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**Representative Martha McSally responding to your message**

1 message

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**Representative Martha McSally** <AZ02MMima@mail.house.gov>

Wed, Jun 21, 2017 at 2:04 PM

**MARTHA McSALLY**  
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**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-0302

June 21, 2017

Dear Ms. -,

Thank you for contacting me regarding the way ahead for healthcare in America. I appreciate your thoughts on this important issue.

I have heard many stories from people in our community who went bankrupt or couldn't get health insurance before passage of the *Affordable Care Act* (ACA) in 2010 because they had a pre-existing condition like diabetes, high blood pressure, or cancer. No one should be one diagnosis away from going bankrupt or unable to get the treatment they need. Our healthcare system back then was clearly broken, but the ACA has proven to be the wrong approach.

Though the ACA is over 2,000 pages long and cannot be fully described here, it relies on heavy-handed federal government mandates, penalties, and taxes--dictating exactly what insurance individuals and families can purchase. To pay for itself, the ACA requires over \$500 billion in taxes, and a plan for unelected bureaucrats to "manage" Medicare and cut it by \$700 billion.

The ACA system attempted to create a stable individual health insurance market for the roughly 7% of Americans who don't get insurance from their employer or the government through Medicare, Medicaid, Tricare, or the VA. For any stable insurance market to offer affordable options, both sick and healthy people need to purchase insurance. To accomplish this, the ACA assumed that a federal individual mandate and associated fines requiring people to buy insurance would bring younger and healthier people in. But it didn't work. The ACA caused premiums in the individual health insurance market to increase by 116% in Arizona just last year, left 14 of the 15 counties in our state with only one "choice" of coverage, and pushed the individual market to the verge of collapse.

Due to this failed model, 19.2 million Americans, *many with pre-existing conditions*, opted to pay a penalty or get a waiver under the ACA and go without any insurance at all last year because they simply could not afford it or it did not provide the coverage they needed. Others realized quickly that though they had insurance, they still lacked access to health care, due to extremely limited networks and high deductibles.

Congress has been working on a better model for providing access to affordable health insurance and health care that puts people and doctors back in charge instead of bureaucrats in Washington DC. This is a complex issue with many factors and considerations that will take multiple pieces of legislation, actions by the executive branch, as well as continuous monitoring and adjusting to stabilize the market and create an off-ramp from the ACA to a system that is sustainable. One major bill in this process is the *American Health Care Act* (AHCA), which passed the House with my vote on May 4, 2017. This bill includes provisions intended to: dismantle the ACA's harmful taxes; eliminate the individual and employer mandate penalties; provide a tax credit for individuals and families so they can purchase the health insurance they want; strengthen Health Savings Accounts (HSAs) which enable families to save pre-tax for medical expenses; and stabilize the individual insurance marketplace. It also returns more control and funding of Medicaid to the states over a period of time, which are closer to communities and are better equipped to provide the best model of care and efficiencies to their citizens.

To ensure that we don't return to the broken system that existed prior to the ACA, the AHCA preserves coverage for those who have pre-existing conditions, allows children to stay on their parents' plan until age 26, prohibits men and women from being charged different rates, and it prohibits lifetime caps on coverage.

Although the AHCA is far from perfect, I have and continue to vigorously engage with my colleagues, House leadership, and the administration to identify constructive improvements, prevent destructive additions, and ultimately secured victories for our community. Those victories include an additional \$60 billion in funds for Medicaid for the elderly and disabled, \$90 billion for tax credits for individuals aged 50 to 64, \$15 billion for expecting and new mothers, newborns, those who struggle with mental illness and those who wrestle with substance abuse, \$15 billion for a federal high-risk pool to support those with the most serious diseases, and an additional \$8 billion to support those with pre-existing conditions. I also introduced a simple, two-page bill that says that when the AHCA becomes law, Members of Congress and Congressional Staff would not be exempt from the requirements of this bill. This provision passed the House unanimously and shows that lawmakers are not above the law.

I still have concerns with the final House version of the bill and am working with Senators to make it better, but the legislative process takes time and is multi-stepped. For example, I want to make sure the transition of Medicaid to the states happens with enough years to ensure our most vulnerable get the care they need without uncertainty in the process. Also, it will take several years for the individual markets to stabilize and offer more affordable insurance. In the meantime, we need to ensure the tax credits are enough to make insurance affordable, especially for ages 50-64. I also disagreed with provisions in a final amendment added that allows states to ask for a waiver that has the potential to price people with pre-existing conditions out of coverage for one year if they let their coverage lapse more than 63 days. I am working to add other ideas to the bill to incentivize healthy people to get insured, which will help them if they get a diagnosis or accident, spread out the risk in the individual market which will bring premiums down, and reduce uncompensated care by local hospitals.

It was necessary to urgently start this complex, multi-staged legislative process because as time goes by, more counties around the country have no insurance choices in the individual markets in 2018. Doing nothing is not an option.

I realize that some of my constituents are fierce defenders of the ACA and wanted me to vote no on the AHCA, but the status quo is unsustainable, and we must move towards a system that works better for everyone. I had a binary choice to support the ACA or start the process of moving to a better system. I voted yes to start that process. Rest assured that I will continue to work with our Senators and state and community health care leaders as the AHCA moves through the legislative process and as Congress considers additional legislation to bring down the cost of healthcare and increase choices for my constituents so they can get the care they need and deserve.

As the 115<sup>th</sup> Congress continues to address the challenges facing our nation, I hope you will continue to share your thoughts and concerns. To keep up with my work in Congress, you can follow me on Twitter and Facebook, or visit my website at [mcsally.house.gov](http://mcsally.house.gov) where you can sign up to receive my e-newsletter. Again, thank you for sharing your concerns. Please continue contacting my office regarding issues that you feel are important to you and Southern Arizona.

In Service,



MARTHA McSALLY  
Member of Congress