Congress is moving quickly to repeal the Affordable Care Act (ACA). While some replacement plans are in the works, many of the current proposals would leave vulnerable populations without access to affordable health coverage. We strongly believe that any replacement plan ensure quality and affordable access to coverage.

Please do not repeal the Affordable Care Act without an adequate replacement established in the same legislation.

Key benefits of the ACA:

- The ACA helped many low-income and vulnerable families’ access affordable and quality care. Under the ACA, Medicaid was expanded in 31 states and the District of Columbia. This meant that healthcare became significantly more accessible to people with disabilities, pregnant women, seniors, and low-income families. Everyone under 138 percent of the poverty line (which is about $33,170 for a family of four) was able to gain access to healthcare in Medicaid expansion states. 11 million people gained coverage under this expansion.
- The ACA prevents insurance companies from charging patients more based on age or gender.
- The ACA prevents insurance companies from denying service or charging higher rates to those with pre-existing conditions.
- The ACA does not impose lifetime caps on how much an insurer has to cover you.
- The ACA promotes employer-based coverage, helping American workers around the country.
- The ACA allows children under 26 to be covered by their parent’s insurance plans.
- The ACA promotes preventative care, reducing costs and bettering health over the long term. For example, it provides free healthcare services to all women for things such as HIV testing, STD testing, breastfeeding, and domestic violence.
Our concerns with some of the proposals that have been put forth:

- **Medicaid Per Capita Cap or Block Granting Medicaid:** Both of these proposals essentially cap federal funding and turn the funds over to the states. While flexibility can be good, a block grant or per capita cap would reduce federal resources for Medicaid overtime, shifting costs to states and individuals. Without adequate funding, states would end up reducing benefits or siphon off money from other priorities. Block grants and per capita caps also provide less accountability for how the money is used. We saw this after welfare reform, and now TANF fails to reach significant populations of people who need it.

- **Health Savings Accounts (HSAs):** HSAs allow people to put their own money aside for healthcare in a tax free savings account. But HSAs are not health insurance and should not be a substitute for health insurance. They disproportionately benefit wealthier families who can afford to put money aside. The majority of families who use HSAs are families making more than $100,000 a year. The tax benefits associated with HSAs do little to help families that are living paycheck to paycheck and can’t afford to set aside money to pay the full costs of healthcare.

- **Expanding High Risk Pools:** Before the ACA, high risk pools were typically the only coverage available to people with pre-existing conditions, that didn’t have access to health insurance through an employer or a program like Medicaid. But they were often underfunded, and had lifetime caps on how much insurers had to pay for and individual’s care. Furthermore, plan choices were limited, and people had to pay high premiums. Bringing back high risk pools would be extremely costly if fully subsidized and lead to unaffordable premiums for those who are sick and have pre-existing conditions if not fully covered by the government.

- **Allowing Insurers to sell across state lines:** Selling insurance across state lines would allow insurance companies to move to states with weaker coverage protections. Insurance companies could pick and choose which rules to follow. It would lower monthly premiums for healthy people, but it would lead to severe premium increases for individuals who are sick, have pre-existing conditions, individuals with disabilities, and other vulnerable populations.

We need to be reminded that the health of 30 million lives is at stake here. Families that struggle to get by are counting on Congress to ensure that any replacement plan put forth assures them adequate and affordable coverage. We cannot fail them. If Congress is to repeal the ACA, Congress must ensure a comprehensive and responsible plan is set in place.

*Founded in 1943 by members of the Religious Society of Friends (Quakers), FCNL fields an expert team of lobbyists on Capitol Hill and works with a grassroots network of tens of thousands of people across the country. FCNL lobbies Congress and the administration to advance peace, justice, opportunity, and environmental stewardship. FCNL is a nonpartisan organization that seeks to live our values of integrity, simplicity, and peace as we build relationships across political divides to move policies forward.*