

Update: On May 4, the U.S. House of Representatives passed the American Health Care Act (AHCA), along party lines, by a [vote](#) of 217-213. In a [statement](#), ACP expressed its extreme disappointment with the House action, emphasizing that the AHCA makes coverage unaffordable for people with pre-existing conditions, allows insurers to opt-out of covering essential benefits like cancer screening, mental health, and maternity care, and cuts and caps the federal contribution to Medicaid while sunseting Medicaid expansion. The bill now moves to the Senate where leaders are signaling that the current version of the AHCA is unacceptable and that it will be modified significantly. The extent of those changes is unclear at this time, but we do not expect the revised AHCA to meet our principles of [“first do no harm.”](#)

While this House vote is a set-back, the AHCA still has a long way to go before it has a chance of becoming law. We will continue our advocacy efforts to prevent such an outcome, and we appreciate all of your efforts thus far in urging your U.S. representatives to reject the AHCA. In this next stage of the process, ACP will turn its advocacy focus on the Senate and we will need your engagement in that effort as well.

Action Requested: Please send letters to your U.S. senators (via the Take Action link below) and urge them to reject the flawed policies of the AHCA and instead work for bipartisan solutions to improve the Affordable Care Act. With the House now in recess until May 16, please attend [townhall meetings](#) in your district and express to your representatives who [voted](#) “yes” on the AHCA your extreme disappointment in their vote. They must be held accountable. For your convenience, a sample letter is provided [here](#) that you can modify, print out, and hand to your lawmakers at the town hall meetings or use as talking points.

Background: The ACHA bill that passed the House will result in millions losing health care coverage. It allows states to eliminate or severely weaken vital current-law consumer protections—specifically, by allowing insurers to again charge higher premiums to people with pre-existing conditions (by repealing the Affordable Care Act’s community rating requirements) and striking the ACA’s requirements that plans sold in the individual insurance market must offer essential health benefits (EHBs), like physician and hospital visits, prescription drugs, cancer screening tests, and mental health and substance use treatment. While states would have the option of continuing the existing ACA protections for pre-existing conditions and essential benefits on their own, we know from the pre-ACA experience that many will not do so, leaving sicker patients in those states without affordable coverage or with skimpy insurance that does not include the benefits they need.

For your convenience, we have provided state and district information [See table [here](#) (note there are two tabs, one for district and one for state)] on the number of people in your district/state with pre-existing medical conditions who could lose coverage if Congress strikes existing protections.