December 15, 2017

The Honorable Mitch McConnell Leader, U.S. Senate Washington, DC 20510 The Honorable Charles Schumer Minority Leader, U.S. Senate Washington, DC 20510

Dear Leader McConnell and Minority Leader Schumer:

The undersigned organizations are writing to express our strong opposition to the Tax Cuts and Jobs Act and our deep concerns about its effects on the health care of older adults, people with disabilities and their families. Our organizations share a commitment to promoting access to affordable, high-quality health care and long-term services and supports for older adults, people with disabilities, and their families, and this tax package will endanger that goal.

The tax bill Congress is considering would increase the national debt by at least \$1 trillion, even after accounting for potential economic growth. The bill would also drive up the yearly deficit through tax cuts that primarily benefit the wealthiest Americans and large corporations. This is likely to lead to drastic cuts to Medicaid, Medicare, Social Security and other programs on which older adults rely. Any significant funding cuts to Medicaid would jeopardize health and long-term care for the more than 6 million low-income older adults who rely on Medicaid. In addition, significant Medicare cuts would shift costs on to beneficiaries, endangering the more than 57 million older adults and people with disabilities who rely on the program for high-quality care. Over 11 million people have both Medicaid and Medicare, and those people would be especially devastated by any such cuts.

We are also particularly concerned about the repeal of the Affordable Care Act's individual mandate, which is included in the Senate plan. Over 3.3 million adults over age 55 enrolled in marketplace plans for 2017.¹ By eliminating the individual mandate, the Senate bill puts the availability of affordable health coverage for these individuals, who are not yet eligible for Medicare, at risk through higher premiums or even lack of insurers. The Congressional Budget Office (CBO) estimates that 13 million more people will be without health coverage if the mandate is repealed, including 5 million people who would not enroll in Medicaid even though they are eligible.²

In addition to these effects, both intentional and not, the sheer size of the deficit would trigger immediate cuts under sequestration to Medicare and other programs that benefit older adults and people with disabilities. The CBO projects Medicare cuts of \$25 billion in 2018 alone.³ Of course, such cuts would have harmful effects on all those who rely upon Medicare.

https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-03-15.html.

¹ Centers for Medicare & Medicaid Services, "Health Insurance Marketplaces 2017 Open Enrollment Period Final Enrollment Report: November 1, 2016-January 31, 2017 (March 15, 2017),

² Congressional Budget Office, "Repealing the Individual Health Insurance Mandate: An Updated Estimate" (November 8, 2017), <u>https://www.cbo.gov/publication/53300</u>.

³ Congressional Budget Office, "Effects of legislation that would raise deficits by an estimated \$1.5 trillion over the 2018-2027 period" (November 14, 2017), <u>https://www.cbo.gov/publication/53319</u>

In addition to our concerns about the substance of the bill detailed above, we are also dismayed by the rushed and partisan process. It is especially concerning that further changes have been made behind closed doors and members of Congress will be asked to vote without having seen a full Joint Committee on Taxation analysis of the final bill that is in the conference report. Without a full analysis, we cannot know all the effects of this far-reaching bill.

Historically, Congress has worked through a bipartisan, transparent process that included public hearings, open comment periods on discussion drafts, multi-stakeholder meetings, and more. Any changes to the tax code should be thoughtful and deliberative.

Our organizations strongly urge Congress to start over on tax reform and ensure that any changes will not drive up deficits or reduce access to health care for older adults, people with disabilities, and their families.

Sincerely,

AFSCME Aging Life Care Association Alliance for Retired Americans Allies for Independence American Association of People with Disabilities American Association on Health and Disability American Geriatrics Society Association for Community Affiliated Plans Association of University Centers on Disabilities (AUCD) Autism Society of America Autistic Self Advocacy Network B'nai B'rith International **Bazelon Center for Mental Health Law** California Health Advocates **Cancer Support Community Caring Across Generations** Center for Health Law and Policy Innovation of Harvard Law School Center for Medicare Advocacy **Center for Public Representation** Community Catalyst **Community Servings Disability Policy Consortium** Disability Rights Education and Defense Fund (DREDF) **Families USA** Florida Health Justice Project, Inc. Jericho Road Legal Service Ministry Justice in Aging

Lakeshore Foundation Latinos for a Secure Retirement Leading Age **Medicare Rights Center** NAACP National Adult Day Services Association (NADSA) National Association of Area Agencies on Aging National Association of Nutrition and Aging Services Programs National Association of State Long-Term Care Ombudsman Programs (NASOP) National Committee to Preserve Social Security and Medicare National Consumer Voice for Quality Long-Term Care National Council on Aging (NCOA) National Council on Independent Living National Disability Rights Network National Health Law Program National Multiple Sclerosis Society National Partnership for Women & Families National Respite Coalition National Viral Hepatitis Roundtable **People Demanding Action Retired Public Employees Council of Washington** Service Employees International Union (SEIU) **Special Needs Alliance** The Arc of the United States Washington Alliance for Retired Americans

Women's Institute for a Secure Retirement (WISER)