



AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS



June 27, 2017

The Honorable Lisa Murkowski  
United States Senate  
522 Senate Hart Office Building  
Washington, DC 20510

The Honorable Dan Sullivan  
United States Senate  
702 Senate Hart Office Building  
Washington, DC 20510

Dear Chairman Murkowski and Senator Sullivan:

The American Osteopathic Association (AOA) and the Alaska Osteopathic Medical Association (AKOMA), representing nearly 130,000 osteopathic physicians (DOs) and osteopathic medical students including 257 DOs practicing in Alaska, recognize the many challenges our current health care system faces and are supportive of efforts to improve it. Health care stakeholders across the United States share the responsibility of promoting reforms and policies that ensure individuals and families will have access to coverage and care when and where they need it. We feel that the Better Care Reconciliation Act (BCRA) falls far short of representing such improvements, and would in fact actually exacerbate its current shortcomings if passed into law as written.

The AOA and AKOMA unequivocally believe that the primary focus of any health care reform policy should be to expand or at least maintain access to comprehensive, affordable coverage and care. To this end, we are concerned about access to care for the most vulnerable in our nation, including those who lack the resources to directly access health care themselves. We are concerned that the changes being considered for the Medicaid program as part of the Senate bill will significantly impact coverage for these Americans. The Affordable Care Act (ACA) expanded Medicaid eligibility to millions of people across the country. **In Alaska, 33,945<sup>1</sup> newly-eligible people were enrolled in Medicaid as a result of expansion.** Medicaid also plays an important role in covering our state's most vulnerable patients: seniors, and adults and children with disabilities, especially those with long-term care needs. There are **10,300 seniors and 17,800 people with disabilities** that rely on Alaska's Medicaid program for their coverage<sup>2</sup>. Medicaid covers over half of the births in the United States, and over 40% of nursing home beds.

Medicaid also plays a vital role in addressing the opioid epidemic. In 2015, over two million people were addicted to prescription opioids and 591,000 addicted to heroin.<sup>3</sup> In Alaska, **17.1 of every 100,000 people died** as a result of an overdose in 2016.<sup>4</sup> Medicaid plays a crucial role in helping those with opioid use disorder get the treatment they need. For example, Medicaid funded 34% of buprenorphine medications in Alaska,<sup>5</sup> a vital evidence-based treatment for opioid use disorder. However, health coverage for thousands of Alaskans will be lost if the Medicaid expansion is eliminated and per capita caps place harsh restrictions on funding. **The health care costs associated with opioid abuse cost Alaska \$69,448,831 in 2015 alone.**<sup>6</sup> According to the Urban Institute, Medicaid enrollment for the

<sup>1</sup> [Alaska Department of Health and Social Services](#), "Medicaid in Alaska," (June 27, 2017)

<sup>2</sup> [Kaiser Family Foundation](#), "Medicaid Enrollees by Enrollment Group," (June 23, 2017)

<sup>3</sup> [Kaiser Family Foundation](#), "6 Things to know About Uninsured Adults with Opioid Addiction," (June 23, 2017)

<sup>4</sup> [State of Alaska Epidemiology](#), "Update on Drug Overdose Deaths – Alaska, 2016," (June 27, 2017)

<sup>5</sup> [Kaiser Family Foundation](#), "Medicaid's Role in Addressing the Opioid Epidemic," (June 23, 2017)

<sup>6</sup> [Matrix Global Advisories](#), "Health Care Costs from Opioid Abuse: A State-by-State Analysis," (June 23, 2017)

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nonelderly population would drop by 17% in Alaska if the state phased out Medicaid expansion and reduced enrollment for other Medicaid beneficiaries to compensate for Medicaid expansion funding and per capita cuts under the American Health Care Act.<sup>7</sup> As the BCRA would result in even deeper cuts to the Medicaid program, this troubling trend would be even more harmful to patients. As our nation addresses the opioid epidemic, we need to strengthen programs that support access to care for public health interventions.

While the ACA is not perfect, the goals of health care reform should lead to increased access to coverage – not less. The outcome of the BCRA will greatly jeopardize our patients’ access to affordable, high-quality care, and undermine our nation’s efforts to address public health crises such as the opioid epidemic. As physicians and as constituents, we ask that you work with your colleagues to address the shortcomings of the ACA without stripping coverage from millions of Americans.

Sincerely,



Boyd R. Buser, DO  
President  
American Osteopathic Association



Cindy Lee, DO  
President  
Alaska Osteopathic Medical Association

cc: Governor Bill Walker

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<sup>7</sup> [Urban Institute](#), “The Impact of the AHCA on Federal and State Medicaid Spending and Medicaid Coverage: An Update,” (June 23, 2017)