The Better Care Reconciliation Act of 2017

Is it “better” for the elderly and disabled?

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The Senate healthcare bill, named the “Better Care Reconciliation Act of 2017,” was written behind closed doors and unveiled to the public on June 27. The bill would repeal major parts of the Affordable Care Act, aka Obamacare, and would reduce Medicaid spending by $772 billion over a decade. By 2026, Medicaid enrollment would drop by 16 percent among people under the age of 65.

Six GOP Senators announced they would not vote for the bill in its current form. This group included Sen. Susan Collins (Maine), who preferred that her Republican and Democratic colleagues worked together to fix the flaws in the Affordable Care Act. On the opposite end of the spectrum, Sen. Rand Paul (Kentucky) opposed the bill because it didn’t go far enough in repealing Obamacare’s taxes, mandates and regulations.

Four other GOP Senators said they were still reviewing the bill but had concerns. This group included Sen. John McCain (Arizona), who wanted to review the bill with Arizona Governor Doug Ducey.

According to the release, UPMC will also “work with Lock Haven University to create a new destination for health and wellness services at the UPMC Susquehanna McElhattan location.”

The governor’s initial impression was that the Senate bill would not be helpful to residents of Arizona, which last year experienced the steepest rise in health insurance premiums in the nation.

Both Sen. Paul and McCain were swayed to McConnell’s side and on July 25 the Senate narrowly passed an agreement to begin debate on what the new healthcare bill would look like. So far an initial wide-ranging amendment was blocked by the Senate 57 to 43.


The Pennsylvania Health Care Association (PHCA), the state chapter of the American Health Care Association, advocates for compassionate, quality, long-term care for Pennsylvania’s elderly and disabled residents. PHCA’s 500 members include long-term care and senior service providers who tend to the needs of more than 50,000 elderly and disabled individuals.

“Pennsylvania’s nursing facilities are currently paid $25.43 per day less than their actual cost of care for every Medicaid resident for whom they care,” said W. Russell McDaid, president and CEO of PHCA in Harrisburg.

That number will continue to grow as Medicaid payment rates were flat funded for the fifth time in the last seven years in the FY 17-18 budget.

“So, any changes to the Medicaid program must be thoroughly planned, and well thought out.

“Arbitrary cuts, caps, or inflation assumptions that won’t keep pace with the needs of the Medicaid eligible population aren’t solutions at all—they will only make the situation worse.

Given Pennsylvania’s huge deficit, would the state be able to pick up the slack if Medicaid payments are reduced?

“Pennsylvania is already falling well short of its obligations in providing care for seniors requiring nursing facility care—reimburse nursing facilities roughly $500 million less in state/federal funds than their audited costs and PA’s NF rate setting system say they should be paid,” said McDaid.

“We firmly believe that the state first needs to fully fund their current care/service obligations, before taking on additional financial obligations.”

Inspired by Senator Bernie Sanders’s bold advocacy of government-backed health care last year, an increasing number of Congressional Democrats are advocating a move toward a single-payer system like that of most European countries. Would the PHCA support single-payer?

“We do not have a position on a single payer system,” said McDaid.

“Regardless of how the federally funded health programs are structured, it is essential that any changes to the Medicaid or Medicare programs more adequately cover the true costs of caring for a growing population of seniors and people living with disabilities in need of care.

“The system as it is currently configured is failing to do that—with negative consequences for consumers, and those providing their care.”