

It's Not Really "Repeal and Replace"; It's Transition

November 14, 2016 | Blog | By

VIEWPOINT TOPICS

- Health Care

RELATED PRACTICES

RELATED INDUSTRIES

For the last six years, Republicans have talked about repeal and replacement of the Affordable Care Act. The election outcome now puts Republicans in a position of authority to take action on the Affordable Care Act. As we look ahead to the 115th Congress, it is important to move away from political rhetoric and consider what can actually be achieved as a matter of public policy.

First, the Affordable Care Act is an extremely complex law including many more provisions than those related to coverage. Complete repeal of the law is not remotely realistic. For years Republicans have claimed support for provisions within the bill, some of which were actually bipartisan ideas. No one should assume complete repeal. The President-elect has already publicly voiced his support, for example, for continuing the bar on pre-existing condition exclusions from coverage.

Second, repeal and replace has been the mantra for many years, but that's not actually the most accurate description of what Republicans want to do with the Affordable Care Act. Republicans want to provide consumers with market-driven, high-value, cost-efficient health care coverage choices provided by private insurers. That's what Democrats arguably intended to do with the coverage provisions of the Affordable Care Act.

Ultimately, Republicans are going to *transition* the Affordable Care Act to function more to their liking. The core of that function will still be covering millions of Americans through market-driven, high-value, cost-efficient health care coverage choices provided by private insurers. The challenge for Republicans will be to limit the number of people who lose coverage in the transition, and it is simply wrong to assume Republicans intend to cause people to lose coverage. For example, merely repealing the individual mandate will lead to significant market disruption and loss of coverage. But if the individual mandate is transitioned to a late enrollment penalty, disruption and loss of coverage could be greatly minimized.

Finally, transition will not occur quickly. While there is much more information about the consequence of policy decisions today than there was in 2009, writing legislation, determining the impact of legislation, and then moving legislation through Congress will take much of 2017. This is not something that is likely to happen in a special session early in 2017.

This post is the first in a series. In the posts that follow, we will describe the critical issues that Republicans must tackle as they transition the Affordable Care Act into a version of health care reform that they must own and defend.

Authors

BOSTON LOS ANGELES NEW YORK SAN DIEGO SAN FRANCISCO TORONTO WASHINGTON, DC