

***First, Do No Harm:***  
**Ten Questions to be asked of any proposals to change the Affordable Care Act (ACA)**

**January 9, 2017**

When considering available treatments, a physician will first ask *Will it do no harm to the patient?* If there is reason to believe that the answer is no, the physician will choose an alternative treatment that offers the potential of making things better for the patient rather than causing harm. The same should be asked of unproven proposals to change the coverage and consumer protections available as a result of the Affordable Care Act. Specifically:

1. Will persons who **currently have coverage from the ACA**, either through Medicaid or qualified health plans offered through the exchanges, **be able to keep it without interruption, loss of benefits, and/or eligibility?**
2. What will be the **impact of any proposals to change the current law premium and cost-sharing subsidies** to buy a qualified health plan through the exchanges, for persons **currently covered through the ACA as well as future eligible persons?**
  - Will the **tax credit premium and cost-sharing subsidies be sufficient** to ensure that patients—especially lower-income patients, older and sicker patients, and those with expensive chronic illnesses—are able to afford a health plan with the coverage they need, at a reasonable out-of-pocket cost, after the subsidies are applied?
  - Will the **eligibility for such assistance be curtailed** in a way that would disadvantage lower-income patients, older and sicker patients, and those with chronic illnesses, the patients who most need insurance coverage?
3. Will there be **sufficient incentives for younger persons to buy coverage** and participate in the insurance pools, without causing harm to older and sicker patients?
4. Will all **qualified health plans continue to be required to offer essential evidence-based benefits comparable to, or better than, current law?**
  - Will required benefits include coverage for hospital, physician, and prescription drugs comparable or better than current law?
  - Will required benefits include evidence-based preventive screening tests and counseling at no out-of-pocket cost to the patient, comparable to or better than current law?
  - Will required benefits include coverage for maternity care and contraception, comparable to or better than current law?

- Will benefits for prevention and treatment of patients with mental or behavioral health conditions and substance use disorders be comparable to or better than current law?

5. Will insurers continue to be **prohibited from charging higher premiums to women** based on their gender?

6. Will **proposed changes to Medicaid continue to ensure that lower-income patients, both adults and children, have access to coverage that is comparable to or better than under current law?**

- Will there continue to be incentives and sufficient federal financing to encourage states to expand Medicaid to all persons at or below the federal poverty level, and to ensure that states that have already chosen to expand Medicaid are not forced to go back on that commitment?
- Will required benefits under Medicaid be comparable to or better than under current law?
- Will any proposed changes in the federal contribution to funding Medicaid curtail current law eligibility and benefits for vulnerable low-income persons, in the short and long-term?
- Will proposals to give states more authority to innovate ensure that eligibility and benefits for Medicaid enrollees are not curtailed, while allowing states to try new approaches to make care more affordable and accessible in ways that are not punitive to low-income persons?

7. Will **protections against discrimination for people with pre-existing conditions be comparable or better than under current law?**

- Will insurers continue to be prohibited from charging more, excluding, or canceling coverage for people with pre-existing conditions?
- If changes are proposed to the current requirement that people have coverage or pay a modest tax penalty (individual insurance mandate), what policies will be in place to ensure that persons with pre-existing conditions don't wait until they get sick to obtain coverage, driving up premiums as a result?

8. Will **current law prohibitions against insurers putting annual and lifetime limits on coverage be maintained?**

9. Will **current law programs to promote public health and prevention, support research and funding of innovative value-based payment and delivery models, support research on the comparative effectiveness of different treatments, and support primary care training programs be continued, expanded or curtailed?**

10. Considering ***all potential changes***, will the total number of people who have coverage that includes essential evidence-based benefits, at a cost that is affordable to them (premiums and out-of-pocket costs after subsidies are applied), and the protections against insurers discriminating against people with pre-existing conditions or imposing limits on coverage, be comparable to, better, or worse than available under current law?