Wagner took $1.3 million from big Pharma and the insurance industry and voted 5 times to repeal the Affordable Care Act, which would allow insurance companies to deny coverage for pre-existing conditions, and she opposed lowering the costs of prescription drugs. She even voted twice during the pandemic against protections for pre-existing conditions and against lowering the cost of prescription drugs. Under Wagner’s plan, 230,000 Missourians would lose their health coverage, and coronavirus patients could be at risk of having their coverage denied.

Open Secrets: Wagner Accepted $1,026,052 From The Insurance Industry. [Open Secrets, accessed, 7/22/20]

Open Secrets: Over Her Career, Wagner Accepted $269,744 From The Pharmaceutical/Health Products Industry. [Open Secrets, accessed, 7/22/20]

Wagner Voted Five Times To Repeal The Affordable Care Act.

- Wagner Voted For Repealing The Affordable Care Act. [HR 596, Vote #58, 2/3/15; CQ Floor Votes, 2/3/15]
- Wagner Voted For Republican Budget That Repealed Affordable Care Act. [H Con Res 96, Vote #177, 4/10/14; CQ Floor Votes, 4/10/14]
- Wagner Voted For Republican Budget That Repealed Affordable Care Act. [H Con Res 25, Vote #88, 3/21/13; CQ, 3/21/13]

The Affordable Care Act Prevented Insurers From Denying Coverage Or Charging More If An Individual Had A Pre-Existing Condition. “In the old days, insurance companies had ways to avoid selling policies to people who were likely to cost more than insurers wanted to spend. They might deny them coverage outright, or exclude coverage for a known condition, or charge so much that insurance became unaffordable. The Affordable Care Act boxes out the old insurance practices with a package of legal moves. First, it says point-blank that carriers ‘may not impose any preexisting condition exclusion.’ It backs that up with another section that says they ‘may not establish rules for eligibility’ based on health status, medical condition, claims experience or medical history.” [Politifact, 10/17/18]

Wagner Voted Against Allowing The Federal Government To Negotiate Lower Drug Prices. In December 2019, Wagner voted against: “Passage of the bill, as amended, that would allow the Health and Human Services Department to negotiate prices for certain drugs under Medicare programs and would make a number of modifications to Medicare programs related to drug costs and plan benefits. Specifically, the bill would establish a fair price negotiation program in which HHS would enter into agreements with drug manufacturers negotiate maximum fair prices for certain drugs.” The motion passed by a vote of 230-192. [HR 3, Vote #682, 12/12/19; CQ, 12/12/19]

The Bill Was A “Major Shift” In Drug Pricing, Allowing The Federal Government To Negotiate Drug Prices Directly For Medicare Recipients And Others Purchasing The Same Drug. “House Democrats have officially introduced their big prescription drug pricing plan, but it’s unclear just how much traction it can get in a divided Congress. Speaker Nancy Pelosi unveiled the proposal on Thursday in a bid to address one of Democrats’ chief 2018 campaign promises: Last fall, lawmakers across the country pledged to bring down the increasingly exorbitant prices voters face for different medications. According to a summary shared by Pelosi’s office, the Democrats’ proposal would mark a major shift in the way prescription drug prices are set in the US by empowering the federal government to directly negotiate drug prices for Medicare recipients as well as others purchasing the drug.” [Vox, 9/19/19]
The Bill Would Cap Seniors’ Out-Of-Pocket Costs For Prescription Drugs At $2,000 Per Year. “It would also cap seniors’ out-of-pocket prescription drug costs at $2,000 a year. And it would require drug companies that have raised their prices above the inflation rate since 2016 to either lower their prices or rebate the portion back to the U.S. Treasury.” [Washington Post, 9/19/19]

June 2020: Wagner Voted Against The Patient Protection And Affordable Care Enhancement Act. In June 2020, Wagner voted against: ‘Passage of the bill, as amended, that would include a number of provisions to expand enrollment in and reduce consumer costs for state- and federally-operated Affordable Care Act health insurance marketplaces; incentivize Medicaid expansion by states; and authorize maximum price negotiations for prescription drugs under Medicare.” The bill passed 234-179. [HR 1425, Vote #124, 6/29/20; CQ, 6/29/20]

The Legislation Rescinded An Administration Rule That Had Allowed The Sale Of Short-Term Insurance Plans That Discrimination Against Individuals With Pre-Existing Conditions. “SEC. 107. RESCINDING THE SHORT-TERM LIMITED DURATION INSURANCE REGULATION. (a) Findings.— Congress finds the following: (1) On August 3, 2018, the Administration issued a final rule entitled ‘ShortTerm, Limited-Duration Insurance’ (83 Fed. Reg. 38212). (2) The final rule dramatically expands the sale and marketing of insurance that— (A) may discriminate against individuals living with preexisting health conditions, including children with complex medical needs and disabilities and their families;” [Congress.gov, HR 1425, 9/8/20]

HR 1425 Included Prescription Drug Provisions Identical To HR 3. “On June 22, 2020, Democrats in the U.S. House of Representatives introduced the Patient Protection and Affordable Care Enhancement Act (HR 1425). The bill is designed to strengthen and expand upon the Affordable Care Act (ACA), shore up the Medicaid program, and lower prescription drug prices. The House Rules Committee will take up HR 1425 on June 24, with consideration by the full House after that. The prescription drug provisions are identical to Title I of the Elijah E. Cummings Lower Drug Costs Now Act (HR 3), which passed the House in December 2019. That bill was summarized in Health Affairs Blog by Rachel Sachs and is not further addressed here. Although we do not yet have a score from the Congressional Budget Office, savings from the prescription drug negotiation provisions presumably help pay for the bill’s coverage expansions.” [Health Affairs, 6/24/20]

CBO: H.R. 3’s Negotiation Provision Would Reduce Drug Prices By 55 Percent. “CBO then estimated net spending for drugs with the international prices selected for negotiation under title I [of H.R. 3]. CBO estimates that reducing prices to 114 percent of the AIM price, on average, would reduce—by nearly 55 percent—the prices for the first group of drugs subject to negotiation.” [Congressional Budget Office, 10/11/19]

July 2020: Wagner Voted Against An Amendment Prohibiting Justice Department Funds From Being Used To Argue The Affordable Care Act Was Unconstitutional. “Underwood, D-Ill., amendment no. 148 that would prohibit the use of funds provided by the bill for the Justice Department to argue in any litigation that the provisions of the 2010 health care law and certain related provisions are unconstitutional or invalid on any grounds.” [HR 7617, Vote #175, 7/30/20; CQ, 7/30/20]

If Successful, The Lawsuit Would Eliminate Protections For People With Pre-Existing Conditions. ‘As many as 133 million Americans — roughly half the population under the age of 65 — have pre-existing medical conditions that could disqualify them from buying a health insurance policy or cause them to pay significantly higher premiums if the health law were overturned, according to a government analysis done in 2017. An existing medical condition includes such common ailments as high blood pressure or asthma, any of which could require someone buying insurance on their own to pay much more for a policy, if they could get one at all. Under the A.C.A., no one can be denied coverage under any circumstance, and insurance companies cannot retroactively cancel a policy unless they find evidence of fraud.” [New York Times, 3/26/19]

CAP: 230,000 Missourians Would Lose Their Health Care Coverage If The Affordable Care Act Was Repealed. [Center for American Progress, 6/24/20]
Without The Affordable Care Act, People Who Recovered From COVID-19 Could Be Turned Down For Health Care Coverage. “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.” [Associated Press, 5/3/20]