Claudia Tenney took more than $170,000 from insurance companies and voted to increase health care costs and repeal protections for people with pre-existing conditions like asthma, heart disease and cancer. Tenney’s plan would even allow insurance companies to discriminate against people who have had Coronavirus.

**Tenney Has Received $172,745 In Campaign Contributions From The Insurance Industry As Of April 2020.** [Center for Responsive Politics, accessed 5/21/20]

Tenney Voted For The American Health Care Act (AHCA) – The Republican Health Care Repeal Bill. In May 2017, Tenney and 216 other Republicans voted to repeal and replace major parts of the Affordable Care Act. According to the New York Times, the bill “would eliminate tax penalties for people who go without health insurance. It would roll back state-by-state expansions of Medicaid, which covered millions of low-income Americans. And in place of government-subsidized insurance policies offered exclusively on the Affordable Care Act’s marketplaces, the bill would offer tax credits of $2,000 to $4,000 a year, depending on age. […] The nonpartisan Congressional Budget Office said the first version of the bill would trim the federal budget deficit considerably but would also leave 24 million more Americans without health insurance after a decade. Average insurance premiums would be 15 percent to 20 percent higher in 2018 and 2019, but after that, they would be lower than projected under current law.” The bill passed by a vote of 217-213. [HR 1628, Vote #256, 5/4/17; New York Times, 5/4/17]

**The American Health Care Act Repealed The Affordable Care Act.** “The American Health Care Act — Republicans’ proposal to repeal and replace Obamacare — passed the House in a close vote Thursday afternoon. […] Some of Obamacare’s signature features would be gone immediately, such as the tax on people who don’t purchase health care, known as the ‘individual mandate.’ Other protections, including the provision that allows young adults to stay on their parents’ plan through age 26, would survive. States would have the option to get waivers from two of Obamacare’s requirements: that insurers cover ‘essential health benefits,’ and that they charge the same price to everyone regardless of their health history. That would get rid of a key protection for people with preexisting conditions. An amendment added to the AHCA in late April allows states to opt out of Obamacare’s ‘community rating’ requirement — which says that all people, healthy and sick, should be charged the same prices — for people who do not maintain continuous health insurance coverage.” [Vox, 5/4/17]

**TENNEY: “I Think We Have To Repeal Obamacare.”** “TENNEY: I think it’s harmful that we are always dependent on our employer for our healthcare, that they’ve created a mandate. As an employer of a small business that has over fifty employees, we have to provide insurance under the Obamacare mandate. When we started providing healthcare for our employees, it was a great incentive and benefit for us to attract good employees. Now it’s just a burden that is so costly we can’t provide as good healthcare as we used to. […] SHARPE: Do you want to fix Obamacare, get rid of Obamacare, or not either. And Medicare, do you want to reform Medicare Medicaid, or can I keep it the way it is and allow for more private market? […] TENNEY: I think we have to repeal Obamacare. And you have to have a model – you can’t just get rid of it immediately and not have something ease us into where we need to go.” [The Sharpe Way, 1:13:00, 3/9/20] (VIDEO)

**The AHCA Increased Out-Of-Pocket Health Care Costs.** “The AHCA would boost out-of-pocket costs in four broad ways: It eliminates subsidies to help Americans pay out-of-pocket costs incurred when they have purchased health insurance through the ACA marketplace ‘exchanges.’ By 2026, the elimination of these cost-sharing subsidies will increase out-of-pocket costs by roughly $16 billion per
It dismantles key regulations that govern the breadth of protections offered by insurance policies sold through the ACA exchanges. This will degrade the quality of insurance for all enrollees in nongroup (i.e., individual) markets, regardless of whether they receive subsidies for coverage. By 2026 this decrease in insurance plan quality will boost out-of-pocket costs by roughly $9 billion per year. It takes Medicaid coverage away from 14 million Americans in 2026. Because Medicaid recipients face extremely low out-of-pocket costs, this shift alone will boost out-of-pocket costs faced by patients in 2026 by roughly $7 billion. It moves 7 million Americans off of employer-sponsored insurance and into uninsured status. The primary damage done by this move will be to force these 7 million people to simply consume much less health care. But even with this reduction they will face roughly $460 million in higher out-of-pocket costs by 2026. "[Economic Policy Institute, 3/22/17]

Politifact Found That AHCA “Would Weaken Protections” For Those With Pre-Existing Conditions, “Would Allow States To Give Insurers The Power To Charge People Significantly More.” “An ad by the American Action Network says that under the American Health Care Act ‘people with pre-existing conditions are protected.’ The only kernel of truth here is that the amendment has language that states insurers can’t limit access to coverage for individuals with pre-existing conditions. However, the ad omits that the House GOP health plan would weaken protections for these patients. The legislation would allow states to give insurers the power to charge people significantly more if they had a pre-existing condition. While Republicans point to the fact that those patients could get help through high-risk pools, experts question their effectiveness. Current law does not allow states to charge people with pre-existing conditions significantly more. We rate this claim Mostly False.” [Politifact, 5/24/17]

The Affordable Care Act Protected People With Pre-Existing Conditions Including Cancer, Asthma, And Heart Disease. “According to a new analysis by the Department of Health and Human Services, 50 to 129 million (19 to 50 percent of) non-elderly Americans have some type of pre-existing health condition. Up to one in five non-elderly Americans with a pre-existing condition – 25 million individuals – is uninsured. Under the Affordable Care Act, starting in 2014, these Americans cannot be denied coverage, be charged significantly higher premiums, be subjected to an extended waiting period, or have their benefits curtailed by insurance companies. As many as 82 million Americans with employer-based coverage have a pre-existing condition, ranging from life-threatening illnesses like cancer to chronic conditions like diabetes, asthma, or heart disease. Without the Affordable Care Act, such conditions limit the ability to obtain affordable health insurance if they become self-employed, take a job with a company that does not offer coverage, or experience a change in life circumstance, such as divorce, retirement, or moving to a different state” [Center for Medicare & Medicaid Services, accessed 8/19/20]

Without The ACA, People Who Survived COVID-19 Could Be Labeled “Uninsurable” By Insurance Companies. “COVID-19 could have stamped a person ‘uninsurable’ if not for the Affordable Care Act. The ban on insurers using preexisting conditions to deny coverage is a key part of the Obama-era law that the Trump administration still seeks to overturn. Without the law, people who recovered from COVID-19 and tried to purchase an individual health insurance policy could be turned down, charged higher premiums or have follow-up care excluded from coverage. Those considered vulnerable because of conditions such as respiratory problems or early-stage diabetes would have run into a wall of insurer suspicion.” [Detroit News, 5/3/20]