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Federal policy on healthcare, 2017-2020

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President Donald Trump's main healthcare policy initiative has been working to fulfill his campaign promise to repeal and replace the Patient Protection and Affordable Care Act (ACA), commonly known as Obamacare. He expressed his support for the House and Senate bills that proposed modifying parts of the ACA. The House passed its bill—the American Health Care Act of 2017—but members of the Senate have been unable to agree on a final replacement plan, leaving most of the provisions of the ACA in place. Republicans did take one step towards changing the ACA by eliminating the law's individual mandate, which took effect in January 2019.^[1]

In October 2017, the Trump administration took actions to modify the ACA. Trump issued an executive order directing members of his Cabinet to create rules that would allow small businesses to collectively buy health insurance through association health plans, expand short-term health coverage, and expand the use of Health Reimbursement Arrangements (HRAs). The order did not make direct changes to existing health insurance rules; instead, it directed agencies to consider new rules that would be subject to a notice and comment period.

The Trump administration also announced that it would end cost-sharing reimbursements. The administration announced that it would not make the payments scheduled for October 18, 2017, stating that the payments were not formally appropriated by Congress and were therefore illegal. Under the ACA, insurers who offer plans on the exchanges are required to provide the reductions, even without the reimbursements from the federal government. Trump said that he is still committed to passing a bill to repeal and replace the ACA. Before signing the executive order on October 12, 2017, Trump said, “Today is only the beginning. In the coming months, we plan to take new measures to provide our people with even more relief and more freedom. ... And we’re going to also pressure Congress very strongly to finish the repeal and the replace of Obamacare once and for all. We will have great healthcare in our country.”^[2]

Trump Administration



President Donald Trump

Vice President Mike

Pence

Cabinet • Transition team

This page outlines major events and policy positions of the Trump administration on healthcare. Click on the timeline below to learn more about each headline.

- **June 16, 2020:** June 16, 2020: DC Court of Appeals strikes down CMS rule requiring disclosure of wholesale drug prices
- **July 17, 2019:** House votes to repeal tax on high-cost health plans
- **July 8, 2019:** July 8, 2019: U.S. District Court judge strikes down CMS drug price disclosure rule
- **May 10, 2019:** May 10, 2019: CMS publishes federal rule requiring pharmaceutical companies to list drug prices in television ads
- **February 25, 2019:** Senate rejects Born-Alive Abortion Survivors Protection Act
- **December 14, 2018:** Judge rules individual mandate unconstitutional and ACA invalid
- **November 29, 2018:** CMS releases State Relief and Empowerment Waivers
- **October 24, 2018:** Trump signs bipartisan opioid legislation
- **October 22, 2018:** Trump administration releases guidance easing restrictions on ACA waivers
- **October 10, 2018:** Senate rejects resolution to undo expanded access to short-term healthcare plans
- **July 29 and 30, 2018:** Federal government approves reinsurance programs in Wisconsin and Maine
- **June 22, 2018:** Bipartisan bill to slow opioid crisis passes the House
- **May 30, 2018:** Trump signs Right to Try bill
- **May 11, 2018:** Trump administration unveils drug pricing plan
- **April 20, 2018:** Trump Administration unveils abstinence-focused teen pregnancy program
- **April 9, 2018:** CMS issues final rule on ACA marketplaces
- **March 19, 2018:** President Trump unveils plan to address opioid crisis
- **February 20, 2018:** Trump administration announces proposed rule on short-term health insurance
- **January 29, 2018:** Sessions announces formation of Joint Criminal Opioid Darknet Enforcement team
- **January 22, 2018:** Congress approves CHIP funding
- **January 19, 2018:** Trump administration extends opioid public health emergency
- **January 11, 2018:** Trump administration releases guidance allowing states to impose work requirements for Medicaid
- **January 10, 2018:** President Trump signs Interdict Act

Policy positions

Domestic affairs:

Abortion • Crime and justice • Education • Energy and the environment • Federal courts • Firearms policy • First Amendment • Healthcare • Immigration • Infrastructure • LGBTQ issues • Marijuana • Puerto Rico • Social welfare programs • Veterans • Voting issues

Economic affairs and regulations: Agriculture and food policy • Budget • Financial regulation • Jobs • Social Security • Taxes • Trade

Foreign affairs and national security:

Afghanistan • Arab states of the Persian Gulf • China • Cuba • Iran • Iran nuclear deal • Islamic State and terrorism • Israel and Palestine • Latin America • Military • NATO • North Korea • Puerto Rico • Russia • Syria • Syrian refugees • Technology, privacy, and cybersecurity

Polling indexes:

Presidential approval • Direction of country

- **January 4, 2018:** Department of Labor proposes Association Health Plan rule
- **December 22, 2017:** Congress repeals individual mandate as part of tax law
- **October 27, 2017:** Administration proposes allowing states to redefine essential health benefits
- **October 13, 2017:** Trump formally ends cost-sharing reimbursements
- **October 12, 2017:** Trump signs executive order seeking to ease ACA rules
- **October 6, 2017:** Trump administration rolls back ACA contraception mandate
- **August 31, 2017:** HHS cuts budget for ACA enrollment outreach
- **August 2017:** Administration announces cuts to teen pregnancy program
- **May 21, 2017:** Trump administration releases draft rule on contraception coverage exemptions
- **May 17, 2017:** CMS issues guidance on health exchange enrollment
- **April 13, 2017:** CMS issues final rule on individual market regulations
- **January 20, 2017:** Trump issues executive order on the Affordable Care Act
- **Trump's healthcare priorities before taking office**
- **Trump administration officials on healthcare**
- **115th Congress on healthcare**
- **Healthcare policy overviews**

What is the ACA or Obamacare? The Patient Protection and Affordable Care Act, commonly known as the Affordable Care Act (ACA) or Obamacare, was signed into law by President Barack Obama (D) on March 23, 2010. The aim of the law was to provide health insurance coverage to more Americans, primarily through individual health insurance marketplaces and an expansion of the Medicaid program. Click here to read more about the healthcare law.^{[3][4]}

115th Congress, 2017-2018 Healthcare policy



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(Senate bill)
- 115th Congress on the
Better Care Reconciliation
Act of 2017
- Republican senators on
the BCRA
- American Health Care
Act of 2017 (House bill)
- House's second attempt
to pass the AHCA, April -
May
- House's initial attempt to
pass the AHCA, March
- House roll call vote on the
AHCA
- Republicans who were
likely to vote against the
AHCA, March
- Timeline of ACA repeal
and replace efforts
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June 16, 2020: DC Court of Appeals strikes down CMS rule requiring disclosure of wholesale drug prices

On June 16, 2020, the United States Court of Appeals for the District of Columbia Circuit struck down the final rule issued by Centers for Medicare & Medicaid Services (CMS) in May 2019, which would have required pharmaceutical companies to include the list price, also known as the wholesale acquisition cost, of Medicare- and Medicaid-covered prescription drugs in television advertisements.^[5] The appellate court ruling upheld an earlier ruling by Judge Amit Priyavadan Mehta of the United States District Court for the District of Columbia, which prevented the rule from going into effect in July 2019.^[6]

Judge Patricia Ann Millett authored the court's majority opinion. She wrote, "[HHS] acted unreasonably in construing its regulatory authority to include the imposition of a sweeping disclosure requirement that is largely untethered to the actual administration of the Medicare or Medicaid programs." Millett concluded, The Department's construction of the statute would seem to give it unbridled power to promulgate any regulation with respect to drug manufacturers that would have the arguable effect of driving down drug prices—or even healthcare costs generally—based on nothing more than their potential salutary financial benefits for the Medicare or Medicaid program. This suggests a staggering delegation of power, far removed from ordinary administration."^[5]

July 17, 2019: House votes to repeal tax on high-cost health plans

On July 17, 2019, the U.S. House voted 419-6 in favor of repealing an excise tax, also called the *Cadillac tax*, on high-cost employer-sponsored health plans. The 40 percent tax, established by the Affordable Care Act, would apply to health benefits exceeding certain thresholds. At the time the House passed the bill to repeal it, the tax was set to go into effect in 2022, and thresholds above which the tax would apply were projected as \$11,200 for individual coverage and \$30,100 for family coverage.^[7]

The bill was passed with the support of 230 Democratic and 189 Republican representatives. Reps. Jim Cooper (D-Tenn.), Justin Amash (I-Mich.), Andrew Harris (R-Md.), Ron Kind (D-Wis.), Scott Peters (D-Calif.), and Chip Roy (R-Texas) voted against the bill.^[8]

Rep. Joe Courtney (D-Conn.), who introduced the bill, said, "Out-of-pocket costs are unaffordable for growing numbers of families, even those who have insurance. If the 40% excise tax goes into effect, we know this affordability crisis will dramatically worsen. Actuarial experts have repeatedly warned that this tax will disproportionately and unfairly impact older workers, women, and working families in expensive geographic areas."^[9]

In opposition to the bill, president of the Committee for a Responsible Federal Budget Maya MacGuineas said the following: "The Cadillac tax is one of the most important tools we have to control health care cost growth in the private sector. Repealing it will drive up health care costs while adding more than \$1.2 trillion to the debt over the next two decades."^[7]

July 8, 2019: U.S. District Court judge strikes down CMS rule requiring disclosure of wholesale drug prices

On July 8, 2019, Judge Amit Priyavadan Mehta of the United States District Court for the District of Columbia issued a ruling that blocked the new Centers for Medicare & Medicaid Services (CMS) rule requiring pharmaceutical companies to include the list price for some Medicare- and Medicaid-covered prescription drugs in television advertisements. The rule had been set to take effect the next day, on July 9. Three pharmaceutical companies and one trade marketing association had together filed suit with the court to block the rule from going into effect. According to Mehta's summary of the case, the plaintiffs' challenge was twofold: "First, they argue that the Rule exceeds HHS's authority, because Congress neither expressly nor impliedly granted HHS the power under the Social Security Act to regulate drug marketing. Second, they maintain that the [Rule] is compelled speech that violates the First Amendment."^[6]

Mehta's decision to grant the plaintiffs' request for a stay and block the ruling drew primarily on the first argument, which is that HHS overstepped its regulatory authority in issuing the final rule.^[10] Mehta wrote, "It is the agency's incursion into a brand-new regulatory environment, and the rationale for it, that make the Rule so consequential. To accept the agency's justification here would swing the doors wide open to any regulation, rule, or policy that might reasonably result in cost savings to the Medicare and Medicaid programs, unless expressly prohibited by Congress...So, this case is not just about whether HHS can force drug companies to disclose their list prices in the name of lowering costs. Rather, the [Rule] represents a significant shift in HHS's ability to regulate the health care marketplace. Congress surely did not envision such an expansion of regulatory authority when it granted HHS the power to issue regulations necessary to carry out the 'efficient administration' of the Medicare and Medicaid programs."^[6]

In response, HHS filed a notice of appeal with the United States Court of Appeals for the District of Columbia Circuit in August 2019.^[11]

May 10, 2019: CMS publishes federal rule requiring pharmaceutical companies to list drug prices in television ads

On May 10, 2019, the Centers for Medicare & Medicaid Services (CMS), an agency within the Department of Health & Human Services (HHS), published a rule that required pharmaceutical companies to include the list price, also known as the wholesale acquisition cost, of certain prescription drugs in television advertisements. The requirement applied to medicine covered by Medicare or Medicaid and did not apply to drugs with a cost of \$35 or less.^[12]

According to the summary of the final rule published in the Federal Register, the rule was intended to make Medicare and Medicaid administration more efficient by giving beneficiaries of the programs more information about the costs of drugs. CMS argued that the new rule would use public scrutiny to pressure manufacturers into lowering drug prices and would equip patients to make more informed healthcare decisions. Under the rule, television advertisements for prescription drugs were required to state the cost for a 30-day supply. The rule was to go into effect on July 9, 2019.^[12]

February 25, 2019: Senate rejects Born-Alive Abortion Survivors Protection Act

On February 25, 2019, the Senate rejected the Born-Alive Abortion Survivors Protection Act by a vote of 53-44. It needed 60 votes to advance. The bill proposed making it a felony if a healthcare practitioner failed to care for a child who survived an abortion or attempted abortion.^[13]

All Republicans and Democratic Sens. Bob Casey (Pa.), Doug Jones (Ala.), and Joe Manchin (W.Va.) voted for the bill. No Republicans voted against the bill. All 44 votes against the bill were cast by members of the Democratic caucus.^[14]

Before the vote, Senate Minority Leader Chuck Schumer (D-N.Y.) spoke in opposition to the bill, saying, “The bill the Senate will vote on shortly is carefully crafted to target, intimidate, and shut down reproductive healthcare providers. Doctors across this country--Democratic doctors, Republican doctors--are lining up against the bill because it would impose requirements on what type of care doctors must provide in certain circumstances, even if that care is ineffective, contradictory to medical evidence, and against the family's wishes. ... It has always been illegal to harm a newborn infant. This vote has nothing--nothing--to do with that. Read the language. We are talking about situations when expectant parents tragically learn their pregnancy is no longer viable, and there is a fatal diagnosis. What happens in those circumstances should be decided between a woman, her family, her minister, priest, rabbi, imam, and her doctor.”^[15]

Senator Ben Sasse (R-Neb.), the sponsor of the bill, responded to Schumer's comments, calling them false. Sasse said, "I want to ask each and every one of our colleagues whether we are OK with infanticide. ... Infanticide is what the abortion survivors--Born-Alive Abortion Survivors Protection Act is actually about. Are we a country that protects babies who are alive, born outside the womb after having survived a botched abortion? That is what this is about. Are we a country that says it is OK to actively allow that baby to die, which is the current position of Federal law? That is the question before us, plain and simple. ... The bill's terms are simple: A child born alive during a botched abortion would be given the same level of care that would be provided to any other baby born at that same gestational age. That is it."^[16]

After the vote, Senate Majority Leader Mitch McConnell (R-Ky.) said, "Evidently the far left is no longer convinced that all babies are created equal."^[17]

Sen. Sherrod Brown (D-Ohio) criticized McConnell for bringing the bill to the floor for a vote. He said, "This is pure Mitch McConnell. It's all aimed at keeping his base in line, while the president grows increasingly unpopular. We're not doing infrastructure, we're not doing health care. We're not doing anything that matters to help our country. It's just votes on abortion and other kinds of divisive votes he's going to bring."^[17]

December 14, 2018: Judge rules individual mandate unconstitutional and ACA invalid

On December 14, 2018, U.S. District Court for the Northern District of Texas Judge Reed O'Connor ruled that the Affordable Care Act's (ACA) individual mandate is unconstitutional and, because it is a critical feature of the law, the ACA is invalid.^[18]

O'Connor wrote that the Supreme Court upheld the individual mandate because of Congress' power to tax. As part of the Tax Cuts and Jobs Act, which was signed into law on December 22, 2017, Congress removed the fine for not obtaining health insurance. O'Connor ruled that because the individual mandate is not a tax, it is unconstitutional. He further decided that because the mandate is a critical feature of the law, "the remaining provisions of the ACA are inseverable and therefore invalid."^[18]

The ruling had no immediate impact on ACA insurance plans. White House press secretary Sarah Huckabee Sanders said in a statement, "We expect this ruling will be appealed to the Supreme Court. Pending the appeal process, the law remains in place." Seema Verma, the head of the Centers for Medicare and Medicaid Services, added, "There is no impact to current coverage or coverage in a 2019 plan."^[19]

President Donald Trump commented on the ruling in a tweet, writing, "Wow, but not surprisingly, ObamaCare was just ruled UNCONSTITUTIONAL by a highly respected judge in Texas. Great news for America!"^[19]

Sen. Brian Schatz (D-Hawaii) criticized the ruling, writing in a tweet, "Republicans want to gut healthcare. It's not a talking point, it's not an exaggeration. For ideological reasons, and because many can't stand that it's named Obamacare, they are causing millions to feel anxiety and possibly suffer. Shame on them."^[19]

California Attorney General Xavier Becerra said he would appeal the ruling.^[19]

On December 30, 2018, O'Connor issued an order stating that the ACA would remain in place during the process to appeal his December 14 decision. Becerra and other state attorneys general had begun the appeal process, *The Hill* reported.^[20]

Reed said in his order that "many everyday Americans would otherwise face great uncertainty during the pendency of appeal."^[20]

February 26, 2018: Twenty Republican state attorneys general sue government over ACA

On February 26, 2018, 20 states, led by Texas Attorney General Ken Paxton and Wisconsin Attorney General Brad Schimel, filed a lawsuit against the federal government for continuing to enforce the Patient Protection and Affordable Care Act (ACA), commonly known as Obamacare. The lawsuit, which was filed in federal district court in the Northern District of Texas, claimed that the ACA was unconstitutional because the individual mandate was removed, invalidating the entire law. The lawsuit stated, "Once the heart of the ACA—the individual mandate—is declared unconstitutional, the remainder of the ACA must also fall."^{[21][22]}

The individual mandate required every individual to obtain health insurance and established fines for those who did not. As part of the tax law, Congress ended the penalty starting in 2019. Although the individual mandate remains, the government cannot enforce the mandate without a penalty.^[22]

Paxton said, "The U.S. Supreme Court already admitted that an individual mandate without a tax penalty is unconstitutional. With no remaining legitimate basis for the law, it is time that Americans are finally free from the stranglehold of Obamacare, once and for all."^[21]

In addition to Texas and Wisconsin, Alabama, Arkansas, Arizona, Florida, Georgia, Indiana, Kansas, Louisiana, Maine, Mississippi, Missouri, Nebraska, North Dakota, South Carolina, South Dakota, Tennessee, Utah, Wisconsin, and West Virginia joined the lawsuit.^[22]

June 7, 2018: DOJ supports GOP AGs' lawsuit; argues parts of ACA are unconstitutional

On June 7, 2018, the U.S. Department of Justice (DOJ) argued in court that the Affordable Care Act's (ACA) provisions that prevent insurers from denying people with pre-existing conditions coverage or charging them more and the individual mandate that requires individuals to have insurance or face a tax penalty are unconstitutional. The DOJ said that these provisions were invalid because the individual mandate penalty was repealed as part of the tax law, making it unconstitutional. In a letter to members of Congress, Attorney General Jeff Sessions wrote, "The department in the past has declined to defend a statute in cases in which the president has concluded that the statute is unconstitutional and made manifest that it should not be defended, as is the case here."^{[23][24]}

According to "The Hill", "The move is a break from the normal practice of the DOJ to defend federal laws when they are challenged in court." However, previous administrations have also chosen to not defend laws it disagreed with. In 2011, the DOJ under President Barack Obama did not defend the Defense of Marriage Act (DOMA), which defined marriage as being between a man and a woman.^[23]

Democratic Reps. Bobby Scott (D-Va.), Frank Pallone Jr. (D-N.J.), and Richard Neal (Mass.) criticized the DOJ's decision, saying in a statement, "The Justice Department's refusal to defend the Affordable Care Act (ObamaCare) in federal court is a stunning attack on the rule of law, the stability of our health care system, and Americans' access to affordable health care. The

administration's attempt to eliminate protections for the 130 million Americans with pre-existing conditions is just the latest — and potentially the most damaging — example of the coordinated effort by congressional Republicans and the Trump administration to sabotage the Affordable Care Act, driving up uninsured rates and out-of-pocket costs for Americans.”^[25]

November 29, 2018: CMS releases State Relief and Empowerment Waivers

On November 29, 2018, the Centers for Medicare and Medicaid Services (CMS) released State Relief and Empowerment Waivers that it said would allow states more flexibility in how they provide health insurance options. The waivers allow states to use Affordable Care Act (ACA) insurance subsidies to help citizens pay for plans that do not meet the law's coverage requirements. The waivers did not make changes to the requirements for health insurance issuers to provide protections for people with pre-existing conditions.^[26]

The four waiver concepts appear below, according to a fact sheet released by CMS.^[26]

- **Account-Based Subsidies:** “Under this waiver concept, a state can direct public subsidies into a defined-contribution, consumer-directed account that an individual uses to pay for health insurance premiums or other health care expenses.”
- **State-Specific Premium Assistance:** “States can use the State-Specific Premium Assistance waiver concept to create a new, state-administered subsidy program. A state may design a subsidy structure that meets the unique needs of its population in order to provide more affordable health care options to a wider range of individuals, attract more young and healthy consumers into their market, or to address structural issues that create perverse incentives, such as the subsidy cliff.”
- **Adjusted Plan Options:** “Under this waiver concept, states would be able to provide financial assistance for different types of health insurance plans, including non-Qualified Health Plans, potentially increasing consumer choice and making coverage more affordable for individuals.”
- **Risk Stabilization Strategies:** “To address risk associated with individuals with high health care costs, this waiver concept gives states more flexibility to implement reinsurance programs or high-risk pools.”

Health and Human Services Secretary Alex Azar issued the following statement supporting the waiver concepts: “The Trump Administration is committed to empowering states to think creatively about how to secure quality, affordable healthcare choices for their citizens. Part of that commitment is providing guidance on how states can use the waiver authorities within the ACA to open up more state-based, consumer-directed, fiscally sustainable healthcare options. The specific examples laid out today show how state governments can work with HHS to create more choices and greater flexibility in their health insurance markets, helping to bring down costs and expand access to care.”^[27]

October 24, 2018: Trump signs bipartisan opioid legislation

On October 24, 2018, President Donald Trump signed the HR 6—the SUPPORT for Patients and Communities Act. The law was the culmination of a bipartisan effort to combat the opioid crisis. It passed the Senate by a vote of 99-1 and the House by a vote of 396-14.^[28]

During a signing ceremony, Trump said, "Together we are going to end the scourge of drug addiction in America. We are either going to end it or we are going to make an extremely big dent in this terrible, terrible problem."^{[29][28]}

The bill allocated \$500 million a year toward the opioid crisis under the 21st Century Cures Act; made it easier to use Medicaid funding for opioid treatment; created grant programs to fight opioid abuse; and required the U.S. Postal Service monitor mail for opioid trafficking, among other things.^[29]

According to a White House fact sheet, the law included the following provisions:^[30]

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- IMD CARE Act: Provides States with a Medicaid State plan option to provide residential treatment in facilities (Institutions for Mental Diseases) more than 16 beds, in certain circumstances.
- STOP Act: Requires the United States Postal Service to share advanced electronic data with CBP on 100 percent of packages entering the country.
- This will help identify suspicious shipments and stop deadly fentanyl from entering from China and Mexico.
- CRIB Act: Supports the most vulnerable victims of the opioid crisis by allowing State Medicaid programs to cover healthcare services to infants suffering from neonatal abstinence syndrome in pediatric recovery centers.
- Currently, pediatric recovery centers cannot bill Medicaid for services to babies in withdrawal, thereby limiting how many families they are able to serve.
- CARA 2.0 Act: Increases the funding authorization levels for certain programs enacted in 2016 under the CARA Act.
- Youth Prevention and Recovery: Leverages existing job training resources to create a pilot program to address workforce shortages exacerbated by the opioid crisis.
- This will help employers fill job openings and get those in recovery back on their feet.
- ONDCP Reauthorization: Reauthorizes ONDCP and allows its media campaigns to focus on anti-drug messages for all age groups, not just youth as the law currently states.
- This also reauthorizes the Drug-Free Communities Support Program and the High Intensity Drug Trafficking Areas Program.
- Improving Recovery and Reunifying Families Act: Authorizes \$15 million for a “recovery coach” program for parents with children in foster care due to parental substance use.
- The goal of the program is to reduce the length of time children spend in foster care due to a parent who is struggling with a substance use disorder.
- CAREER Act: Improves resources and wrap-around support services for those recovering from a substance use disorder who are transitioning from treatment programs to the workforce.
- This includes \$25 million authorized for workforce participation grants.^[31]

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October 22, 2018: Trump administration releases guidance easing restrictions on ACA waivers

On October 22, 2018, the Centers for Medicare and Medicaid Services (CMS) and the U.S. Department of the Treasury issued a guidance that gave states the ability to offer healthcare plans with less comprehensive coverage than what was required by the Affordable Care Act (ACA). The guidance allowed states to apply for State Relief and Empowerment Waivers to offer alternative healthcare plans, including short-term or association health plans, as long as the state also offered ACA-compliant plans. The guidance took effect immediately, but only health plans issued in 2020 and later would be impacted.^[32]

According to a press release from CMS, “Federal law, under Section 1332 of the ACA, authorizes states to waive certain provisions of the law so long as the new state waiver plan meets specific criteria, or ‘guardrails,’ that help guarantee people retain access to coverage that is at least as comprehensive and affordable as without the waiver, covers as many individuals, and is deficit neutral to the federal government.” The Trump administration said that guidance issued by the Obama administration was too restrictive and did not give states flexibility to offer different healthcare plans.^[32]

The guidance outlined five principles for states to follow as they created new healthcare plans and applied for waivers. CMS said that the waivers should aim to “provide increased access to affordable private market coverage; encourage sustainable spending growth; foster state innovation; support and empower those in need; and promote consumer-driven healthcare.”^[32]

Speaking about the guidance, CMS Administrator Seema Verma said, “This is a new day – this is a new approach to empower states to provide relief. States know much better than the federal government how their markets work. With today’s announcement, we are making sure that they have the ability to adopt innovative strategies to reduce costs for Americans, while providing higher quality options.”^[32]

According to *The Hill*, some in the healthcare field said that the new guidance would cause instability in the ACA marketplace. “Experts have found that allowing healthy people to buy into an insurance market separate from sick people could destabilize the system. Only people who need ObamaCare’s protections would be left in one market, and would likely face sky-high premiums.”^[33]

The guidance was created in response to President Donald Trump’s October 12, 2017, executive order seeking to ease ACA rules. Other actions taken under the order were allowing consumers to purchase short-term healthcare plans, providing exemptions to the ACA’s individual mandate, and changing ACA marketplaces.

October 10, 2018: Senate rejects resolution to undo expanded access to short-term healthcare plans

On October 10, 2018, the Senate rejected a resolution that proposed overturning a Trump administration rule that expanded access to short-term healthcare plans by a vote of 50-50. The rule allowed individuals to purchase health insurance plans that were not required to cover people with pre-existing conditions or other health services. Republican Sen. Susan Collins (R-Maine) voted with the 49 senators in the Democratic caucus in support of the resolution. Fifty Republicans voted against the resolution.^{[34][35]}

Speaking about healthcare before the vote, Senate Democratic Leader Chuck Schumer (D-N.Y.) said, "In a few short weeks the American people will head to the polls where they can vote for another two years of Republican attempts to gut our health-care system, or they can vote for Democratic candidates who will safeguard the protections now in place and work to make health care more affordable."^[36]

Sen. Lamar Alexander (R-Tenn.), the chairman of the Senate Health Committee, said that the short-term plans provided people with less expensive healthcare options. He said the message is "you can pay less with less coverage and at least you will have some insurance. But our Democratic friends will say, 'Oh no, we don't want to do anything that will lower the cost of insurance'"^[36]

July 29 and 30, 2018: Federal government approves reinsurance programs in Wisconsin and Maine

On July 29, 2018, the U.S. Departments of Health and Human Services and the Treasury approved Wisconsin's application for a State Innovation Waiver under section 1332 of the Patient Protection and Affordable Care Act (ACA), authorizing the state to implement a reinsurance program. The program, named the Wisconsin Health Care Stability Plan, was designed to pay 50 percent of insurers' claims between \$50,000 and \$250,000. The program was slated to provide \$200 million in reinsurance funding in 2018, with an estimated \$34 million coming from the state and the remainder coming from the federal government. According to a statement issued by Governor Scott Walker's (R) office, the program was expected to reduce insurance premiums by 3.5 percent in 2019 compared to 2018 rates.^[37]

On July 30, 2018, the federal government approved a similar proposal for Maine. The Maine Guaranteed Access Reinsurance Association was designed to pay 90 percent coinsurance for claims ranging from \$47,000 to \$77,000 and 100 percent coinsurance for claims exceeding that up to \$1 million.^[38]

A transitional reinsurance program, which expired in 2016, was established under the ACA. It required most health insurers to pay a fee to the federal government based on their enrollment figures for a plan year. The fee went toward payments to insurers providing plans on the individual market that covered high-cost individuals. The purpose of the program was to prevent premiums from rising too high to cover the cost of these individuals.

June 22, 2018: Bipartisan legislation to slow opioid crisis passes the House

On June 22, 2018, the House passed a bipartisan package of 58 bills aimed at fighting the opioid crisis. The legislation included provisions such as requiring healthcare providers to write prescriptions for Medicare recipients electronically to monitor the levels and frequency of prescriptions; lifting many prescription limits on an opioid addiction treatment drug; extending Medicare coverage to include addiction treatment; directing the National Institutes of Health to develop nonaddictive painkillers; and requiring medical records to list a patient's addiction history.

Rep. Greg Walden (R-Ore.), chairman of the House Energy and Commerce Committee, said of the bill's bipartisanship, "At a time when it seems we couldn't be more divided, it's clear that striking back against addiction is something that transcends politics and brings us together as a community, as a country and a Congress."^[39]

Rep. Frank Pallone (D-N.J.) questioned the legislation's impact, saying, "This bill makes incremental changes to support those affected by the opioid crisis, but it's far from perfect. I do question if this bill will have a meaningful impact on the opioid crisis."^[40]

May 30, 2018: Trump signs Right to Try bill

On May 30, 2018, President Donald Trump signed S 204—the Trickett Wendler, Frank Mongiello, Jordan McLinn, and Matthew Bellina Right to Try Act of 2017. The law allows terminally ill patients to use unapproved, investigational drugs after all approved treatment options have been tried.^[41]

During a signing ceremony, Trump said, "With the Right to Try law I'm signing today, patients with life-threatening illnesses will finally have access to experimental treatments that could improve or even cure their conditions. These are experimental treatments and products that have shown great promise, and we weren't able to use them before. Now we can use them. And oftentimes they're going to be very successful. It's an incredible thing. The Right to Try also offers new hope for those who either don't qualify for clinical trials or who have exhausted all available treatment options. There were no options, but now you have hope. You really have hope."^[42]

It passed the House on May 22, 2018, by a vote of 250-169. Two hundred and twenty-eight Republicans and 22 Democrats voted for the bill. One hundred and sixty-nine Democrats and no Republicans voted against the bill. The Senate passed the bill by unanimous consent on August 3, 2017.^[43]

More than 100 advocacy groups, including the American Cancer Society Cancer Action Network and Friends of Cancer Research, opposed the bill because they said it could give patients false hope that their disease could be cured by an experimental drug. They also said that the Food and Drug Administration's (FDA) compassionate-use program allows terminally ill patients access to experimental treatments.^[44]

Rep. Frank Pallone (D-N.J.), the House Energy and Commerce Committee's ranking member, opposed the bill. He said during debate about the bill, "FDA oversight of access to experimental treatments exists for a reason — it protects patients from potential snake oil salesmen or from

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- Take steps to end the gaming of regulatory and patent processes by drug makers to unfairly protect monopolies.
- Advance biosimilars and generics to boost price competition.
- Evaluate the inclusion of prices in drug makers' ads to enhance price competition.
- Streamline and accelerate the approval process for over-the-counter drugs.
- Speed access to and lower the cost of new drugs by clarifying policies for sharing information between insurers and drug makers.
- Avoid excessive pricing by relying more on value-based pricing by expanding outcome-based payments in Medicare and Medicaid.
- Work to give Part D plan sponsors more negotiation power with drug makers.
- Examine which Medicare Part B drugs could be negotiated for a lower price by Part D plans, and improving the design of the Part B Competitive Acquisition Program.
- Update Medicare's drug-pricing dashboard to increase transparency.
- Prohibit Part D contracts that include “gag rules” that prevent pharmacists from informing patients when they could pay less out-of-pocket by not using insurance.
- Require that Part D plan members be provided with an annual statement of plan payments, out-of-pocket spending, and drug price increases.

”

- Work across the Administration to address intellectual property theft and foreign freeloading.^[31]

Sen. Ron Wyden (D-Ore.), the top Democrat on the Senate Finance Committee, criticized the plan, saying, “They’re breathing a sigh of relief in pharmaceutical board rooms across the country. It’s still open season for drug companies to set astronomical prices that families can’t afford.”^[51]

Azar’s op-ed on the drug pricing plan

In an op-ed, discussing the Trump administration’s plan to lower drug prices, Secretary of Health and Human Services Alex Azar identified the following four major problems in drug markets:^[52]

- Drug manufacturers increasing the list prices of drugs;
- Government programs and private payers not having the tools to negotiate drug prices;
- Patients paying high out-of-pocket costs for the drugs; and
- “Foreign countries and their government-run health-care systems bully our drug manufacturers into unrealistically low prices, allowing other countries to freeload off of American innovation.”

To address these problems, Azar said that HHS would do the following:^[52]

- Increase competition in drug markets;
- Give Medicare Part D plans the tools that private-sector health plans often use to negotiate discounts;
- Develop new incentives for drug manufacturers to lower list prices; and
- Develop options to lower patients’ out-of-pocket spending.

April 20, 2018: Trump Administration unveils abstinence-focused teen pregnancy program

On April 20, 2018, the U.S. Department of Health and Human Services announced a change in its teen pregnancy prevention program that shifted the focus of the program towards an abstinence-based curriculum. The new program reversed the Obama-era focus on what *The Hill* called a “comprehensive sex ed approach.”^[53]

April 9, 2018: CMS issues final rule on ACA marketplaces

experimental treatments that might do more harm than good. By removing FDA oversight, you are counting on physicians and manufacturers to serve as the gatekeeper and protector of patients. I simply don't buy that that's going to work."^[44]

Supporters of the bill said that terminally ill patients should have access to any treatment that could potentially save their lives. They also said that the FDA's program to approve experimental treatments on a case-by-case basis was not efficient enough for patients with life-threatening illnesses.^[44]

Rep. Michael Burgess (R-Texas), the House Energy and Commerce health subcommittee chairman, said, "It's about patients. It's about having more time with their loved ones."^[44]

March 21, 2018: House passes Right to Try bill

On March 21, 2018, the House passed a bill that would allow terminally ill patients access to experimental drugs not approved by the Food and Drug Administration (FDA) to treat their illness. The House passed HR 5247—the Trickett Wendler, Frank Mongiello, Jordan McLinn, and Matthew Bellina Right to Try Act of 2018—by a vote of 276-149. The House chose to vote on its own version of the Right to Try bill instead of taking up the version that the Senate passed on August 3, 2017.^[45]

The major difference between the House and Senate versions centered on who could qualify for experimental drugs. The Senate bill proposed allowing access by a patient "diagnosed with a life-threatening disease or condition." The House bill proposed allowing access by a patient "diagnosed with a stage of a disease or condition in which there is reasonable likelihood that death will occur within a matter of months." Patients would also qualify if their illness could result in "significant irreversible morbidity that is likely to lead to severely premature death."^{[41][46][47]}

The House bill was not taken up by the Senate. Instead, the House voted to pass the Senate's version of the bill on May 22, 2018.

May 11, 2018: Trump administration unveils drug pricing plan

On May 11, 2018, President Donald Trump released his administration's plan to lower drug prices. While introducing the plan, Trump said, "Under this administration, we are putting American patients first. I've instructed Secretary Azar to begin moving forward on reforms that will bring soaring drug prices back down to earth. Our plan takes steps to derail the gravy train for special interests by ending Obamacare's twisted incentives that actually encourage higher drug prices."^[48]

The plan included the following, according to a White House fact sheet:^[49]

President Trump Delivers ...



WhiteHouse.gov, "President Trump Delivers Remarks on Lowering Drug Prices," May 11, 2018

On April 9, 2018, the Centers for Medicare and Medicaid Services (CMS) issued a final rule—the HHS Notice of Benefit and Payment Parameters for 2019—that created exemptions to the Patient Protection and Affordable Care Act’s (ACA) individual mandate and instituted changes to the ACA’s marketplaces. The rule allowed states to redefine the essential health benefits insurers are required to cover under the ACA. Under the law, the essential health benefits are broad categories of benefits that insurers on the healthcare exchanges must offer; states determine which specific services in those categories are covered by selecting a benchmark plan offered in the employer-sponsored insurance market. The rule allowed states to set the specific benefits standards by choosing services from different plans, rather than selecting a single plan in whole. States were also given the authority to set the standards according to another state’s benchmark plan.^[54]

Other changes in the rule included an adjustment to the methodology for calculating risk adjustment payments, which try to balance risk among insurers on the exchanges, raising the percentage increase in premiums that requires government review from 10 percent to 15 percent, and removing standardized plan options.^[54]

Speaking about the rule, CMS Administrator Seema Verma said, “Too many Americans are facing skyrocketing premiums that they can’t afford and every year consumers are faced with the threat of fewer choices. This rule gives states new tools to stabilize their health insurance markets and empower citizens to find coverage that fits their families’ needs and budgets.”^[54]

The rule included the following changes, according to a CMS press release:^[54]

- **Essential Health Benefits:** States were given more flexibility in creating EHB-benchmark plans. “Instead of being limited to 10 options, states will now be able to choose from the 50 EHB-benchmark plans used for the 2017 plan year in other states or select specific EHB categories, such as drug coverage or hospitalization, from among the categories used for the 2017 plan year in other states.”
- **Qualified Health Plan (QHP) Certification Standards:** States were given more “oversight authority regarding state review of network adequacy.” The meaningful difference requirement for QHPs was eliminated.
- **Exemptions:** “Exchanges will be able to make a determination of lack of affordable coverage based on projected income using the lowest cost Exchange metal level plan offered through the Exchange when there is no bronze level plan available in the service area.”
- **Risk Adjustment:** The HHS-operated risk adjustment program was “recalibrated for the 2019 benefit year to incorporate new data that reflects the actual experience of individual and small group market enrollees, which should more closely reflect the risk within markets. In States where HHS operates the risk adjustment program, CMS will also provide states with the flexibility to request a reduction to the otherwise applicable risk adjustment transfers in the individual, small group or merged market by up to 50 percent beginning with the 2020 benefit year.”
- **Advanced Premium Tax Credit (APTC) Program Integrity:** Exchanges were required to “implement stronger checks to verify applicants actually earn the income they claim to qualify for APTCs.” The Exchanges were also required “to discontinue APTCs for

enrollees who fail to file taxes and reconcile past APTCs, even if the Exchange does not first send notice directly to the tax filer.”

- **Special Enrollment Periods (SEPs):** The rule aligned “the enrollment options for all dependents who are newly enrolling in Exchange coverage through an SEP and are being added to an application with current enrollees, regardless of the SEP the dependent qualifies under. For consumers newly gaining or becoming a dependent and enrolling through the birth, adoption, foster care placement, or court order SEPs, CMS amended and standardized the alternate coverage start date options available under all of these SEPs.”
- **Medical Loss Ratio (MLR):** The rule allowed “states to request reasonable adjustments to the MLR standard for the individual market if the state shows a lower MLR standard could help stabilize its individual insurance market.”
- **Small Business Health Options Program (SHOP):** The rule allowed “SHOPs to eliminate the online enrollment process and allows employers to enroll directly with an Exchange-registered agent, broker, or issuer and, the FF-SHOPs and SBE-FP for SHOPs will exercise the flexibilities outlined in the notice for plan years beginning on or after January 1, 2018.”
- **Rate Review:** The exempted “student health insurance coverage from Federal rate review requirements, and raises the default threshold for review of reasonableness from 10 percent to 15 percent.”

March 19, 2018: President Trump unveils plan to address opioid crisis

On March 19, 2018, President Donald Trump announced his administration’s plan to address the opioid crisis. The plan aimed to reduce opioid over-prescription, stop the flow of illegal drugs into the U.S., and increase access to addiction treatment. In his speech in New Hampshire announcing the plan, he also stated a desire for increased penalties for high-volume drug traffickers, including the death penalty. During the speech, President Trump said of the increased penalties, “We have to get tough. This isn’t about nice anymore.”^{[55][56]}

February 20, 2018: Trump administration announces proposed rule on short-term health insurance

On February 20, 2018, the Departments of Health and Human Services (HHS), Labor, and the Treasury issued a proposed rule “to expand the availability of short-term, limited-duration health insurance by allowing consumers to buy plans providing coverage for any period of less than 12

months, rather than the current maximum period of less than three months,” according to a press release from HHS.^[57]

Under the Patient Protection and Affordable Care Act (ACA), commonly known as Obamacare, short-term health insurance plans can only be accessed for three months. The proposed rule would expand the time period to 12 months. According to *The Hill*, individuals with pre-existing conditions could be charged more and the short-term plans do not have to cover the essential benefits required by the ACA.^[58]

Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma said, “Americans who find themselves between jobs or simply can’t afford coverage because prices are too high will be helped by President Trump’s Healthcare for All Executive Order. In a market that is experiencing double-digit rate increases, allowing short-term, limited-duration insurance to cover longer periods gives Americans options and could be the difference between someone getting coverage or going without coverage at all.”^[57]

Sen. Ron Wyden (D-Ore.) criticized the proposed rule, saying, “Bottom line, this is a green light to discriminate against Americans with pre-existing conditions that’s going to make quality health insurance more expensive and less accessible.”^[58]

This proposed rule was a response President Donald Trump’s October 12, 2017, executive order.

January 29, 2018: Sessions announces formation of Joint Criminal Opioid Darknet Enforcement team

On January 29, 2018, Attorney General Jeff Sessions announced the formation of the Joint Criminal Opioid Darknet Enforcement (J-CODE) team to fight online drug trafficking.

In a press release announcing the team's formation, Sessions said, “Criminals think that they are safe on the darknet, but they are in for a rude awakening. We have already infiltrated their networks, and we are determined to bring them to justice. In the midst of the deadliest drug crisis in American history, the FBI and the Department of Justice are stepping up our investment in fighting opioid-related crimes. The J-CODE team will help us continue to shut down the online marketplaces that drug traffickers use and ultimately that will help us reduce addiction and overdoses across the nation.”^[59]

January 22, 2018: Congress approves CHIP funding

On January 22, 2018, Congress approved funding for the Children's Health Insurance Program (CHIP) in a six-year reauthorization. The previous funding for CHIP expired in September 2017, and disagreements between Democrats and Republicans in Congress over how to best fund the program caused a four-month lapse in federal funding. At the time of the reauthorization, the program covered 9 million low-income children.^[60]

January 19, 2018: Trump administration extends opioid public health emergency

On January 19, 2018, the U.S. Department of Health and Human Services announced that it extended the 90-day emergency declaration for the opioid crisis that President Donald Trump initiated in October 2017 for another 90 days. In a statement, the White House said, "By declaring the opioid crisis a nationwide public health emergency, the President has used the bully pulpit to bring national attention of this critical issue to not only everyday Americans, but also Members of Congress, state and local officials, and his entire executive branch, who have the necessary tools and authorities within their agencies to address this crisis."^[61]

January 11, 2018: Trump administration releases guidance allowing states to impose work requirements for Medicaid

On January 11, 2018, the Trump administration released guidance allowing states to impose work requirements for adults to receive Medicaid, as long as they are not disabled, pregnant, or elderly. States will have the ability to define work as a job or community engagement activity, including community service, caregiving, education, job or skills training, job searching, and substance use disorder treatment. For the first time in the history of the program, states can apply for waivers to allow them to require that citizens are employed or are engaging in some type of community engagement to receive Medicaid benefits.^[62]

Arizona, Arkansas, Indiana, Kansas, Kentucky, Maine, New Hampshire, North Carolina, Utah, and Wisconsin were seeking waivers. Seema Verma, the administrator of the Centers for Medicare and Medicaid Services (CMS), said, "Our policy guidance was in response to states that asked us for the flexibility they need to improve their programs and to help people in achieving greater well-being and self-sufficiency."^{[63][64]}

MaryBeth Musumeci, associate director of the Kaiser Family Foundation's Program on Medicaid and the Uninsured, said that the change could result in people losing their healthcare coverage. She said, "There is a real risk of eligible people losing coverage due to their inability to navigate this process or miscommunication or other breakdowns in the administrative process." When asked about the possibility of people losing coverage, Verma said it would be beneficial if the program allowed people to move off of Medicaid and receive employer-provided healthcare coverage. She said, "People moving off of Medicaid is a good outcome because we hope that that means they don't need the program anymore."^[64]

Sen. Ron Wyden (D-Ore.), the top Democrat on the Senate Finance Committee, criticized the change, saying in a statement that the majority of Medicaid enrollees either already have a job or "are unable to work due to age or impairment. This action by the Trump administration goes after people who are just trying to get by while taking care of their kids or elderly parents, struggling with a chronic condition, or going to school."^[64]

House Freedom Caucus Chairman Mark Meadows (R-N.C.) praised the move, saying, "We've talked to the White House on a number of occasions about work requirements for some of our support programs and strongly encourage it."^[63]

February 14, 2018: House Democrats ask HHS to reject requests from states to impose work requirements for Medicaid

On February 14, 2018, 172 House Democrats asked Health and Human Services (HHS) Secretary Alex Azar to reject requests from states to impose work requirements to receive Medicaid benefits. In a letter, they wrote, "Such actions to tie health coverage to work are motivated purely on the basis of ideology and mistaken assumptions about what Medicaid is and who it covers. ... The reality is that [the Centers for Medicare & Medicaid Services'] recent actions ignore a fundamental truth: most of those who can work, are working, but may fall through the cracks and lose their coverage due to harsh and inflexible implementation of this ideologically-driven policy."^[65]

The letter came after the Trump administration approved Indiana and Kentucky's requests to impose work requirements for adults to receive Medicaid, with exceptions.^[65]

January 10, 2018: President Trump signs Interdict Act

On January 10, 2018, President Donald Trump signed the Interdict Act, a bipartisan bill intended to stem the tide of synthetic opioids, like fentanyl, from coming into the U.S. illegally. The Interdict Act gives more resources and funding to U.S. Customs and Border Protection to detect and analyze illegal synthetic opioids at border entry points.^[66]

January 4, 2018: Department of Labor proposes Association Health Plan rule

In accordance with an October 12, 2017, executive order issued by President Donald Trump, the Department of Labor released a proposed rule regarding Association Health Plans (AHPs) on January 4, 2018. The rule proposed expanding the criteria based on which employers and sole proprietors could join together to offer one group health plan to employees. The rule proposed exempting small employers who form such associations from certain requirements that apply to the individual and small-group insurance markets, but not the large-group market, under the Affordable Care Act (ACA). Employers would be exempt from providing plans that cover the 10 essential health benefits as defined by the ACA and would not be required to follow the requirement that enrollees in plans offered by an insurer within these markets be grouped into a single risk pool. The rule would preserve the ACA's prohibitions against charging people higher premiums or denying coverage based on health status. The Department of Labor stated that the rule was open to a 60-day public comment period.^[67]

Sen. Rand Paul (R-Ky.) said in support of the rule that it would "allow more Americans to join in groups to purchase lower-cost health insurance across state lines." Chris Hansen, president of the American Cancer Society Cancer Action Network, criticized the proposed rule, stating,

“Those with serious health conditions like cancer would be left paying ever-increasing premiums for comprehensive coverage.”^[68]

December 22, 2017: Congress repeals individual mandate as part of tax law

See also: Federal policy on taxes, 2017-2020

On December 22, 2017, President Donald Trump signed HR 1—the Tax Cuts and Jobs Act—into law. The law, among other things, eliminated the ACA's individual mandate beginning in 2019.^[69]

The ACA required every individual to obtain health insurance and established fines for those who did not. The fines were designed to be based on the number of months a person went without health insurance in a given year and to increase each year from 2014 to 2016. The fine schedule was written as follows:^{[70][71]}

- 2014: maximum of \$95 or 1 percent of income, whichever is greater
- 2015: maximum of \$325 or 2 percent of income, whichever is greater
- 2016 and thereafter: maximum of \$695 or 2.5 percent of income, whichever is greater

The Internal Revenue Service (IRS) was given responsibility for collecting the fine, assessed annually as a tax penalty during the income tax filing period. The law established a hardship exemption from the fine for individuals who meet certain qualifications—such as being homeless, being a victim of domestic violence, or filing for bankruptcy.^[72]

October 27, 2017: Administration proposes allowing states to redefine essential health benefits

On October 27, 2017, the Centers for Medicare and Medicaid Services (CMS) released a proposed rule that would allow states to redefine the essential health benefits insurers are required to cover under the Affordable Care Act. Under the law, the essential health benefits are broad categories of benefits that insurers on the healthcare exchanges must offer; states determine which specific services in those categories are covered by selecting a benchmark plan offered in the employer-sponsored insurance market. The rule, if finalized, would allow states to set the specific benefits standards by choosing services from different plans, rather than selecting a single plan in whole. States could also set the standards according to another state's benchmark plan.^[73]

The rule would also allow states to relax the ACA's requirement that insurers spend at least 80 percent of revenue on medical services. States could set this percentage lower if they show CMS that it would stabilize their insurance market.^[73]

Other changes in the rule included an adjustment to the methodology for calculating risk adjustment payments, which try to balance risk among insurers on the exchanges, raising the percentage increase in premiums that requires government review from 10 percent to 15 percent, and removing standardized plan options.^[73]

October 13, 2017: Trump formally ends cost-sharing reimbursements

On October 13, 2017, the Trump administration submitted a filing to the U.S. Court of Appeals for the D.C. Circuit stating that the U.S. Department of Health and Human Services would cease the cost sharing reimbursements immediately. The administration stated that it would not make the next payments scheduled for October 18, 2017. It said that the payments were not formally appropriated by Congress and are therefore illegal. Under the Affordable Care Act, insurers who offer plans on the exchanges are required to provide the reductions, even without the reimbursements from the federal government. Up until this point, the Trump administration had been deciding whether to make the payments on a month-by-month basis. **For more on the future of the cost-sharing reductions, click here.**^{[74][75]}

What are cost-sharing reductions?

The Affordable Care Act (ACA) required insurers participating in the health insurance exchanges to offer low-income consumers reductions in their cost-sharing burden. Cost-sharing refers to the division of payments for healthcare services between insurers and the individuals they cover. Premiums, copayments, and deductibles are all forms of cost sharing. Under the ACA, individuals earning between 100 percent and 250 percent of the federal poverty level are eligible for a reduction in their share of these costs, paying as little as 6 percent of a plan's costs, compared to 30 percent under a standard silver-level plan.^[76]

The law intended to reimburse insurers for these reductions in cost sharing. The reimbursements were estimated to total \$7.35 billion in 2017. However, the reimbursements are at the center of a lawsuit initiated by the House of Representatives in 2014 that alleges that the executive branch has been making the payments without an express appropriation from Congress, in violation of the Constitution.^[77]

October 12, 2017: Sanders confirms that Trump will end cost-sharing reduction payments

See also: Federal policy on cost-sharing reduction payments, 2017-2020

In an email to reporters, White House press secretary Sarah Huckabee Sanders said that Trump would end cost-sharing reduction payments to insurance companies selling Obamacare plans. Sanders said, "Based on guidance from the Department of Justice, the Department of Health and Human Services has concluded that there is no appropriation for cost-sharing reduction payments to insurance companies under Obamacare. In light of this analysis, the Government cannot lawfully make the cost-sharing reduction payments. ... The bailout of insurance companies through these unlawful payments is yet another example of how the previous administration abused taxpayer dollars and skirted the law to prop up a broken system."^[78]

House Minority Leader Nancy Pelosi (D-Calif.) and Senate Minority Leader Chuck Schumer (D-N.Y.) released the following statement regarding the Trump administration's decision to end the payments:

“ Sadly, instead of working to lower health costs for Americans, it seems President Trump will singlehandedly hike Americans’ health premiums. It is a spiteful act of vast, pointless sabotage leveled at working families and the middle class in every corner of America. Make no mistake about it, Trump will try to blame the Affordable Care Act, but this will fall on his back and he will pay the price for it. President Trump has apparently decided to punish the American people for his inability to improve our health care system. Trumpcare collapsed because Americans overwhelmingly recognized the cruelty and higher costs it meant for them and their loved ones. Now, millions of hard-working American families will suffer just because President Trump wants them to. If these reports are true, the President is walking away from the good faith, bipartisan Alexander-Murray negotiations and risking the health care of millions of Americans.^[31] ”

House Speaker Paul Ryan (R-Wis.) released the following statement regarding the Trump administration's decision that the cost-sharing reduction payments were not properly appropriated by Congress:

“ Under our Constitution, the power of the purse belongs to Congress, not the executive branch. It was in defense of this foundational principle that the House, under the leadership of former speaker John Boehner, voted in 2014 to challenge the constitutionality of spending by the Obama administration that was never approved by Congress. The House was validated last year when a federal court ruled that the Obama administration had indeed been making unauthorized and therefore illegal payments through Obamacare. Today’s decision by the Trump administration to end the appeal of that ruling preserves a monumental affirmation of Congress’s authority and the separation of powers. Obamacare has proven itself to be a fatally flawed law, and the House will continue to work with Trump administration to provide the American people a better system.^[31] ”

October 12, 2017: Trump signs executive order seeking to ease ACA rules

On October 12, 2017, President Donald Trump signed an executive order seeking to modify some elements of healthcare insurance. The order directed the secretary of labor to consider expanding access to Association Health Plans (AHPs) and potentially allow the sale of AHPs across state lines. It could expand the ability of small businesses and groups to pool together to buy health insurance plans that would be exempt from some of the ACA's requirements. The order also directed “the Departments of the Treasury, Labor, and Health and Human Services to consider expanding coverage through low cost short-term limited duration insurance (STLDI).” The order directed officials to consider allowing short-term plans to cover a longer period of time and to be renewable. The Obama administration limited the use of short-term plans to three months and made them non-renewable. These plans do not have to follow ACA rules, such

as the mandate to cover essential health benefits. It also directed the Departments of the Treasury, Labor, and Health and Human Services to consider changes to Health Reimbursement Arrangements (HRAs) that could allow employers to use pre-tax dollars to help pay workers' insurance premiums. It directed officials to consider allowing employers to use HRAs to help pay premiums for individual health plans. The order does not make direct changes to existing health insurance rules; instead, it directs agencies to consider new rules that will be subject to a notice and comment period.^{[81][82]}

Before signing the order, Trump said, "Today is only the beginning. In the coming months, we plan to take new measures to provide our people with even more relief and more freedom. And, by the way, on another subject, that will include massive tax cuts. ... And we're going to also pressure Congress very strongly to finish the repeal and the replace of Obamacare once and for all. We will have great healthcare in our country."^[2]

Some of Trump's comments on the order appear below.

- **Trump on association health plans:** "We aim to allow more small businesses to form associations to buy affordable and competitive health insurance. This would open up additional options for employers to purchase the health plans their workers want. I'm also directing Secretary Acosta to consider ways to expand these associations and these healthcare plans all across state lines. This will create tremendous competition and transformative -- in so many ways -- change aimed at creating more and lower prices for millions of Americans. But the competition will be staggering. Insurance companies will be fighting to get every single person signed up, and you will be hopefully negotiating, negotiating, negotiating, and you'll get such low prices for such great care. Should have been done a long time ago, and it could have been done a long time ago. This will allow thousands of small business employers to have the same purchasing power as large employers to get more affordable and generous insurance options for their workers."^[2]
- **Trump on short-term insurance:** "My administration will explore how we can expand something called short-term limited duration insurance. These health insurance policies are not subject to any very expansive and expensive Obamacare coverage mandates and rules. The cost of the Obamacare has been so outrageous it is absolutely destroying everything in its wake. They were so attractive that, just last year, the previous administration crippled the market in an effort to keep people from fleeing the failing Obamacare plans. In fact, they prevented these plans from lasting more than three months. They will take action to fix that and to make these affordable, flexible plans much more widely available. So we're going to have a very widely available plan that's going to cost much less."^[2]
- **Trump on health reimbursement arrangements:** "Finally, today's executive order instructs Secretaries Acosta, Mnuchin, and Hargan to explore how they can allow more businesses to use tax-free health reimbursement arrangements or HRAs to compensate their employees for their healthcare expenses. Currently, only about one-third of small business employees receive coverage at work, forcing millions of workers to enroll in the exchanges or remain uninsured and to pay the individual mandate penalty. Not good. Not good. That is one of the most unpopular things I've ever seen in government, I can tell you. This order takes first steps to make it easier for businesses

to help their workers afford high-quality and more flexible healthcare through reimbursement accounts. With these actions, we are moving toward lower costs and more options in the healthcare market and taking crucial steps towards saving the American people from the nightmare of Obamacare."^[2]

Senate Minority Leader Chuck Schumer (D-N.Y.) criticized the order, writing in a series of tweets, "Having failed to repeal the #ACA in Congress, @POTUS is using a wrecking ball to singlehandedly rip apart & sabotage our healthcare system. This executive order is just the latest in a series of steps he has taken to sabotage health care at the expense of millions of Americans. .@POTUS' exec order couldn't be further from his 'great health care' promise. It will up costs for seniors & ppl w/ preexisting conditions. And it will add further chaos to the markets. If the system deteriorates, make no mistake about it, the blame will fall squarely on @POTUS."^[83]

Sen. Rand Paul (R-Ky.) praised the order, saying, "Today's a big day. President Trump is doing what I believe is the biggest free market reform of health care in a generation. This reform, if it works and goes as planned, will allow millions of people to get insurance across state lines at an inexpensive price. 28 million people were left behind by Obamacare. [They] do not have insurance today. This specifically targets and will help people who don't have insurance, or people for whom insurance is too expensive. I'm very glad to be part of this, and I really want to commend the president for having the boldness and the leadership and the foresight to get this done."^[84]

October 6, 2017: Trump administration rolls back ACA contraception mandate

On October 6, 2017, the Trump administration published rules stating that any employer or insurer could stop following the contraception mandate that was part of the Patient Protection and Affordable Care Act (ACA), also known as Obamacare, if they had moral or religious objections to providing birth control to employees. The rule took effect immediately.^{[85][86][87]}

Previously, only religious organizations and closely-held for-profit companies were eligible for an exemption from the ACA's contraception mandate. Under the exemption, organizations could notify the government of their religious objections to contraception, which would then make an arrangement with the insurance company to provide contraceptive coverage to the employees. Under the new exemptions, "employers will not have to file anything with the government to stop offering the birth-control coverage; instead, they simply have to notify their employees of the decision," according to *The Hill*.^[85]

Speaking about the rules, a Department of Health and Human Services official said, "We should have space for organizations to live out their religious ideas and not face discrimination because of their religious ideas. That was the case beforehand, and that ends today."^[85]

The rules were criticized by both the American Civil Liberties Union (ACLU) and the National Women's Law Center (NWLC). Fatima Goss Graves, president and CEO of the NWLC, said, "Today's outrageous rules by the Trump Administration show callous disregard for women's rights, health, and autonomy. By taking away women's access to no-cost birth control coverage, the rules give employers a license to discriminate against women. This will leave countless

women without the critical birth control coverage they need to protect their health and economic security. We will take immediate legal steps to block these unfair and discriminatory rules.”^[85]

The rules were praised by Susan B. Anthony List President Marjorie Dannenfelser, who said in a statement, “Today President Trump delivered a huge victory for conscience rights and religious liberty in America. No longer will Catholic nuns who care for the elderly poor be forced by the government to provide abortion-inducing drugs in their health care plans.”^[88]

August 31, 2017: HHS cuts budget for ACA enrollment outreach

On August 31, 2017, the U.S. Department of Health and Human Services (HHS) announced it would cut funding for ACA advertising and enrollment outreach from \$100 million to \$10 million. HHS spokeswoman Caitlin Oakley stated, “A health-care system that has caused premiums to double and left nearly half of our counties with only one coverage option is not working. The Trump administration is determined to serve the American people instead of trying to sell them a bad deal.” The department also said, “There are diminishing returns from this spending [on enrollment outreach]”. Advertising for the fall 2017 open enrollment period will take place primarily through digital means, such as text and email.^{[89][90]}

The department also announced that exchange navigators—outside employees and organizations who assist individuals with enrolling in ACA health plans—would see their funding tied to their performance going forward. For example, navigators that signed up 70 percent of their target enrollment numbers would receive 70 percent of the funding set aside for navigators.^[89]

August 2017: Administration announces cuts to teen pregnancy program

Are teen pregnancy prevention programs facing a crackdown?

October 13, 2017: Sun-Sentinel reporter Dan Sweeney cited two articles about cutbacks in federal funding for teen pregnancy prevention programs, writing, “Given both these stories, it now seems we’re in the middle of a nationwide crackdown on programs to prevent teen

In August 2017, the U.S. Department of Health and Human Services (HHS) notified 81 organizations that participate in the Teen Pregnancy Prevention (TPP) program that the five-year grants they were awarded would end in 2018 instead of 2020. According to HHS, the “Teen Pregnancy Prevention (TPP) Program is a national, evidence-based program that funds diverse organizations working to prevent teen pregnancy across the United States. OAH invests in both the implementation of evidence-based programs and the development and evaluation of new and innovative approaches to prevent teen pregnancy. The OAH TPP Program reaches adolescents age 10-19, with a focus on populations with the greatest need in order to reduce disparities in teen pregnancy and birth rates.” TPP was created in 2010.^{[91][92]}

pregnancy."
Is there a nationwide
crackdown on programs to
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Baltimore City Health Commissioner Dr. Leana Wen told *The Hill* that "There was no communication about the reason. The notice of the award just stated that instead of a five-year grant, it is now a three-year grant."^[91]

Mark Vafiades, a spokesman for HHS's office of the assistant secretary for health, commented on the decision to shorten the length of the grants, saying, "Given the very weak evidence of positive impact of these programs, the Trump administration, in its FY 2018 budget proposal did

not recommend continued funding for the TPP program. Current TPP grantees were given a project end date of June 30, 2018."^[91]

May 31, 2017: Trump administration releases draft rule on contraception coverage exemptions

On May 31, 2017, Vox released a copy it obtained of a draft rule from the U.S. Departments of Labor, Treasury, and Health and Human Services. The rule would expand the religious exemption from the Affordable Care Act's requirement on employers to offer birth control coverage. The draft rule would allow any employer, insurance company, college, or university with religious or moral objections to opt out of offering health plans that cover contraception.^{[93][94]}

The Affordable Care Act required most employers to offer health plans that cover contraception. Pursuant to a 2014 United States Supreme Court ruling, religious nonprofits and closely held for-profit companies were granted an exemption from the mandate. The draft rule, if put in place, would have the effect of expanding the number of companies who could apply for a religious exemption. The rule must be reviewed by the Office of Management and Budget before being placed in the Federal Register for a 60-day comment period before being finalized.^[95]

The First 100 Days

In the first 100 days of the Trump administration, the following executive and legislative actions were taken to change healthcare policy:

- The **American Health Care Act** was introduced to repeal or modify some of the ACA's provisions. The bill passed the House on May 4, 2017.
- CMS issued new **regulations for plans sold on the health insurance exchanges**, loosening some insurance rules, shortening the open enrollment period, and requiring proof of events that trigger special enrollment periods.

May 17, 2017: CMS issues guidance on health exchange enrollment

The Centers for Medicare and Medicaid Services (CMS) issued guidance to allow insurers and insurance brokers to enroll individuals in ACA-compliant health plans without using the federal platform Healthcare.gov. This means that in addition to enrolling consumers in coverage,

insurers and brokers could also determine eligibility for tax credits and reduced cost sharing. Previously, consumers would need to enroll through Healthcare.gov themselves, have a broker walk them through the site, or choose a plan through a broker's website before being redirected to Healthcare.gov for tax credit determinations.^[96]

The guidance memo stated that this action was intended to reduce what it deemed the regulatory burden on insurers and brokers who facilitate ACA health plan enrollment, and to stabilize the ACA risk pool by expanding enrollment. Larry Levitt, Senior Vice President for Special Initiatives at the Kaiser Family Foundation, said that the move could make the personal financial information of consumers more vulnerable as they provide it to various third parties.^[97]

April 13, 2017: CMS issues final rule on individual market regulations

On April 13, 2017, the Centers for Medicare and Medicaid Services (CMS) finalized a rule changing some of the regulations for plans sold on the ACA's health insurance exchanges. According to CMS, the rule was intended to help stabilize the individual and small group markets and affirm the traditional role of State regulators."^[98]

Under the new rule, the open enrollment period to sign up for a plan was shortened from three months to six weeks, and individuals who sign up in a special enrollment period must provide documentation proving the triggering life event, such as divorce or job loss. For individuals who have unpaid premiums, insurers may apply any future premium payment to this past debt before providing new coverage. Insurers were also allowed to vary plan actuarial values, which coincide with metal levels (bronze, silver, etc.) on the exchanges, by a wider amount and still have them fall within the respective metal levels. In addition, insurers are no longer required to meet federal standards for ensuring their networks contain an adequate number of providers; only state standards now apply.^[99]

January 20, 2017: Trump issues executive order on the Affordable Care Act

On January 20, 2017, President Donald Trump issued an executive order related to the Affordable Care Act titled *Executive Order Minimizing the Economic Burden of the Patient Protection and Affordable Care Act Pending Repeal*. The order stated that it was the intention of the administration to repeal the Affordable Care Act. In the meantime, the order gave broad authority to the head of the Department of Health and Human Services, as well as the heads of other executive offices and governmental departments, "to waive, defer, grant exemptions from, or delay the implementation of any provision or requirement of the Act that would impose a fiscal burden on any State or a cost, fee, tax, penalty, or regulatory burden on individuals, families, healthcare providers, health insurers, patients, recipients of healthcare services, purchasers of health insurance, or makers of medical devices, products, or medications." No specific action was directed as a result of the order.^[100]

Trump's healthcare priorities before taking office

In his contract with American voters—the “100-day action plan to Make America Great Again” —Trump said that he would work with Congress to repeal and replace the Patient Protection and Affordable Care Act (ACA), also known as Obamacare, during his first 100 days in office. Trump’s stated goal for reforming healthcare was “to create a patient-centered healthcare system that promotes choice, quality and affordability with health insurance and healthcare, and take any needed action to alleviate the burdens imposed on American families and businesses by the law.”^[101]

According to his presidential transition website, Trump proposed replacing the ACA with a plan that would:^[101]

- provide Health Savings Accounts (HSAs);
- allow the states to regulate health insurance;
- allow people to purchase insurance across state lines; and
- re-establish high-risk pools.

Trump administration officials on healthcare

See also: Trump administration officials on healthcare and Affordable Care Act under the Trump administration

Donald Trump Mike Pence Alex Azar Tom Price

President Donald Trump



Trump on the BCRA

- On July 10, 2017, Trump tweeted, "I cannot imagine that Congress would dare to leave Washington without a beautiful new HealthCare bill fully approved and ready to go!"^[102]
- On June 22, 2017, Trump tweeted, "I am very supportive of the Senate #HealthcareBill. Look forward to making it really special! Remember, ObamaCare is dead."^[103]

Trump on the AHCA

- On June 25, 2017, Trump confirmed in an interview on "Fox and Friends" that he called the House's healthcare bill mean. Referring to former President Obama's comment that tweaks to the AHCA "cannot change the fundamental meanness at the core of this legislation," Trump stated, "He actually used my term, mean. That was my term."

Because I want to see, and I speak from the heart, that's what I want to see. I want to see a bill with heart."^[104]

- On May 4, 2017, during a ceremony in the Rose Garden, Trump praised leaders in the House for crafting the AHCA and for getting the votes to pass the bill. Trump said, "I went through two years of campaigning, and I'm telling you, no matter where I went, people were suffering so badly with the ravages of Obamacare. And I will say this, that as far as I'm concerned, your premiums, they're going to start to come down. We're going to get this passed through the Senate. I feel so confident. Your deductibles, when it comes to deductibles, they were so ridiculous that nobody got to use their current plan -- this nonexistent plan that I heard so many wonderful things about over the last three or four days. After that, I mean, it's -- I don't think you're going to hear so much. Right now, the insurance companies are fleeing. It's been a catastrophe. And this is a great plan. I actually think it will get even better. And this is, make no mistake, this is a repeal and replace of Obamacare. Make no mistake about it. Make no mistake. And I think, most importantly, yes, premiums will be coming down. Yes, deductibles will be coming down. But very importantly, it's a great plan. And ultimately, that's what it's all about. We knew that wasn't going to work. I predicted it a long time ago. I said, it's failing. And now, it's obvious that it's failing. It's dead. It's essentially dead. If we don't pay lots of ransom money over to the insurance companies it would die immediately. So what we have is something very, very incredibly well-crafted. Tell you what, there is a lot of talent standing behind me. An unbelievable amount of talent, that I can tell you. I mean it."^[105]
- On March 24, 2017, after a failed attempt to pass the AHCA, Trump said, "I've been saying for the last year and a half that the best thing we can do politically speaking is let Obamacare explode. It is exploding right now. Many states have big problems -- almost all states have big problems. I was in Tennessee the other day, and they've lost half of their state in terms of an insurer; they have no insurer. And that's happened to many other places. I was in Kentucky the other day, and similar things are happening. So Obamacare is exploding. With no Democrat support, we couldn't quite get there. We were just a very small number of votes short in terms of getting our bill passed. A lot of people don't realize how good our bill was because they were viewing phase one. But when you add phase two -- which was mostly the signings of Secretary Price, who's behind me -- and you add phase three, which I think we would have gotten -- it became a great bill. Premiums would have gone down and it would have been very stable, it would have been very strong. But that's okay. But we're very, very close. And again, I think what will happen is Obamacare, unfortunately, will explode. It's going to have a very bad year. Last year you had over a 100 percent increases in various places. In Arizona, I understand it's going up very rapidly again, like it did last year; last year it was 116 percent. Many places, 50, 60, 70 percent, I guess it averaged -- whatever the average was -- very, very high. And this year should be much worse for Obamacare. So what would be really good, with no Democrat support, is if the Democrats, when it explodes -- which it will soon -- if they got together with us and got a real healthcare bill. I would be totally up to do it. And I think that's going to happen. I think the losers are Nancy Pelosi and Chuck Schumer, because now they own Obamacare. They own it --

100 percent own it. And this is not a Republican healthcare, this is not anything but a Democrat healthcare. And they have Obamacare for a little while longer, until it ceases to exist, which it will at some point in the near future. And just remember this is not our bill, this is their bill. Now, when they all become civilized and get together, and try and work out a great healthcare bill for the people of this country, we're open to it. We're totally open to it."^[106]

- On March 13, 2017, during a listening session on healthcare, Trump discussed the plan to replace the ACA. He said, "Many Americans lost their plans and doctors altogether, and one-third of the counties -- think of it, one-third only have one insurer left. The insurance companies are fleeing. They're gone; so many gone. The House bill to repeal and replace Obamacare will provide you and your fellow citizens with more choices -- far more choices at lower cost. Americans should pick the plan they want. Now they'll be able to pick the plan they want, they'll be able to pick the doctor they want. They'll be able to do a lot of things that the other plan was supposed to give and it never gave. You don't pick your doctor, you don't pick your plan -- you remember that one. We're not going to have one-size-fits-all. Instead, we're going to be working to unleash the power of the private marketplace to let insurers come in and compete for your business. And you'll see rates go down, down, down, and you'll see plans go up, up, up. You'll have a lot of choices. You'll have plans that nobody is even thinking of today. They will have plans that today nobody has even thought about, because the market is going to enforce that, with millions and millions of people wanting healthcare. More competition and less regulation will finally bring down the cost of care, and I think it will bring it down very significantly. Unfortunately, it takes a while to get there, because you have to let that marketplace kick in, and it's going to take a little while to get there. Once it does, it's going to be a thing of beauty. I wish it didn't take a year or two years, but that's what's going to happen, and that's the way it works. But we're willing to go through that process."^[107]
- On March 10, 2017, Trump said, "We must act now to save Americans from the imploding Obamacare disaster. Premiums have skyrocketed by double-digits and triple-digits in some cases. As an example, Arizona -- which I talk about all the time -- 116 percent increase and it's going up a lot higher. '17 would be a disaster for Obamacare. That's the year it was meant to explode, because Obama won't be here. That was when it was supposed to be -- it will get even worse. As bad as it is now, it'll get even worse. Choices are disappearing as one insurer drops out after another. Today, one-third of all counties now have only one insurer on the Obamacare exchanges, and the exchanges themselves are a disaster. The House repeal-and-replace plan ends the Obamacare tax hikes, cutting taxes by hundreds of billions of dollars. It eliminates the Obamacare mandate that forces Americans to buy government-approved plans. ... It provides states with flexibility over how Medicaid dollars are spent, giving power from Washington and back to local government, which we all want to see. We're going to do a much better job. And the plan empowers individual Americans to buy the health insurance that is right for them, not the plan forced on them by government."^[108]

- On March 9, 2017, Trump tweeted: "Despite what you hear in the press, healthcare is coming along great. We are talking to many groups and it will end in a beautiful picture!"^[109]
- In a series of tweets on March 7, 2017, Trump discussed the American Health Care Act of 2017. He wrote, "Our wonderful new Healthcare Bill is now out for review and negotiation. ObamaCare is a complete and total disaster - is imploding fast! ... Don't worry, getting rid of state lines, which will promote competition, will be in phase 2 & 3 of healthcare rollout. @foxandfriends. ... I am working on a new system where there will be competition in the Drug Industry. Pricing for the American people will come way down!"^{[110][111][112]}

Trump on the ACA

- On July 31, 2017, Trump tweeted, "If ObamaCare is hurting people, & it is, why shouldn't it hurt the insurance companies & why should Congress not be paying what public pays?"^[113]
- On July 29, 2017, Trump tweeted, "If a new HealthCare Bill is not approved quickly, BAILOUTS for Insurance Companies and BAILOUTS for Members of Congress will end very soon!"^[114]
- On July 24, 2017, the day before the Senate was expected to hold a procedural vote to begin debating healthcare, Trump said in a speech, "Every Republican running for office promised immediate release from this disastrous law...so far Senate Republicans have not done their job in ending the Obamacare nightmare."^[115]
- On June 30, 2017, Trump said that the Senate should vote to repeal the ACA if they were unable to pass the Better Care Reconciliation Act of 2017 (BCRA). He tweeted, "If Republican Senators are unable to pass what they are working on now, they should immediately REPEAL, and then REPLACE at a later date!"^[116]
- On June 24, 2017, Trump tweeted, "Democrats slam GOP healthcare proposal as Obamacare premiums & deductibles increase by over 100%. Remember keep your doctor, keep your plan?"^[117]
- On March 24, 2017, after a failed attempt to pass the AHCA, Trump was asked if it was "fair to Americans to let Obamacare explode?" Trump replied, "Well, it's going to happen. There's not much you can do about it. It's going to -- bad things are going to happen to Obamacare. There's not much you can do to help it. I've been saying that for a year and a half. I said, look, eventually it's not sustainable. The insurance companies are leaving -- you know that. They're leaving one by one, as quick as you can leave. And you have states, in some cases, who will not be covered. So there's no way out of that. But the one thing that was happening, as we got closer and closer, everybody was talking about how wonderful it was, and now we'll go back to real life and people will see how bad it is. And it's getting much worse. You know, I said the other day, when President Obama left -- '17, he knew he wasn't going to be here; '17 is going to be a very, very bad year for Obamacare. Very, very bad. You're going to have explosive premium increases. And the deductibles are so high people don't even get to use it. So

they'll go with that for a little while. And I honestly believe -- I know some of the Democrats, and they're good people -- I honestly believe the Democrats will come to us and say, look, let's get together and get a great healthcare bill or plan that's really great for the people of our country. And I think that's going to happen."^[106]

- While speaking at the Conservative Political Action Conference on February 24, 2017, Trump said, "We also inherited a failed health care law that threatens our medical system with absolute and total catastrophe. Now, I've been watching -- and nobody says it -- but Obamacare doesn't work, folks. I mean, I could say -- I could talk -- it doesn't work. And now people are starting to develop a little warm heart, but the people that you're watching, they're not you. They're largely -- many of them are the side that lost. You know, they lost the election. It's like, how many elections do we have to have? They lost the election. But I always say, Obamacare doesn't work. And these same people two years, and a year ago, were complaining about Obamacare. And the bottom line: We're changing it. We're going to make it much better. We're going to make it less expensive. We're going to make it much better. Obamacare covers very few people. And remember, deduct from the number all of the people that had great health care that they loved, that was taken away from them; was taken away from them. Millions of people were very happy with their health care. They had their doctor, they had their plan. Remember the lie -- 28 times. 'You can keep your doctor, you can keep your plan' -- over and over and over again you heard it. So we're going to repeal and replace Obamacare. And I tell Paul Ryan and all of the folks that we're working with very hard -- Dr. Tom Price, very talented guy -- but I tell them from a purely political standpoint, the single-best thing we can do is nothing. Let it implode completely -- it's already imploding. You see the carriers are all leaving. I mean, it's a disaster. But two years don't do anything. The Democrats will come to us and beg for help. They'll beg, and it's their problem. But it's not the right thing to do for the American people. It's not the right thing to do."^[118]
- On February 18, 2017, Trump said, "We are going to be submitting in a couple of weeks a great healthcare plan that's going to take the place of the disaster known as ObamaCare. It will be repealed and replaced. Just so you understand, our plan will be much better healthcare at a much lower cost. OK? Nothing to complain about."^[119]

Trump on healthcare

- In his first address to Congress on February 28, 2017, President Donald Trump discussed his vision for America's healthcare system:

“ Here are the principles that should guide the Congress as we move to create a better health-care system for all Americans:

First, we should ensure that Americans with preexisting conditions have access to coverage, and that we have a stable transition for Americans currently enrolled in the health-care exchanges.

Secondly, we should help Americans purchase their own coverage, through the use of tax credits and expanded health savings accounts — but it must be the plan they want, not the plan forced on them by the government.

Thirdly, we should give our great state governors the resources and flexibility they need with Medicaid to make sure no one is left out.

Fourthly, we should implement legal reforms that protect patients and doctors from unnecessary costs that drive up the price of insurance — and work to bring down the artificially high price of drugs and bring them down immediately.

Finally, the time has come to give Americans the freedom to purchase health insurance across state lines — creating a truly competitive national marketplace that will bring cost way down and provide far better care.^[31] ”

—President Donald Trump^[120]

- During a press conference on January 11, 2017, Trump criticized pharmaceutical companies. He said, "The other thing we have to do is create new bidding procedures for the drug industry, because they're getting away with murder. PhRMA, PhRMA has a lot of lobbyists and a lot of power and there's very little bidding on drugs."^[121]

During the 2016 presidential election, Trump advocated healthcare reform based on free market principles. He said that he would repeal Obamacare, reduce barriers to the interstate sale of health insurance, institute a full tax deduction for insurance premium payments for individuals, make Health Saving Accounts inheritable, require price transparency, block-grant Medicaid to the states, and allow for more overseas drug providers through lowered regulatory barriers. **Click here to read more of Trump's public comments on healthcare before and during the 2016 presidential election.**

115th Congress on healthcare



See also: *115th Congress on healthcare*

House bill: American Health Care Act of 2017

On March 6, 2017, House Republicans introduced the American Health Care Act of 2017 (AHCA), a reconciliation bill that proposed modifying the budgetary and fiscal provisions of the Patient Protection and Affordable Care Act (ACA), also known as Obamacare. The bill did not propose repealing the ACA in its entirety, a move that was criticized by some conservatives who called for a full repeal of President Barack Obama's signature healthcare law.^[143]

The bill proposed repealing the penalties on individuals for not maintaining health coverage and on employers for not offering coverage. The ACA's subsidies for purchasing insurance would have ended, as would have enhanced federal funding for states that expanded Medicaid. The bill also proposed a system of tax credits, based on age rather than income, and a penalty in the form of increased premiums for individuals who did not maintain continuous coverage.^[143]

On May 4, 2017, the House passed the AHCA by a vote of 217-213.

Senate bill: Better Care Reconciliation Act of 2017

On June 22, 2017, the U.S. Senate released the Better Care Reconciliation Act of 2017 (BCRA), its version of the House bill, the American Health Care Act (AHCA). The bill was a reconciliation bill that proposed modifying the budgetary and fiscal provisions of the Patient Protection and Affordable Care Act (ACA), also known as Obamacare.

The Senate bill encountered the same issues the AHCA encountered in the House: namely, disagreements between the moderate and conservative wings of the party. All Senate Democrats expressed opposition to the BCRA. Senate Minority Leader Chuck Schumer (D-N.Y.)

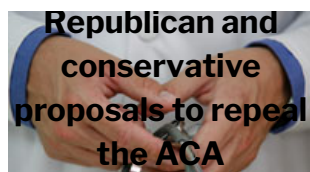
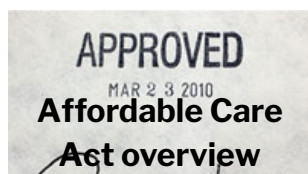
said the bill had a "rotten core" and listed some actions Senate Republicans would have to take in order for Democrats to work with them: "Abandon tax breaks for the wealthy, abandon cuts to medicaid [*sic*], abandon repeal, and we can sit down and talk about improving health care."^[144]

On July 17, 2017, after weeks of negotiating the bill, Senate Majority Leader Mitch McConnell (R-Ky.) said that his party was unable to agree on a replacement bill for the ACA. During the last week of July, the Senate voted on three major proposals to repeal and replace the ACA. A procedural vote on the BCRA was rejected by a vote of 43-57. A proposal to repeal the ACA and delay the effective date for two years to provide time for a replacement bill failed by a vote of 45-55. The final major amendment—the "skinny bill"—was rejected by a 49-51 vote. It contained the provisions to repeal the requirements for individuals to enroll in health insurance and for employers to offer it, among other provisions.^{[145][146][147][148][149]}

After the skinny bill failed, McConnell said, "it is time to move on," and he called the final defeat disappointing.^[150]

For more on the BCRA and the Republican effort to repeal the ACA, click here.

Healthcare policy overviews



See also

- Trump administration officials on healthcare
- Affordable Care Act under the Trump administration
- The individual and employer mandates under the Trump administration, 2017-2020
- 115th Congress on healthcare
- 115th Congress on the American Health Care Act of 2017
- American Health Care Act of 2017
- 115th Congress on the Better Care Reconciliation Act of 2017
- Better Care Reconciliation Act of 2017
- Restoring Americans' Healthcare Freedom Reconciliation Act of 2015
- Obamacare overview
- Multistate lawsuits against the federal government, 2017-2020

External links

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Footnotes

1. *Breitbart*, "Donald Trump: 'I'm 100 Percent Behind' Obamacare Replacement Plan," accessed March 22, 2017
2. *WhiteHouse.gov*, "Remarks by President Trump at Signing of Executive Order Promoting Healthcare Choice and Competition," October 12, 2017

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