

Christine is right. Doing the right thing for the American people matters. It is actually our job. New Yorkers and people across this country who have lost their jobs and their employer-based healthcare are calling on the Senate to provide them with the relief they need to survive this health and economic crisis.

Instead, the Republicans are pouring salt in their wounds by rushing this process in order to eliminate the Medicaid expansions and marketplaces these newly jobless Americans have turned to for coverage. Overturning the ACA would immediately end the Medicaid coverage nearly 1.9 million beneficiaries in New York are relying on.

These stories I have shared represent the fears and concerns of the people who sent us here to represent them. They are people with debilitating illnesses, parents who are worried about sick children, adults who are worried about elderly parents, and young men and women who live with conditions like diabetes and are already struggling to find insurance that will help them access the insulin they need.

They are struggling, and it is our job to get them the help they need. The American people oppose this nomination. They are watching, and one way or another, they will be heard.

I would like to read from an article in the New York Times by Reed Abelson and Abby Goodnough, entitled: "If the Supreme Court Ends ObamaCare, Here's What It Would Mean."

"The Affordable Care Act touches the lives of most Americans, and its abolition could have a significant effect on many millions more people than those who get their health coverage through it.

What would happen if the Supreme Court struck down the Affordable Care Act?

The fate of the sprawling, decade-old health law known as Obamacare was already in question, with the high court expected to hear arguments a week after the presidential election in the latest case seeking to overturn it. But now, the death of Justice Ruth Bader Ginsburg increases the possibility that the court could abolish it, even as millions of people are losing job-based health coverage during the coronavirus pandemic.

A federal judge in Texas invalidated the entire law in 2018. The Trump administration, which had initially supported eliminating only some parts of the law, then changed its position and agreed with the judge's ruling. Earlier this year the Supreme Court agreed to take the case.

Mr. Trump has vowed to replace Justice Ginsburg, a stalwart defender of the law, before the election. If he is successful in placing a sixth conservative on the court, its new composition could provide the necessary five votes to uphold the Texas decision.

Many millions more people would be affected by such a ruling than those

who rely on the law for health insurance. Its many provisions touch the lives of most Americans, from nursing mothers to people who eat at chain restaurants.

Here are some potential consequences, based on estimates by various groups.

133 MILLION

AMERICANS WITH PROTECTED PRE-EXISTING CONDITIONS

As many as 133 million Americans—roughly half the population under the age of 65—have pre-existing medical conditions that could disqualify them from buying a health insurance policy or cause them to pay significantly higher premiums if the health law were overturned, according to a government analysis done in 2017. An existing medical condition includes such common ailments as high blood pressure or asthma, any of which could require those buying insurance on their own to pay much more for a policy, if they could get one at all.

The coronavirus, which has infected nearly seven million Americans to date and may have long-term health implications for many of those who become ill, could also become one of the many medical histories that would make it challenging for someone to find insurance.

Under the A.C.A., no one can be denied coverage under any circumstance, and insurance companies cannot retroactively cancel a policy unless they find evidence of fraud. The Kaiser Family Foundation estimated that 54 million people have conditions serious enough that insurers would outright deny them coverage if the A.C.A. were not in effect, according to an analysis it did in 2019. Its estimates are based on the guidelines insurers had in place about whom to cover before the law was enacted.

Most Americans would still be able to get coverage under a plan provided by an employer or under a federal program, as they did before the law was passed, but protections for pre-existing conditions are particularly important during an economic downturn or to those who want to start their own businesses or retire early. Before the A.C.A., employers would sometimes refuse to cover certain conditions. If the law went away, companies would have to decide if they would drop any of the conditions they are now required to cover.

The need to protect people with existing medical conditions from discrimination by insurers was a central theme in the 2018 midterm elections, and Democrats attributed much of their success in reclaiming control of the House of Representatives to voters' desire to safeguard those protections. Mr. Trump and many Republicans promise to keep this provision of the law, but have not said how they would do that. Before the law, some individuals were sent to high-risk pools operated by states, but even that coverage was often inadequate.

21 MILLION

PEOPLE WHO COULD LOSE THEIR HEALTH INSURANCE

Of the 23 million people who either buy health insurance through the marketplaces set up by the law (roughly 11 million) or receive coverage through the expansion of Medicaid (12 million), about 21 million are at serious risk of becoming uninsured if Obamacare is struck down. That includes more than nine million who receive federal subsidies.

On average, the subsidies cover \$492 of a \$576 monthly premium this year, according to a report from the Department of Health and Human Services. If the marketplaces and subsidies go away, a comprehensive health plan would become unaffordable for most of those people and many of them would become uninsured.

States could not possibly replace the full amount of federal subsidies with state funds.

12 MILLION

ADULTS WHO COULD LOSE MEDICAID COVERAGE

Medicaid, the government insurance program for the poor that is jointly funded by the federal government and the states, has been the workhorse of Obamacare. If the health law were struck down, more than 12 million low-income adults who have gained Medicaid coverage through the law's expansion of the program could lose it.

In all, according to the Urban Institute, enrollment in the program would drop by more than 15 million, including roughly three million children who got Medicaid or the Children's Health Insurance Program when their parents signed up for coverage.

The law ensures that states will never have to pay more than 10 percent of costs for their expanded Medicaid population; few if any states would be able to pick up the remaining 90 percent to keep their programs going. Over all, the federal government's tab was \$66 billion last year, according to the Congressional Budget Office.

Losing free health insurance would, of course, also mean worse access to care and, quite possibly, worse health for the millions who would be affected. Among other things, studies have found that Medicaid expansion has led to better access to preventive screenings, medications and mental health services.

800,000

PEOPLE WITH OPIOID ADDICTION GETTING TREATMENT THROUGH MEDICAID

The health law took effect just as the opioid epidemic was spreading to all corners of the country, and health officials in many states say that one of its biggest benefits has been providing access to addiction treatment. It requires insurance companies to cover substance abuse treatment, and they could stop if the law were struck down.

The biggest group able to get access to addiction treatment under the law is adults who have gained Medicaid coverage. The Kaiser Family Foundation

estimated that 40 percent of people from 18 to 65 with opioid addiction—roughly 800,000—are on Medicaid, many or most of whom became eligible for it through the health law. Kaiser also found that in 2016, Americans with Medicaid coverage were twice as likely as those with no insurance to receive any treatment for addiction.

States with expanded Medicaid are spending much more on medications that treat opioid addiction than they used to. From 2013 through 2017, Medicaid spending on prescriptions for two medications that treat opioid addiction more than doubled: It reached \$887 million, up from nearly \$358 million in 2013, according to the Urban Institute.

The growing insured population in many states has also drawn more treatment providers, including methadone clinics, inpatient programs and primary care doctors who prescribe two other anti-craving medications, buprenorphine and naltrexone. These significant expansions of addiction care could shrink if the law were struck down, leaving a handful of federal grant programs as the main sources of funds.

165 MILLION

AMERICANS WHO NO LONGER FACE CAPS ON
EXPENSIVE TREATMENTS

The law protects many Americans from caps that insurers and employers once used to limit how much they had to pay out in coverage each year or over a lifetime. Among them are those who get coverage through an employer—more than 150 million before the pandemic caused widespread job loss—as well as roughly 15 million enrolled in Obamacare and other plans in the individual insurance market.

Before the A.C.A., people with conditions like cancer or hemophilia that were very expensive to treat often faced enormous out-of-pocket costs once their medical bills reached these caps.

While not all health coverage was capped, most companies had some sort of limit in place in 2009. A 2017 Brookings analysis estimated that 109 million people would face lifetime limits on their coverage without the health law, with some companies saying they would cover no more than \$1 million in medical bills per employee. The vast majority of people never hit those limits, but some who did were forced into bankruptcy or went without treatment.

60 MILLION

MEDICARE BENEFICIARIES WOULD FACE
CHANGES TO MEDICAL CARE AND POSSIBLY
HIGHER PREMIUMS

About 60 million people are covered under Medicare, the federal health insurance program for people 65 and older and people of all ages with disabilities. Even though the main aim of the A.C.A. was to overhaul the health insurance markets, the law “touches virtually every part of Medicare,” said Tricia Neuman, a senior vice president for the Kaiser Family Foundation, which did an analysis of the law’s re-

peal. Overturning the law would be “very disruptive,” she said.

If the A.C.A. is struck down, Medicare beneficiaries would have to pay more for preventive care, like a wellness visit or diabetes check, which are now free. They would also have to pay more toward their prescription drugs. About five million people faced the so-called Medicare doughnut hole, or coverage gap, in 2016, which the A.C.A. sought to eliminate. If the law were overturned, that coverage gap would widen again.

The law also made other changes, like cutting the amount the federal government paid hospitals and other providers as well as private Medicare Advantage plans. Undoing the cuts could increase the program’s overall costs by hundreds of billions of dollars, according to Ms. Neuman. Premiums under the program could go up as a result.

The A.C.A. was also responsible for promoting experiments into new ways of paying hospitals and doctors, creating vehicles like accountable care organizations to help hospitals, doctors and others to better coordinate patients’ care.

If the groups save Medicare money on the care they provide, they get to keep some of those savings. About 11 million people are now enrolled in these Medicare groups, and it is unclear what would happen to these experiments if the law were deemed unconstitutional. Some of Mr. Trump’s initiatives, like the efforts to lower drug prices, would also be hindered without the federal authority established under the A.C.A.

Repealing the law would also eliminate a 0.9 percent increase in the payroll tax for high earners, which would mean less money coming into the Medicare trust fund. The fund is already heading toward insolvency—partly because other taxes created by the law that had provided revenue for the fund have already been repealed—by 2024.

2 MILLION

YOUNG ADULTS WITH COVERAGE THROUGH THEIR
PARENTS’ PLANS

The A.C.A. required employers to cover their employees’ children under the age of 26, and it is one of the law’s most popular provisions. Roughly two million young adults are covered under a parent’s insurance plan, according to a 2016 government estimate. If the law were struck down, employers would have to decide if they would continue to offer the coverage. Dorian Smith, a partner at Mercer, a benefits consulting firm, predicted that many companies would most likely continue.

\$50 BILLION

MEDICAL CARE FOR THE UNINSURED COULD COST
BILLIONS MORE

Doctors and hospitals could lose a crucial source of revenue, as more people lose insurance during an economic downturn. The Urban Institute estimated that nationwide, without the A.C.A., the cost of care for people who cannot pay for it could increase as much as \$50.2 billion.

Hospitals and other medical providers, many of whom are already struggling financially because of the pandemic, would incur losses, as many now have higher revenues and reduced costs for uncompensated care in states that expanded Medicaid. A study in 2017 by the Commonwealth Fund found that for every dollar of uncompensated care costs those states had in 2013, the health law had erased 40 cents by 2015, or a total of \$6.2 billion.

The health insurance industry would be upended by the elimination of A.C.A. requirements. Insurers in many markets could again deny coverage or charge higher premiums to people with pre-existing medical conditions, and they could charge women higher rates. States could still regulate insurance, but consumers would see more variation from state to state. Insurers would also probably see lower revenues and fewer members in the plans they operate in the individual market and for state Medicaid programs at a time when millions of people are losing their job-based coverage.

1,000 CALORIES

MENU LABELS ARE AMONG DOZENS OF THE
LAW’S PROVISIONS THAT ARE LESS WELL KNOWN

The A.C.A. requires nutrition labeling and calorie counts on menu items at chain restaurants.

It requires many employers to provide “reasonable break time” and a private space for nursing mothers to pump breast milk.

It created a pathway for federal approval of biosimilars, which are near-copies of biologic drugs, made from living cells.

These and other measures would have no legal mandate to continue if the A.C.A. is eliminated.”

The ACA has made significant progress in the ability to expand women’s access to health care. Pushing for its repeal means putting that progress and women’s futures at risk.

I would like to read an article by Jamille Fields Allsbrook from the Center for American Progress entitled “Repealing the ACA During the Coronavirus Pandemic Would Be Devastating for Women’s Health and Economic Security.”

It reads:

The Affordable Care Act (ACA) has been one of the most significant advancements for women’s health and economic security in a generation. The law expanded coverage to millions of uninsured people through financial assistance and public insurance and also improved the quality of existing coverage, including by expanding access to reproductive and maternal health services and by prohibiting discrimination against women and people with preexisting conditions. Yet its fate remains uncertain. On November 10, the U.S. Supreme Court will hear oral arguments in *California v. Texas*, a case that will determine the constitutionality of the ACA. Specifically, the high court will determine whether the individual mandate is unconstitutional and whether the remainder of the law is inseparable from that provision. Especially with Justice Ruth Bader Ginsburg’s recent passing, the benefits and consumer protections that women have gained and