# STEFANIK – HEALTH CARE

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| **KEY POINTS**  **STEFANIK MADE REPEALING THE AFFORDABLE CARE ACT (ACA) ONE OF HER TOP PRIORITIES, EVEN THOUGH IT WOULD HAVE IMPERILED HEALTH INSURANCE FOR MORE THAN 3.7 MILLION NEW YORKERS**   * DATE: Stefanik cited ACA repeal as one of her top priorities, saying it was one of the reasons she ran for Congress and making it “a centerpiece of her campaign.” At various points, Stefanik said she would have voted against the ACA and called for “full repeal” of the law. * In 2015 Stefanik voted to repeal the ACA without a replacement and in 2017 she was “one of the deciding votes” for the American Health Care Act (AHCA), which would have repealed the ACA. Stefanik said she was disappointed when the bill failed in the Senate.   + In the months leading up to the final AHCA vote, Stefanik repeatedly refused to say how she would vote and only revealed her position in favor of the bill on the day of the vote.   + Stefanik had previously argued that any ACA replacement should include protections for preexisting conditions, but the ACHA would have allowed insurers to charge people with preexisting conditions more, although the bill would have prohibited insurers from denying coverage outright.   + Local papers criticized Stefanik’s vote for the AHCA, saying she had not put her constituents first and that she “wasn’t really listening to her constituents.”   + The AHCA would have cut Medicaid spending by $880 billion. * As of 2024, 3,768,152 New Yorkers relied on the ACA for their health insurance, according to the Kaiser Family Foundation.   **DESPITE CLAIMING THAT SHE WANTED TO SEE LOWER DRUG PRICES, STEFANIK VOTED AGAINST MEASURES TO LOWER PRESCRIPTION DRUG COSTS**   * 2024: Stefanik claimed that she wanted transparency on drug prices and that she had voted to lower the cost of prescription drugs. * Despite claiming that she supported allowing Medicare to negotiate lower drug prices, Stefanik voted against and bashed the law that authorized price negotiations as a “prescription drug price fixing scheme.”   + 2017 – 2018: Stefanik said she supported allowing Medicare to negotiate lower drug prices.   + In 2022, Stefanik voted against the Inflation Reduction Act, which authorized Medicare to negotiate lower prescription drug prices for high-cost drugs. Stefanik bashed the Medicare price negotiations as a “price fixing scheme.”   + In 2019, Stefanik voted against H.R. 3, which would have authorized Medicare drug price negotiations and had bipartisan support. A local paper criticized Stefanik for voting against H.R. 3, saying she had put “politics before cheaper prescriptions” and that it was “no surprise that Rep. Stefanik would again choose party over people.” * Stefanik put party politics ahead of lowering the cost of insulin, flipping her position on capping the price of insulin for Medicare beneficiaries.   + In 2022, Stefanik voted against the Inflation Reduction Act, which capped the price of insulin for Medicare beneficiaries, and even bashed the law’s insulin price cap as “price fixing.” That same year Stefanik voted against the bipartisan Affordable Insulin Now Act, which would have capped insulin costs for Medicare beneficiaries and people with private insurance.   + In 2019 and 2021, Stefanik cosponsored legislation that would have capped insulin prices for Medicare beneficiaries. * Stefanik flip-flopped on capping out of pocket costs for prescription drugs for Medicare Part D beneficiaries.   + In 2022, Stefanik voted against the Inflation Reduction Act, which capped out of pocket costs for Medicare Part D beneficiaries at $2,000 annually.   + In 2019, Stefanik voted against H.R. 3, which would have capped out of pocket costs for Medicare Part D beneficiaries at $2,000 annually. A local paper criticized Stefanik for voting against H.R. 3, saying she had put “politics before cheaper prescriptions” and that it was “no surprise that Rep. Stefanik would again choose party over people.”   + In 2019, just three days before she voted against H.R. 3, and 2021 Stefanik cosponsored legislation that would have capped out of pocket costs for Medicare Part D beneficiaries.   **STEFANIK WAS THE DECIDING VOTE ON THE OBBB, WHICH SLASHED MEDICAID FUNDING AND IMPERILED INSURANCE COVERAGE FOR NEARLY ONE MILLION NEW YORKERS**   * Stefanik bragged that she was the deciding vote on the OBBB, which slashed Medicaid spending by $911 billion. The bill also imposed new, harsh work requirements for Medicaid recipients. * The Joint Economic Committee estimated that as many as 935,914 New Yorkers could lose insurance coverage under the OBBB because of cuts to Medicaid and the ACA. |

## STEFANIK MADE REPEALING THE ACA ONE OF HER TOP PRIORITIES, EVEN THOUGH IT WOULD HAVE IMPERILED HEALTH INSURANCE FOR MORE THAN 3.7 MILLION NEW YORKERS

### STEFANIK MADE REPEALING THE ACA ONE OF HER TOP PRIORITIES – CITING IT AS THE REASON SHE FIRST RAN AND MAKING IT “A CENTERPIECE OF HER CAMPAIGN”

**2016: Stefanik Said One Of Her Top Priorities For 2017 Was Replacing The ACA.** “Fresh off a convincing re-election win, Congresswoman Elise Stefanik is looking forward to tackling many issues in the new term and working with the new president and a majority Republican Congress. ‘I think we will be able to get a lot done,’ Stefanik (R-Willsboro) said in a telephone interview with the Press-Republican. ‘Tax reform, regulatory reform, replacing the Affordable Care Act, those are the issues that are high on the agenda, particularly in the first year, but I am also excited about issues in my committees.” [Plattsburgh Press-Republican, 11/30/16]

**Stefanik Said She Ran For Congress Because The Representative Of The 21st District Voted For The Affordable Care Act.** [01:18] STEFANIK: “And I'm also running because we have a member of Congress who has voted for Obamacare, and as millions of Americans and many in the 21st District are getting their Obamacare cancelation plans, including my small business, I think that needs to stop, and we need common sense health care reform. So I'm excited to be a new voice. I think we need to change all the leadership in Washington, and I'd love to take some more questions.”[YouTube, Elise Stefanik (Elise for Congress), 01:18-01:42, [11/8/13](https://www.youtube.com/watch?v=HhC_vmYvztg)] (AUDIO)

**Post-Star: Stefanik Made Repealing The Affordable Care Act “A Centerpiece Of Her Campaign Platform.”** “Republican and Conservative Party candidate Elise Stefanik has made repeal of the health care reform law a centerpiece of her campaign platform. […] At a press conference on Monday, Stefanik criticized Woolf about changes in Medicare payment methodology to hospitals and doctors under the health care reform law which reduce the growth in Medicare spending over time.” [Post-Star, 8/27/14]

**2014: Stefanik Said She Would Vote To Repeal The Affordable Care Act.** [02:39] HOST: “How about the Affordable Care Act, otherwise known as Obamacare. Where are you on that one?” […] [03:13] STEFANIK: “So I would vote for repeal, but I would also vote and Democrats, I think, would join in repealing portions such as the medical device tax, which in the 21st District is the job killer because we have medical device manufacturers or getting rid of the independent Payment Advisory Bureau, which is a group of bureaucrats determining reimbursement rates.” [WAMC, 02:39-03:36, [8/22/14](https://www.wamc.org/congressional-corner/2014-08-22/congressional-corner-with-elise-stefanik)] (AUDIO)

#### STEFANIK REPEATEDLY SAID SHE WOULD HAVE VOTED AGAINST THE ACA, INITIALLY FAVORING A FULL REPEAL OF THE LAW BUT LATER WISHING TO ONLY REPLACE IT

**October 2018: Stefanik On The ACA: “I Support Repeal And Replace.”** “On health care, Ms. Stefanik says she thinks the Affordable Care Act needs to end. ‘I support repeal and replace,’ she said. ‘I was very clear, I don't like the direction of the Affordable Care Act.’ She is also not supportive of efforts to create a single payer system, or Medicare for All. ‘It's a government run solution and I fundamentally disagree,’ she said. Instead, she supports keeping some of the reforms in the Affordable Care Act along with a number of other pricing reforms. Among these are a repeal of a tax on medical devices and the Community Health Investment, Modernization and Excellence Act that provides funding to community health centers. She also wants to make it easier for new drugs to get approved, move more quickly from brand name drugs to generics, and allow Medicare to negotiate drug prices.” [Watertown Daily Times, 10/18/18]

**November 2016: Stefanik On The ACA: “I Wouldn’t Have Voted For The Affordable Care Act, And I Support A Replacement.”** “Fresh off a convincing re-election win, Congresswoman Elise Stefanik is looking forward to tackling many issues in the new term and working with the new president and a majority Republican Congress. ‘I think we will be able to get a lot done,’ Stefanik (R-Willsboro) said in a telephone interview with the Press-Republican. ‘Tax reform, regulatory reform, replacing the Affordable Care Act, those are the issues that are high on the agenda, particularly in the first year, but I am also excited about issues in my committees.’ […] ‘I wouldn't have voted for the Affordable Care Act, and I support a replacement.” [Plattsburgh Press-Republican, 11/30/16]

**October 2014: Stefanik Said She Would Have Voted Against The Affordable Care Act.** [08:16] STEFANIK: “But the problem with Obamacare, which I would have voted no on, it's an example of partisan legislation. There wasn't a single Republican who voted in support of it. I think when we focus on health care reform as a country today, we need to do so on a bipartisan basis and focus on lowering costs and increasing quality and accessibility, especially for our rural communities.” [YouTube, Mountain Lake PBS, 08:16-08:37, [10/22/14](https://www.youtube.com/watch?v=mKsI8SZ9abQ)] (VIDEO)

**August 2014: Stefanik Said That She Supported The Repeal Of The Affordable Care Act.** [02:39] HOST: “How about the Affordable Care Act, otherwise known as Obamacare. Where are you on that one?” [02:43] STEFANIK: “I support the repeal of Obamacare, but I also think it's very important, since that is unlikely to happen unless we elect a new president in 2016, it's important to talk about immediate fixes that I think we could really work across the aisle on and also I put forth my own health care reform package. What I think would make sense to lower costs, that is, make it more affordable and increase accessibility and improve the quality.” [WAMC, 02:39-03:13, [8/22/14](https://www.wamc.org/congressional-corner/2014-08-22/congressional-corner-with-elise-stefanik)] (AUDIO)

**June 2014: Stefanik: “I Stand By The Full Repeal Of Obamacare.”** [06:46] STEFANIK: “I don't support Obamacare. I stand by the full repeal of Obamacare, and I think we need to work together on both sides of the aisle to pursue common sense solutions for health care reform. This is personal to me. My family's small business had our health care coverage canceled as a result of Obamacare, we've seen a 30% premium increase, higher deductibles, higher co pays. This is a lose, lose for small businesses, and it's a job killer, because we are then faced with the decision, do we absorb those costs, or do we pass them along to our hard-working employees?” [YouTube, Mountain Lake PBS, 06:46-07:16, [6/13/14](https://www.youtube.com/watch?v=Mz_vxWAdPiM)] (VIDEO)  
  
**May 2014: Stefanik: “I Support The Full Repeal Of Obamacare.”** [10:40] STEFANIK: “I support the full repeal of Obamacare because for me, it's personal. My family's small business had our health care coverage canceled as a result of Obamacare. The options we were given were a 30% premium increase, higher deductibles and higher out of pocket costs with lesser choice. That's a lose, lose for our small businesses in the North Country, who have to face the tough decision, do we absorb those costs, or do we pass them along to our hard-working employees’ families?” [YouTube, NY21RawFootage2012, 10:40-11:06, [5/30/14](https://www.youtube.com/watch?v=4FRWLSqiYxY)] (VIDEO)

### 2017: STEFANIK WAS “ONE OF THE DECIDING VOTES” IN FAVOR OF THE AMERICAN HEALTH CARE ACT, WHICH WOULD HAVE REPEALED THE ACA AND ALLOWED INSURERS TO RAISE RATES FOR PEOPLE WITH PREEXISTING CONDITIONS

#### 2017: STEFANIK WAS “ONE OF THE DECIDING VOTES” IN FAVOR OF THE AHCA, WHICH WOULD HAVE REPEALED THE ACA

**2017: Stefanik Voted For The American Health Care Act.** In May 2017, Stefanik voted against: “Passage of the bill that would make extensive changes to the 2010 health care overhaul law, by effectively repealing the individual and employer mandates as well as most of the taxes that finance the current system. It would, in 2020, convert Medicaid into a capped entitlement that would provide fixed federal payments to states and end additional federal funding for the 2010 law’s joint federal-state Medicaid expansion. It would prohibit federal funding to any entity, such as Planned Parenthood, that performs abortions and receives more than $350 million a year in Medicaid funds. As amended, it would give states the option of receiving federal Medicaid funding as a block grant with greater state flexibility in how the funds are used, and would require states to establish their own essential health benefits standards. It would allow states to receive waivers to exempt insurers from having to provide certain minimum benefits, would provide $8 billion over five years for individuals with pre-existing conditions whose insurance premiums increased because the state was granted a waiver to raise premiums based on an individual’s health status, and would create a $15 billion federal risk sharing program to cover some of the costs of high medical claims.” The bill was passed by a vote of 217-213. [HR 1628, [Vote #256](http://clerk.house.gov/evs/2017/roll256.xml), 5/4/17; CQ, [5/4/17](http://cq.com/vote/2017/h/256)]

**NCPR: Stefanik Voted To Dismantle The Affordable Care Act.** “Meetings like this can be tricky for a politician, they can spiral out of control. One of most challenging issues for Stefanik yesterday was healthcare. She voted to dismantle Obamacare which tens of thousands of people in the 21st district rely on. One constituent also blasted Stefanik for not doing enough to lower the cost of prescription drugs.” [NCPR, [4/6/18](https://www.northcountrypublicradio.org/news/story/35963/20180406/stefanik-faces-skeptical-crowd-in-election-year-town-hall-meeting)]

**Stefanik Was One Of The Deciding Votes In The House On The Republican Effort To Repeal And Replace The Affordable Care Act.** “Stefanik was one of the deciding votes in the Republican effort to repeal and replace Obamacare. She defended that decision over and over, even following up with a self-published op-ed to back her claims about the American Healthcare Act, or AHCA.” [NCPR, [5/16/17](https://www.northcountrypublicradio.org/news/story/33944/20170516/fact-check-do-rep-stefanik-s-claims-on-healthcare-hold-up)]

##### ALBANY TIMES-UNION: “THE FATE OF THE LATEST REPUBLICAN EFFORT TO ‘REPEAL AND REPLACE” THE ACA DEPENDED ON STEFANIK

**May 2017: Albany Times Union: “The Fate Of The Latest Republican Effort To ‘Repeal And Replace” The ACA Depended On Stefanik.** “The fate of the latest Republican effort to ‘repeal and replace’ Obamacare may well depend on the votes of two upstate GOP lawmakers, U.S. Reps. Elise Stefanik and John Faso. […] The balance could well hang in the hands of Stefanik and Faso. ‘Congresswoman Stefanik has long advocated for repealing and replacing Obamacare with healthcare that improves quality, and accessibility and lowers costs while covering pre-existing conditions,'' said her spokesman, Tom Flanagin. ‘She continues to advocate for these principles as members discuss the path forward.” [Albany Times-Union, 5/3/17]

##### STEFANIK SAID SHE WAS DISAPPOINTED THAT THE AHCA FAILED IN THE SENATE

**Stefanik Said She Was Disappointed That The Senate ACA Repeal Bill Was Voted Down.** “On health care reform, Ms. Stefanik said she was disappointed the Senate GOP's healthcare bill was voted down last month but is looking forward to a more bipartisan effort to fix the Affordable Care Act when lawmakers return to Washington, D.C. in September.  ‘In September you're going to start seeing a coalition come together to go in a bipartisan direction because Democrats understand that this law is not working, that it's collapsing on itself, and I just think we need to move the process forward,’ she said.” [Watertown Daily Times, [8/4/17](https://www.nny360.com/opinion/stefanik-talks-broadband-with-local-officials/article_07194ed3-d155-5624-bce6-59344b555e27.html)]

#### AFTER DODGING QUESTIONS ABOUT HER STANCE ON THE BILL FOR MONTHS, STEFANIK ANNOUNCED SHE WOULD BACK THE AHCA THE DAY IT CAME UP FOR A VOTE

**Stefanik Refused To Take A Position On The AHCA Until Just Hours Before The Vote.** “After weeks of remaining tight-lipped on her stance, U.S. Rep. Elise M. Stefanik, R-Willsboro, voted in favor of the Obamacare replacement bill that passed the House of Representatives Thursday afternoon. Republicans narrowly passed the controversial bill to revise the Affordable Care Act, fulfilling a major Trump campaign promise but sending the measure on to an uncertain fate in the closely divided Senate.  Passage in the House by a vote of 217 to 213 capped weeks of fits and starts for the GOP and represented an enormous victory for President Donald J. Trump, who repeatedly pledged on the campaign trail last year to repeal and replace Obamacare but has struggled to secure legislative wins early in his presidency.  Ms. Stefanik, who divulged her position for the first time hours prior to the vote, said that the bill is not perfect but a necessary step forward to repeal and replace the Affordable Care Act.” [Watertown Daily Times, 5/5/17]

**May 2017: The Day The AHCA Was Up For A Vote, Stefanik Announced That She Would Support It.** “North Country Rep. Elise Stefanik's office says she is supporting the American Health Care Act, now pending in the House of Representatives. Although details remain unclear, Stefanik, R-Willsboro, is in favor of the AHCA, which will ‘repeal and replace Obamacare with reforms to lower costs and increase access for North Country families and businesses,’ according to a press release from her office.  ‘Throughout this process, I have worked to make sure our district has had a seat at the table,’ Stefanik said in a statement today through her aide Tom Flanigan. […] The bill has been scheduled for a vote today, but as of this morning details of the measure were still being worked out.” [North Country Now, 5/4/17]

**HEADLINE: “Stefanik Won't Say If She Supports GOP Healthcare Bill.”** [NCPR, [5/3/17](https://www.northcountrypublicradio.org/news/story/33872/20170503/stefanik-won-t-say-if-she-supports-gop-healthcare-bill)]

**2017: Stefanik Refused To Say Whether She Backed The Republican Healthcare Bill.** “North Country Congresswoman Elise Stefanik could be one of the deciding votes on the Republican healthcare bill being debated in Washington. But Stefanik is refusing to say whether she backs the controversial measure.  In emails to North Country Public Radio, Stefanik's office said that ‘discussions are ongoing about a final legislative package.’” [NCPR, [5/3/17](https://www.northcountrypublicradio.org/news/story/33872/20170503/stefanik-won-t-say-if-she-supports-gop-healthcare-bill)]

**April 2017: Stefanik’s Spokesperson Refused To Say If She Would Support The AHCA.** “Confronted by about 70 people at a town hall meeting in Johnstown, New York Monday Rep. Elise Stefanik, who represents the area around Plattsburgh, said she'd push to protect coverage for people with medical conditions and maternity health.  She faces having to go before her constituents again at a town hall meeting in Plattsburgh, potentially a few days after a health care vote.  In an email Friday, spokesman Tom Flanigan for Republican Rep. Elise Stefanik of New York said she'll push for coverage for people with pre-existing conditions as negotiations continue. He wouldn't say whether she would support the bill as currently written.” [Eagle-Tribune, 4/30/17]

**HEADLINE: “Stefanik’s AHCA Stance Unclear.”** [Albany Times-Union, 4/29/17]

**April 2017: Stefanik Refused To Say If She Would Vote For The AHCA.** “U.S. Rep. Elise Stefanik, R-Essex County, is not a fan of a new provision in the American Health Care Act proposal that would exempt Congress from various tweaks states could make to mandated health coverage regulations. But would she vote for an Obamacare replacement that includes such a provision? The answer is unclear. […] But Stefanik's opposition to a potentially politically difficult provision isn't leading her to break from a strategy of refusing to reveal which way she is leaning on a vote. Asked on Thursday evening if Stefanik would vote for the AHCA as amended if either the Congressional exemption provision is not stripped out or the Stefanik-McSally bill is not also passed along with the health care bill, the congresswoman's spokesman said more of the same. ‘Discussions are ongoing on the final legislative package,’ Tom Flanagin said. ‘Congresswoman Stefanik has long advocated for repealing and replacing Obamacare with health care that improves quality, and accessibility and lowers costs while covering pre-existing conditions. She continues to advocate for these principles as members discuss the path forward.” [Albany Times-Union, 4/29/17]

**Plattsburgh Press-Republican Editorial Board: “Stefanik’s Office Refused To Answer Direct Questions [About The AHCA] Leading Up To And After The Expected Decision.”** “Stefanik's office says many contacts came from outside the 21st District, but, like it or not, plenty of district residents voiced opposition to the GOP plan - some because it didn't go far enough to reject Obamacare, some because it they felt it would do more harm than good. Some observers believe Stefanik would have voted for the plan. After all, her hesitation gave her the muscle to get more funding added for women's health and maternity care, and she could have claimed that victory. But we won't know for sure because Stefanik's office refused to answer direct questions leading up to and after the expected decision. Even the day of the vote, she was ‘undecided.” [Plattsburgh Press-Republican, [3/29/17](https://www.pressrepublican.com/news/local_news/gop-plan-pulled-stefanik-still-aims-to-reform-health-care/article_95cc623a-6928-5020-a130-423a7c791fad.html)]

**March 2017: Even After The AHCA Was Shelved, Stefanik Refused To Say If She Supported The Bill Or Not.** “The controversial American Health Care Act was pulled from the floor Friday afternoon when it appeared that it didn't have enough votes to pass. Even then, North Country Congresswoman Elise Stefanik would not tip her hand as to whether she was going to vote for or against the plan. ‘Obamacare is broken,’ she said in a statement released shortly after the vote was called off. ‘Constituents in our district continue to see double-digit premium increases, sky-high deductibles and lack of access to the care they need.” [Plattsburgh Press-Republican, [3/24/17](https://www.pressrepublican.com/news/local_news/gop-plan-pulled-stefanik-still-aims-to-reform-health-care/article_95cc623a-6928-5020-a130-423a7c791fad.html)]

#### STEFANIK ARGUED THAT ANY ACA REPLACEMENT SHOULD INCLUDE PROTECTIONS FOR PREEXISTING CONDITIONS, BUT THE AHCA WOULD HAVE ALLOWED INSURERS TO CHARGE PEOPLE WITH PREEXISTING CONDITIONS MORE

##### 2016 – 2017: STEFANIK ARGUED THAT AN ACA REPEAL BILL SHOULD INCLUDE COVERAGE FOR PEOPLE WITH PREEXISTING CONDITIONS

**2017: Stefanik Said That A Replacement For The ACA Should Provide Coverage For Those With Preexisting Conditions.** [34:28] COMMUNITY MEMBER: “The pool of money that's been added to defray these costs is nowhere near what is needed. I am a breast cancer survivor. I'm a high-risk pool. According to the estimates from CBS Money Watch, I could be charged anywhere from $28,000 to $78,000 per year in insurance premiums, depending on where I live. Can you explain how this constitutes better health care at lower premiums, as promised?” [35:02] STEFANIK: “I thank you for asking the question. I know this is on many families' minds in this district. I think that any replacement should provide coverage and protections for those with preexisting conditions. And there is language in the American Health Care Act that explicitly prohibits insurers from not accepting patients that have preexisting conditions. It also doesn't allow them to increase prices and charge an individual more if they have preexisting conditions.” [YouTube, Mountain Lake PBS, 34:28-35:28, [5/10/17](https://www.youtube.com/watch?v=HW426IMOYoA&t=2s)] (VIDEO)

**2016: Stefanik Said That She Supported Coverage For Preexisting Conditions.** [17:44] STEFANIK: “I think some of the good aspects of the Affordable Care Act, such as coverage up until the age of 26 allowing young people to stay on their parents' plans and coverage for preconditions, those are important principles that should be included in any new health care package.” [YouTube, Mountain Lake PBS, 17:44-17:59, [1/29/16](https://www.youtube.com/watch?v=XZ3Xf7pVo7Y)] (VIDEO)

##### STEFANIK CLAIMED THAT THE AHCA GUARANTEED COVERAGE FOR PEOPLE WITH PREEXISTING CONDITIONS

**Stefanik Said The American Health Care Act Guaranteed Coverage For Those With Preexisting Conditions.** [06:50] STEFANIK: “Our legislation guarantees that those with preexisting conditions will have access to care. You cannot deny someone health care coverage because they have preexisting conditions. You also can't increase their cost if they have preexisting conditions. I do think you know, what I've tried to do is make sure that while I'm only in my second term, have a seat at the table to strengthen the bill, and there were a few key provisions that I was proud to get across the finish line.” [Soundcloud, @NewzJunky, 06:50-07:15, [5/10/17](https://soundcloud.com/newzjunky/watn-may-10-2017-rep-elise-stefanik)] (AUDIO)

**2017: Stefanik Said That Language In The AHCA Prohibited Insurers From Not Accepting Patients With Preexisting Conditions.** [34:28] COMMUNITY MEMBER: “The pool of money that's been added to defray these costs is nowhere near what is needed. I am a breast cancer survivor. I'm a high-risk pool. According to the estimates from CBS Money Watch, I could be charged anywhere from $28,000 to $78,000 per year in insurance premiums, depending on where I live. Can you explain how this constitutes better health care at lower premiums, as promised?” [35:02] STEFANIK: “I thank you for asking the question. I know this is on many families' minds in this district. I think that any replacement should provide coverage and protections for those with preexisting conditions. And there is language in the American Health Care Act that explicitly prohibits insurers from not accepting patients that have preexisting conditions. It also doesn't allow them to increase prices and charge an individual more if they have preexisting conditions.” [YouTube, Mountain Lake PBS, 34:28-35:28, [5/10/17](https://www.youtube.com/watch?v=HW426IMOYoA&t=2s)] (VIDEO)

##### BUT THE AHCA WOULD HAVE ALLOWED INSURANCE COMPANIES TO CHARGE PEOPLE WITH PREEXISTING CONDITIONS MORE, INCLUDING PREGNANT WOMEN AND SURVIVORS OF SEXUAL ASSAULT

**The AHCA Would Have Allowed Insurance Companies To Charge People With Pre-Existing Conditions Higher Rates.** “Rep. Elise Stefanik, who represents New York's far northeast district, also said the House vote means the debate over a new national health care law will continue in the Senate and then back in the House.  Stefanik announced her ‘yes’ vote earlier in the day, saying in a statement she had issues with the bill without being specific. […] The bill's impact on individuals with pre-existing medical conditions is a sticking point for Stefanik and other GOP moderates. It preserves Obamacare's ban on denying coverage but allows insurance companies to charge them higher rates, depending on the seriousness of their condition.” [Eagle-Tribune, [5/5/17](https://www.cityandstateny.com/politics/2017/05/new-york-lawmakers-react-to-the-house-health-care-vote/180535/)]

**The AHCA Would Have Allowed Insurance Companies To Charge Pregnant Women And Sexual Assault Survivors Higher Rates.** “The American Health Care Act is not perfect,’ said Elise Stefanik, the representative of New York's 21st District and maybe the biggest surprise among the delegates to vote ‘yes.’ ‘But it is an important step in reforming our broken healthcare system to help families in our district. As this legislation moves to the Senate, I will continue to work to strengthen the support for those with pre-existing conditions.’  And that brings us to a key recurring phrase. Most who oppose the House's legislation pointed to the enormous list of ‘pre-existing conditions’ insurers could arbitrarily alter coverage for. Some critics said it seems especially targeted towards women, with sexual assault and pregnancy on the list of ‘conditions,’ which had many thinking Stefanik was on the fence. She co-authored an amendment to the legislation as well, and one that will likely have a bigger impact on the final bill than New York County taxes.” [City & State, 5/5/17]

**Albany Times-Union: Despite Stefanik’s Claim That Insurers Could Not Raise Prices For Pre-Existing Conditions Under The AHCA, States Could Obtain Waivers Allowing Insurers To Set Prices Based On “Health Status,” Including Pre-Existing Conditions.** “On the ‘myth' that the bill would not protect those with pre-existing conditions, Stefanik wrote insurance companies still could not deny or rescind coverage, and could not raise premiums ‘on individuals with pre-existing conditions who maintain continuous coverage.’ ‘What she said is technically accurate,'' said Karen Pollitz, a senior fellow at the nonpartisan Kaiser Family Foundation, which closely tracks health-care legislation. But the number of people with gaps in coverage could run to the tens of millions, she said, because many in the non-employer-covered individual market have cycled in and out of coverage owing to self-employment, job loss, divorce or other comparable life-changing situations. Under the Republican AHCA, states could apply for waivers allowing insurers to consider ‘health status' as a basis for setting premium prices. While no insurer could deny coverage for pre-existing conditions, policies for those with gaps could be very expensive. New York has a long history of laws barring discrimination against anyone with a pre-existing condition. But prior to Obamacare, such policies in the individual market were prohibitively expensive, Pollitz said.” [Albany Times-Union, [5/16/17](https://www.timesunion.com/local/article/Experts-skewer-Stefanik-stance-11148398.php)]

* **Under The AHCA Insurers Could Not Have Denied Coverage To People With Pre-Existing Conditions But They Could Have Raised Prices In States That Obtained Waivers, Making Coverage Prohibitively Expensive For People With Pre-Existing Conditions.** “On the ‘myth' that the bill would not protect those with pre-existing conditions, Stefanik wrote insurance companies still could not deny or rescind coverage, and could not raise premiums ‘on individuals with pre-existing conditions who maintain continuous coverage.’ ‘What she said is technically accurate,'' said Karen Pollitz, a senior fellow at the nonpartisan Kaiser Family Foundation, which closely tracks health-care legislation. But the number of people with gaps in coverage could run to the tens of millions, she said, because many in the non-employer-covered individual market have cycled in and out of coverage owing to self-employment, job loss, divorce or other comparable life-changing situations. Under the Republican AHCA, states could apply for waivers allowing insurers to consider ‘health status' as a basis for setting premium prices. While no insurer could deny coverage for pre-existing conditions, policies for those with gaps could be very expensive. New York has a long history of laws barring discrimination against anyone with a pre-existing condition. But prior to Obamacare, such policies in the individual market were prohibitively expensive, Pollitz said.” [Albany Times-Union, [5/16/17](https://www.timesunion.com/local/article/Experts-skewer-Stefanik-stance-11148398.php)]

*NOTE: The bill was originally scheduled for a vote in March 2017, but the vote was pulled and the AHCA did not come back up for a vote until May of the same year.*

#### LOCAL PAPERS CRITICIZED STEFANIK’S VOTE FOR THE AHCA, SAYING SHE HAD NOT PUT HER CONSTITUENTS FIRST AND THAT SHE “WASN’T REALLY LISTENING TO HER CONSTITUENTS”

**2017: Schenectady Daily Editorial Board: Stefanik Did Not Meet Her Responsibility To Put Her Constituents First On Health Care.** “Earlier this month, in an editorial about the disastrous impacts the new Republican health care legislation would have on New Yorkers, we reminded readers that our representatives in Congress owe their highest allegiance to their constituents and the people of this state. Nonetheless, Reps. John Faso and Elise Stefanik both voted for the health care bill, which we now know thanks to a new report from the Congressional Budget Office will force 14 million Americans to lose their insurance in the next year, including 1 million New Yorkers, and cause 23 million Americans to lose insurance over the next decade.  We urged the representatives to consider not what's best for themselves and their political party, but what's best for the actual people who elected them - the citizens of their respective congressional districts and the citizens of New York.  Unfortunately, they didn't rise up to that responsibility with health care. Let's hope they meet it when they're forced to confront President Donald Trump's proposed federal budget.” [Schenectady Daily Gazette, Editorial, 5/28/17]

**Plattsburgh Press-Republican Editorial Board: Stefanik “Wasn’t Really Listening To Her Constituents” On Repealing The ACA.** “Obamacare is far from a perfect plan. But Republicans, including President Trump, seemed hell-bent on hastily repealing it. GOP Congress members, including Rep. Elise Stefanik, have repeated that repeal mantra for years. But, though they claim that is what their constituents were clamoring for, they weren't really listening. Most Americans didn't want a massive step back to when many people didn't have health insurance. They just wanted adjustments made so the system worked better. We believe reform is what they still want, and that message was made clear last week. It must have been a hand-wringing week for Stefanik and other Republicans who truly care about the people of their districts. Here they were, re-elected supposedly in part because they wanted to repeal Obamacare. And yet here were the CEOs of every hospital in Stefanik's district saying that repealing the Affordable Care Act and installing the quickly contrived GOP plan would be not just problematic but ‘devastating.” [Plattsburgh Press-Republican, [3/29/17](https://www.pressrepublican.com/news/local_news/gop-plan-pulled-stefanik-still-aims-to-reform-health-care/article_95cc623a-6928-5020-a130-423a7c791fad.html)]

#### THE AHCA WOULD HAVE CUT $880 BILLION IN MEDICAID FUNDING AND 14 MILLION PEOPLE WOULD HAVE LOST MEDICAID COVERAGE UNDER THE BILL

**Malone Telegram: Despite Stefanik’s Claims That The AHCA Would Not Have Cut “Traditional Medicaid” It Would Have Cut $880 Billion In Medicaid Funding.** “Medicaid cuts Stefanik: ‘I want to address the misinformation; there are no cuts to traditional Medicaid, only to expanded Medicaid. We are going to a traditional 50/50 match instead of a 90/10 match. This modernizes Medicaid.’  The AHCA will cut $880 billion in Medicaid funding; and $2.3 billion in New York Medicaid funding, with those who recently qualified for expanded Medicaid coverage at greatest risk.  In several states, including New York, Medicaid eligibility criteria were expanded to those at 138 percent of the federal poverty level. That was aimed at helping working families unable to afford health insurance. The AHCA repeals enhanced eligibility criteria as of January 2020.  Included in the expanded coverage was additional funding for opioid addiction treatment. With the AHCA, that would be eliminated, which would mean fewer people with opioid addictions receiving treatment.  Additionally, the AHCA requires a six-month renewal review for the expansion population. And it repeals mandatory coverage for children 6 through 18 with family incomes above 100 percent of the federal poverty level.  According to the AHCA, states have the option to require work as a condition of eligibility for Medicaid enrollees who are not disabled, elderly or pregnant, as of Oct. 1.  The Congressional Budget Office estimates that there will be about 14 million fewer Medicaid enrollees.” [Malone Telegram, 5/13/17]

**Malone Telegram: The Congressional Budget Office Estimated That 14 Million Fewer People Would Receive Medicaid Under The AHCA.** “Medicaid cuts Stefanik: ‘I want to address the misinformation; there are no cuts to traditional Medicaid, only to expanded Medicaid. We are going to a traditional 50/50 match instead of a 90/10 match. This modernizes Medicaid.’  The AHCA will cut $880 billion in Medicaid funding; and $2.3 billion in New York Medicaid funding, with those who recently qualified for expanded Medicaid coverage at greatest risk.  In several states, including New York, Medicaid eligibility criteria were expanded to those at 138 percent of the federal poverty level. That was aimed at helping working families unable to afford health insurance. The AHCA repeals enhanced eligibility criteria as of January 2020.  Included in the expanded coverage was additional funding for opioid addiction treatment. With the AHCA, that would be eliminated, which would mean fewer people with opioid addictions receiving treatment.  Additionally, the AHCA requires a six-month renewal review for the expansion population. And it repeals mandatory coverage for children 6 through 18 with family incomes above 100 percent of the federal poverty level.  According to the AHCA, states have the option to require work as a condition of eligibility for Medicaid enrollees who are not disabled, elderly or pregnant, as of Oct. 1.  The Congressional Budget Office estimates that there will be about 14 million fewer Medicaid enrollees.” [Malone Telegram, 5/13/17]

**Malone Telegram: The AHCA Would Have Shifted Funding For Medicaid Expansion From A 90/10 Match To A 50/50 Match.** “Medicaid cuts Stefanik: ‘I want to address the misinformation; there are no cuts to traditional Medicaid, only to expanded Medicaid. We are going to a traditional 50/50 match instead of a 90/10 match. This modernizes Medicaid.’  The AHCA will cut $880 billion in Medicaid funding; and $2.3 billion in New York Medicaid funding, with those who recently qualified for expanded Medicaid coverage at greatest risk.  In several states, including New York, Medicaid eligibility criteria were expanded to those at 138 percent of the federal poverty level. That was aimed at helping working families unable to afford health insurance. The AHCA repeals enhanced eligibility criteria as of January 2020.  Included in the expanded coverage was additional funding for opioid addiction treatment. With the AHCA, that would be eliminated, which would mean fewer people with opioid addictions receiving treatment.  Additionally, the AHCA requires a six-month renewal review for the expansion population. And it repeals mandatory coverage for children 6 through 18 with family incomes above 100 percent of the federal poverty level.  According to the AHCA, states have the option to require work as a condition of eligibility for Medicaid enrollees who are not disabled, elderly or pregnant, as of Oct. 1.  The Congressional Budget Office estimates that there will be about 14 million fewer Medicaid enrollees.” [Malone Telegram, 5/13/17]

##### NEW YORK WOULD HAVE LOST $2.3 BILLION IN MEDICAID FUNDING UNDER THE AHCA, INCLUDING $20 MILLION FOR HOSPITALS IN STEFANIK’S DISTRICT

**New York Department Of Health: Under An AHCA Backed By Stefanik, Hospitals In Stefanik’s District Would Have Lost $20.2 Million In Medicaid Funding.** “Loud criticism of the American Health Care Act from politicians and health care groups increased on Wednesday, with the Obamacare replacement plan expected to come to a vote in the House of Representatives on Thursday. […] An analysis by the state Department of Health showed that if the money were cut from Medicaid, hospitals in Faso's 19th Congressional District would lose $13.7 million in funding. Among them, Cobleskill Regional Hospital in Schoharie County would lose $270,000, according to Cuomo. The 21st Congressional District, where U.S. Rep. Elise Stefanik, R-Willsboro, has also endorsed the amendment, would see $20.2 million in hospital cuts, including $4.5 million at Glens Falls Hospital and $1.6 million at Nathan Littauer Hospital in Gloversville.” [Schenectady Daily Gazette, [3/23/17](https://www.dailygazette.com/news/criticism-of-health-care-bill-grows-in-n-y-state/article_8f1fdda6-84b7-5bb4-aec3-1f3d5fea68f0.html)]

**The AHCA Would Have Cut $880 Billion From Medicaid, Including $2.3 Billion In New York Medicaid Funding.** “Medicaid cuts Stefanik: ‘I want to address the misinformation; there are no cuts to traditional Medicaid, only to expanded Medicaid. We are going to a traditional 50/50 match instead of a 90/10 match. This modernizes Medicaid.’  The AHCA will cut $880 billion in Medicaid funding; and $2.3 billion in New York Medicaid funding, with those recently qualified for expanded Medicaid coverage at greatest risk.” [Massena Daily Courier-Observer, 5/12/17]

##### THE AHCA’S MEDICAID CUTS WOULD HAVE IMPERILED HEALTH CARE ACCESS FOR SOLDIERS STATIONED AT FOR DRUM, WHICH DID NOT HAVE A HOSPITAL ON BASE AND RELIED ON LOCAL HOSPITALS

**HEADLINE: “AHCA Medicare Cuts Could Affect Local Hospitals Providing Health Care To Fort Drum Soldiers.”** [Watertown Daily Times, 5/3/17]

**Medicare And Medicaid Cuts Under The AHCA Would Have Imperiled Medical Care For Soldiers Stationed At Fort Drum And Their Families Since The Base Did Not Have Its Own Hospital.** “Fort Drum soldiers and families using local hospitals could be affected by cuts to Medicare and Medicaid in the proposed American Health Care Act. ‘Any potential reduction puts smaller north country institutions under a lot of stress,’ said River Hospital CEO Ben Moore III. ‘Depending on the financial condition of an institution and the severity of cuts, it could impact Fort Drum soldiers' care.’ The AHCA as currently proposed would cut $4.7 billion of federal support for the state's Medicaid program over the next four years, according to the governor's office. Approximately 2.7 million New Yorkers would lose their coverage. According to Mr. Moore, 56 percent of payments to River Hospital come from Medicaid and Medicare, which he described as ‘huge.’ Without which, nearly all its services are at risk. Fort Drum's soldiers are more vulnerable to cuts from local health care providers than service members at other installations. The post does not have an on-post hospital, requiring soldiers and their families to seek care from nearby civilian medical facilities. ‘We simply could not care for our soldiers without them,’ said Maj. Gen. Walter E. Piatt, post commander, during remarks to the state Senate in Albany Tuesday for 10th Mountain Division and Fort Drum Day.” [Watertown Daily Times, 5/3/17]

##### LOCAL NEWS OUTLETS FACT CHECKED STEFANIK’S CLAIM THAT THE AHCA WOULD NOT TAKE AWAY MEDICAID COVERAGE, FINDING THAT TO BE FALSE

**Stefanik Claimed That The American Health Care Act Would Not Take Away Coverage For People On Medicaid.** “Stefanik says the American Health Care Act will not take away coverage for people on Medicaid either, despite reports that the bill will cap Medicaid funding.  ‘One of my top priorities in any Obamacare replacement package was to ensure that no one had the rug pulled out from under them. The American Health Care Act makes no changes to Medicaid until 2020. After 2020, anyone currently on Medicaid will still keep their coverage,’ she said. ‘The American Health Care Act allows New York State to decide if they want to continue their expanded Medicaid program at a reduced federal reimbursement rate.” [North Country Now, 5/16/17]

**NCPR: Stefanik Falsely Claimed That The AHCA Would Not Cut Medicaid.** “At her town hall, Stefanik acknowledged that federal expansion money would go away under AHCA. But she also argued that nothing would actually be cut from Medicaid: ‘It really has to do with the Medicaid expansion population so that we can reallocate the funds toward traditional Medicaid.’  Verdict: Not true Healthcare experts we surveyed were united on this point: AHCA does contain significant cuts to Medicaid that could be transformative for the North Country.” [NCPR, [5/16/17](https://www.northcountrypublicradio.org/news/story/33944/20170516/fact-check-do-rep-stefanik-s-claims-on-healthcare-hold-up)]

**Malone Telegram: Despite Stefanik’s Claims That The AHCA Would Not Have Cut “Traditional Medicaid” It Would Have Cut $880 Billion In Medicaid Funding.** “Medicaid cuts Stefanik: ‘I want to address the misinformation; there are no cuts to traditional Medicaid, only to expanded Medicaid. We are going to a traditional 50/50 match instead of a 90/10 match. This modernizes Medicaid.’  The AHCA will cut $880 billion in Medicaid funding; and $2.3 billion in New York Medicaid funding, with those who recently qualified for expanded Medicaid coverage at greatest risk.  In several states, including New York, Medicaid eligibility criteria were expanded to those at 138 percent of the federal poverty level. That was aimed at helping working families unable to afford health insurance. The AHCA repeals enhanced eligibility criteria as of January 2020.  Included in the expanded coverage was additional funding for opioid addiction treatment. With the AHCA, that would be eliminated, which would mean fewer people with opioid addictions receiving treatment.  Additionally, the AHCA requires a six-month renewal review for the expansion population. And it repeals mandatory coverage for children 6 through 18 with family incomes above 100 percent of the federal poverty level.  According to the AHCA, states have the option to require work as a condition of eligibility for Medicaid enrollees who are not disabled, elderly or pregnant, as of Oct. 1.  The Congressional Budget Office estimates that there will be about 14 million fewer Medicaid enrollees.” [Malone Telegram, 5/13/17]

### 2015: STEFANIK VOTED TO REPEAL THE ACA WITHOUT A REPLACEMENT

**2015: Stefanik Voted To Repeal The Affordable Care Act.** In 2015, Elise M. Stefanik voted for Passage of the bill that would repeal the 2010 health care overhaul. The bill would delay the repeal by 180 days after enactment and direct the House Education and the Workforce, Energy and Commerce, Judiciary and Ways and Means committees to submit alternative legislation with a number of provisions, including ones to increase economic growth by eliminating certain regulations; lower health care premiums through increased competition; overhaul the medical liability system; and provide states greater flexibility to administer Medicaid programs.  [H.R. 596, Vote #58, [2/3/2015](http://clerk.house.gov/evs/2015/roll058.xml); D: 0-183, R: 239-3]

#### THE 2015 REPEAL BILL DID NOT INCLUDE A DIRECT REPLACEMENT FOR THE ACA

**Adirondack Daily Enterprise Editorial Board: Stefanik’s Claim That She Never Voted To Repeal The ACA Without A Replacement “Doesn’t Check Out.”** “When U.S. Rep. Elise Stefanik talked with the Adirondack Daily Enterprise editorial board on Oct. 5, she made a claim about her health care voting record that doesn't check out after some post-interview research. In the face-to-face interview, Stefanik said there were several lies being spread about her, including one that she had voted to repeal the Affordable Care Act without a replacement plan. While she opposed most of the ACA, Stefanik said this month she never voted to repeal without offering a replacement package.  ‘I have always been very clear: I do not support repeal-only,’ Stefanik said. ‘Some of my colleagues do. I support repeal with comprehensive replacement.’  However, in February 2015 - four weeks into her first term - she voted for a bill to repeal the ACA without directly replacing it.” [Malone Telegram, 10/17/18]

* **2015: Stefanik Voted To Repeal The ACA Without A Direct Replacement.** “When U.S. Rep. Elise Stefanik talked with the Adirondack Daily Enterprise editorial board on Oct. 5, she made a claim about her health care voting record that doesn't check out after some post-interview research. In the face-to-face interview, Stefanik said there were several lies being spread about her, including one that she had voted to repeal the Affordable Care Act without a replacement plan. While she opposed most of the ACA, Stefanik said this month she never voted to repeal without offering a replacement package.  ‘I have always been very clear: I do not support repeal-only,’ Stefanik said. ‘Some of my colleagues do. I support repeal with comprehensive replacement.’  However, in February 2015 - four weeks into her first term - she voted for a bill to repeal the ACA without directly replacing it.” [Malone Telegram, 10/17/18]

### AS OF 2024, 3,768,152 NEW YORKERS RELIED ON THE ACA FOR THEIR HEALTH INSURANCE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2024 ACA ENROLLMENT IN NEW YORK STATE** | | | | |
| **Marketplace Enrollees** | **Basic Health Plan Enrollees** | **Medicaid Expansion Enrollees** | **Total ACA Enrollment** | **Total ACA Enrollment as a Share of the Population Ages 0-64** |
| 288,681 | 1,198,396 | 2,281,075 | 3,768,152 | 24.30% |

[Kaiser Family Foundation, [1/15/25](https://www.kff.org/affordable-care-act/a-look-at-aca-coverage-through-the-marketplaces-and-medicaid-expansion-ahead-of-potential-policy-changes/)]

## DESPITE CLAIMING THAT SHE WANTED TO SEE LOWER DRUG PRICES, STEFANIK VOTED AGAINST MEASURES TO LOWER PRESCRIPTION DRUG COSTS

### 2024: STEFANIK CLAIMED THAT SHE HAD VOTED TO LOWER THE COST OF PRESCRIPTION DRUGS

**2024: Stefanik Claimed That She Voted To Lower The Cost Of Prescription Drugs.** “Stefanik does not support a single-payer system or expanding Medicare. Although healthcare costs continue to increase, she says she's tried to make it more affordable and accessible. ‘I have voted to protect those with pre-existing conditions, allow families and businesses to shop for health insurance across state lines, reform torts, lower the cost of prescription drugs, and strengthen protections against fraud and abuse that cost the healthcare system billions each year,’ she said.” [North Country Now, [10/27/24](https://northcountrynow.com/stories/republican-incumbent-for-21st-congressional-district-representing-st-lawrence-county-says-she,269550)]

### DESPITE CLAIMING THAT SHE SUPPORTED ALLOWING MEDICARE TO NEGOTIATE LOWER DRUG PRICES, STEFANIK VOTED AGAINST DOING SO AND BASHED THE LAW THAT AUTHORIZED PRICE NEGOTIATIONS AS A “PRESCRIPTION DRUG PRICE FIXING SCHEME”

#### 2017 – 2018: STEFANIK SAID SHE SUPPORTED ALLOWING MEDICARE TO NEGOTIATE LOWER DRUG PRICES

**2018: Stefanik Said She Supported Allowing Medicare To Negotiate Lower Drug Prices.** “Stefanik pointed to two recent bills signed into law that require pharmacists to be more transparent about lower-cost options for medication. She said she believes Medicare should have the ability to negotiate drug prices. She also believes that the FDA approval process should be streamlined to get drugs to market more quickly and lead to the development of generic alternatives.” [Glens Falls Post-Star, [10/25/18](https://poststar.com/news/local/stefanik-talks-up-bipartisan-record-in-meeting-with-post-star/article_2abbac9c-abea-56e4-8058-ecf7ec3b963a.html)]

**2017: Stefanik Said She Was Open To Discussions To Allow The Government To Negotiate Drug Prices To Lower The Cost.** [26:35] COMMUNITY MEMBER: “So my question is, what will you do to give us more leverage to negotiate a reasonable price for life saving medicines. And will you sponsor a bill that will prohibit, not just transparency, but will prohibit an elected official who accepts pharmaceutical company money from voting on healthcare issues?” [26:57] STEFANIK: “Sure. So again, the first question, I think the way we can lower prices, is continuing to invest in NIH. I think that's critical. You talk about the importance there. And also being open to discussions on a bipartisan basis to allow the government to negotiate with drug prices. I think that would help lower the cost. You and I had talked about that proposal. And I think that there's bipartisan interest in that, and I'm engaged in those discussions, and I think this is an area where the President is reaching across the aisle to engage in those discussions. When it comes to the last proposal, I'm always willing to look at draft legislation and consider it and get further feedback from the district.” [YouTube, Mountain Lake PBS, 26:35-27:39, [5/10/17](https://www.youtube.com/watch?v=HW426IMOYoA&t=2s)] (VIDEO)

#### IN 2019 AND 2022, STEFANIK VOTED AGAINST AUTHORIZING MEDICARE TO NEGOTIATE LOWER DRUG PRICES, CALLING IT “PRICE FIXING”

##### 2022: STEFANIK VOTED AGAINST THE INFLATION REDUCTION ACT, WHICH AUTHORIZED MEDICARE TO NEGOTIATE LOWER PRICES FOR PRESCRIPTION DRUGS

**2022: Stefanik Voted Against Concurring With Senate Amendment That Passed The Inflation Reduction Act.** Stefanik voted against concurringwith the Senate amendment to pass the Inflation Reduction Act which “Yarmuth, D-Ky., motion to concur in the Senate amendment to the bill comprising a package of climate, tax and health care provisions. Among drug pricing provisions, the bill would require the Health and Human Services Department to negotiate a "maximum fair price" with drug manufacturers for certain Medicare-eligible, brand-name drugs that do not have generic competition; cap cost-sharing for insulin products covered under Medicare at $35 a month; and require single-source drug manufacturers to provide rebates to HHS for the price of drugs under Medicare Parts B and D for which price increases outpace inflation. For Medicare Part D, it would cap the annual out-of-pocket limit at $2,000. It would extend through 2025 tax subsidies toward Affordable Care Act marketplace insurance premiums for individuals under a certain income level.” HR 5376 passed 220 to 207. [HR 5376 Vote [#420](https://clerk.house.gov/evs/2022/roll420.xml), 8/12/22; CQ [8/12/22](https://plus.cq.com/vote/2022/H/420?4)]

* **The Inflation Reduction Act Allowed Medicare To “Negotiate The Price Of High-Cost Drugs.”** “The Inflation Reduction Act will help close the gap in access to medication by improving prescription drug coverage and lowering drug prices in Medicare. The law: Caps the amount that seniors will have to pay for prescription drugs they buy at the pharmacy at $2,000 a year, giving peace of mind to seniors who no longer have to worry about spending thousands and thousands more on prescription drugs. Caps the amount that seniors will have to pay for insulin at $35 for a month’s supply. Provides access to a number of additional free vaccines, including the shingles vaccine, for Medicare beneficiaries. Will further lower prescription drug costs for seniors by allowing Medicare to negotiate the price of high-cost drugs and requiring drug manufacturers to pay Medicare a rebate when they raise prices faster than inflation.” [White House, Press Release, [8/16/22](https://www.whitehouse.gov/briefing-room/statements-releases/2022/08/16/fact-sheet-how-the-inflation-reduction-act-helps-black-communities/)]

##### STEFANIK BASHED MEDICARE DRUG PRICE NEGOTIATIONS AS “PRICE FIXING”

**Stefanik Claimed Biden’s Drug Price Mandate Forced Bureaucrats To Artificially Set Prices, Reducing Patient Options, Increasing Costs And Threatening U.S. Leadership In Developing New Medicines.** “Among the most egregious provisions of the law is the mandate from bureaucrats to artificially set prescription drug prices, which is already doing untold damage to the American health care system. Patients are seeing fewer choices, higher prices, and fewer cures, while the American pharmaceutical industry — which currently leads the world in the development of new medicines — is now in jeopardy of losing its competitive advantage on the rest of the world.” [X, @EliseStefanik, [8/15/24](https://x.com/EliseStefanik/status/1824190836151816426)]

**Stefanik Warned That Biden’s “Prescription Drug Price Fixing Scheme” Would “Drive Up Health Care Costs And Crush American Innovation.”** “Make no mistake, price fixing has failed in every sector and in every country where it has ever been tried. The Biden-Harris Administration says it wants to lower prices for families, but their prescription drug price fixing scheme has accomplished just two things: driving up health care costs and crushing American innovation in medicine.“ [X, @EliseStefanik, [8/15/24](https://x.com/EliseStefanik/status/1824190836151816426)]

##### 2019: STEFANIK VOTED AGAINST H.R. 3, WHICH WOULD HAVE AUTHORIZED MEDICARE TO NEGOTIATE LOWER DRUG PRICES

**2019: Stefanik Voted Against The Bipartisan H.R. 3, Which Would Have Authorized Drug Price Negotiations.** In 2019, Elise M. Stefanik voted against passage of the bill, as amended, that would allow the Health and Human Services Department to negotiate prices for certain drugs under Medicare programs and would make a number of modifications to Medicare programs related to drug costs and plan benefits. Specifically, the bill would establish a fair price negotiation program in which HHS would enter into agreements with drug manufacturers to negotiate maximum fair prices for certain drugs. It would allow the department to negotiate a ‘maximum fair price’ for insulin and up to 250 other Medicare-eligible, brand-name drugs that do not have generic competition, including 125 drugs that account for the greatest national spending and 125 drugs that account for the greatest spending under Medicare parts C and D. The bill would require the department to negotiate the maximum price of at least 25 drugs for 2023 and at least 50 drugs in each subsequent year. It would require that such maximum prices would not exceed 120% of a drug's average international price or 85% of the average manufacturer price for drugs for a year. The bill would subject drug manufacturers who do not reach a negotiated agreement for a drug to excise taxes based on gross sales of that drug. It would require manufacturers to offer negotiated prices to private health insurers. The bill would also make adjustments to payments, pricing structures, and programs related to Medicare parts B and D. Among other provisions, it would place a $2,000 annual out-of-pocket cap on costs for Medicare Part D beneficiaries, expand eligibility for a Part D low-income subsidy program, and add comprehensive vision, dental, and hearing coverage under Medicare Part B. Finally, it would authorize funding for HHS programs to address opioid and substance use disorders and authorize funding for National Institutes of Health and Food and Drug Administration activities related to the development of new drugs and medical treatments. [H.R. 3, Vote #682, [12/12/2019](http://clerk.house.gov/evs/2019/roll682.xml); D: 228-0, R: 2-191]

#### A LOCAL PAPER CRITICIZED STEFANIK FOR VOTING AGAINST H.R. 3, SAYING SHE HAD PUT “POlitics BEFORE CHEAPER PRESCRIPTIONS” AND THAT IT WAS “NO SURPRISE THAT REp. STEFANIK WOULD AGAIN CHOOSE PARTY OVER PEOPLE”

**2019: The Glens Falls Post Star Editorial Board Attacked Stefanik For Voting Against Authorizing Medicare To Edit Drug Prices.** “It was extraordinarily encouraging last week to see the House of Representatives pass a bill that would require the Centers of Medicare and Medicaid Services to negotiate prices for up to 250 medicines.  It seemed like a rare act of easy-to-understand common sense legislation that would take money out of the pharmaceutical companies' back pockets and help regular people.  This was something that our negotiator-in-chief, Donald Trump, campaigned on when he ran for president.  But 192 Republicans voted against the legislation last week, including Rep. Elise Stefanik, despite the fact that the non-partisan Congressional Budget Office said that Medicare could save $345 billion over 10 years by negotiating with drug companies.  That's a lot of money.  Rep. Stefanik wrote on her Facebook page that she prefers her own package of 40 provisions to the Democrats' bill. There's a lot to digest in those 40 measures, and we concede a lot of them would be beneficial, including prescription spending caps for seniors.  But what we didn't see was a bold way to rein in prescription drug prices.” [Glens Falls Post-Star, [12/19/19](https://poststar.com/opinion/editorial/article_9889f928-a3b1-5b43-a6c1-e9dab6405d72.html)]

**2019: Glens Falls Post Star: “It Should Come As No Surprise That Rep. Stefanik Would Again Choose Party Over People.”** “Rep. Stefanik's other reason for not voting for the prescription drug legislation is that it has no chance to pass the Senate.  With that type of logic, nothing will ever change in Congress where we suspect a good number of members have pharmaceutical companies contributing to their campaigns.  Sure, you can chalk it all up to politics - again - and it should come as no surprise that Rep. Stefanik would again choose party over people, but nevertheless we find her vote appalling and against the best interest of those in the district hoping for some financial relief.” [Glens Falls Post-Star, [12/19/19](https://poststar.com/opinion/editorial/article_9889f928-a3b1-5b43-a6c1-e9dab6405d72.html)]

**HEADLINE: “EDITORIAL: Rep. Stefanik Puts Politics Before Cheaper Prescriptions.”** [Glens Falls Post-Star, [12/19/19](https://poststar.com/opinion/editorial/article_9889f928-a3b1-5b43-a6c1-e9dab6405d72.html)]

### STEFANIK PUT PARTY POLITICS AHEAD OF LOWERING THE COST OF INSULIN, FLIPPING HER POSITION ON CAPPING THE PRICE OF INSULIN

#### STEFANIK VOTED AGAINST THE INFLATION REDUCTION ACT AND BASHED THE CAP ON THE PRICE OF INSULIN AS “PRICE FIXING”

**2022: Stefanik Voted Against Concurring With Senate Amendment That Passed The Inflation Reduction Act.** Stefanik voted against concurringwith the Senate amendment to pass the Inflation Reduction Act which “Yarmuth, D-Ky., motion to concur in the Senate amendment to the bill comprising a package of climate, tax and health care provisions. Among drug pricing provisions, the bill would require the Health and Human Services Department to negotiate a "maximum fair price" with drug manufacturers for certain Medicare-eligible, brand-name drugs that do not have generic competition; cap cost-sharing for insulin products covered under Medicare at $35 a month; and require single-source drug manufacturers to provide rebates to HHS for the price of drugs under Medicare Parts B and D for which price increases outpace inflation. For Medicare Part D, it would cap the annual out-of-pocket limit at $2,000. It would extend through 2025 tax subsidies toward Affordable Care Act marketplace insurance premiums for individuals under a certain income level.” HR 5376 passed 220 to 207. [HR 5376 Vote [#420](https://clerk.house.gov/evs/2022/roll420.xml), 8/12/22; CQ [8/12/22](https://plus.cq.com/vote/2022/H/420?4)]

* **The Inflation Reduction Act Capped Insulin Costs At $35 Per Month For Seniors.** “The Inflation Reduction Act will help close the gap in access to medication by improving prescription drug coverage and lowering drug prices in Medicare. The law: Caps the amount that seniors will have to pay for prescription drugs they buy at the pharmacy at $2,000 a year, giving peace of mind to seniors who no longer have to worry about spending thousands and thousands more on prescription drugs. Caps the amount that seniors will have to pay for insulin at $35 for a month’s supply. Provides access to a number of additional free vaccines, including the shingles vaccine, for Medicare beneficiaries. Will further lower prescription drug costs for seniors by allowing Medicare to negotiate the price of high-cost drugs and requiring drug manufacturers to pay Medicare a rebate when they raise prices faster than inflation.” [White House, Press Release, [8/16/22](https://www.whitehouse.gov/briefing-room/statements-releases/2022/08/16/fact-sheet-how-the-inflation-reduction-act-helps-black-communities/)]

**2023: Asked If She Supported Capping The Price Of Insulin, Stefanik Bashed The Inflation Reduction Act As “Price Fixing.”** “NYVT Media: The President lauded recent legislation that capped the price of insulin at $35 per prescription for those on Medicare, and he is asking Congress to extend this price cap to cover all Americans. He also noted he is working to bring down drug costs, attacking large pharmaceutical companies for what he labeled as extremely large profit margins and is looking for federal intervention while still allowing ‘Big Pharma’ to make a profit. Your feelings on this?  Stefanik: We are in agreement that drug pricing must be addressed, but what President Biden is proposing is in reality price fixing. That would result in fewer new drugs on the market and far less health care innovation.” [NYVT Media, 2/8/23]

#### 2022: STEFANIK VOTED AGAINST THE BIPARTISAN AFFORDABLE INSULIN NOW ACT, WHICH WOULD HAVE CAPPED THE COST OF INSULIN FOR MEDICARE BENEFICIARIES AND PEOPLE WITH PRIVATE INSURANCE

**2022: Stefanik Voted Against The Bipartisan Affordable Insulin Now Act, Which Would Have Capped The Cost Of Insulin For Medicare Beneficiaries And People With Private Insurance.** In 2022, Elise M. Stefanik voted against passage of the bill, as amended, that would require private health insurance and Medicare to cover certain insulin products and limit cost-sharing requirements for such products for plans beginning in 2023. Specifically, it would require private insurance plans to cover at least one of each dosage form of each type of insulin, such as short-acting, long-acting and premixed insulin; prohibit the plans from applying a deductible for the insulin products; and cap cost-sharing for the insulin products at the lesser of $35 or 25 percent of the plan's negotiated price for the product per 30-day supply. For Medicare plans, it would similarly prohibit the application of a deductible for covered insulin products and cap copayments at $35 per 30-day supply. The bill would also increase funding available for the Medicare Improvement Fund from $5 million to approximately $9 billion. As an offset, it would delay for an additional year, through Jan. 1, 2027, implementation of a November 2020 rule ending a safe harbor provision that protects pharmacy benefit managers from federal anti-kickback laws for prescription drug rebates provided to health insurers under Medicare Part D. [H.R. 6833, Vote #102, [3/31/2022](http://clerk.house.gov/evs/2022/roll102.xml); D: 220-0, R: 12-193]

#### IN 2019 AND 2021, STEFANIK COSPONSORED LEGISLATION THAT WOULD HAVE CAPPED INSULIN PRICES FOR MEDICARE BENEFICIARIES

**April 2021: Stefanik Cosponsored H.R. 19, The Lower Costs, More Cures Act, Which Would Have Capped Out-Of-Pocket Costs And Insulin Prices For Medicare Part D Beneficiaries.** In April 2021, Stefanik cosponsored H.R. 19, the Lower Costs, More Cures Act of 2021, which "establishes and modifies several programs and requirements to address prescription drug prices. The bill modifies provisions under Medicare and Medicaid relating to prescription drug coverage and price transparency. Among other changes, the bill requires the Centers for Medicare &amp; Medicaid Services to publish certain information, as reported by pharmacy benefit managers (PBMs), relating to generic dispensing rates, drug discounts and rebates, and payments between PBMs, health plans, and pharmacies; caps annual out-of-pocket spending under the Medicare prescription drug benefit; allows prescription drug plan sponsors under the Medicare prescription drug benefit to offer additional plans in a region; requires pass-through pricing models, and prohibits spread-pricing, for payment arrangements with PBMs under Medicaid; and allows states to include in the Medicaid Drug Rebate Program covered outpatient drugs that are provided as part of physician or outpatient hospital services. The bill also generally modifies other provisions relating to the regulation and costs of generic and brand-name drugs. Among other changes, the bill prohibits the manufacturer of a brand-name, generic, or biosimilar drug from entering into certain agreements to resolve or settle a patent infringement claim in connection with the sale of a drug or biological product; permanently allows high deductible health plans to waive deductibles for insulin and associated products; and establishes the position of Chief Pharmaceutical Negotiator in the Office of the U.S. Trade Representative." H.R. 19 was referred to the Subcommittee on Antitrust, Commercial, and Administrative Law. [H.R. 19, cosponsored [4/21/21](https://www.congress.gov/bill/117th-congress/house-bill/19)]

**December 2019: Stefanik Cosponsored H.R. 19, The Lower Costs, More Cures Act, Which Would Have Capped Out-Of-Pocket Costs And Insulin Prices For Medicare Part D Beneficiaries.** In December 2019, Stefanik cosponsored H.R. 19, the Lower Costs, More Cures Act of 2019, which "establishes and modifies several requirements to address prescription drug prices under Medicare, Medicaid, and other programs. The bill generally limits payment amounts for drugs and biologics under Medicare medical services, reduces cost-sharing under the Medicare prescription drug benefit, modifies certain authorities and requirements under the Medicaid Drug Rebate Program, revises provisions relating to regulatory approval and commercial availability of generics and biosimilars, and establishes several reporting requirements for drug manufacturers with respect to drug prices." H.R. 19 was referred to the Subcommittee on Antitrust, Commercial, and Administrative Law. [H.R. 19, cosponsored [12/9/19](https://www.congress.gov/bill/116th-congress/house-bill/19)]

### STEFANIK FLIP-FLOPPED ON CAPPING OUT OF POCKET COSTS FOR PRESCRIPTION DRUGS FOR MEDICARE PART D BENEFICIARIES

#### IN 2022 AND 2019, STEFANIK VOTED AGAINST CAPPING OUT OF POCKET COSTS FOR PRESCRIPTION DRUGS FOR MEDICARE PART D BENEFICIARIES

**2022: Stefanik Voted Against Concurring With Senate Amendment That Passed The Inflation Reduction Act.** Stefanik voted against concurringwith the Senate amendment to pass the Inflation Reduction Act which “Yarmuth, D-Ky., motion to concur in the Senate amendment to the bill comprising a package of climate, tax and health care provisions. Among drug pricing provisions, the bill would require the Health and Human Services Department to negotiate a "maximum fair price" with drug manufacturers for certain Medicare-eligible, brand-name drugs that do not have generic competition; cap cost-sharing for insulin products covered under Medicare at $35 a month; and require single-source drug manufacturers to provide rebates to HHS for the price of drugs under Medicare Parts B and D for which price increases outpace inflation. For Medicare Part D, it would cap the annual out-of-pocket limit at $2,000. It would extend through 2025 tax subsidies toward Affordable Care Act marketplace insurance premiums for individuals under a certain income level.” HR 5376 passed 220 to 207. [HR 5376 Vote [#420](https://clerk.house.gov/evs/2022/roll420.xml), 8/12/22; CQ [8/12/22](https://plus.cq.com/vote/2022/H/420?4)]

* **Inflation Reduction Act Capped Seniors’ Out-Of-Pocket Drug Costs At $2,000 Annually.** “The Senate on Sunday was set to vote on a broad climate, tax and healthcare bill containing significant measures to lower prescription drug prices within the Medicare program, allowing the government to negotiate drug prices for the first time and capping seniors’ out-of-pocket drug costs at $2,000 annually.” [Barrons, [8/8/22](https://www.barrons.com/articles/gm-nvidia-stocks-for-recession-51659997346)]

**2019: Stefanik Voted Against The Bipartisan H.R. 3, Which Would Have Capped Out Of Pocket Costs For Medicare Part D Beneficiaries.** In 2019, Elise M. Stefanik voted against passage of the bill, as amended, that would allow the Health and Human Services Department to negotiate prices for certain drugs under Medicare programs and would make a number of modifications to Medicare programs related to drug costs and plan benefits. Specifically, the bill would establish a fair price negotiation program in which HHS would enter into agreements with drug manufacturers to negotiate maximum fair prices for certain drugs. It would allow the department to negotiate a ‘maximum fair price’ for insulin and up to 250 other Medicare-eligible, brand-name drugs that do not have generic competition, including 125 drugs that account for the greatest national spending and 125 drugs that account for the greatest spending under Medicare parts C and D. The bill would require the department to negotiate the maximum price of at least 25 drugs for 2023 and at least 50 drugs in each subsequent year. It would require that such maximum prices would not exceed 120% of a drug's average international price or 85% of the average manufacturer price for drugs for a year. The bill would subject drug manufacturers who do not reach a negotiated agreement for a drug to excise taxes based on gross sales of that drug. It would require manufacturers to offer negotiated prices to private health insurers. The bill would also make adjustments to payments, pricing structures, and programs related to Medicare parts B and D. Among other provisions, it would place a $2,000 annual out-of-pocket cap on costs for Medicare Part D beneficiaries, expand eligibility for a Part D low-income subsidy program, and add comprehensive vision, dental, and hearing coverage under Medicare Part B. Finally, it would authorize funding for HHS programs to address opioid and substance use disorders and authorize funding for National Institutes of Health and Food and Drug Administration activities related to the development of new drugs and medical treatments. [H.R. 3, Vote #682, [12/12/2019](http://clerk.house.gov/evs/2019/roll682.xml); D: 228-0, R: 2-191]

##### A LOCAL PAPER CRITICIZED STEFANIK FOR VOTING AGAINST H.R. 3, SAYING SHE HAD PUT “POlitics BEFORE CHEAPER PRESCRIPTIONS” AND THAT IT WAS “NO SURPRISE THAT REp. STEFANIK WOULD AGAIN CHOOSE PARTY OVER PEOPLE”

**2019: The Glens Falls Post Star Editorial Board Attacked Stefanik For Voting Against Authorizing Medicare To Edit Drug Prices.** “It was extraordinarily encouraging last week to see the House of Representatives pass a bill that would require the Centers of Medicare and Medicaid Services to negotiate prices for up to 250 medicines.  It seemed like a rare act of easy-to-understand common sense legislation that would take money out of the pharmaceutical companies' back pockets and help regular people.  This was something that our negotiator-in-chief, Donald Trump, campaigned on when he ran for president.  But 192 Republicans voted against the legislation last week, including Rep. Elise Stefanik, despite the fact that the non-partisan Congressional Budget Office said that Medicare could save $345 billion over 10 years by negotiating with drug companies.  That's a lot of money.  Rep. Stefanik wrote on her Facebook page that she prefers her own package of 40 provisions to the Democrats' bill. There's a lot to digest in those 40 measures, and we concede a lot of them would be beneficial, including prescription spending caps for seniors.  But what we didn't see was a bold way to rein in prescription drug prices.” [Glens Falls Post-Star, [12/19/19](https://poststar.com/opinion/editorial/article_9889f928-a3b1-5b43-a6c1-e9dab6405d72.html)]

**2019: Glens Falls Post Star: “It Should Come As No Surprise That Rep. Stefanik Would Again Choose Party Over People.”** “Rep. Stefanik's other reason for not voting for the prescription drug legislation is that it has no chance to pass the Senate.  With that type of logic, nothing will ever change in Congress where we suspect a good number of members have pharmaceutical companies contributing to their campaigns.  Sure, you can chalk it all up to politics - again - and it should come as no surprise that Rep. Stefanik would again choose party over people, but nevertheless we find her vote appalling and against the best interest of those in the district hoping for some financial relief.” [Glens Falls Post-Star, [12/19/19](https://poststar.com/opinion/editorial/article_9889f928-a3b1-5b43-a6c1-e9dab6405d72.html)]

**HEADLINE: “EDITORIAL: Rep. Stefanik Puts Politics Before Cheaper Prescriptions.”** [Glens Falls Post-Star, [12/19/19](https://poststar.com/opinion/editorial/article_9889f928-a3b1-5b43-a6c1-e9dab6405d72.html)]

#### STEFANIK TWICE COSPONSORED A BILL THAT WOULD HAVE CAPPED OUT OF POCKET COSTS FOR MEDICARE PART D BENEFICIARIES

**April 2021: Stefanik Cosponsored H.R. 19, The Lower Costs, More Cures Act, Which Would Have Capped Out-Of-Pocket Costs And Insulin Prices For Medicare Part D Beneficiaries.** In April 2021, Stefanik cosponsored H.R. 19, the Lower Costs, More Cures Act of 2021, which "establishes and modifies several programs and requirements to address prescription drug prices. The bill modifies provisions under Medicare and Medicaid relating to prescription drug coverage and price transparency. Among other changes, the bill requires the Centers for Medicare &amp; Medicaid Services to publish certain information, as reported by pharmacy benefit managers (PBMs), relating to generic dispensing rates, drug discounts and rebates, and payments between PBMs, health plans, and pharmacies; caps annual out-of-pocket spending under the Medicare prescription drug benefit; allows prescription drug plan sponsors under the Medicare prescription drug benefit to offer additional plans in a region; requires pass-through pricing models, and prohibits spread-pricing, for payment arrangements with PBMs under Medicaid; and allows states to include in the Medicaid Drug Rebate Program covered outpatient drugs that are provided as part of physician or outpatient hospital services. The bill also generally modifies other provisions relating to the regulation and costs of generic and brand-name drugs. Among other changes, the bill prohibits the manufacturer of a brand-name, generic, or biosimilar drug from entering into certain agreements to resolve or settle a patent infringement claim in connection with the sale of a drug or biological product; permanently allows high deductible health plans to waive deductibles for insulin and associated products; and establishes the position of Chief Pharmaceutical Negotiator in the Office of the U.S. Trade Representative." H.R. 19 was referred to the Subcommittee on Antitrust, Commercial, and Administrative Law. [H.R. 19, cosponsored [4/21/21](https://www.congress.gov/bill/117th-congress/house-bill/19)]

**December 2019: Stefanik Cosponsored H.R. 19, The Lower Costs, More Cures Act, Which Would Have Capped Out-Of-Pocket Costs And Insulin Prices For Medicare Part D Beneficiaries.** In December 2019, Stefanik cosponsored H.R. 19, the Lower Costs, More Cures Act of 2019, which "establishes and modifies several requirements to address prescription drug prices under Medicare, Medicaid, and other programs. The bill generally limits payment amounts for drugs and biologics under Medicare medical services, reduces cost-sharing under the Medicare prescription drug benefit, modifies certain authorities and requirements under the Medicaid Drug Rebate Program, revises provisions relating to regulatory approval and commercial availability of generics and biosimilars, and establishes several reporting requirements for drug manufacturers with respect to drug prices." H.R. 19 was referred to the Subcommittee on Antitrust, Commercial, and Administrative Law. [H.R. 19, cosponsored [12/9/19](https://www.congress.gov/bill/116th-congress/house-bill/19)]

## STEFANIK WAS THE DECIDING VOTE ON THE OBBB, WHICH SLASHED MEDICAID FUNDING AND IMPERILED INSURANCE COVERAGE FOR NEARLY ONE MILLION NEW YORKERS

### 2025: STEFANIK VOTED TO SLASH MEDICAID SPENDING BY $911 BILLION

#### STEFANIK WAS the DECIDING VOTE ON THE OBBB

**July 2025: Stefanik Voted For H.R. 1, The “One Big Beautiful Bill” Act.** In July 2025, Stefanik voted for: “Motion to concur in the Senate amendment to the bill that would permanently extend nearly $4 trillion in expiring individual and business tax cuts, create several new tax breaks and fund border and immigration enforcement and air traffic control upgrades. It would cut Medicaid and other safety net programs to partly offset the cost. Among other provisions, it would raise the statutory debt ceiling by $5 trillion and appropriate more than $448 billion in mandatory funding for Trump administration priorities and other needs, including $153 billion for defense, $89 billion for immigration enforcement, and $89.5 billion for border control and security. It also would increase the state and local tax deduction cap to $40,000 annually for five years for households making up to $500,000 a year until 2030, when it would permanently revert to $10,000.” The motion was agreed to by a vote of 218-2014. [H.R. 1, [Vote #190](https://clerk.house.gov/Votes/2025190), 7/3/25; CQ, [7/3/25](https://plus.cq.com/vote/2025/H/190?4)]

**June 2025: Stefanik Bragged About Being “The Deciding Vote” On The One Big Beautiful Bill.** BEN SHAPIRO: “Now, speaking of your role in Congress, obviously, the big beautiful Bill has just recently passed Congress. It is now sitting in the Senate, where it's being renegotiated, and then eventually there will be reconciliation between the bills that come forward from both houses. What do you make of the debate over the big beautiful bill? Obviously, you voted in favor of it. There's been a lot of talk about the debt ceiling and debt. What is your take on that conversation?” […] STEFANIK: “I was the deciding vote, Ben, that is how important it is, and that's why I'm still in Congress, to make sure that we hold this house majority, and I was proud to cast that deciding vote.” [YouTube, Rep. Elise Stefanik, “Chairwoman Stefanik on The Ben Shapiro Show – 06.05.2025,” 4:00, [6/5/25](https://www.youtube.com/watch?v=4TphiJyn8YM)] (VIDEO)

**June 2025: Stefanik Said That She Was “Proud To Put The Country First, Like President Trump” By Supporting The One Big Beautiful Bill.** STEFANIK: “Well, thank you Sean, and it was a one vote margin. I'm proud, and we need to pass this one big, beautiful bill to secure the border, to cut taxes, no tax on tip, no tax on overtime, school choice. This is one of the most historic pieces of legislation. I'm proud to put the country first, like President Trump to put America first and get this done.” [Twitter, @EliseStefanik, 4:04, [6/6/25](https://x.com/EliseStefanik/status/1931162102166597651)] (VIDEO)

THE OBBB CUT FEDERAL MEDICAID SPENDING BY $911 BILLION

**Kaiser Family Foundation: The “One Big Beautiful Bill” Would Cut Federal Medicaid Spending By $911 Billion.** “On July 4, President Trump signed into law a budget reconciliation package once called the “One Big, Beautiful Bill” that made major reductions in federal health care spending to offset part of the costs of extending expiring tax cuts. The Congressional Budget Office’s (CBO) latest cost estimate shows that the reconciliation package would reduce federal Medicaid spending over a decade by an estimated $911 billion (after accounting for interactions that produce overlapping reductions across different provisions of the law) and increase the number of uninsured people by 10 million.” [KFF, [7/23/25](https://www.kff.org/medicaid/allocating-cbos-estimates-of-federal-medicaid-spending-reductions-across-the-states-enacted-reconciliation-package/)]

STEFANIK VOTED FOR THE HOUSE VERSION OF THE OBBB, WHICH CUT MEDICAID BY IMPOSING STRICT WORK REQUIREMENTS

**Stefanik Voted For The House Version Of The Republican Budget Reconciliation Bill Dubbed The “One Big Beautiful Bill Act.** In May 2025, Stefanik voted for: " H.R.1 - One Big Beautiful Bill Act […] reduces taxes, reduces or increases spending for various federal programs, increases the statutory debt limit, and otherwise addresses agencies and programs throughout the federal government. It is known as a reconciliation bill and includes legislation submitted by 11 House committees pursuant to provisions in the FY2025 congressional budget resolution (H Con. Res. 14) that directed the committees to submit legislation to the House Budget Committee that will increase or decrease the deficit and increase the statutory debt limit by specified amounts. (Reconciliation bills are considered by Congress using expedited legislative procedures that prevent a filibuster and restrict amendments in the Senate.)" The bill passed 215-214. [HR 1, [Vote #145](https://clerk.house.gov/evs/2025/roll145.xml), 5/22/25; Congress.gov, [5/22/25](https://www.congress.gov/bill/119th-congress/house-bill/1)]

THE HOUSE REPUBLICAN BUDGET RECONCILIATION BILL IMPOSED HARSH WORK REQUIREMENTS TO MEDICAID

**The Republican Budget Reconciliation Bill Would Add Harsh Work Requirements To Medicaid.** "According to CBO, the House bill would cut Medicaid by more than $800 billion, the largest cut in the program’s history. CBO estimates that 5.2 million adults will lose Medicaid under a provision that takes coverage away from people who don’t meet a harsh work requirement. But many analysts think the number could be higher." [Center on Budget and Policy Priorities, [5/1/25](https://www.cbpp.org/research/health/by-the-numbers-house-bill-takes-health-coverage-away-from-millions-of-people-and)]

**Work Requirements Often Make It Harder To Access Medicaid Benefits, Even For Individuals Who Quality.** "Work requirements also place significant reporting burdens on Medicaid enrollees. Even those who work more than 20 hours a week risk losing their coverage if they are unable to consistently document and submit proof of the number of hours they’ve worked. Reporting work hours can be especially difficult for people with multiple jobs, people without internet or computer access, and people with limited English proficiency." [Commonwealth Fund, [1/14/25](https://www.commonwealthfund.org/publications/explainer/2025/jan/work-requirements-for-medicaid-enrollees)]

#### KAISER FAMILY FOUNDATION: 760,000 NEW YORKERS COULD LOSE MEDICAID COVERAGE BECAUSE OF THE OBBB’S CUTS

**Kaiser Family Foundation: An Estimated 860,000 New Yorkers Would Lose Insurance Coverage Under The OBBB.** “Relative to current law, the reconciliation law is estimated to increase the uninsured rate by 3 percentage points or more in 20 states (Alaska, Arizona, Arkansas, California, Connecticut, Delaware, Illinois, Indiana, Kentucky, Louisiana, Montana, New Jersey, New Mexico, New York, Oklahoma, Oregon, Rhode Island, Virginia, Washington, West Virginia) and the District of Columbia. These increases are attributable to the reconciliation law alone and do not include the effects of the expiration of the enhanced premium tax credits or the proposed Marketplace integrity rule. In terms of increases in the number of uninsured people, California and New York are the top two states (1.6M and 860k, respectively). Florida, Texas, and Illinois would follow at 590k, 480k, and 470k, respectively.” [KFF, [8/20/25](https://www.kff.org/uninsured/how-will-the-2025-reconciliation-law-affect-the-uninsured-rate-in-each-state/)]

**Kaiser Family Foundation: An Estimated 760,000 New Yorkers Could Lose Healthcare Coverage Because Of Medicaid Changes In The Republican Budget Reconciliation Bill.** [KFF, [6/6/25](https://www.kff.org/affordable-care-act/issue-brief/how-will-the-2025-reconciliation-bill-affect-the-uninsured-rate-in-each-state-allocating-cbos-estimates-of-coverage-loss/)]

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| --- | --- |
| **State** | **One Big Beautiful Bill Act Medicaid Uninsured Increase** |
| New York | 760,000 |

[KFF, [6/6/25](https://www.kff.org/affordable-care-act/issue-brief/how-will-the-2025-reconciliation-bill-affect-the-uninsured-rate-in-each-state-allocating-cbos-estimates-of-coverage-loss/)]

THE JOINT ECONOMIC COMMITTEE ESTIMATED AS MANY AS 935,914 NEW YORKERS COULD LOSE INSURANCE BETWEEN MEDICAID AND AFFORDABLE CARE ACT CUTS IN THE ONE BIG BEAUTIFUL BILL

**Joint Economic Committee: 935,914 People Would Lose Insurance From The One Big Beautiful Bill.** [Joint Economic Committee, [6/5/25](https://www.jec.senate.gov/public/_cache/files/1ef7782a-f4d2-4b62-9f83-869384e3edeb/updated-jec-fact-sheet-on-state-by-state-impacts-of-health-care-cuts.pdf)]

|  |  |  |  |
| --- | --- | --- | --- |
| **State** | **Estimated Number of People**  **Losing Affordable Care Act**  **Coverage** | **Estimated Number of**  **People Losing**  **Medicaid Coverage** | **Estimated Total**  **Number of People**  **Losing Insurance** |
| New York | 77,812 | 858,102 | 935,914 |

[Joint Economic Committee, [6/5/25](https://www.jec.senate.gov/public/_cache/files/1ef7782a-f4d2-4b62-9f83-869384e3edeb/updated-jec-fact-sheet-on-state-by-state-impacts-of-health-care-cuts.pdf)]