

TO: Interested Parties

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RE: Assessing the Possible Impact of the Graham-Cassidy Healthcare Bill on Human Mortality

This week, the Senate is slated to vote on the Graham-Cassidy bill to repeal key provisions of the Affordable Care Act (ACA). The bill would weaken protections for those with pre-existing conditions, cut federal funding for Medicaid coverage for poor children and adults, and prompt the loss of health coverage for millions.

GOP leaders have brought forward their healthcare plans without a single hearing. Indeed, the departure from traditional Congressional procedures that allow both sides of the aisle to contribute ideas has caused U.S. Senator John McCain to announce his opposition to the bill. Other policymakers may follow suit. But if policymakers and voters want to judge the bill on its likely effects, how can they do so? Given the [rush](#) with which Senate Republicans plan to bring the Graham-Cassidy bill up for a vote, the Congressional Budget Office (CBO) will not have enough time to produce an analysis of its impact on health coverage. And Congress is still considering a bevy of potential changes to the bill. With such uncertainty, Americans must ask what effects this bill could have on costs, access to insurance plans, and their families' health.

Major Reductions in Coverage

It is likely that an analysis by the CBO would yield results similar to those that the Office found when it analyzed the Obamacare Repeal Reconciliation Act (ORRA) that the Senate considered but failed to pass in July. There are significant similarities between ORRA and the Graham-Cassidy bill, especially in its long-term reductions in the number of people covered by federally subsidized health insurance. Under ORRA, an estimated 23 million people would have lost coverage by 2026. The eventual total loss of coverage under the Graham-Cassidy bill could be even larger, as it not only eliminates ACA funding by 2027 but also cuts Medicaid funding as well. (Between 2017 and 2027, the calculation is difficult because of the great degree of variation to be expected as states grapple with a wide variety of policy options). The Center for American Progress estimates that [32 million](#) people would lose health insurance coverage under Graham-Cassidy by 2027.

Significant Loss of Human Life

Health insurance coverage has a significant impact on health. How many people will lose their lives – not only their insurance – due to the proposed changes? While it is hard to estimate an exact number, it is going to be in the tens of thousands per year at least. Researchers at the [Harvard School of Public Health](#) studied mortality rate changes in Massachusetts after the implementation of “Romneycare,” the Massachusetts health reform that served as a model for the Affordable Care Act. They found that overall the death rate from treatable illnesses declined by 4.5 percent. As health insurance coverage was expanded, mortality was reduced at a rate of

roughly **one less death per year per 830 people who gained insurance**. The decline in death was even greater in areas of the state where there were more low-income people who didn't have health insurance before the reforms.

Recent research on the state Medicaid expansions finds that this general number may be on the conservative side. A 2016 [paper](#) by Harvard Professor Benjamin Sommers in the *American Journal of Health Economics* analyzes the effect of state Medicaid expansions that occurred in the early 2000s in New York, Arizona, and Maine on mortality from all causes. The paper estimates that **one life was saved for every 239-316 adults who gained insurance through those Medicaid expansions**.

Applying the more conservative 1-to-830 ratio, in 2027, when Graham-Cassidy would fully phase out the ACA's Medicaid expansion funding, an estimated 38,600 people could lose their lives due to the loss of their insurance. Without future modifications to the healthcare system, insurance losses and mortality rates may continue at those levels.

There are limitations to the existing research. State populations who received coverage through the Affordable Care Act are not, of course, exactly identical to those who gained coverage in Massachusetts. The quality and quantity of medical care delivered under Medicaid and other health insurance plans varies by state and changes over time. Still, the experience of Massachusetts's people in the implementation of its health insurance reform is likely quite similar in material respects to that of people across the United States in the implementation of the Affordable Care Act. Noting the positive impacts of the expansion of health insurance is relatively straightforward – projecting the impacts of a decrease in coverage is straightforward as well, from a statistical perspective, although it is important to note that such a large reduction in health insurance is unprecedented in the history of social insurance in the United States.

Health insurance has many [benefits](#) beyond saving lives. In a study on Medicaid expansion in Oregon, researchers found that the newly insured benefited from access to health screenings, lower likelihoods of experiencing symptoms of depression, lower rates of unpaid medical bills sent to collection agencies, and a significant decrease in catastrophic expenditures.

While financial impacts are important to consider, the impacts on health and human lives are – and always should be – central to debates over health insurance.