May 25, 2017

The Honorable Richard Durbin, United States Senator
711 Hart Senate Building
Washington, D.C. 20510

The Honorable Tammy Duckworth, United States Senator
524 Hart Senate Building
Washington, D.C. 20510

Dear Senators Durbin and Duckworth,

The undersigned local health departments are writing with an urgent request for you to reject the American Health Care Act (AHCA) on behalf of the 1.2 million Illinois residents who stand to lose coverage and the millions more who will experience reductions in both individual health care and community public health options.

Thank you for your steadfast support of the benefits Illinois has seen under the Affordable Care Act and your public opposition to the AHCA. As you know, those most impacted by these changes will be the most vulnerable residents of our counties and cities, including children with serious underlying health conditions; people with chronic illnesses; residents approaching retirement age; low-income, working adults; and people with substance use and mental health disorders.

As a result of the Medicaid expansion made available under the Affordable Care Act, more than 650,000 additional low-income Illinois residents have life-saving health insurance in 2017. The AHCA would turn the clock back on this progress, returning Illinois to a time when health care coverage was out of reach for too many of our most vulnerable residents. Today, thanks to our progress, these individuals and their families can access high-quality, comprehensive health insurance coverage to ensure they can meet their health care needs without fear of financial ruin.

To be clear, the AHCA is bad for Illinois families and bad for Illinois communities. As we continue to analyze the impact of this dangerous bill, we have already identified several significant concerns, including:

**Eliminating the enhanced match under ACA:** The federal government covers 90% of costs for residents eligible for Medicaid under the Affordable Care Act, ensuring states have the resources necessary to ensure more residents receive health care. By eliminating the promise of enhanced matches, the costs shift to Illinois and ultimately to our counties and cities, which we simply cannot afford.

**Cutting the number of residents eligible for Medicaid:** The AHCA will decrease the number of Illinois residents covered by Medicaid by changing the way in which counties can enroll and cover residents. The bill eliminates expanded presumptive eligibility, creates a six-month eligibility redetermination process for persons covered under ACA Medicaid, eliminates the three-month retroactive eligibility for new enrollees, and eliminates the reasonable opportunity period for an applicant to provide documentation. All of these burdens will pose significant administrative challenges for our jurisdictions and leave more people uninsured.

**Further undermining Medicaid through federal cap:** From its inception, Medicaid has been a federal-state partnership where each entity pays an equal share of health care costs. AHCA eliminates this partnership by instituting a federal cap. This means the federal government will pay a predetermined amount based on the number of residents enrolled, regardless of costs or need. The required cap will negatively impact Illinois’ finances due to our historically low per-beneficiary costs. Shifting the Medicaid system to a per-capita cap model penalizes Illinois’ historic fiscal conservatism because it locks us into a lower base rate than other states with higher Medicaid costs.
Removing Essential Health Benefits Protections: The ACA requires all insurance plans to provide residents with a set of essential health benefits, including outpatient care, maternity care and mental health services. AHCA will allow states to waive these provisions, removing protections and ultimately forcing families to buy more expensive plans for comprehensive coverage or to pay out of pocket for their health care.

Eliminating the Prevention and Public Health Fund: The AHCA calls for the complete elimination of the Prevention and Public Health Fund (PPHF), which provides vital federal support for local jurisdictions to carry out core public health duties. Our state, cities and counties will lose $93 million annually, monies that are used to improve infectious disease identification, and both respond to and reduce the prevalence of chronic diseases like HIV and hepatitis C. Additionally, PPHF provides 12% of the Centers for Disease Control and Prevention (CDC)’s annual funding, jeopardizing our nation’s ability to respond to emerging public health threats.

Putting Americans with pre-existing conditions at increased risk: High-risk pools have been offered to protect those with pre-existing conditions, but the funding needed for an adequate high-risk pool does not align with the meager funding provided for in the AHCA. This will result in underfunded high-risk pools, which will in turn impose unaffordable premiums, long wait lists, and annual caps on the care someone can receive. Illinois’ former high-risk pool did not work due to unsustainable costs and restricted availability for Illinois consumers. The AHCA will return us to this system, further harming vulnerable individuals and their families.

Simply put, our counties and cities cannot afford the AHCA. By eliminating the positive benefits of the Affordable Care Act, our communities will regress to a "sick-care" system that focuses on treating disability and disease rather than preventing it.

As public health professionals working across Illinois, we know firsthand the devastating impact this legislation will have on the health and well-being of our patients, neighbors, families and friends. We request that you work to improve our health care system, not dismantle it as the AHCA threatens to do. We recognize the Affordable Care Act as it currently exists and is being implemented is not perfect, and we ask that you work with local jurisdictions to identify areas for improvement. We also ask you to share our stories and concerns with your Senate colleagues from other states, so they understand the impact their vote will have on the lives of residents in Illinois and across the nation.

Respectfully submitted by undersigned Illinois health departments,

Teresa Armstrong, RN BSN
Public Health Administrator
Cass County Health Department

Julie A. Pryde, MSW, MPH
Administrator
Champaign-Urbana Public Health District

Julie Morita, M.D.
Commissioner
Chicago Department of Public Health

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Chief Operating Officer
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<td>Administrator</td>
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