis now for half my life with ever-increasing disability. I'm actually lucky - I have been on expensive medications, and they have helped to slow down progression of the disease. I am now in a walker, and may well end up in a scooter or wheelchair. If that happens, I'm not sure what I'll do. I am single, unmarried, and live alone. With help, I've been able to manage. If I get to the point that I cannot manage Activities of Daily Living (ADLs), I will need far more expensive care. This is why it is imperative that I am on medications, see specialist doctors, and get therapy.

I was 26 when diagnosed, and 49 when my condition had deteriorated to the point that I had to stop working. This is a common age for people with MS to get diagnosed. I hadn't had time yet to save money to support a lifetime of increasing disability. A bipartisan Congressional effort is needed to improve the ACA, not repeal it. America is a first-world country. We arguably lead the world. We need to provide health care coverage for our citizens.

Sincerely,

Sheri A. Saperstein  
[REDACTED]  
Los Angeles, CA 90049

**Wright, Kevin (Finance)**

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**From:** dotmike2 [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:39 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy health care bill

This is a cruel, heartless bill with not one good and necessary element for the people of the United States. We need to either improve the ACA or better still join the western world and support Medicare for all.

DOROTHY MACdonald

[REDACTED] by 05301

Sent from my Samsung Galaxy , an AT&T LTE smartphone

## Wright, Kevin (Finance)

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**From:** Jessie Mandle [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:37 PM  
**To:** gchcomments  
**Subject:** Comments for Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal at 2 pm EST Monday, September 25th  
**Attachments:** S.C. story.pdf; R.J.story.pdf; Christy story.pdf; Bills family story.pdf; Voices for Utah Children\_Comments for Senate Finance Committee hearing Sept 25.pdf

Thank you for the opportunity to submit comments regarding tomorrow's hearing on the Graham-Cassidy-Heller-Johnson proposal. Please see the attached comments and testimonies. Our comments are also copied below in the body of this email. Please feel free to contact Jessie Mandle at Voices for Utah Children, 801-364-1182, if we can provide any additional information. Thank you,  
Jessie Mandle  
Voices for Utah Children

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Voices for Utah Children  
[REDACTED]  
Salt Lake City, Utah 84102

Subject: Senate Finance Committee Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal at 2 pm EST Monday, September 25th

Dear Chairman Hatch and Ranking Member Wyden:

Thank you for the opportunity to share our comments regarding the Graham-Cassidy-Heller-Johnson health care proposal. Voices for Utah Children writes to express our strong opposition to this proposal. While we are very supportive of the Committee's recent bipartisan progress on CHIP, we are very discouraged to see the more partisan Graham-Cassidy-Heller-Johnson efforts advance and its potential impact on children's coverage.

Voices for Utah Children is a nonpartisan, nonprofit advocacy organization in Utah. For over thirty years we have advocated for the interests of children and families in our state. As advocates for children's healthcare in Utah, we are deeply concerned how the proposed bill would affect children and families.

Under the Graham-Cassidy-Heller-Johnson proposal, we question:

- How would low- and moderate-income families be affected if the financial assistance that helps them purchase health care coverage is eliminated?



- How can Utah meet our growing and changing population demands under Medicaid per capita caps without cutting benefits? For example, per capita caps would hinder Utah efforts to screen and treat more children for developmental delays or improve access to preventive dental care.
- How will Utah Medicaid, which serves almost 200,000 Utah children, bear the risk of a per capita cap system, when our CHIP program is currently at risk under a capped system?
- How would Utah meet the needs of children who have special health care needs, but might not fit into definitions of medically-complex or disabled?
- Finally, how can Utah ever ensure that the whole family has coverage, and address the thousands of parents who cannot afford insurance, when the option to expand Medicaid is eliminated?

Children make up over two-thirds of Utah Medicaid enrollees. Almost 200,000 Utah children are enrolled in Utah's Medicaid program, and approximately 38,000 children are enrolled in the ACA exchange. These programs play a vital role for our families. The Graham-Cassidy-Heller-Johnson proposal would threaten the viability of our Medicaid program through cuts and caps, create a pathway for states to eliminate critical consumer protections, and drive up costs and premiums for consumers.

This proposal creates more uncertainty for Utah families and children, rather than solutions and stability. And it is stability that our families, our providers, our marketplace and our communities need most right now.

While we are very appreciative of this opportunity to share our feedback, this proposal has been marred by an overall lack of transparency and time for meaningful consideration. We cannot rush hastily ahead when the health and well-being of our children and families are at stake. Instead we hope to work together on bipartisan solutions for our health care and coverage. We are attaching a few stories and testimonies from Utah families who would be affected by these changes. We ask that you put the needs of children and families first, instead of adopting policies that would leave them worse off. Thank you for your consideration and willingness to seek stakeholder and public input.

Sincerely,

**Jessie Mandle MPH**  
 Senior Health Policy Analyst  
 Voices for Utah Children

[REDACTED]  
 Salt Lake City, UT 84102

[REDACTED]  
 [REDACTED]



[REDACTED]



## Wright, Kevin (Finance)

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**From:** Melanie Hale [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:38 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy bill, public testimony

My name is Melanie Hale. I am a citizen of the United States but have lived in Finland for the last five years, where my family and I have relied upon quality, affordable health care. Because of this, I oppose the Graham-Cassidy bill. Four years ago, I unexpectedly became pregnant. Without affordable access to healthcare, my husband and I would have had to seriously consider if we could financially afford to continue my pregnancy. I then had complications late pregnancy. Affordable health care, accessible to all, is why my husband still has a wife, and that we are happily the parents of a three year old. I am thankful that we live somewhere my health and the health of my child are a priority. I want my fellow citizens to receive the same quality of care that I have experienced. That is why I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Melanie Hale of Parma, Ohio

**Wright, Kevin (Finance)**

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**From:** Hannah Kinderlehrer [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:37 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

My family rely/relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Hannah Kinderlehrer

[REDACTED]  
Boulder CO  
80304

**Wright, Kevin (Finance)**

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**From:** Nina\_and\_Ken Howland [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:37 PM  
**To:** gchcomments  
**Subject:** GRAHAM/CASSIDY

The Graham-Cassidy bill would take away health care from millions of Americans. This bill would enact deep cuts to Medicaid, which has enabled millions of previously uninsured Americans to gain coverage. It would allow insurers to charge much higher premiums to those with preexisting conditions and to reimpose (devastating) lifetime caps. It would also block women from getting needed preventative care from Planned Parenthood.

Dr. Nina Davis Howland  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Ashley Semrick <[REDACTED]@Council.com>  
**Sent:** Sunday, September 24, 2017 4:37 PM  
**To:** gchcomments  
**Subject:** NO on the Graham-Cassidy bill

My family relies on quality, affordable healthcare. My spouse and I are both full-time, hard-working teachers serving the youth of our city. Because of this, we oppose the Graham-Cassidy bill. We both have pre-existing conditions that would cause lapses in affordable coverage.

I would like to see a **\*\*bipartisan Congressional effort\*\*** to improve the ACA, not repeal it.  
Sincerely, Ashley Semrick DesRochers  
Brooklyn, New York

--  
Ashley Semrick

*be on the watch.  
there are ways out.  
there is a light somewhere.  
it may not be much light but  
it beats the darkness.  
be on the watch.*

*Charles Bukowski*

**Wright, Kevin (Finance)**

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**From:** Rachel Norwood <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 4:37 PM  
**To:** gchcomments  
**Subject:** Affordable health care for families

Dear Committee,

As my parents age, I worry about them being able to keep themselves in optimal health. Just this weekend I was speaking to my mother about her high blood pressure problems and her ability to pay for tests ordered by doctors. She was actually thinking about not following her doctor's recommendations because she might not be able to afford all the tests.

Please do not pass the Graham-Cassidy Bill as it does not offer sufficient protections for the elderly, not does it protect mothers and children with good prenatal care.

Thank you,

--  
Rachel Norwood

## Wright, Kevin (Finance)

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**From:** Liz Walker <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 4:37 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy

Senate Finance Committee Hearing on Graham Cassidy  
September 25, 2017

Elizabeth Walker  
[REDACTED]

Austin, TX 78746

Surveys show that this proposed “health-care” bill is NOT what the American people want. And if the Senate doesn’t know that, it’s because they’re not listening. Stop wasting everyone’s time and go back to the drawing board and write the bill the correct way – with research, public hearings and the support of the stakeholders. It’s pretty simple.

**Wright, Kevin (Finance)**

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**From:** Gena Schachtschneider [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:36 PM  
**To:** gchcomments  
**Subject:** Proposed legislation

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I would prefer to see a bipartisan effort that will provide insurance for those most in need. Please do not let politics get in the way of providing much needed health care to some of our most vulnerable. I know you would want the ability to provide affordable health care for your families if you were not already receiving it at taxpayers expense.

Gena Schachtschneider, Janesville, WI. 53546



**Wright, Kevin (Finance)**

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**From:** Daniela van Riet [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:35 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

Dear Senators,

I am writing as a concerned citizen regarding the prospect of the passage of the Graham-Cassidy Bill. My family relies on quality, affordable healthcare. My husband works freelance in the television industry, quite often we are required to purchase our own insurance. Unfortunately, my husband was diagnosed with prostate cancer this year. It was diagnosed early and his first follow up post radiation treatment was encouraging and the prognosis points to full remission. However, he now has a serious pre-existing condition which means if Graham-Cassidy is implemented, we would no longer be able to purchase health insurance coverage. Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it. So my husband and I, both hard-working citizens can continue to obtain and purchase health care.

Sincerely,

Daniela van Riet

Altadena, California

Daniela van Riet  
[REDACTED]  
[REDACTED] (home)  
[REDACTED] (cell)

## Wright, Kevin (Finance)

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**From:** Barbara Whitman <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 4:35 PM  
**To:** gchcomments  
**Subject:** The Affordable Care Act

Hello.

My children and I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I am a breast cancer survivor and, even though I am completely recovered, I live in fear of someday not being covered by insurance due to a preexisting condition. I also worry about my children having the ability to purchase insurance through the marketplace. If the law changes, I fear they will either no longer be able to get coverage, or what is available will be too expensive.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it. In shifting the control of the insurance market to each individual state, the Graham- Cassidy bill risks jeopardizing the entire system.

Sincerely,  
Barbara Whitman  
New York, NY

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Roseann Fahrner <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 4:35 PM  
**To:** gchcomments  
**Subject:** I oppose the Graham-Cassidy bill

My health insurance cost has increased 850% and I will not be able to afford any more increases. I would like a single payer healthcare plan.

Sincerely,  
Roseann Fahrner  
Albany, CA

## Wright, Kevin (Finance)

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**From:** Judith K S Herman [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:33 PM  
**To:** gchcomments  
**Subject:** Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal: Individual Statement  
**Attachments:** Senate Finance Committee Hearing Statement 092517.docx; Senate Finance Committee Hearing Statement 092517.pdf

Hearing Title: Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal

Hearing Date: Monday, September 25, 2017

Person Submitting Statement:

Judith Herman

[REDACTED]  
Concord, MA 01742

Hello, Finance Committee Members,

Please, each committee member, consult your conscience about each of the following as you think through the effect on your own family and the constituents you've been elected to represent.

Do you have...

- A family member...with a pre-existing condition?
- A parent – or you and/or your spouse– who may eventually need nursing home care?
- A daughter or sister or granddaughter who may become pregnant?
- Anyone you know with a mental health or alcohol or drug problem?
- Anyone in your family – of any age - with a disability?
- Anyone in your family who may not be able to afford healthcare coverage either now or in the future?
- How about your constituents, those you know, and all within your own state?

I really believe that each of you intended to perform due diligence in your capacity as senator or representative of your state. That's why you ran for office, to better the country.

With that in mind, how can any legislator be expected to vote on a bill right now, when the Congressional Budget Office (CBO) has now confirmed that they won't have a full assessment of the latest ACA repeal bill's effects on the deficit, premiums, or insurance coverage rates until weeks after the reconciliation deadline?

Here's what I'm asking of you and the committee and the senate:

The Senate Health, Education, Labor and Pensions (HELP) Committee began working on what the American people want and need: a bipartisan solution to stabilize the ACA's individual insurance markets and prevent premium increases. The HELP Committee started holding hearings on the individual markets in early September with committee members on both sides of the aisle reportedly considering compromises to close a deal.

Let's work together to make health care work!

Thank you.

Judith K. S. Herman

Judith K S Herman  
[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:34 PM  
**To:** gchcomments  
**Subject:** re:GrahamCassidy bill

This bill will be very harmful to many poor people and those with pre-existing conditions. It should not pass. Please do the right thing by the citizens of this country who need health care.

Susan Broderson

[REDACTED]

**Wright, Kevin (Finance)**

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**From:** J Santiago [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:33 PM  
**To:** gchcomments  
**Subject:** No on Graham-Cassidy

I strongly urge the members of the US Senate to vote NO on Graham-Cassidy. It does not bring improvements to the American public over the Accountable Care Act. No CBO score has been presented to prove the bill's merit. More information is needed.

This bill has several major flaws including:

Eliminating protections for Americans with pre-existing conditions.  
Providing Americans with no security in costs. Premiums can be raised at any time.

Regards,

JoAnn Santiago  
[REDACTED] Bedford, MA

**Wright, Kevin (Finance)**

---

**From:** Bill Roland <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 4:33 PM  
**To:** gchcomments  
**Subject:** Health care

Please don't vote for the bad bill . Thank you

From my iPad

**Wright, Kevin (Finance)**

---

**From:** Dawn Marie Pares [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:33 PM  
**To:** gchcomments  
**Subject:** Please do not repeal ACA

And certainly don't replace it with the Graham Cassidy bill. What I've read makes it seem designed to take healthcare away from between 20-32 million people, with no protections for pre-existing conditions.

Thank you for your consideration.

Dawn Marie Pares  
[REDACTED]  
Seattle, WA 98117



**Wright, Kevin (Finance)**

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**From:** Zacary Smucker-Bryan [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:32 PM  
**To:** gchcomments  
**Subject:** My Opposition to Graham-Cassidy

Hello,

I am expressing my opposition to Graham-Cassidy. This is a horrible bill that will only kick people off their existing healthcare. Please stop trying to do this and just stabilize the markets.

Zac

--  
Zacary Scott Smucker-Bryan

## Wright, Kevin (Finance)

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**From:** Rebekah Mortensen [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:31 PM  
**To:** gchcomments  
**Subject:** No on Graham-Cassidy

I am writing to express my dissatisfaction with the Graham-Cassidy bill and to urge a no vote. Personally, our family relies on affordable healthcare which provides coverage for preexisting conditions and appropriate coverage for disabilities. Our oldest son was diagnosed with autism at age three and our youngest with asthma at age two. We cannot afford the consequences of these conditions being a stop their receiving adequate, affordable healthcare. Professionally, I work as a special education teacher and I am further concerned about lifetime caps and the impact of Medicaid changes on their quality of life.

Sincerely,  
Rebekah Mortensen  
Montpelier, Vermont

Sent from my iPhone

**Wright, Kevin (Finance)**

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**From:** Germaine [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:31 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy-Heller

Senate Finance Committee,

I urge you to reject Graham-Cassidy-Heller in favor of the bipartisan bill the Senate HELP Committee was considering. Graham-Cassidy-Heller would cause 32 million people to lose their health coverage while destroying Medicaid and harming some of the most vulnerable members of our communities, seniors and people with disabilities. Families across this nation will be harmed.

Germaine David  
Brooklyn, NY

Sent from my iPad

## Wright, Kevin (Finance)

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**From:** Sue [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:31 PM  
**To:** gchcomments  
**Subject:** public testimony for Monday's Graham-Cassidy hearing

I and many friends and neighbors rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. Because of the ACA, I was able to afford basic insurance that covered preventative care and insulated me against disaster while I was working for a nonprofit with no benefits. Even so, my deductible was over \$6000 and I could only afford the premiums thanks to the ACA. Many people I know had no safety net at all, because their premiums were too high to contemplate. We need to reform healthcare to make both the care and insurance accessible and affordable to people at all income levels. I would support a single-payer solution, but no matter what, we need a working solution in place. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Susanna McClintock,  
Warren, Maine

**Wright, Kevin (Finance)**

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**From:** Annemarie Prairie <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 4:31 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy hearing, Monday, Sept. 25, 2017

I serve clients and have family who rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My husband is a federal employee and because of that we have been blessed with GEHA, which has been good overall. Sadly we have friends who have been denied medical coverage b/c of pre-existing conditions and we also know people who are self-employed and can't afford insurance. This is outrageous! We all should have access to affordable, GOOD, health care. We'd like you to stop sneaking around and trying to pass things that have not been fully vetted. We would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

sincerely,  
Annemarie & Jim Prairie

[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Ann Scholz [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:28 PM  
**To:** gchcomments  
**Subject:** Testimony for United State Senate Committee on Finance, Hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal  
**Attachments:** LCWR Statement for Hearing on Graham-Cassidy-Heller-Johnson.docx

Attached is testimony submitted to United States Senate Committee on Finance for the September 25, 2017 hearing to Consider the Graham-Cassidy-Heller-Johnson Proposal on September 25, 2017.

The testimony is submitted by the Leadership Conference of Women Religious (LCWR), [REDACTED] Maryland, 20910.

Please address questions to Ann Scholz, SSND, Associate Director for Social Mission, [REDACTED]

Thank you!

Ann Scholz, SSND, PhD  
Associate Director for Social Mission  
Leadership Conference of Women Religious  
[REDACTED]  
Silver Spring, MD 20910  
[REDACTED]  
[REDACTED]  
[REDACTED]

CC: Bill Van Horne, Senator Ben Cardin, Senator Chris Van Hollen, Senator Claire McCaskill

**Wright, Kevin (Finance)**

---

**From:** Nadine Nasby [REDACTED]  
**Sent:** Sunday, September 24, 2017 4:28 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy bill

Dear Senate Finance Committee, Senator Marco Rubio and Senator Bill Nelson,

The programs that are funded by Medicaid Waiver monies from the Medicaid program (through Florida's CDC+ monies) will be greatly impacted by any block grants, cuts or caps as proposed in the Graham-Cassidy bill. I know so many parents that have adult aged children that have aged out in their public school programs and desperately need these special programs to continue to help them be productive members of society. If this bill is passed, millions of people of all ages will struggle to have healthcare for their pre-existing conditions, as well as lose funding for medicaid waiver programs that assist so many Americans with disabilities.

I urge you to not vote for this rushed bill that has not gone through proper order of bipartisan committees and assessments by the appropriate agencies. It is not the solution we need, but will create more devastating problems for so many people.

Thank you,  
Nadine Nasby

Comfy. Candid. Completely You.  
Nadine Nasby Photography  
[REDACTED]

"When you photograph people in color, you photograph their clothes. But when you photograph people in B&W you photograph their souls!" - Ted Grant

## Wright, Kevin (Finance)

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**From:** Megan Baker <[REDACTED]>  
**Sent:** Sunday, September 24, 2017 4:28 PM  
**To:** gchcomments  
**Subject:** My stories against Graham-Cassidy

To whom it may concern -

I would like my middle class, patriotic family's stories entered into the testimony against Graham-Cassidy. Thank you.

1. My parents are elderly - both 83. My father served as a SeaBee in Guam and the Philippines in the 1950s. My mother was a school teacher & raised 4 kids. I cannot believe that my government wants to take away the Medicare of these beautiful people who've been married for 62 years, and grew a gorgeous, hard-working, diverse American family. Don't do this to the elders of our nation.

2. My sister is a stage 2b colo-rectal cancer survivor of almost 6 years. If Graham-Cassidy passes, she will NEVER be able to find affordable health care insurance again. If she ever has a recurrence, heaven forbid, she will not survive. Don't do this to the cancer survivors of our nation.

3. My son is a young man with a severe intellectual disability that he was born with. Though he works a small job, he is totally dependent on Medicaid for his health insurance. He can never, ever support himself enough to buy his own insurance. If Medicaid cuts go through, he may be relegated to severe poverty and possible homelessness. Don't do this to the most vulnerable people in our country, the disabled.

Thank you for your time.

Megan

Megan Louise Baker  
Coach. Writer. Shamanic Practitioner.  
"Wherever you are, be the soul of that place." -Rumi



**Wright, Kevin (Finance)**

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**From:** Mark Holloway <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:37 PM  
**To:** gchcomments  
**Subject:** Against Graham-Cassidy

Dear Senate Finance Committee,

I am completely against the Graham-Cassidy bill, which will harm millions of my fellow Americans. How irresponsible to vote on a bill that does not even have a CBO analysis, which will rip apart Medicare, and without the input or help of the other side of the aisle, all in the name of politics. Passing this bill would be cruel, un-American, and reprehensible.

Sincerely,  
Mark Holloway  
New York, NY

## Wright, Kevin (Finance)

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**From:** Paula Woolley <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:37 PM  
**To:** gchcomments  
**Cc:** Pearson, Beth (Warren); Hurt, Nikki (Markey)  
**Subject:** Vote NO on Graham-Cassidy: Protect Medicaid and ACA!

Dear US Senate,

My family has been on the ACA for over 2 years since my husband lost his job & benefits due to early-onset Alzheimer's in his early 50s. I'm self-employed and have no other option for insurance, plus one of our kids has a disability. Our lowered income makes it impossible for us to pay more for insurance or for our care, as would happen if Mass. had to make cuts due to the Graham-Cassidy bill. The ACA and Medicaid (for my husband and daughter) have been a godsend for us! I haven't been able to even get an INTERVIEW for a job with benefits, perhaps because of my age, and so having the ACA has allowed me to continue to work from home, with the flexibility of being my own boss plus being a caregiver. (And did I mention that my parents are elderly, needing my attention, and on Medicaid?)

The Graham-Cassidy proposal is an egregious attempt to take away health care from children and adults with disabilities and other vulnerable populations. It would devastate the state budget for health care in Massachusetts. I urge--and BEG--you to oppose this proposal! Please instead fix your attention on the effort to improve the ACA in states that didn't expand Medicaid and in rural areas, and to stabilize the markets by committing making the cost-sharing payments to subsidize insurance premiums.

I have learned all of these details thanks to the hundreds of UNPAID HOURS I have lost having to fight to keep my family's insurance over the past 9 months. PLEASE LISTEN TO THOSE OF US WHO NEED THE ACA AND MEDICAID! My family is clinging to the bottom rung of the middle class by our fingernails, as Sen. Warren has aptly described it. And the ACA and Medicaid ARE that bottom rung!

Thank you,  
Paula Woolley  
Somerville, MA

cc Senator Warren and Senator Markey

**Wright, Kevin (Finance)**

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**From:** Molly McLaughlin <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:36 PM  
**To:** gchcomments  
**Subject:** Please do not repeal ACA

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I work in healthcare, spending my days traveling from one patient's home to another to provide essential health services, and yet I have no access to healthcare through my employers. My daughter would have no option for healthcare through my employers. I already can barely afford the \$200 a month I am paying for HMO coverage, without Obamacare I would not be able to afford healthcare for myself or my daughter-- and I am gainfully employed, I have a master's degree, health care without subsidies is simply *unaffordable*. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Molly McLaughlin

Los Angeles, CA

**Wright, Kevin (Finance)**

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**From:** J. Bond [REDACTED]  
**Sent:** Friday, September 22, 2017 6:36 PM  
**To:** gchcomments  
**Subject:** Improve the ACA, do NOT repeal it

Dear Sir/Madam:

I and my family rely on quality, affordable healthcare. Because of this, I strongly oppose the Graham-Cassidy bill. My story with pre-existing conditions and affordability is challenging. I have an immune condition brought on by cancer treatment that requires a \$13K infusion every four weeks. Without this costly monthly infusion, I will die eventually of pneumonia that is not treatable by any antibiotics. I am lucky to have a job with insurance now, but that was not the case several years ago (I was too ill) and may not be the case in the future. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it. Please do what you can to make sure this happens.

Sincerely,

Jill M. Bond

Berkeley, CA 94702

**Wright, Kevin (Finance)**

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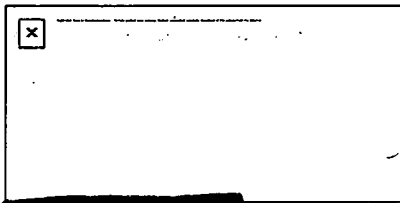
**From:** Bri Riggio [REDACTED] >  
**Sent:** Friday, September 22, 2017 6:03 PM  
**To:** gchcomments  
**Subject:** Opposition to the Graham-Cassidy Bill

To whom it may concern,

I am emailing to register my thoughts as an American citizen on the Graham-Cassidy bill. As a young woman with a pre-existing condition who is only alive today due to affordable health insurance that covered hospital stays and mental health treatment, I strongly oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA and not repeal it.

Sincerely,  
Brianna Riggio  
Washington, D.C.

--



[REDACTED]  
Connect with me on [LinkedIn](#) • Follow me on [Twitter](#)

**Wright, Kevin (Finance)**

---

**From:** Liz <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:05 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Hearing

Dear Senators,

My son relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My son has type 1 diabetes - a disease which is neither preventable nor curable, but which is manageable with good health insurance. This disease demands his attention 24/7/365. Surely that's enough of a burden without the added financial burden and worry that would come without quality, affordable healthcare. Without insurance his yearly expenses would average \$26000 to stay alive!

Leaving healthcare up to the states leaves us all vulnerable to their whims. Prior to the ACA many people with type 1 diabetes did not have health insurance. Insulin costs are ridiculously high so people died. In the United States! Shame on everyone for letting that happen!

If every other civilized nation can figure out healthcare for all then so can the United States. There is nothing preventing a good solution except the unwillingness to try! I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Elizabeth Polnerow

Boylston, MA

**Wright, Kevin (Finance)**

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**From:** Uri Bushey [REDACTED]  
**Sent:** Friday, September 22, 2017 6:04 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Hearing Comment

To: Senate Committee on Finance  
Attn. Editorial and Document Section  
Rm. SD-219  
Dirksen Senate Office Bldg.  
Washington, DC 20510-6200

From: YOUR NAME, YOUR ADDRESS

Re: Graham-Cassidy Bill Hearing on Monday, September 25, 2017

To whom it may concern,  
Please vote NO on the Graham-Cassidy Bill. It is impossible to support without knowing how much it will cost, how it will (affect) insurance premiums, and how many people will be helped or hurt by it. Without a full CBO score, which won't be available by the end of the month, we won't have reliable answers to any of those questions. Please vote no it is the only conscionable action.

Thank you.  
-Uri

—  
Uri Bushey



**Wright, Kevin (Finance)**

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**From:** Mary Hannah Henderson [REDACTED]  
**Sent:** Friday, September 22, 2017 6:04 PM  
**To:** gchcomments  
**Subject:** Public testimony against Graham-Cassidy bill

To whom it may concern,

Three generations of my family, including children, aging parents, and several people with preexisting conditions, depend on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.

At times, my family has had access to health care through employers. At other times, because we have been self-employed, we have paid for health care as individual subscribers. Living in Massachusetts, whose health care system inspired the Affordable Care Act, I have been able to access reasonably affordable, quality health care. The ACA made that easier, even in Massachusetts. For family, friends, and other loved ones in states from Florida to Minnesota to California, the ACA has made it easier to access quality health care.

The ACA could certainly be better, but repealing it would make the situation radically worse. I would like to see a serious bipartisan Congressional effort to improve the ACA, not repeal it.

Thank you for your consideration.

Sincerely,

Mary Henderson  
Amherst, Massachusetts

**Wright, Kevin (Finance)**

---

**From:** Hilary Gridley [REDACTED] >  
**Sent:** Friday, September 22, 2017 6:03 PM  
**To:** gchcomments  
**Subject:** I oppose the Graham-Cassidy bill

I strongly oppose the Graham-Cassidy bill. I do not have a disability or a pre-existing condition but I want to live in a country where we look out for the people that do. All Americans deserve affordable healthcare.

Sincerely,  
Hilary Gridley  
San Francisco, CA

--  
Hilary Gridley

[REDACTED]  
[REDACTED]

**Wright, Kevin (Finance)**

---

**From:** Linda Taubenreuther [REDACTED]  
**Sent:** Friday, September 22, 2017 6:04 PM  
**To:** gchcomments  
**Subject:** Public testimony for Monday's Graham-Cassidy hearing

Like the great majority of Americans, I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I am a senior and self-employed. Medicare is my only insurance. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Linda Taubenreuther  
Monrovia, California

## Wright, Kevin (Finance)

---

**From:** Marti Kennedy <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:04 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Hearing comments

Respected members of the Senate Finance Committee,

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My family members each have pre-existing conditions, that I fear would cause insurers to charge us an unaffordable amount. My son was born with his condition, and if lifetime caps are restored, he will reach his cap in early adulthood, and be uninsurable for the rest of his life. I am old enough to remember a time when Congress worked together to solve problems for the American people, not create them. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Please withdraw the Graham-Cassidy bill from consideration. It will hurt untold numbers of Americans.

Sincerely,  
Marti Kennedy  
Milford, New Hampshire

**Wright, Kevin (Finance)**

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**From:** Chance Massaro [REDACTED]  
**Sent:** Friday, September 22, 2017 6:04 PM  
**To:** gchcomments  
**Subject:** Just please try to improve the affordable care act!

Dear Senator,

I have a number of friends who would not have significant health care without the quality, affordable healthcare afforded by the ACA. Because of this, I oppose the Graham-Cassidy bill.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Chance Massaro

[REDACTED]  
PO Box 14906  
Santa Rosa, CA 95402

**Wright, Kevin (Finance)**

---

**From:** robin <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:03 PM  
**To:** gchcomments  
**Subject:** Opposition to the Graham-Cassidy bill

**This is urgent:**

**My family and I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.**

**I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.**

**Thank you.**

**Sincerely,**

**Robin Hoffmann  
Putnam Valley, New York**

**[town, state]**

**Wright, Kevin (Finance)**

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**From:** Jayne A Humbert [REDACTED] >  
**Sent:** Friday, September 22, 2017 6:03 PM  
**To:** gchcomments  
**Subject:** Don't mess with the Affordable Care Act

Families at my church rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. Mothers have been able to get dental care and glasses with the expansion of Medicaid. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Jayne A Humbert

Syracuse, NY

--  
Jayne A. Humbert

Land line (no text): [REDACTED]

Cell: [REDACTED]

**Wright, Kevin (Finance)**

---

**From:** Zoe Metcalfe-Klaw [REDACTED]  
**Sent:** Friday, September 22, 2017 6:03 PM  
**To:** gchcomments  
**Subject:** Save the ACA

Hello,

My name is Zoe and I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I am a freelancer living in New York city struggling to make ends meet and because of problems with my urinary tract I have to see a specialist and buy expensive prescription drugs frequently. The ACA has been revolutionary for me, it has allowed me to get the care I need and avoid visits to the ER. I literally have no idea how myself or most of my peers would survive without it. I am a young woman who would like to have a baby in the near future, but under the Graham-Cassidy bill there's no way I could afford to do so. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Zoe Metcalfe-Klaw

Brooklyn, NY

Sent from my iPhone



**Wright, Kevin (Finance)**

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**From:** Tiffany Mitchell <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:03 PM  
**To:** gchcomments

Dear Committee,

Like every American feels, my health is of the utmost importance to me. Without it I cannot enjoy life, work, or contribute the way I want in my community. I oppose the Graham-Cassidy bill. The ACA helped me afford insurance after I was laid off, and between jobs. I would like to see Congress come together and improve the way healthcare is structured that would cost less and improve it.

Regards,  
Tiffany Mitchell  
Petaluma, CA 94952

**Wright, Kevin (Finance)**

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**From:** Lisa Dignan <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:03 PM  
**To:** gchcomments  
**Subject:** Opposition to the Graham-Cassidy bill

I am writing to voice STRONG opposition to the Graham-Cassidy bill.

My family and I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I was born with a pre-existing condition that, without care and medication, will kill me. My medications have already increased over 500% in the last 10 years. My 77 year-old mother relies on the Medicare she earned through many years in the workforce.

Like millions of Americans, I want to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Lisa Christiansen  
Albuquerque, New Mexico

**Wright, Kevin (Finance)**

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**From:** Valerie Roche <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:03 PM  
**To:** gchcomments  
**Subject:** GCHcomments@finance.senate.gov

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I just faced down breast cancer. Without affordable care, we would have lost our home and our future. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Valerie Roche

Bozeman, Montana

**Wright, Kevin (Finance)**

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**From:** Kathy Teegarden [REDACTED]  
**Sent:** Friday, September 22, 2017 6:03 PM  
**To:** gchcomments  
**Subject:** Healthcare Insurance

I have paid for healthcare insurance for my family through my employer for the last 45 years. While we count on affordable reliable care, thus far we have not had to use it for major expenses much. I willingly have participated because I know that illness and accidents are not something someone chooses or anticipates. They happen. Now that I am 70 and retired I am greatly troubled by the concept that the government may enact a bill that increases the cost of insurance to everyone and especially older people who are more vulnerable to disease and disability. I believe that to have a prosperous and compassionate society we need to make sure all people have access to healthcare. I also believe that fixing the problems of ACA needs to be bipartisan. Trying to railroad through a bill is not in keeping with anyone's concept of a democracy especially when the consequences have not been thoroughly evaluated. . Kathy Teegarden, Minneapolis, Minnesota

## Wright, Kevin (Finance)

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**From:** Tania Kim [REDACTED]  
**Sent:** Friday, September 22, 2017 6:03 PM  
**To:** gchcomments  
**Subject:** Health care bill

To whom it may concern,

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My daughter was born prematurely, and that would potentially exclude her from affordable and high quality health care for the rest of her life, as she would be considered to have a pre-existing condition. This is unfair, and would impact all children born prematurely. My family's health history with breast cancer might impact my own ability to be covered if this bill passes. My husband's family history with diabetes could prevent him from getting health care. All of this would impact our children as well. We are not atypical, like most American families we would be negatively impacted by the Graham-Cassidy bill. This why we oppose it. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Tania Kim

Encinitas, CA

**Wright, Kevin (Finance)**

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**From:** Frank Coppola [REDACTED] n>  
**Sent:** Friday, September 22, 2017 6:03 PM  
**To:** gchcomments  
**Subject:** ACA

My family relies on affordable healthcare. My story is that both my wife and I have preexisting health conditions - affordable healthcare is important to us.

We are strongly against repealing and replacing the Affordable Care Act.  
We would like to see bipartisan Congressional work to improve the existing Affordable Care Act.

Thank you.

Frank Coppola

San Francisco, CA

Frank Coppola

**Wright, Kevin (Finance)**

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**From:** Lisa Baker [REDACTED]  
**Sent:** Friday, September 22, 2017 6:03 PM  
**To:** gchcomments  
**Subject:** Opposed to Graham-Cassidy Bill

My family relies on quality, affordable healthcare. Because of this, I strongly oppose the Graham-Cassidy bill. I would like to see a true bipartisan Congressional effort to improve the ACA, **NOT repeal it!**

Sincerely,  
Lisa H. Baker  
Alameda, CA 94501

**Wright, Kevin (Finance)**

---

**From:** Nathaniel Day [REDACTED]  
**Sent:** Friday, September 22, 2017 6:03 PM  
**To:** gchcomments  
**Subject:** please do not vote for the Graham-Cassidy healthcare bill

Senators:

My on quality, affordable healthcare. One of my closest friends from high school is independently employed and has recently been diagnosed with multiple sclerosis. Because of these facts, I oppose the Graham-Cassidy bill. If Sara were not able to afford high-quality affordable coverage through the ACA, her health and her ability to provide for her family would suffer. The Graham-Cassidy bill will allow states to create markets in which many pre-existing health conditions will be only technically insurable -- few working families will be able to afford plans that cover them. Moreover, many women and families in rural areas rely on Planned Parenthood for various aspects of their healthcare. If they had no access to clinics, they would suffer. Also, Medicaid funding needs should be met; we should not turn a blind eye to the health care needs of poor and working families by parceling money in block grants to states. The great cry against socialized medicine in the United States is that it would ration health care -- well, we have been rationing health care in the US: only the wealthy and well-insured can get the care they need. Obamacare has alleviated this condition somewhat, but the Graham-Cassidy bill would make this condition worse.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely, Nathan Day

Washington, DC



**Wright, Kevin (Finance)**

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**From:** Donna <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:02 PM  
**To:** gchcomments  
**Subject:** I object to Graham-Cassidy

Shame on them...what a SAD attempt....

--  
Many thanks,  
Donna

Celebrating 20 Years!

**Donna Callighan's PHOTO designs**

[REDACTED]  
Stamford, CT 06906

203 [REDACTED] phone

**YOUR IMAGE: OUR FOCUS**

**Commercial:**  
[REDACTED]

**Fine Art:**  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Jan Bauman <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:02 PM  
**To:** gchcomments  
**Subject:** Health care

I have two disabled sons on Medicaid. One is mentally ill but with Medicaid he is able to obtain the medications and the help to allow him to live on his own and to take care of himself. I am deeply afraid that if the Graham-Cassidy bill is passed, my sons will lose their health care.

My daughter was diagnosed two years ago with Chronic Lymphocytic Leukemia which well could be called a pre-existing condition under this bill. I do not want her to lose her health care which could well mean her death.

We must consider the health of our people just as important as anything else in this country and this bill will only worsen the health of many people

All Americans should be entitled to health care and it should not be left to the states to decide who can get health care. This is a terrible bill that will do harm to a lot of people.

I urge that it be defeated.

Thank you,

Jan Bauman  
San Rafael, CA 94903

**Wright, Kevin (Finance)**

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**From:** Katie Pettet [REDACTED]  
**Sent:** Friday, September 22, 2017 6:02 PM  
**To:** gchcomments  
**Subject:** Oppose Graham-Cassidy Bill

Dear Senate Finance Committee,

My mother, a cancer survivor who lives in Iowa, relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. Without the Affordable Care Act, my mother would be denied coverage because she beat cancer. That is not only ridiculous, it is morally reprehensible. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Katie Pettet

Washington, DC

**Wright, Kevin (Finance)**

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**From:** Julia Silverman <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:01 PM  
**To:** gchcomments  
**Subject:** Graham Cassidy bill

Our country relies on quality affordable healthcare. Because of this, I oppose the Graham Cassidy bill. As a young adult, I was refused insurance due to a history of migraines. My eldest son was denied insurance due to a diagnosis of bipolar disorder. He was without healthcare until he was forced to go on disability. This was very discouraging to him and certainly more expensive than appropriate treatment at the appropriate time.

I would like bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Julia Silverman  
Meadow Vista, CA



Virus-free. [www.avg.com](http://www.avg.com)

**Wright, Kevin (Finance)**

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**From:** Elizabeth Seabury [REDACTED] >  
**Sent:** Friday, September 22, 2017 6:09 PM  
**To:** gchcomments  
**Subject:** vote "no"

My family and I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My story with pre-existing conditions, birth control, maternity and prenatal care makes me want to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Elizabeth Seabury

Concord, MA

**Wright, Kevin (Finance)**

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**From:** WestWrights [REDACTED] >  
**Sent:** Friday, September 22, 2017 6:08 PM  
**To:** gchcomments  
**Subject:** Vote against ACA repeal

My wife and I rely on high quality and affordable health care. Due to a variety of preexisting conditions, including heart disease, we don't want to see states allow insurance companies to price us out of insurance. We rely on Congress to vote down this latest cruel attempt to ultimately deny coverage to millions.

John and Margaret Wright  
Sacramento, Ca.

Sent from my iPhone

## Wright, Kevin (Finance)

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**From:** Nora Rawn [REDACTED] >  
**Sent:** Friday, September 22, 2017 6:08 PM  
**To:** gchcomments  
**Subject:** Comments on Graham Cassidy bill

Dear senate,

I rely on good coverage of pre existing conditions and the Graham Cassidy bill would make life much scarier and more precarious. With the bill rejected by all fifty state Medicaid directors and the AMA I'm afraid of what would happen to my insurance if it would pass. No normal people would benefit and it's an insult that the process is being rushed like this--the existing ACA was deliberated publicly and bipartisanly for months. We should work to support the exchanges and extend the ACA rather than destroying it and harming end users.

Thank you

Nora  
[REDACTED] 12226 NY

**Wright, Kevin (Finance)**

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**From:** Cindy McPherson [REDACTED]  
**Sent:** Friday, September 22, 2017 6:08 PM  
**To:** gchcomments  
**Subject:** oppose the Graham-Cassidy bill

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.

We need health care for those who are self-employed, low-income, with pre-existing conditions, etc. We all need health care!

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Cynthia McPherson  
El Cerrito, CA



**Wright, Kevin (Finance)**

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**From:** Kathleen Kistler <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:08 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill -- improve the ACA don't repeal it.

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I was denied insurance for many years simply because I had polio as an infant. The only lasting effect of it is a minor limp. Nevertheless, I could not get private insurance at any cost. Fortunately, I finally was insured under an employer's insurance plan. Many people have stories like this or far, far worse. What we need is a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Kathleen Kistler  
Trinidad, CA

**Wright, Kevin (Finance)**

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**From:** [REDACTED]  
**Sent:** Friday, September 22, 2017 6:07 PM  
**To:** gchcomments  
**Subject:** Graham/Cassidy bill

**My** family rely/relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My story about Medicaid concerns my niece, Amy Boothe, from West Des Moines, Iowa who suffers from Spina Bifida and all the complications that accompany it. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely, Barbara James

Windsor Heights, Iowa

☺ Barb James

**Wright, Kevin (Finance)**

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**From:** Bonnie Cawley [REDACTED]  
**Sent:** Friday, September 22, 2017 6:06 PM  
**To:** gchcomments  
**Cc:** Dick Durbin; info@tammyduckworth.com  
**Subject:** Graham-Cassidy Hearing

Senators,

My family of five relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.

My son was born with multiple birth defects. Within his first 4 years, his accumulated medical bills were over one million dollars. Happily, we had good health insurance through our employers that covered the vast majority of the costs. However, this should be a matter of good luck - it should be the norm for all American families, regardless of socio-economic levels, education levels or geography.

My son now is now a happy, healthy 13 year old, but he does have issues that would be classified pre-existing conditions that may require additional care in the future. These future issues may occur when he is beyond the scope of our care, but on his own. If that is the case, I do not want to see any care he may need become unaffordable.

All 3 of my sons have ADHD. Without medication, they may not be able to hold jobs that will let them have the kind of healthcare they currently enjoy.

My husband and I both have conditions that fall into the pre-existing category, and my husband is a risk for a hereditary issue that usually occurs after the age of 50.

All of these issue are of great concern to us, and should be of great concern to you as our elected officials. Quality healthcare should not be a privilege, it should be the right of all American citizens equally, under FEDERAL law and oversight. This should not be left to the whims of local officials, varying from state to state, causing people to way their choices for job movement or retirement based on the local healthcare laws. We need to join the other major nations in the world and provide national, standardized care for everyone, regardless of income, as long as they are citizens of this country.

I see the best path to this result as through a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

**Bonnie Cawley**  
**Flossmoor, IL**

**Wright, Kevin (Finance)**

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**From:** Carol Schultz <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:06 PM  
**To:** gchcomments  
**Subject:** I oppose this bill!

Honorable Senators,

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My pre-existing condition of breast cancer is the cause that I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Carol Schultz

Menlo Park, CA

**Wright, Kevin (Finance)**

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**From:** [REDACTED]  
**Sent:** Friday, September 22, 2017 6:06 PM  
**To:** gchcomments  
**Subject:** Reject Graham-Cassidy

32 Million Americans could lose coverage, radical change to Medicaid and diminished funding for every state, 90 seconds of debate? If you want to keep your campaign pledges start by keeping your pledge not to touch Medicaid benefits. Reject this bill.

My partner, my aunt (who survived breast cancer thanks to ACA), and several of my peers here in NYC who subsist on freelance or consulting work have benefitted greatly from the ACA.

Reject this bill and push for Sanders's plan.

Alejandro Morales  
[REDACTED]  
New York, NY 10040

Sent from my iPhone

## Wright, Kevin (Finance)

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**From:** Eliot Abarbanel [REDACTED] n>  
**Sent:** Friday, September 22, 2017 6:05 PM  
**To:** gchcomments  
**Subject:** Vote No on Cassidy-Graham

I am writing to urge you to vote 'NO' on this bill, which seeks to repeal the Affordable Care Act. Given how important and consequential this vote is for such a huge part of the U.S. economy, it is disturbing to me that the Republican leaders are attempting to bring it to a vote with no meaningful hearing from experts and stakeholders on this issue. This is too big a policy change to do in such a hasty and wreckless manner. There is not even time to obtain a CBO score, which should be a minimum requirement for passage of such a consequential bill. It is my understanding that the bill will result in the loss of health care coverage for millions of Americans. It will also eliminate the protection for those with pre-existing conditions. I understand that this provision is protected in the bill, but there is nothing preventing the huge increase in premiums for this protection, which effectively eliminates it. Furthermore, the blockgranting of Medicaid benefits will result in the loss of health protection for millions of our most vulnerable citizens, including seniors, the disabled, and children.

I agree the the ACA needs to be reformed in order to make it more affordable for more Americans. The Senate should work in a bipartisan fashion to improve the ACA, instead of repealing it and throwing millions of Americans back into a situation of no medical coverage. I believe this is a moral outrage in a wealthy, Western country such as ours.

Please do the right thing.

thank you,

Eliot Abarbanel  
Oak Park, IL

**Wright, Kevin (Finance)**

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**From:** Sandra de Helen [REDACTED]  
**Sent:** Friday, September 22, 2017 6:05 PM  
**To:** gchcomments  
**Subject:** Health Care

My entire extended family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. My personal story with disability is that I became disabled from heart disease at 55. Without affordable health care I would not have received treatment. Because I did, I'm still alive 18 years later. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely, Sandra de Helen, El Cajon, California

**Wright, Kevin (Finance)**

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**From:** Anne Bennett <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:05 PM  
**To:** gchcomments  
**Subject:** Oppose the Graham Cassidy Senate Bill

Dear Senate Committee,

I am writing to oppose the Graham Cassidy Senate bill. I have spent 35 years in the healthcare industry; the first 15 working in health insurance. I know many WORKING individuals ages 55-65 without employer sponsored health plans who were not eligible for the state's high risk pool or able to afford coverage prior to the ACA. Two lost everything after being hit with major medical expenses. The ACA was their lifeline to care and recovery.

Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Anne Bennett  
Longview, WA  
Physician Recruiter & Medical Search Consultant

*Specializing in Northwest Practice Opportunities & Placements*



**Wright, Kevin (Finance)**

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**From:** Sarah Wolf [REDACTED]  
**Sent:** Friday, September 22, 2017 6:05 PM  
**To:** gchcomments  
**Subject:** Comment on GCH

I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I have a preexisting condition that requires daily medication. The protections in the ACA allow me to have health insurance coverage and not be denied coverage because of my condition. I also depend on the ACA to keep my medication affordable, since I need to take it for the rest of my life. I would like to see a bipartisan Congressional effort to improve the ACA for the millions of American citizens who need health care (i.e., all of us), not repeal it.

Sincerely,

Sarah Wolf

Tucson, AZ

## Wright, Kevin (Finance)

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**From:** Fiona Ruddy <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:12 PM  
**To:** gchcomments  
**Subject:** Testimony for Graham-Cassidy Hearing

To Whom it May Concern:

As a public health professional I understand that affordable healthcare is not an individual, but rather a community-based issue. While I personally do not rely on public insurance, I do value it as a service provided to my friends, family, and neighbors.

Health care costs are spiraling out of control and public provision of healthcare is a good that keeps many families and individuals out of bankruptcy, and most importantly, alive. Without Medicaid my cousin would have been able to receive long term care in the state of Ohio, passing away many years earlier.

Because of this, I oppose the Graham-Cassidy bill. My story with Medicaid is not unique, but I hope it is one piece of data that shows the life or death consequences of rolling back access to healthcare. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely, Fiona Ruddy  
Berkeley, California

--  
Fiona Colleen Ruddy  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Jung Choi [REDACTED]  
**Sent:** Friday, September 22, 2017 6:12 PM  
**To:** gchcomments  
**Subject:** Please Oppose the Graham-Cassidy Plan

Dear Chairman Hatch and Ranking Member Wyden:

Rare disease patients and their families rely on the patient protections that the Senate is considering eliminating by passing the Graham-Cassidy plan. Specifically, this legislation brings back annual and lifetime caps, limitless out-of-pocket costs, and inadequate coverage by rolling back essential health benefits. This bill would also allow insurers to discriminate against rare disease patients by charging them premiums based upon their health status, thus pricing them out of the market.

In addition, rare disease patients and their families rely on Medicaid for life-sustaining and life-saving care. Under the Graham-Cassidy plan, federal funding of Medicaid would be substantially weakened by per capita caps and block grants, resulting in states potentially delaying or outright refusing coverage for necessary care.

I am asking you to stand up for the rare disease community by opposing the Graham-Cassidy plan.

Thank you for your time and consideration.

Jung Choi  
[REDACTED]  
Menlo Park, CA 94025  
[REDACTED]

**Wright, Kevin (Finance)**

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**From:** Molly Roy <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:11 PM  
**To:** gchcomments  
**Subject:** Improve ACA, don't repeal it

Hello there, I rely on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. Because I am self-employed, I depend on the ACA to support my health care coverage. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Thank you.

Molly Roy

Sacramento, CA

**Wright, Kevin (Finance)**

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**From:** Kyla Hickey <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:11 PM  
**To:** gchcomments  
**Subject:** In Opposition to the Graham-Cassidy Bill

My fiancé and I rely on quality, affordable healthcare. Because of this, I strongly oppose the Graham-Cassidy bill. My fiancé does not receive any healthcare benefits through his new employer and has struggled to find adequate, affordable coverage on his own. The inability to afford basic-level healthcare to address his needs, like getting an annual check-up, seeing a doctor for sick visits, and coverage for emergencies.

I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Kyla Hickey

Los Angeles, CA

## **Wright, Kevin (Finance)**

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**From:** Jill Johnson <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:10 PM  
**To:** gchcomments  
**Subject:** Regarding the graham-Cassidy-Heller-Johnson Proposal

### **Hearing to consider the Graham-Cassidy-Heller-Johnson Proposal, Monday, September 25 2017**

Dear Senate Finance Committee:

I am writing to you today to express my alarm at the Graham-Cassidy Bill. Given the chance, the CBO will review the Bill and announce how many people will lose their insurance and how much Medicaid will shrink over the next decade. Looking at the CBO reports on the previous attempts to repeal the ACA, it is clear that the numbers will be similarly massive. When they get to a certain size, numbers can become detached from meaning and become nothing more than a string of digits. They cease to represent actual human beings who have hopes and dreams and stories.

**I hope you will bear with me while I tell my story, so you can better understand what those massive theoretical numbers really represent.**

Six years ago, at 38 years old, my husband, Steve, was laid off from a job for the first time ever. Along with the usual economic problems it caused, it also meant that we were both suddenly uninsured because we had both been insured through his employer. My employer did not offer insurance. We quickly learned that we were both “uninsurable” on the private market, due to his heart condition and my chronic and recurring reproductive issues. (Remember, this was before the ACA was enacted.) Because his heart condition was quickly becoming more severe and he was actively preparing for a heart transplant, the situation was extremely urgent. Steve needed health insurance right away.

Talking to social workers at the hospital, we learned that Medicaid was the only available option. My job paid too much for us to qualify for Medicaid, but the social workers advised us that we would qualify pretty soon. I was confused, but not for long. We continued with his treatments, as the only other option was to let him die. The cost of one surgery, which he required to prepare him for the transplant, and the costs of the various tests and medications he required over the course of a few months was enough to force us sell off everything we owned that had any value, empty our savings, and destroy our credit. Over the course of one summer we went from comfortable to irreparably destitute. Suddenly, Steve qualified for Medicaid.

The transplant was a miraculous success. The doctors and surgeons were amazed at how quickly he healed and at the complete lack of rejection. A miracle.

Medicaid was also miraculous. Although we had to lose everything to get Steve on it, once he was it paid for 100% of his medical needs until he was healthy enough to find a new job. The job he ultimately found was not as enjoyable or meaningful as his old job, but it paid better and (most importantly) had decent insurance. Around that time I found a new job, too, that paid better and had great insurance. My husband wrote about his experiences for The Chicago Tribune (focusing on the medical and omitting the financial aspects, since good Midwesterners do not talk about money in public) and received accolades. Our lives had turned around, at least to all appearances.

But when no one was looking I was crying. Sometimes it would come from nowhere, tears suddenly running down my face while I was at work. I was also having nightmares almost every night. The dream was always the same: our bed would suddenly be adrift upon a dark and silent sea with no shore in sight and no one to hear our cries for help. I would wake up in a start, feeling like my chest was being crushed.

I did not have to guess at the nightmare's meaning. Although our lives seemed better on the surface we were trapped. Steve was alive but required costly regular medical care to maintain and monitor his health. He also required numerous expensive medications. In addition to these new expenses, there was the impossibility of ever managing to pay off that massive medical debt we had run up before gaining access to Medicaid. There was also the issue of our credit, which had been completely decimated by that medical debt. On top of all that, there were my own medical issues, which I had ignored while tending to my husband's much more dire situation. As mentioned earlier, I had recurring reproductive health issues. Shortly before we lost our insurance, I had undergone a surgery and my health was regularly being monitored because I still needed additional surgery. Because we lost our insurance, I never got that surgery and, in fact, the monitoring even ceased as I could not pay for it. Eventually, I ended up in the emergency room due to hemorrhaging and required a hysterectomy. I felt like my life was over.

My husband had miraculously survived but he could not enjoy his life. It was apparent that no matter how hard we worked we would be in debt for the rest of our lives, we would never own a home, and we would never have children. On top of that, heart transplants do not last forever, and Steve will eventually need to go through another transplant.

Somehow things worked out for us, so far, thanks to two more miracles. An anonymous benefactor suddenly paid off our medical debt (when the hospital called to notify him, Steve thought it was a practical joke.) And then a close friend suddenly decided that he wanted to buy a building and that he wanted us to live in one of the units. Thanks to these two miracles, things are coming together for us. Steve's ongoing medical expenses are still formidable, but because our friend charges us minimal rent we can handle them. Our credit is slowly but surely improving and we are even putting a little money in savings. We hope to adopt a child and provide them with a loving home and family. Heart transplants do not last forever, and we are determined to enjoy every moment we have together. We know that none of this would be possible without our friend's generosity and that mysterious benefactor, and we are thankful every day.

I will never take my husband for granted, I will never take the miracles we have received for granted, and I will never take Medicaid and the ACA's protections for granted. If the ACA had been fully in place in 2011, we could have bought insurance on the private market when my husband was laid off. We would have never required Medicaid. And thank God for Medicaid! When the insurance companies refused to cover us, Medicaid saved Steve's life.


Medicaid saved my husband's life and the ACA has allowed him to maintain it. My husband will need a second heart transplant at some time in his life. If the Graham-Cassidy Bill is passed, insurance companies might be allowed to refuse us again. If the Bill is passed, Medicaid's safety net will be weaker and will be even harder to get than last time.

**According to the Graham-Cassidy Bill, the protections and programs that have saved my husband's life, and which we are counting on to help us sustain it, would be disposable. I am begging you to please not let it pass. The numbers and stats that are being thrown around represent real people. You have a chance to prevent others from going through what we did. You have a chance to save lives. In fact, if you block this Bill, you just might be saving my husband's life.**

Thank you for your time. I cannot express how grateful I am for every moment you spent reading this.

Sincerely,

Jill Johnson

  
Chicago, IL 60618



**Wright, Kevin (Finance)**

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**From:** Maggie Scott-Weathers <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:23 PM  
**To:** gchcomments  
**Subject:** public testimony for Monday's Graham-Cassidy hearing

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. Many in my family rely on Medicare and have pre-existing conditions. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Maggie Scott-Weathers  
Napa, CA

**Wright, Kevin (Finance)**

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**From:** Paul Weintraub [REDACTED]  
**Sent:** Friday, September 22, 2017 6:24 PM  
**To:** gchcomments  
**Subject:** Comments on Graham-Cassidy-Heller

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill.

As older Americans with pre-existing conditions, we were saved by the ACA's requirement that we not be denied health insurance. Graham-Cassidy would put our coverage in jeopardy, if we could even afford it.

We are opposed to turning Medicaid into block grants, and steep reductions in Federal contributions impacting states who are doing the morally right thing and covering their people. These are people's lives we are talking about!

We would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,

Paul Weintraub

**Wright, Kevin (Finance)**

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**From:** Peter Stein <[REDACTED]>  
**Sent:** Friday, September 22, 2017 6:24 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy Bill

My family relies on quality, affordable healthcare. Because of this, I oppose the Graham-Cassidy bill. I would like to see a bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Peter Stein

Petaluma, California

## Wright, Kevin (Finance)

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**From:** Cynthia [REDACTED]  
**Sent:** Friday, September 22, 2017 6:23 PM  
**To:** gchcomments  
**Subject:** Graham-Cassidy and the ACA

To whom it may concern:

I rely on Affordable Healthcare. Because of this, I oppose the Graham-Cassidy Bill.

My story with a pre-existing condition is this: I was hit by a car as I was walking across the street this summer. I sustained serious injury to my knee. Two different orthopedic doctors in two different practices each declared that my injuries would necessitate knee replacement surgery at some point.

I work as adjunct faculty at a community college; I have a very low earned income; and have no health benefits because of my part time status.

As you must know, surgery is wildly unaffordable in the United States without health insurance. Because of this accident, I now have a "pre-existing condition" which will require surgery. If Graham- Cassidy is passed, my pre-existing condition won't be covered by insurance, and furthermore my insurance premiums will likely be higher than my entire annual earned income, making it impossible to afford at all.

We must be cognizant of the difference between health care and health insurance. When laws are passed which secure the financial wellbeing of the private insurance companies while simultaneously preventing hard working citizens any hope of receiving the real medical attention they require, we CAN NOT call that "health care".

I would like to see a serious bipartisan Congressional effort to improve the ACA, not repeal it.

Sincerely,  
Cynthia de Seife  
DeKalb, IL

Sent from my iPhone