Information as of July 14, 2017

Amended Senate Republican Bill Leaves Americans Worse Off

On July 13, 2017, Republicans in the U.S. Senate released amendments to the Better Care Reconciliation Act of 2017 (BCRA). The second version of the BCRA, like its original, was crafted behind closed doors by a select group of Republican senators after the first version failed to make it to a vote.

The Senate's amended BCRA maintains many of the Senate's proposals; however, this latest version further erodes the American health care system. More specifically, the Senate BCRA eliminates Medicaid expansion, reduces Medicaid eligibility, and allows states to impose work requirements for certain Medicaid recipients. Additionally, the Senate BCRA reduces eligibility for tax credits that help low-income consumers purchase insurance, eliminates critical cost-sharing reductions for co-pays and deductibles, and significantly increases premium costs for low- and middle-income seniors. Furthermore, the Senate BCRA weakens consumer protections and makes it easier for insurers to sell "skeleton" health insurance that will cover less, essentially eliminating essential health benefits. The Senate BCRA eliminates funding for the Public Health and Prevention Fund, which pays for preventive and public health services. The list goes on.

The American Nurses Association (ANA) stands in firm opposition to the original and amended Senate's Better Care Reconciliation Act, because these pieces of legislation are in direct conflict with ANA's core principles for health system transformation. The legislation reduces access to a standard package of essential health care services for all citizens and residents; it reduces the ability of individuals to acquire primary, community-based preventive services and it will drive up the cost of health care; it reduces the ability of individuals to utilize health care services in an economic way; and it says nothing of ensuring a sufficient supply of a skilled workforce necessary to providing quality health care services to all citizens and residents.

Side-by-Side Comparison of ANA Principles, the Better Care Reconciliation Act of 2017, and the amended Better Care Reconciliation Act of 2017		
ANA Principles	**Better Care Reconciliation Act of 2017**	**Better Care Reconciliation Act, with amendments as of July 13, 2017**
Ensure universal access to standard package of essential healthcare services for all citizens and residents.	• Repeals Medicaid Expansion and allows work requirements. • Encourages states to decide essential health benefits, create high risk pools for people with pre-existing conditions, and weakens consumer protections. Gives tax credits based on both age and income. Denies coverage of some women's reproductive health services and defunds Planned Parenthood for one year.	• Repeals Medicaid expansion and allows work requirements for certain individuals, but allows federal budget restraints to be lifted during declared emergency. • Insurers may offer cheaper, inadequate "skeleton" health insurance plans, allowing exemptions from requirements such as no-cost preventive care or coverage of essential health benefits, as long as they offer at least one plan meeting ACA standards.

Information as of July 14, 2017

Side-by-Side Comparison of ANA Principles, the Better Care Reconciliation Act of 2017, and the amended Better Care Reconciliation Act of 2017		
ANA Principles	**Better Care Reconciliation Act of 2017**	**Better Care Reconciliation Act, with amendments as of July 13, 2017**
Optimize primary, community based preventive services while supporting the cost effective use of innovative, technology driven acute hospital based services.	• Uses tax code to discourage use of high cost health services particularly those available through employer based plans. • Eliminates funding after FY 2017 for the Prevention and Public Health Fund within the ACA and adds one-time, supplemental funding increases for both the Community Health Center Program and to combat the opioid abuse and mental health crises.	• Funding still eliminated, however an additional $45 billion over ten years would be provided to states to address the national opioid crisis, mainly for addiction treatment; ignoring the need for the support services for individuals with underlying mental and substance use disorders.
Ensure mechanisms to stimulate economic use of health care services while supporting those who do not have the means to share in costs.	• Eliminates cost-sharing reductions which allow low-income individuals to purchase basic and preventive healthcare services. • Repeals taxes on a wide range of providers and services intended to fund the purchase of affordable healthcare and incentivize healthcare. • Increases reliance on HSAs to fund health insurance and medical out-of-pocket expenses. • Forces states to operate individual and small group insurance markets using flat rate federal grant money.	• In 2020, eligibility for subsidies would be scaled back from 400% to 350% of federal poverty level for a basic plan with less coverage. • Those who were eligible for subsidies may now receive tax credits to purchase high-deductible, catastrophic plans. • Any person may purchase a catastrophic plan, whereas under the ACA, availability is only to those under 30 and qualified for a hardship exemption. • Allows HSAs to be used for premiums. • Continues to repeal the majority of taxes that fund the purchase of affordable healthcare.
Ensure sufficient supply of a skilled workforce to providing high quality healthcare services.	• Provides no action on issues of healthcare work force development.	• Provides no action on issues of healthcare work force development.

A similar version of this document comparing the ACA to the original version of the BCRA was created on June 22, 2017 and can be found here.