American Bridge

Policy Brief: Trump Trying to Sabotage the ACA at Every Turn

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TRUMP: TRYING TO SABOTAGE THE ACA AT EVERY TURN

Since taking office, President Trump has repeatedly tried to sabotage the Affordable Care Act:

✓ He has continually threatened to cut off funding for the ACA's cost-sharing subsidies, which would jeopardize coverage for 7 million low-income Americans. Uncertainty over the future of cost-sharing subsidies has already forced some insurers to raise rates for next year or leave the marketplace altogether.

✓ He allowed his Department of Health and Human Services to use taxpayer dollars on anti-ACA Tweets and videos.

✓ He issued an executive order allowing federal agencies to ignore the ACA's individual mandate, the backbone of the legislation. Without it, the insurance market would collapse.

✓ He ended ACA advertisements during the final weeks of open enrollment, a period critical for getting young, healthy customers to sign up. Having young and healthy people in the market is key to stability.

✓ He supported "skinny repeal" of the ACA, which would eliminate the ACA's individual mandate and send the insurance market into a death spiral.

Trump swears the GOP refuses to"own" Obamacare, but multiple polls indicate most voters would lay ACA sabotage at the feet of Republicans. According to a July 2017 poll by the Kaiser Family Foundation, about 70% of Americans said they would rather see the GOP work with Democrats to fix the ACA but not repeal it, and an April 2017 poll by the same organization found about 60% said they would blame the GOP for any problems with the ACA going forward. A July 2017 Fox News poll found similar results.

Trump Repeatedly Threatened To Cut Off Funding For The ACA's Cost-Sharing Subsidies, A Move That Would Jeopardize Coverage For 7 Million And Force Insurers Out Of The Market

TRUMP THREATENED TO WITHHOLD THE ACA'S COST-SHARING SUBSIDIES AS A MEANS OF FORCING DEMOCRATS TO NEGOTIATE

In An Interview With The Wall Street Journal, Trump Threatened "To Withhold Payments To Insurers To Force Democrats To The Negotiating Table." According to The Wall Street Journal, "Nearly three weeks after Republican infighting sank an overhaul of the Affordable Care Act, President Donald Trump dug back into the battle on Wednesday, threatening to withhold payments to insurers to force Democrats to the negotiating table. In an interview in the Oval Office, Mr. Trump said he was still considering what to do about the payments approved by his Democratic predecessor, President Barack Obama, which some Republicans contend are unconstitutional. Their abrupt disappearance could trigger an insurance meltdown that causes the collapse of the 2010 health law, forcing lawmakers to return to a bruising debate over its future." [Wall Street Journal, 4/12/17]

- **Trump: "Obamacare Is Dead Next Month If It Doesn't Get That Money."** According to The Wall Street Journal, "Mr. Trump said he had mixed feelings about creating turmoil in the insurance markets. 'Obamacare is dead next month if it doesn't get that money,' Mr. Trump said. 'I haven't made my viewpoint clear yet. I don't want people to get hurt....What I think should happen and will happen is the Democrats will start calling me and negotiating.'" [Wall Street Journal, 4/12/17]

- **Trump: "I'm Going To Have To Make A Decision."** According to The Wall Street Journal, "'It wasn't authorized by Congress,' Mr. Trump said. 'I'm going to have to make a decision.'" [Wall Street Journal, 4/12/17]

- **Trump: Chuck Schumer "Should Be Calling Me And Begging Me To Help Him Save Obamacare, Along With Nancy Pelosi."** According to The Wall Street Journal, "Sen. Chuck Schumer of New York, the chamber's Democratic leader, and Rep. Nancy Pelosi of California, the House Democratic leader, have said they are unwilling to discuss a deal with Mr. Trump while the prospect of undermining the law remained on the table. Mr. Trump said Mr. Schumer 'should be calling me and begging me to help him save Obamacare, along with Nancy Pelosi.'" [Wall Street Journal, 4/12/17]

TRUMP CONTINUED TO HINT THAT COST-SHARING SUBSIDIES WERE ON THE CHOPPING BLOCK AS HEALTH CARE BILLS CONTINUED TO FAIL IN CONGRESS

Trump Tweet: "If A New HealthCare Bill Is Not Approved Quickly, BAILOUTS For Insurance Companies And BAILOUTS For Members Of Congress Will End Very Soon!" According to a Tweet by Donald J. Trump, "If a new HealthCare Bill is not approved quickly, BAILOUTS for Insurance Companies and BAILOUTS for Members of Congress will end very soon!" [Donald J. Trump Twitter, 7/18/17]

Trump: "I Think We're Probably In That Position Where We'll Just Let Obamacare Fail. […] We're Not Going To Own It." According to Roll Call, "If President Donald Trump wants to 'let Obamacare fail' as he says, there's a ready way for him to give it a push. So far, the Trump administration and House Republicans have agreed to keep frozen a case in a Washington appeals court over appropriations as part of a push to repeal and replace the 2010 health care law. The case is left over from when House Republicans sued the Obama administration in 2014. […] Trump took to Twitter to hint at what his next actions could be. 'As I have always said, let ObamaCare fail and then come together and do a great healthcare plan. Stay tuned!' Trump tweeted Tuesday. He backed that up in a statement to reporters later in the day. 'I think we're probably in that position where we'll just let Obamacare fail,' the president said. 'We're not going to own it. I'm not going to own it. I can tell you the Republicans are not going to own it. We'll let Obamacare fail and then the Democrats are going to come to us and they're going to say, 'How do we fix it, how do we fix it,' or, 'How do we come up with a new plan?'" [Roll Call, 7/19/17]

Trump Tweet: "As I Have Always Said, Let ObamaCare Fail And Then Come Together To Do A Great Healthcare Plan. Stay Tuned!" According to a Tweet by Donald J. Trump, "As I have always said, let ObamaCare fail and then come together and do a great healthcare plan. Stay tuned!" [Donald J. Trump Twitter, 7/18/17]

The ACA Provides Cost-Sharing Subsidies For 7 Million People Who Earn Between 100% And 250% Of The Federal Poverty Level

The Affordable Care Act Provides Cost-Sharing Subsidies To Americans Earning Up To 250% Of The Federal Poverty Line To Offset Deductibles, Co-Pays And Other Out-Of-Pocket Fees. According to The Washington Post, "The money is for a kind of financial assistance that is less familiar than the tax credits the law gives most people for their ACA plan premiums. These 'cost-sharing reductions' are designed instead to lower the deductibles, co-pays and other out-of-pocket fees for nearly half the customers this year.

[…] The payments are one way in which the ACA helps make private insurance affordable for people with relatively low incomes who buy coverage through HealthCare.gov or similar marketplaces at the state level. While the law offers premium tax credits for marketplace customers with incomes up to 400 percent of the federal poverty line, the cost-sharing reductions are for a narrower group. They help those with incomes up to 250 percent of the poverty level — just under $30,000 for individuals or about $60,000 for a family of four — who buy the second-lowest tier of ACA coverage, known as silver plans." [Washington Post, 12/24/16]

Seven Million Marketplace Customers In 2017 Qualified For Cost-Sharing Subsidies, Making Up 58 Percent Of People Signing Up This Year. According to The New York Times, "The Affordable Care Act requires insurers to reduce deductibles and other out-of-pocket costs for certain low-income consumers. The 'cost-sharing' subsidies, which total $7 billion a year, compensate insurers for these discounts. Seven million people selecting marketplace plans for 2017 qualified for cost-sharing subsidies. They account for 58 percent of the people signing up for plans this year." [New York Times, 4/10/17]

THE UNCERTAINTY SURROUNDING THE FUTURE OF COST-SHARING SUBSIDIES HAS FORCED MANY INSURERS TO RAISE NEXT YEAR'S RATES OR LEAVE THE MARKETPLACE ALTOGETHER

HEADLINE: "Uncertainty Over Obamacare Leaves Next Year's Rates In Limbo" [NPR, 7/19/17]

HEADLINE: "GOP Uncertainty Over Obamacare Drives Out Insurers" [Politico, 6/8/17]

HEADLINE: "The GOP's Obamacare Sabotage Continues" [Washington Post, 7/10/17]

HEADLINE: "Why So Many Insurers Are Leaving Obamacare" [The Atlantic, 5/11/17]

HEADLINE: "Delay On Obamacare Subsidy Decision Leaves Insurers In Limbo" [Bloomberg, 5/22/17]

NPR: "Individuals Could Face Sharply Higher Premiums And Fewer Choices If More Health Insurers Leave The Insurance Marketplaces Because Of Lingering Uncertainty" Over The Future Of Cost-Sharing Subsidies. According to NPR, "Individuals could face sharply higher premiums and fewer choices if more health insurers leave the insurance marketplaces because of lingering uncertainty. State and industry officials around the United States are concerned that the federal government could stop funding so-called cost-sharing subsidies that reduce out-of-pocket costs for people with lower incomes. And they worry the Trump administration won't enforce the individual mandate that requires people to purchase health coverage or pay a penalty." [NPR, 7/19/17]

The ACA Marketplace Was In A "Meltdown" As Insurers Left Over Uncertainty On The Future Of Cost-Sharing Subsidies. According to Politico, "Obamacare markets are undergoing a slow-motion meltdown as Republicans stoke a climate of uncertainty while struggling to agree on their own plan for overhauling American health care. The steady march of insurers that have announced plans to exit marketplaces in recent weeks leaves Obamacare customers in wide swaths of the country with potentially no options for purchasing subsidized coverage in 2018. In the latest and most significant blow, Anthem this week announced it will pull out of Ohio next year, leaving at least 18 counties without an insurer selling Obamacare plans. […] Most significantly, the Trump administration's refusal to commit to continue paying crucial subsidies — estimated at $7 billion for this year — has made health plans skittish about remaining in the marketplaces as crucial deadlines approach for 2018." [Politico, 6/8/17]

Washington Post Editorial Board: "Another Week, Another Insurance Company Deserting Patients In A Wide Swath Of The Country." According to an editorial in The Washington Post, "ANOTHER

WEEK, another insurance company deserting patients in a wide swath of the country. Last Tuesday, Anthem announced it would pull out of the Obamacare marketplace in Ohio, potentially leaving individual insurance-buyers in about a fifth of the state's counties without Affordable Care Act coverage to purchase. The news came after insurers in various other states announced or threatened market exits or big rate hikes over the past several weeks. Are these moves more evidence that Obamacare is fundamentally unworkable? Hardly. Of greedy insurance companies callously disregarding their customers' health? Not that either. Anthem explained clearly what is responsible for its retreat: Republican sabotage of the health-care system. The Trump administration has been serially unclear about whether it will keep funding a crucial subsidy program, known as cost-sharing reductions . Without them, insurers would have to jack up premiums to cover their costs or leave markets that would become deeply unprofitable to them. Just as experts and industry officials predicted, insurance companies have done both as the uncertainty about these subsidies has grown." [Editorial – Washington Post, 6/10/17]

MEDICAL ASSOCIATIONS, INSURANGE GROUPS, AND EVEN THE CHAMBER OF COMMERCE SIGNED ONTO A LETTER CONDEMNING TRUMP'S DANGEROUS TACTICS

Letter: "We Urge The Administration And Congress To Take Quick Action To Ensure CSRs Are Funded." According to A letter from America's Health Insurance Plans, the American Academy of Family Physicians, the American Benefits Council, the American Hospital Association, the American Medical Association, Blue Cross Blue Shield Association, the Federation of American Hospitals, and the U.S. Chamber of Commerce to HHS Secretary Price, Treasury Secretary Mnuchin, OMB Director Mulvaney, and CMS Administrator Verma, "We urge the Administration and Congress to take quick action to ensure CSRs are funded. We are committed to working with you to deliver the short-term stability we all want and the affordable coverage and high-quality care that every American deserves. But time is short and action is needed. By working together, we can create effective, market-based solutions that best serve the American people." [Letter from America's Health Insurance Plans, American Academy of Family Physicians, American Benefits Council, American Hospital Association, American Medical Association, Blue Cross Blue Shield Association, Federation of American Hospitals, and U.S. Chamber of Commerce to HHS Secretary Price, Treasury Secretary Mnuchin, OMB Director Mulvaney, and CMS Administrator Verma, 4/12/17]

Letter: "The Most Critical Action To Help Stabilize The Individual Market For 2017 And 2018 Is To Remove Uncertainty About Continued Funding For Cost Sharing Reductions (CSRs). […] If CSRs Are Not Funded, Americans Will Be Dramatically Impacted." According to A letter from America's Health Insurance Plans, the American Academy of Family Physicians, the American Benefits Council, the American Hospital Association, the American Medical Association, Blue Cross Blue Shield Association, the Federation of American Hospitals, and the U.S. Chamber of Commerce to HHS Secretary Price, Treasury Secretary Mnuchin, OMB Director Mulvaney, and CMS Administrator Verma, "The most critical action to help stabilize the individual market for 2017 and 2018 is to remove uncertainty about continued funding for cost sharing reductions (CSRs). Nearly 60 percent of all individuals who purchase coverage via the marketplace – 7 million people – receive assistance to reduce deductibles, co-payments, and/or out-of-pocket limits through CSR payments. This funding helps those who need it the most access quality care: low- and modest income consumers earning less than 250 percent of the federal poverty level. If CSRs are not funded, Americans will be dramatically impacted." [Letter from America's Health Insurance Plans, American Academy of Family Physicians, American Benefits Council, American Hospital Association, American Medical Association, Blue Cross Blue Shield Association, Federation of American Hospitals, and U.S. Chamber of Commerce to HHS Secretary Price, Treasury Secretary Mnuchin, OMB Director Mulvaney, and CMS Administrator Verma, 4/12/17]

- **Letter: "Choices For Consumers Will Be More Limited."** According to A letter from America's Health Insurance Plans, the American Academy of Family Physicians, the American Benefits

Council, the American Hospital Association, the American Medical Association, Blue Cross Blue Shield Association, the Federation of American Hospitals, and the U.S. Chamber of Commerce to HHS Secretary Price, Treasury Secretary Mnuchin, OMB Director Mulvaney, and CMS Administrator Verma, "If CSRs are not funded, Americans will be dramatically impacted: Choices for consumers will be more limited. If reliable funding for CSRs is not provided, it may impact plan participation, which would leave individuals without coverage options." [Letter from America's Health Insurance Plans, American Academy of Family Physicians, American Benefits Council, American Hospital Association, American Medical Association, Blue Cross Blue Shield Association, Federation of American Hospitals, and U.S. Chamber of Commerce to HHS Secretary Price, Treasury Secretary Mnuchin, OMB Director Mulvaney, and CMS Administrator Verma, 4/12/17]

- **Letter: "Analysts Estimate That Loss Of CSR Funding Alone Would Increase Premiums For All Consumers – Both On And Off The Exchange – By At Least 15 Percent."** According to A letter from America's Health Insurance Plans, the American Academy of Family Physicians, the American Benefits Council, the American Hospital Association, the American Medical Association, Blue Cross Blue Shield Association, the Federation of American Hospitals, and the U.S. Chamber of Commerce to HHS Secretary Price, Treasury Secretary Mnuchin, OMB Director Mulvaney, and CMS Administrator Verma, "If CSRs are not funded, Americans will be dramatically impacted: […] Premiums for 2018 and beyond will be higher. Analysts estimate that loss of CSR funding alone would increase premiums for all consumers – both on and off the exchange – by at least 15 percent. Higher premium rates could drive out of the market those middle-income individuals who are not eligible for tax credits." [Letter from America's Health Insurance Plans, American Academy of Family Physicians, American Benefits Council, American Hospital Association, American Medical Association, Blue Cross Blue Shield Association, Federation of American Hospitals, and U.S. Chamber of Commerce to HHS Secretary Price, Treasury Secretary Mnuchin, OMB Director Mulvaney, and CMS Administrator Verma, 4/12/17]

- **Letter: "If More People Are Uninsured, Providers Will Experience More Uncompensated Care Which Will Further Strain Their Ability To Meet The Needs Of Their Communities And Will Raise Costs For Everyone."** According to A letter from America's Health Insurance Plans, the American Academy of Family Physicians, the American Benefits Council, the American Hospital Association, the American Medical Association, Blue Cross Blue Shield Association, the Federation of American Hospitals, and the U.S. Chamber of Commerce to HHS Secretary Price, Treasury Secretary Mnuchin, OMB Director Mulvaney, and CMS Administrator Verma, "If CSRs are not funded, Americans will be dramatically impacted: […] If more people are uninsured, providers will experience more uncompensated care which will further strain their ability to meet the needs of their communities and will raise costs for everyone, including employers who sponsor group health plans for their employees." [Letter from America's Health Insurance Plans, American Academy of Family Physicians, American Benefits Council, American Hospital Association, American Medical Association, Blue Cross Blue Shield Association, Federation of American Hospitals, and U.S. Chamber of Commerce to HHS Secretary Price, Treasury Secretary Mnuchin, OMB Director Mulvaney, and CMS Administrator Verma, 4/12/17]

- **Letter: "Hardworking Taxpayers Will Pay More, As Premiums Grow And Tax Credits For Low-Income Families Increase, Than If CSRs Are Funded."** According to A letter from America's Health Insurance Plans, the American Academy of Family Physicians, the American Benefits Council, the American Hospital Association, the American Medical Association, Blue Cross Blue Shield Association, the Federation of American Hospitals, and the U.S. Chamber of Commerce to HHS Secretary Price, Treasury Secretary Mnuchin, OMB Director Mulvaney, and CMS Administrator Verma, "If CSRs are not funded, Americans will be dramatically impacted: • Choices for consumers will be more limited. If reliable funding for CSRs is not provided, it may impact plan participation, which would leave individuals without coverage options. […] Hardworking taxpayers will pay more, as premiums grow and tax credits for low-income families increase, than if CSRs are funded." [Letter from America's Health Insurance Plans, American Academy of Family Physicians, American Benefits Council, American Hospital Association, American Medical Association, Blue Cross Blue Shield Association, Federation of American Hospitals, and U.S. Chamber of Commerce to HHS Secretary Price, Treasury Secretary Mnuchin, OMB Director Mulvaney, and CMS Administrator Verma, 4/12/17]

Trump's HHS Used Taxpayer Dollars To Advocate For Repeal Of The ACA

THE GOVERNMENT ACCOUNTABILITY OFFICE BEGAN LOOKING INTO USE OF TAXPAYER DOLLARS ON TWEETS AND VIDEOS CRITICAL OF THE ACA

Under Secretary Tom Price, HHS Made A Series Of Videos Featuring People Who Claimed To Be Harmed by The Affordable Care Act. According to The Daily Beast, "Under Secretary Tom Price's stewardship, HHS has filmed and produced a series of testimonial videos featuring individuals claiming to have been harmed by Obamacare. Those 'viral' videos have had decidedly limited reach, often gathering somewhere between 100 and 200 views each. But the Department has made a heavy investment in them nonetheless. To date, it has released 23 videos. A source familiar with the video production says that there have been nearly 30 interviews conducted in total, from which more than 130 videos have been produced." [Daily Beast, 7/20/17]

- **The Videos Were Funded Through The "Consumer Information And Outreach" Budget, Meant To Be Used To Promote The ACA.** According to the Daily Beast, "Funding for those videos would come from the Department's 'consumer information and outreach' budget, which was previously used for the purposes of advertising the ACA and encouraging enrollment. The Trump administration has requested $574 million for this specific budget item, though HHS declined to detail how much it has devoted to specific line items. Two sources familiar with the videos say that HHS continues to draw money from the outreach fund, even though its objective has switched from promoting the ACA to highlighting the law's critics and its shortcomings." [Daily Beast, 7/20/17]

- **HHS Flew Video Subjects To Washington, DC.** According to the Daily Beast, "Getting the subjects to HHS' studio also cost taxpayer money. In this case, the White House itself found individuals, often through local news stories and Republican Party connections, and flew them to Washington, D.C., to participate in roundtables to discuss Obamacare. From there, they were whisked across town to HHS headquarters." [Daily Beast, 7/20/17]

The Government Accountability Office Announced That It Was Looking Into The HHS's Use Of Federal Resources To Undermine The ACA Through Tweets And Videos. The GAO has sent a letter to Sen. Patty Murray (D-Wash.) announcing its formal intention to examine the conduct of the Department of Health and Human Services for possible lawbreaking. Murray and three other Democrats recently sent their own letter to the GAO and the U.S. inspector general requesting an examination of whether HHS is engaging in a 'pattern' of 'using federal resources to advance partisan legislation.' The Democrats' letter cited the use of HHS's official Twitter accounts to attack the ACA and promote the GOP replacement. It also raised questions as to whether HHS is using taxpayer funds to produce video testimonials of people criticizing the ACA, which would violate the prohibition on an agency 'engaging in covert propaganda,' the Democrats' letter says." [Washington Post, 7/27/17]

Trump Issued An Executive Order Allowing Federal Agencies To Disregard Enforcement Of The ACA's Backbone Provision

TRUMP ISSUED AN EXECUTIVE ORDER ALLOWING FEDERAL AGENCIES TO DISREGARD ENFORCEMENT OF THE ACA'S INDIVIDUAL MANDATE

PBS: Donald Trump Signed An Executive Order Stating That "Federal Agencies Can Grant Waivers, Exemptions And Delays Of Obamacare Provisions That Would Impose Costs On States Or Individuals." According to PBS, "Trump's order states that federal agencies can grant waivers, exemptions and delays of 'Obamacare' provisions that would impose costs on states or individuals. That language appears to be aimed squarely at undoing the law's unpopular requirement that individuals carry health insurance or face fines — a key provision of the measure former President Barack Obama signed in 2010." [PBS, 1/21/17]

- **PBS: Trump's Executive Order Appears To Undo The Individual Mandate.** According to PBS, "Trump's order states that federal agencies can grant waivers, exemptions and delays of 'Obamacare' provisions that would impose costs on states or individuals. That language appears to be aimed squarely at undoing the law's unpopular requirement that individuals carry health insurance or face fines — a key provision of the measure former President Barack Obama signed in 2010." [PBS, 1/21/17]

- **Los Angeles Times: Trump's Order "Suggested His Administration Wouldn't Implement Rules Crucial To Sustaining Viable Markets."** According to the Los Angeles Times, "The move, which comes just days ahead of a critical enrollment deadline for Obamacare health plans, follows Trump's executive order last weekend in which he suggested his administration wouldn't implement rules crucial to sustaining viable markets." [Los Angeles Times, 1/27/17]

The IRS Announced It Was Loosening The ACA Insurance Mandate Directives By Accepting Tax Returns Without Proof Of Insurance, Making Enforcement Difficult. According to the Huffington Post, "On Jan. 20, hours after taking the oath of office, he signed an executive order instructing federal agencies to interpret the health care law's regulations in a way that would 'minimize the economic burdens' on individuals and businesses. The Internal Revenue Service has taken that advice to heart. Taxpayers indicate on their returns whether they have qualifying insurance, and those who say they don't must calculate how much penalty they owe or apply for an exemption. In the past, the IRS would accept 'silent' returns in which filers left the insurance information blank. The IRS had planned to end that practice in 2017 and start rejecting outright returns that don't indicate the filer's insurance status. On Feb. 3, the agency informed tax-preparation software companies that it was canceling that plan. In other words, the IRS will continue to accept silent returns." [Huffington Post, 2/15/17]

Trump's Executive Order Could Collapse Insurance Markets And Deprive Consumers Of Affordable Coverage

Loosening The Individual Insurance Mandate Would Raise Premiums And Cause The Health Insurance System To Collapse. According to the Los Angeles Times, "And that, in turn, keeps premiums in check. If the requirement is loosened, as the Trump administration appears to be contemplating, that system could begin to collapse. That would send premiums skyrocketing even more than they did last year for some people who bought insurance on Obamacare marketplaces. The enrollment period for 2017 coverage is almost over, so that may not happen right away." [Los Angeles Times, 1/21/17]

The Insurance Mandate Is "Critical To Maintaining Health Insurance Markets" Because Requiring Both The Healthy And Sick To Have Coverage Offsets The Cost Of The Sick. According to the Los Angeles Times, "The insurance requirement is considered critical to maintaining health insurance markets because it encourages healthier people to sign up for coverage. And healthier people offset the cost of sicker people." [Los Angeles Times, 1/21/17]

The Trump Administration Ended ACA Advertisements During A Critical Sign-Up Period

THE TRUMP ADMINISTRATION ENDED ACA ADVERTISEMENTS DURING THE FINAL WEEK OF OPEN ENROLLMENT, WHEN MANY YOUNG PEOPLE TEND TO SIGN UP

CBPP: The Trump Administration Ended ACA Advertisements For The Final Week Of Open Marketplace Enrollment. According to Shelby Gonzales, Senior Policy Analyst at the Center on Budget and Policy Priorities, "The Administration announced last week that it would stop planned ads for the final week of open enrollment for marketplace health coverage, which ends today. And it had planned also to stop sending reminder emails to consumers, retreating from that plan only after an outcry from health experts, advocates, and insurers. Successful outreach, particularly in the final days of open enrollment, is key to maintaining a stable marketplace. Experience from the first three open enrollment periods shows that many consumers wait until the last minute to enroll and respond well to last-minute reminders." [Shelby Gonzales – Center on Budget and Policy Priorities, 1/31/17]

- **CBPP: Over 8 Percent Of Enrollees Who Signed Up Last Year Did So In The Final Two Weeks Of Open Enrollment, Including Young People Who Are Critical To Maintaining Stable Markets.** According to Shelby Gonzales, Senior Policy Analyst at the Center on Budget and Policy Priorities, "Last year, 790,000 people, more than 8 percent of total signups, enrolled in coverage in the last two weeks of open enrollment— 687,000 of them in the last week. Young consumers are particularly responsive to deadline pressure, and young people are critical to the success of the marketplaces because they tend to be healthier and thus less costly to cover. Encouraging them to enroll doesn't simply ensure that more Americans have health coverage; it also contributes to the overall health and stability of health insurance markets and thereby reduces the likelihood of premium increases and insurer pullouts. Placing such efforts in jeopardy only weakens the marketplaces." [Shelby Gonzales – Center on Budget and Policy Priorities, 1/31/17]

Trump Supported "Skinny Repeal" Of The ACA, Which Experts Warned Would Send The Insurance Market Into A Death Spiral

TRUMP SUPPORTED "SKINNY REPEAL" OF THE ACA

HEADLINE: "Trump Blasts Lawmakers For Voting Down 'Skinny' ObamaCare Repeal" [The Hill, 7/28/17]

Trump Tweeted His Criticism Of The "3 Republicans And 48 Democrats" Who "Let The American People Down" The Morning After The Skinny Repeal Vote. According to The Hill, "President Trump early Friday morning blasted lawmakers for failing to pass the Senate GOP's 'skinny' ObamaCare repeal bill, doubling down on his past call to 'let ObamaCare implode.' '3 Republicans and 48 Democrats let the

American people down. As I said from the beginning, let ObamaCare implode, then deal. Watch!' Trump tweeted just before 2:30 a.m. on Friday." [The Hill, 7/28/17]

"SKINNY REPEAL" WOULD HAVE ELIMINATED THE ACA'S INDIVIDUAL MANDATE

"Skinny Repeal" Would Have Included Eliminating The ACA's Penalties For Individuals Who Go Without Insurance. According to NBC, "The S9enate agreed to open debate on repealing and replacing Obamacare on Tuesday, but it's still anyone's guess what senators will be voting on in the end. One new option emerged on Tuesday, however: A so-called skinny repeal bill that would eliminate the Affordable Care Act's penalties for individuals who go without insurance and companies that don't offer it. It would also remove a tax on medical-device manufacturers." [NBC, 7/26/17]

ELIMINATING THE INDIVIDUAL MANDATE WILL LEAD TO HIGHER PREMIUMS FOR THE SICK AND COLLAPSE OF THE INDIVIDUAL MARKET

CBO: "Eliminating The Penalty Associated With The Individual Mandate […] Would Destabilize The Nongroup Market, And The Effect Would Worsen Over Time." According to the Congressional Budget Office, "According to the agencies' analysis, eliminating the penalty associated with the individual mandate and the subsidies for insurance while retaining the market regulations would destabilize the nongroup market, and the effect would worsen over time. The ACA's changes to the rules governing the nongroup health insurance market work in conjunction with the mandate and the subsidies to increase participation in the market and encourage enrollment among people of different ages and health statuses." [Congressional Budget Office, Cost Estimate of H.R. 1628, 7/19/17]

- **"Eliminating The Penalty For Not Having Health Insurance Would Reduce Enrollment And Raise Premiums In The Nongroup Market…"** According to the Congressional Budget Office, "But eliminating the penalty for not having health insurance would reduce enrollment and raise premiums in the nongroup market. Eliminating subsidies for insurance purchased through the marketplaces would have the same effects because it would result in a large price increase for many people." [Congressional Budget Office, Cost Estimate of H.R. 1628, 7/19/17]

- **"…Not Only Would Enrollment Decline, But The People Most Likely To Remain Enrolled Would Tend To Be Less Healthy (And Therefore More Willing To Pay Higher Premiums)…"** According to the Congressional Budget Office, "Not only would enrollment decline, but the people most likely to remain enrolled would tend to be less healthy (and therefore more willing to pay higher premiums)." [Congressional Budget Office, Cost Estimate of H.R. 1628, 7/19/17]

- **"…Thus, Average Health Care Costs Among The People Retaining Coverage Would Be Higher, And Insurers Would Have To Raise Premiums In The Nongroup Market To Cover Those Higher Costs."** According to the Congressional Budget Office, "Thus, average health care costs among the people retaining coverage would be higher, and insurers would have to raise premiums in the nongroup market to cover those higher costs." [Congressional Budget Office, Cost Estimate of H.R. 1628, 7/19/17]

"CBO And JCT Expect That Enrollment Would Continue To Drop And Premiums Would Continue To Increase In Each Subsequent Year." According to the Congressional Budget Office, "CBO and JCT expect that enrollment would continue to drop and premiums would continue to increase in each subsequent year." [Congressional Budget Office, Cost Estimate of H.R. 1628, 7/19/17]

THE CBO ESTIMATED 15 MILLION PEOPLE WOULD LOSE HEALTH INSURANCE IF THE INDIVIDUAL MANDATE WERE REPEALED

CBO: Repealing The Individual Mandate Would Result In 43 Million People Uninsured By 2026, Compared To 28 Million Under Current Law. According to the Congressional Budget Office, "A repeal of the individual mandate would cause a substantial reduction in the number of people with health insurance, CBO and JCT estimate. Under current law, about 28 million people under age 65 in the United States would be uninsured in 2026. This option would change that number as follows: About 2 million fewer people would have employment-based coverage, about 6 million fewer people would obtain nongroup policies (insurance people can purchase directly either in the marketplaces or from insurers outside the marketplaces), and about 7 million fewer people would have coverage under Medicaid. All together, the agencies estimate, 43 million people would be uninsured in 2026." [Congressional Budget Office, 12/8/16]

THE CENTER FOR AMERICAN PROGRESS ESTIMATED AVERAGE INDIVIDUAL MARKET PREMIUMS WOULD INCREASE BY OVER $1,200 IF THE INDIVIDUAL MANDATE WERE REPEALED

Center For American Progress: Average Premiums In The Individual Market Would Increase By $1,238 If The Individual Mandate Were Repealed. According to the Center for American Progress, "Mandate repeal would affect the individual market enrollment in two ways. First, in the absence of a mandate, some younger and healthier individuals may decide to forgo individual market coverage. This phenomenon, known as adverse selection, would cause the average cost among enrollees remaining in the individual market to rise. In turn, issuers would need to raise rates. The CBO projects that premiums in the individual market would increase by 'roughly 20 percent relative to premiums under current law.' Second, because these higher premium levels would not be affordable to some enrollees, more people would be forced to drop their coverage and become uninsured. The Center for American Progress estimates that a 20 percent increase in individual market premiums next year would mean that the average premium in insurance marketplace would be about $1,238 higher than it would otherwise be under current law. Consumers who were not subsidized, including those who buy their coverage outside the marketplaces, would pay the full premium increase from mandate repeal. For consumers eligible for subsidies, any 2018 premium increase would largely be mitigated by increased premium tax credits, and therefore borne by taxpayers." [Center for American Progress, 7/25/17]

Trump Says The GOP Refuses To "Own" The ACA, But Most Voters Say They Would Blame The GOP For Its Sabotage

TRUMP: "I CAN TELL YOU THE REPUBLICANS ARE NOT GOING TO OWN IT"

Trump On The ACA: "We're Not Going To Own It. I'm Not Going To Own It. I Can Tell You The Republicans Are Not Going To Own It." According to Roll Call, "If President Donald Trump wants to 'let Obamacare fail' as he says, there's a ready way for him to give it a push. So far, the Trump administration and House Republicans have agreed to keep frozen a case in a Washington appeals court over appropriations as part of a push to repeal and replace the 2010 health care law. The case is left over from when House Republicans sued the Obama administration in 2014. […] Trump took to Twitter to hint at what his next actions could be. 'As I have always said, let ObamaCare fail and then come together and do a great healthcare plan. Stay tuned!' Trump tweeted Tuesday. He backed that up in a statement to reporters later in the day. 'I think we're probably in that position where we'll just let Obamacare fail,' the president said. 'We're not going to own it. I'm not going to own it. I can tell you the Republicans are not going to own it. We'll let Obamacare fail and then the Democrats are going to come to us and they're going to say, 'How do we fix it, how do we fix it,' or, 'How do we come up with a new plan?'" [Roll Call, 7/19/17]

MULTIPLE POLLS – INCLUDING ONE CONDUCTED BY FOX NEWS – SAY VOTERS WOULD LAY ACA SABOTAGE AT THE GOP'S FEET

HEADLINE: "Fox News Poll: 74 Percent Want GOP To Reach Out To Democrats On Health Care" [Fox News, 7/19/17]

- **July 2017 Fox News Poll: "If The Existing Law Isn't Repealed, 47 Percent Of All Voters, And A Hefty 40 Percent Of Republicans, Say Congressional Republicans Deserve All Or Most Of The Blame."** According to Fox News, "Republican lawmakers are well aware they need to fulfill their seven-years-and-counting promise to repeal the Affordable Care Act. […] If the existing law isn't repealed, 47 percent of all voters, and a hefty 40 percent of Republicans, say congressional Republicans deserve all or most of the blame." [Fox News, 7/19/17]

- **Poll: Six In 10 Voters Want To Keep The ACA And Make It Better.** According to Fox News, "Monday night, after learning he wouldn't have the votes to pass a replacement bill, Senate Majority Leader Mitch McConnell announced he will move forward with just repeal. Voters have a different idea. Six in 10 want to keep ObamaCare and make it better (60 percent). Far fewer, 33 percent, prefer throwing it out and starting over." [Fox News, 7/19/17]

- **Poll: "74 Percent Want GOP Lawmakers To Reach Out To Democrats And Try To Find A Compromise," Including 59 Percent Of Republicans.** According to Fox News, "Plus, 74 percent want GOP lawmakers to reach out to Democrats and try to find a compromise. That includes 86 percent of Democrats and 59 percent of Republicans." [Fox News, 7/19/17]

- **Poll: 59% Of Voters Disapprove Of How Trump Is Handling Health Care Issues.** According to Fox News, "President Trump receives his lowest marks on handling health care. Thirty-two percent of voters approve, while 59 percent disapprove. That matters when your party is trying to do a major legislative overhaul on the issue." [Fox News, 7/19/17]

KFF, July 2017: "Seven In Ten (71 Percent) Of Americans Would Rather See Republicans In Congress Work With Democrats To Make Improvements To The ACA But Not Repeal The Law." According to the Kaiser Family Foundation, "Seven in ten (71 percent) Americans would rather see Republicans in Congress work with Democrats to make improvements to the ACA but not repeal the law, while one-fourth (23 percent) say they would rather Republicans continue working on their own plan to repeal and replace the ACA. Large shares of Democrats (91 percent) and independents (72 percent) would like to see Republicans in Congress work across the aisle to make improvements to the ACA." [Kaiser Family Foundation, 7/14/17]

KFF, April 2017: "When Asked Who Is Responsible For Any Problems With The Affordable Care Act Going Forward, Six In 10 (61%) Say That President Trump And Republicans In Congress Would Be Responsible." According to the Kaiser Family Foundation, "When asked who is responsible for any problems with the Affordable Care Act going forward, six in 10 (61%) say that President Trump and Republicans in Congress would be responsible because they are in control of the federal government. Fewer (31%) say former President Obama and Democrats in Congress are responsible because they passed the law." [Kaiser Family Foundation, 4/4/17]

- **The Poll Found That 75% Of The Public Support The Trump Administration Trying To Make The ACA Work, Compared To Just 19% Want The ACA To Be Allowed To Fail.** According to the Kaiser Family Foundation, "Despite divided views about the Affordable Care Act, three-fourths of the public (75%) say President Trump and his administration should do what they can to make the law work, while one in five (19%), including 38 percent of Republicans, say the Administration should do what it can to make the law fail so they can replace it later, the latest Kaiser Health Tracking Poll finds." [Kaiser Family Foundation, 4/4/17]

- **Over Half Of All Republicans, Including 54% Of Trump Voters, Want Trump To Try To Make The ACA Work.** According to the Kaiser Family Foundation, "Fielded after the U.S. House cancelled its March 24 vote on a plan to repeal and replace the Affordable Care Act supported by President Trump and House Speaker Paul Ryan, the poll finds majorities of Democrats (89%) and independents (78%), and half of Republicans (51%) want the Trump Administration to make the law work, as do a majority of President Trump's supporters (54%)." [Kaiser Family Foundation, 4/4/17]