



Overview and Implications of House Republican Bill: American Health Care Act

March 15, 2017

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Presented by



Philo D. HallAssociate, Epstein Becker Green

phall@ebglaw.com

Tel: 202-861-1382



Robert F. Atlas

President, EBG Advisors

batlas@ebgadvisors.com

Tel: 202-861-1834



Drew Willison

Strategic Advisor, National Health Advisors

drew@oldakerwillison.com

Tel: 202-728-1010



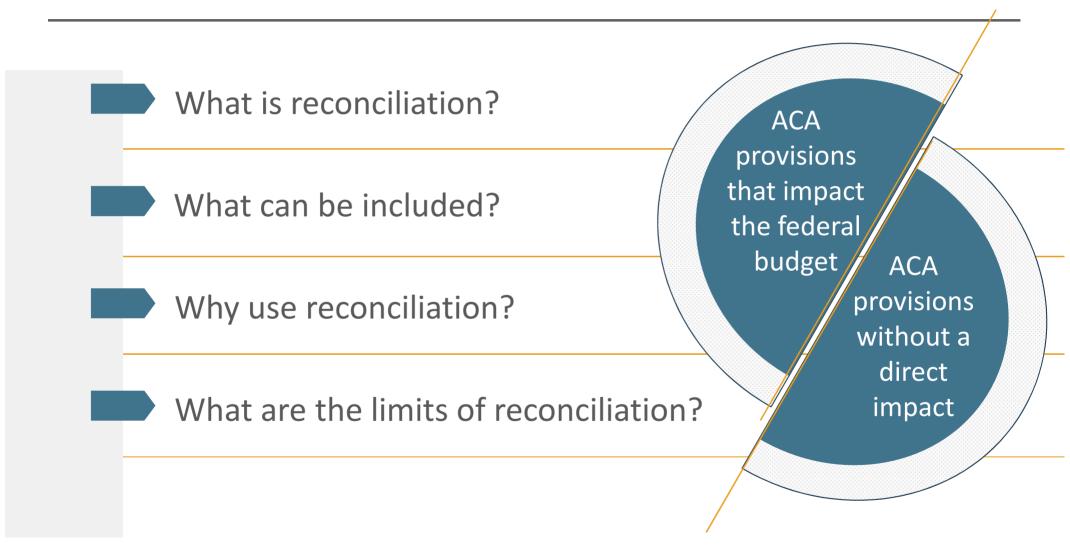


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Congressional Process

Basics of Budget Reconciliation



Congressional Process

The AHCA

Status Quo:

- Introduction » Committee mark-ups (Energy & Commerce, Ways & Means, **Budget**) » House floor vote
- Sent to Senate for consideration » debate and amendments » Senate floor vote
- Assuming Senate passes a bill other than exact bill presented by House, the two bills go to a Conference Committee to resolve differences
- Both chambers then must vote on Conference bill



Prospects for Passage?

IMPORTANT NUMBERS TO REMEMBER



House Republican "No" votes for defeat*



Senate Republican "No" votes for defeat*



Number of times Senate or House will vote



^{*} Assumes no Democrats in House or Senate vote in favor of AHCA

House Bill's Scope Not 100% ACA-Aligned

LEAVES MUCH OF ACA INTACT WHILE REACHING TO NON-ACA TERRITORY

• Innovation Center

- Medicare Part D coverage gap discount program
- Medicare Advantage rate methodology
- More

American Health Care Act

- Eliminate insurance mandate
- Rescind taxes meant to fund ACA subsidies
- Phase out Medicaid expansion for nondisabled adults

- Restructure Medicaid financing
- Defund Planned
 Parenthood

Affordable Care Act





AHCA Medicaid Reforms

Medicaid Reform

EXPANSION PHASE-OUT & FUNDAMENTAL CHANGE TO MEDICAID FINANCING

AHCA will roll back and eventually eliminate the ACA Medicaid expansion and shift federal Medicaid contributions to a per-capita based system, in addition to multiple smaller changes to Medicaid.



AHCA Changes to ACA Medicaid Expansion

EXPANSION PHASE-OUT

- States can no longer implement ACA
 Medicaid expansion
- Enhanced federal funding for states that expanded will disappear for new enrollees



- Enhanced funding will continue for those enrolled in Medicaid on 12/31/2019 until they have a break in eligibility > 1 month
- States may continue to serve expansion populations but at standard federal contribution



Introducing Per Capita Caps in Original Medicaid

RADICAL CHANGE TO PAYING FEDERAL SHARE OF 52-YEAR-OLD PROGRAM

Current Law: "Defined Benefit"

State incurs costs in Medicaid

U.S. pays percentage of State's cost

Federal share = 50-75%* based on state's wealth (Average = 60%)

*Higher for ACA expansion population

AHCA Proposal: "Defined Contribution"

U.S. allows up to fixed \$
amount per Medicaid
enrollee, starting in 2020,
based on 2016 spend

2016 base indexed by CPI-Medical, irrespective of actual growth in Medicaid per capita costs

Calculated separately for 5 groups

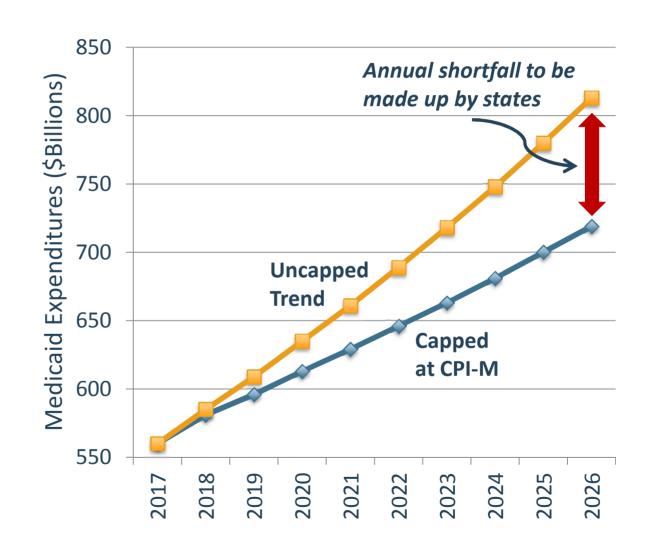


Widening Cut Foreseen in Federal Medicaid Share

MEDICAID SPENDING TRENDS HIGHER THAN CPI-M

CBO Growth Projection

- CPI-Medical = 3.7%
- Medicaid per capita costs = 4.4%



Source: EBG Advisors analysis based on CBO trend rates in cost estimate of American Health Care Act, March 13, 2017





Other Notable Medicaid Changes



Repeals ACA DSH payment reductions

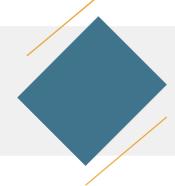
- Beginning in 2018 for non-expansion states
- For all states beginning in 2020



Prohibits states from using federal Medicaid funding to pay for services provided by Planned Parenthood

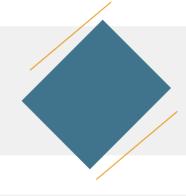
Effects of Medicaid Reforms

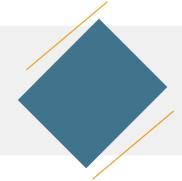
CONGRESSIONAL BUDGET OFFICE'S SCORE OF AHCA



CBO estimates AHCA will reduce federal Medicaid spending by \$880 billion between 2017-2026

CBO projects that by 2026 14 million fewer people would be enrolled in Medicaid than under current law





Spending reductions are projected to begin in 2017, \$3 billion, and escalate over time to \$155 billion in 2026





AHCA Insurance Marketplace Reforms

AHCA Insurance Marketplace Changes



Pre-existing condition protections, guaranteed issue, cost sharing caps, essential health benefits, prohibitions against lifetime and annual limits

Individual mandate, employer mandate, minimum actuarial value requirements, cost sharing subsidies



Adds or Alters

Refundable tax credits, state stability fund, age ratio (to 5:1), continuous health insurance incentives (1 year surcharge for gaps in coverage), expands HSAs and FSAs



ACA Penalty v. AHCA Surcharge

SHIFTING INCENTIVES

ACA

- Penalty higher of 2.5% of taxable income or \$695 per uncovered adult and \$347.50 per uncovered child
- Prorated based on number of months without coverage

AHCA

- Begins in 2019 open enrollment
- 12-month look back period for coverage gaps > 63 days
- If a gap occurs, a late enrollment surcharge will be charged by the insurer to enrollee for the plan year
- Surcharge = 30% of plan premium



Changes to Exchange Subsidies

ACA v. AHCA

ACA Subsidies

- Subsidies based on cost of health insurance plan available on exchange in enrollee's area
- Scaled according to enrollee income
- Unavailable for those with incomes over 400% of federal poverty level
- AHCA would permit subsidies to be used for catastrophic plans and certain plans not sold on exchanges
- AHCA would eliminate ACA subsidies beginning in 2020

AHCA Tax Credits

- Advanced refundable age-based tax credits
- Start at \$2,000 for individuals under 30, scaling up \$500 per 10 years, maxing at \$4,000 for individuals over 60
- Phases out at higher income levels \$75,000 individual / \$150,000 joint at \$100 per \$1,000 of income over the threshold



ACHA Impact on Individual Market Consumers

ILLUSTRATIVE EXAMPLES FROM CBO - NON-GROUP COVERAGE IN 2026

				Actuarial Value of Plan After Cost-Sharing
	Premium*	Premium Tax Credit ^b	Net Premium Paid	Subsidies (Percent)*
	Single Individual With Annual Income of \$26,500 (175 percent of FPL) ^d			
Current Law				
21 years old	5,100	3,400	1,700	
40 years old	6,500	4,800	1,700	(87)
64 years old	15,300	13,600	1,700	$\overline{\mathbf{Q}}$
AHCA				-22
21 years old	3,900	2,450	1,450	
40 years old	6,050	3,650	2,400	(65)
64 years old	19,500	4,900	14,600	
	Single Individual With Annual Income of \$68,200 (450 percent of FPL) ⁴			
Current Law				
21 years old	5,100	0	5,100	
40 years old	6,500	0	6,500	(70)
64 years old	15,300	0	15,300	$\overline{}$
AHCA				-5
21 years old	3,900	2,450	1,450	
40 years old	6,050	3,650	2,400	(65)
64 years old	19,500	4,900	14,600	

Sources: Congressional Budget Office; staff of the Joint Committee on Taxation.

All dollar figures have been rounded to the nearest \$50; AHCA = American Health Care Act; FPL = federal poverty level.







AHCA Tax Reforms

AHCA Effects Multiple ACA Tax Provisions

Delays "Cadillac" tax start date

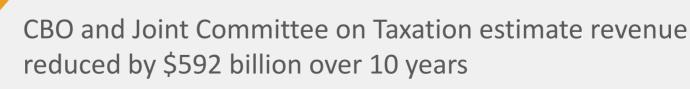
Repeals limits on FSA contributions

Lowers tax rate on HSA distributions used for non-qualified expenses

Repeals medical device tax

Lets employers deduct expenses associated with retiree Part D subsidies

Repeals annual fee on health insurers



AHCA Effects Multiple ACA Tax Provisions

Continued

Lowers income threshold for deduction of medical expenses

Repeals Medicare Hospital Insurance surtax on high income earners

Changes HSA contribution rules

Repeals tanning tax

Repeals Medicare tax on net investment income

Repeals health insurance "CEO" tax

Repeals brand Rx tax



CBO and Joint Committee on Taxation estimate revenue reduced by \$592 billion over 10 years



Medicare, Not a Target of AHCA, Is Affected

TAX CUTS IMPLICATE MEDICARE TRUST FUND

ACA Medicare Taxes Repealed By AHCA

Net investment tax

3.8% of investment income above income of \$200k single, \$250k joint

Payroll surtax

0.9% of compensation for earners above \$200k single, \$250k joint

10-Year Impact to Medicare Trust Fund

1 \$157.6 billion

\$117.3 billion

\$274.9 billion



Approx. 3% cumulative cut to Medicare

Sources: CBO cost estimate of American Health Care Act, March 13, 2017; CMS National Health Expenditures estimates, February 2017





What's Next?

AHCA: JUST THE BEGINNING

Congress and Trump administration will try multiple techniques to repeal, replace and reshape Affordable Care Act

Reconciliation

- Must impact federal budget
- Requires simple majority vote in Senate

General Legislation

- Need not impact federal budget
- Requires 60 votes in Senate
- House is considering bills related: stop-loss coverage, wellness programs, association health plans

Administrative Action

- Executive orders
- Regulations and Guidance
- Waivers

Questions?



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