For Immediate Release

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NEW REPORT: Trump-Republican Health Care Sabotage Means Higher Costs for American Families

President Trump and the Republican Congress have created chaos in their politically-motivated takeover of our health care system, raising costs and reducing access to quality coverage

Republicans failed to pass their radical Trumpcare bills in Congress last year, which would have removed important consumer protections for people with pre-existing conditions, left tens of millions uninsured, and raised health care costs on millions more. However, despite their failure, President Trump, his administration, and Congressional Republicans have taken several other concrete steps to dramatically change and undermine health care in our country, raising costs on millions of American families and reducing access to quality coverage.

Over the next few months, states will announce proposed health insurance premium rates for 2019, and it is important to remember that President Trump and Congressional Republicans are fully responsible for the significantly higher premiums and millions fewer people insured.

Trumpcare is very much alive today—and patients and families are paying the price.

FROM DAY ONE, PRESIDENT TRUMP AND REPUBLICANS IN CONGRESS HAVE SABOTAGED THE HEALTH CARE SYSTEM TO SCORE POLITICAL POINTS, WHILE INCREASING COSTS ON AMERICAN FAMILIES

January 2017: On Day One, President Trump Signed an Executive Order to Raise Costs, Reduce Quality Care: President Trump's first action as president was to sign an executive order directing the Secretary of HHS and other federal departments and agencies to repeal and undermine the ACA "to the maximum extent permitted by law."

September 2017: President Trump Cut off Cost Sharing Reduction (CSR) Payments:
After months of threats that destabilized the markets, President Trump abruptly cut off cost sharing reduction (CSR) payments in September 2017, sending a shockwave of uncertainty and confusion through the marketplaces just as 2018 rates were being finalized.

Fall 2017: The Trump Administration Cut Open Enrollment, Slashed Funding to Assist Americans Signing Up for Insurance: The Trump administration cut open enrollment in half and slashed funding for advertising and outreach, which are disproportionately used by low-income families, communities of color, and people who don't speak English as a first language.

December 2017: Republicans in Congress Repealed the Health Coverage Requirement: Republicans in Congress helped fund their massive tax giveaway to corporations and the wealthiest few with savings from foregone and funding that help low and middle-income people afford insurance and Medicaid when they repealed the ACA's health coverage requirement, which the non-partisan Congressional Budget Office concluded will result in:
- 4 million more uninsured Americans by 2019, and
- Premiums that will be 10% higher each year.

October 2017-Feburary 2018: The Trump Administration is Moving to Expand Junk Health Insurance Plans, Dividing Healthy and Sick and Raising Costs on Americans with Preexisting Conditions: In October 2017, President Trump signed an executive order to expand association and short-term (junk) plans, which would raise costs on those with preexisting conditions and older Americans, gut consumer protections, and divide the health care market between the healthy and the sick. Following instructions from this executive order, the Trump administration issued a proposed regulation in February 2018 to expand short-term limited duration insurance. These plans can:
- Charge higher premiums, or outright reject Americans based on a pre-existing condition;
- Impose lifetime and annual limits that allow insurance companies to stop covering people when they get sick;
- Exclude certain benefits like coverage for prescription drugs, maternity care, mental health and substance use treatment services, or a consumer's preexisting health condition;

Endorsing junk insurance, combined with the effects of last year's tax bill and other administration sabotage, will increase premiums in the individual marketplaces an average of 18.2 percent, making health care that much more expensive for those people with pre-existing conditions who most need access to affordable, quality health care.

April 2018: The Trump Administration's Rules for the 2019 Marketplace Will Put Insurance Companies Back in Charge, Gut Consumer Protections and Increase Costs:
In April, the Department of Health and Human Services finalized their rules for the 2019 health care marketplaces. Included in their rules:

- Fewer benefits [covered](#) and a ceiling on the quality of benefits. The "essential health benefits" currently required under our health care system like maternity care, mental health care, and other benefits can be watered down by states, and states are not allowed to require plans to offer more generous benefits to consumers if they choose.
- Greatly reduced outreach funding and support. For the first time, consumers will not have guaranteed access to face-to-face insurance enrollment assistance and may have substantially limited access to consumer assistance via phone or other means.
- Decreased [oversight](#) of insurance companies, making it easier for them to raise premiums and restrict Americans' choice of doctors. The rules open the door to letting insurers spend more on executive pay, marketing, and administrative overhead and less on consumers' medical claims. At the same time, these companies are reaping billions from the corporate windfall that is the Trump-Republican tax bill.
- Added red tape, creating more hoops to jump through and making it harder for working families to access and keep needed health coverage and financial assistance.

Fall 2017-Present: Republican Leaders in Congress Repeatedly Blocked Good-faith, Bipartisan Efforts to Lower Premiums—Instead Opting to Try to Jam Through their Radical Trumpcare Bills: Starting in 2017, Republican leaders refused to bring a bipartisan bill to lower premiums and stabilize markets, which had the support of every Senate Democrat and twelve Republicans, to the Senate floor for a vote. In 2018, rather than continuing to work with Democrats on bipartisan solutions to improve access to affordable care, they proposed a bill that creates more problems than it solves and could leave millions paying much more for worse coverage than they have today. Ultimately, they refused to include bipartisan legislation in this year's omnibus bill, making it impossible to lower premiums this year.

THE YEAR AHEAD

2018-2019: Everyone who cares about improving health care – including hundreds of patient groups, hospitals, doctors, insurers, actuaries and policy experts – have clearly stated that the actions taken by President Trump and Republicans in Congress will raise costs and reduce access to health care. Their words have fallen on deaf ears. In the weeks and months ahead as each state releases proposed health insurance rates for plans on the marketplace next year, we can expect to see premium increases across the country. Those higher health care costs and the increased risk of insurers pulling out of markets are thanks to the actions taken by President Trump, his administration, and Republicans in Congress.

Important health care dates to keep in mind:
- State deadlines for submitting proposed rates mostly fall between **May 1 and July 31, 2018**.
- Insurers must confirm market participation with the federal government in **September 2018**.

In fact, proposed premium rates from Virginia and Maryland released so far demonstrate the average double-digit percentage premium increases that insurance companies are requesting due to the actions taken by the Trump administration and Republican Congress.

Virginia: Higher Rates Due to Trump Administration Policies: "Both Cigna and CareFirst BlueCross BlueShield cited policies advocated by the Trump administration, including the repeal of ObamaCare's individual mandate, as part of its justifications for the increases. Cigna is proposing an average premium increase of 15 percent for its 103,264 customers in Virginia, with a range of increases from 6.4 percent to 40 percent. CareFirst is proposing a 64 percent increase for its approximately 4,500 customers in the commonwealth, citing an increase in sicker people entering the marketplace." [The Hill, 5/4/18]

Millions More Uninsured: "The Commonwealth Fund, a nonprofit foundation focused on health-care issues, announced last week that the rate of working-age Americans without health insurance in the group's annual survey rose to 15.5 percent, up about three percentage points since 2016. Things are worse in the 19 holdout states, such as Virginia, that have refused to expand their Medicaid programs: The rate of uninsured working-age Americans hit 21.9 percent in those areas, up nearly six percentage points over two years...During the campaign, Mr. Trump regularly complained that the Affordable Care Act (ACA) left too many Americans uncovered. The result of nearly a year and a half of Mr. Trump's leadership is 4 million people added to that group." [The Washington Post Editorial, 5/7/18]

Maryland: Double-Digit Percentage Rate Increases Proposed Due to Eliminating Coverage Requirement: "Carefirst is seeking an average rate increase of 18.5 percent for its HMO-style plan, which covers about 123,000 people. Kaiser Permanente of the Mid-Atlantic States has asked for an average increase of 37.4 percent for its HMO plan, which covers about 74,000 Marylanders...Kaiser Permanente said in a statement that it is trying to ensure it can sustain high-quality care over the long run. 'These proposed rates reflect the expected costs of providing coverage for these members, including the impact of eliminating the individual mandate penalty,' the company said." [Baltimore Sun, 5/8/18]

Kaiser Foundation Health Plan of the Mid-Atlantic States, Proposing a 37% Rate Increase, Cites Removal of Coverage Requirement: "The rate changes for the plans renewing in 2019 are primarily driven by the claims experience of the single risk pool, medical inflation, taxes and fees imposed on the issuer, membership changes resulting from the removal of the Individual Mandate, and anticipated changes in payments from and contributions to the Federal Risk Adjustment Program." [5/7/18, Part III Actuarial Memorandum and Certification]

REMINDER: PRESIDENT TRUMP'S BROKEN PROMISES TO HAVE "INSURANCE FOR EVERYBODY", "FAR LESS EXPENSIVE AND FAR BETTER" HEALTH CARE

Then-Candidate Donald Trump: "Everybody's got to be covered." ... "I am going to take care of everybody." [60 Minutes, CBS, 9/27/15]

Then-President-Elect Donald Trump: "'We're going to have insurance for everybody,' Trump said. 'There was a philosophy in some circles that if you can't pay for it, you don't get it. That's not going to happen with us.'" [Washington Post, 1/15/17]

Then-Candidate Donald Trump: "[We will undertake] repealing Obamacare and replacing it with something far better for the people, and far less expensive both for the people and the country." [Iowa Freedom Summit, 1/24/15]

Then-President-Elect Donald Trump: "We're going to have a health care that is far less expensive and far better." [President-Elect Trump Press Conference, 1/11/17]

Then-President-Elect Donald Trump: "Trump said [under] his plan for replacing most aspects of Obama's health care law [there would be] 'much lower deductibles.'" [Washington Post, 1/15/17]

Then-Candidate Donald Trump: "Everybody's going to be taken care of much better than they're taken care of now [under the Obamacare replacement]."[60 Minutes, CBS, 9/27/15]

Then-President-Elect Donald Trump: QUESTION: "Let me ask you about Obamacare, which you say you're going to repeal and replace. When you replace it, are you going to make sure that people with pre-conditions are still covered?" TRUMP: "Yes, because it happens to be one of the strongest assets…" [60 Minutes, CBS, 11/13/16]

President Trump: "First, we should ensure that Americans with pre-existing conditions have access to coverage and that we have a stable transition for Americans currently enrolled in the healthcare exchanges." [Trump Address to Joint Session of Congress, 2/28/17]

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