



Thomas L. Battles, Jr.
Grand Polemarch

The Grand Chapter
Kappa Alpha Psi Fraternity, Inc

TRAINING FOR LEADERSHIP SINCE 1911

Resolution

Kappa Alpha Psi Fraternity, Inc.'s Opposition to Repeal of the Affordable Care Act without a Meaningful Alternative to ensure Health Care Access for All

Whereas Kappa Alpha Psi Fraternity, Inc., (“Kappa” or the “Fraternity”) headquartered in Philadelphia, Pennsylvania, is an international organization founded on the campus of Indiana University, Bloomington, Indiana on January 5, 1911. Since its inception, the Fraternity has trained over 150,000 men, particularly undergraduates, for leadership roles in their communities and the attainment of a high degree of excellence in their academic pursuits and service in the public, private and nonprofit sectors;

Whereas Kappa’s goals and objectives include supporting initiatives in the best interests of its membership and the public’s interest, particularly across communities of color in terms of health, wellness and economic security;

Whereas the Fraternity is firmly committed to supporting inclusive access to affordable, quality health care for all Americans, particularly its members (and their families) from more than 700 undergraduate and alumni chapters across the United States and abroad;

Whereas according to the U.S. Census Bureau in 2009, the year before the Patient Protection and Affordable Care Act (“Affordable Care Act” or “ACA”) was enacted, approximately 48.6 million or 15.7% of the US population was uninsured;

Whereas 2016 reports from HHS and private foundations, like the Kaiser Family Foundation and the Commonwealth Fund, reveal that the ACA has both provided expanded access to and improved health care for roughly 17 million previously uninsured or under-insured Americans ages 18-64, including residents in rural America, ethnic minorities, single parent households, modest means populations, and 5.7 million traditional college and graduate students (ages 19-25) who stayed on their parents insurance from 2010-2015;

Whereas many features of the Affordable Care Act, such as prohibiting lifetime benefit caps, prohibiting age rating and gender discrimination, and the provision of care regardless of pre-existing conditions, as well as those whose insurance is not purchased on the exchanges;

Whereas the ACA offers Medicare beneficiaries (65 and older) preventative screenings for cancer and other illnesses, penalizes hospitals for poor-quality care (e.g., frequent readmissions) and reduces the cost of prescription drugs. The ACA also rewards reimbursement to health plans, doctors and other medical care providers if they improve health outcomes and quality. Since passage of the ACA, nearly 12 million people with Medicare have saved over \$26.8 billion on prescription drugs, an average of \$2,272 per beneficiary;

Whereas the ACA reduces prescription drug prices for seniors and closes the coverage gap, known as the “donut hole.” Prior to passage of the ACA, Medicare beneficiaries paid 100% of the cost of their drugs when in the coverage gap;

Whereas in 2017 alone, Medicare beneficiaries in the donut hole receive a 60% discount on brand-name drugs and a 49% discount on generic drugs. The ACA closes the coverage gap completely in 2020 when beneficiaries will pay 25% of the cost of their prescription drugs, i.e., what beneficiaries pay now before entering the donut hole;

Whereas over 40 million seniors received at least one preventive service with no out-of-pocket costs in 2016, and over 10 million beneficiaries made an annual wellness visit thereby reducing emergency room visits and related costs under the ACA;

Whereas repeal of the ACA would take away preventive services from Medicare recipients and reinstate the prescription drug “doughnut hole”, therefore costing seniors thousands more each year;

Whereas Medicaid—which insured 70 million people in 2016—is the largest and most important component of the nation’s health care safety net, offering a pathway to insurance for the poorest and most medically vulnerable Americans;

Whereas the Affordable Care Act introduced major changes to Medicaid, most notably expanding eligibility to nonelderly adults with incomes up to 138% of the federal poverty level (\$16,243 for an individual; and \$33,465 for a family of four in 2016). The ACA also made other important changes affecting both the traditional and newly eligible populations, including the elimination of expansion of eligibility to adults and to children ages 6 to 18 in families with incomes up to 138%. If the ACA is repealed, according to recent estimates, 12.9 million fewer people would have Medicaid coverage by 2019;

Whereas ACA extends health insurance coverage to people who lack access to an affordable coverage option. Under the ACA, as of 2014, Medicaid coverage is extended to poor and near poor adults in states that have opted to expand eligibility and tax credits are available for low and middle-income people who purchase coverage through a health insurance Marketplace. According to HHS reports, nearly 17 million newly insured Americans have enrolled in these new coverage options across the 31 states that have expanded Medicaid, and the uninsured rate has dropped to the lowest level ever recorded in the United States;

Whereas US health care access, while currently trending in a positive direction, still eludes millions of Americans who remain uninsured either because they are financially ineligible for coverage, they are unaware of the new coverage options, or still find coverage unaffordable even with financial assistance. Any efforts to improve the ACA or health care access generally should include proposals to further expand financial eligibility levels to stem coverage gaps, and increase public outreach so that those currently eligible for coverage are made aware of how to access the system;

Whereas a March 13, 2017 CBO analysis of the proposed American Health Care Act bill estimates that 14 million Americans would be uninsured next year if the proposed AHCA were enacted, with an increase to 24 million uninsured by 2026 based on the elimination or reduction of federal Medicaid dollars per person in the 31 states and the District of Columbia that adopted Medicaid Expansion;

Whereas it is impossible to state with absolute certainty the full extent to which the ACA’s reforms have contributed to the nation’s recovery from one of the worst economic crises of recent decades, the news has been, on balance, positive. To date, there is no evidence that the ACA has had a negative impact on economic growth or jobs or that its reforms have undermined full-time employment—effects that the law’s opponents had warned about. To the contrary, evidence indicates that the ACA has likely acted as an economic stimulus, in part by freeing up private and public resources for investment in jobs and production capacity. Moreover, the law’s payment and other cost-related reforms appear to have contributed to the marked slowdown in health spending growth seen in recent years according to 2016 Commonwealth Fund report;

Whereas the Commonwealth Fund report also indicates certain economic indicators are favorable in terms of health and wellness outcomes, including health care spending growth per person—both public and private—slowed between 2010-2015; Medicare’s tightening of provider payment rates and introducing incentives to reduce excess costs are working and could be considered for Medicaid reform; and faster-than-expected economic growth and slower-than-expected health care spending also have led to multiple downward revisions of the federal deficit and projected deficit. Finally, the accrued savings in health care spending relative to their projected growth prior to the ACA are substantial: Medicare alone is now projected to spend \$1 trillion less between 2010 and 2020;

Whereas over 50 organizations oppose the repeal of the ACA in favor of the proposed healthcare plan including, among others: the American Medical Association, the American Hospital Association & Federation of American Hospitals, AARP, the Leadership Conference on Civil and Human Rights, the Children’s Defense Fund, the American Cancer Society Cancer Action Network American Health Care Association, the America’s Hospitals and Health Systems, the American Public Health Association, the National Disability Rights Network, the National Partnership for Women and Families, the National Physicians Alliance, AFL-CIO, AFSCME, the National Council of La Raza, and the Asian & Pacific Islander American Health Forum, to name a few.

NOW, THEREFORE, BE IT RESOLVED Kappa Alpha Psi Fraternity, Inc. calls on the Congress to vote against any repeal of the Affordable Care Act unless and until it is amended or replaced by another nationwide alternative with protections for the public commensurate with the goals of the ACA, or a single-payer health insurance program that is adopted only after extensive public hearings including live testimony from subject matter experts, healthcare professionals and patients; and

BE IT FURTHER RESOLVED that Kappa's Publicity and Publications Commission shall cause copies of this resolution to be sent to Senate Majority Leader Mitch McConnell; Senate Minority Leader Charles Schumer; Senator Cory Booker; Senator Tim Scott; Senator Kamala Harris; Speaker of the House, Paul Ryan; House Minority Leader, Nancy Pelosi; Congressman Cedric Richmond, Chair of the Congressional Black Caucus; and all Kappa Members of Congress; and

BE IT FURTHER RESOLVED that all Kappas and Silhouettes are encouraged to call their Members of Congress and US Senators directly to express opposition to any repeal of the ACA or any other law that restricts health care access for all by dialing the Capitol Switchboard at 202-224-3121. The switch operator can direct the call to your senator's or representative's office line, and a legislative assistant will answer the phone, and keep track of how many people called and their positions on issues, and provide a summary to the Member of Congress. Be assured that your call does count, even if you are not able to speak for additional information about calling Members of Congress, please consult the referenced weblink from the Leadership Conference on Civil Rights at:

http://civilrights.org/action_center/resources/calling-congress.html.

BE IT FINALLY RESOLVED, that a copy of this resolution be filed amongst the permanent archives at our International Headquarters in Philadelphia, Pennsylvania.

In witness whereof we have hereunto set our hands and affixed the Great Seal of Kappa Alpha Psi Fraternity, Inc. on this 20th Day of March in the year of our Lord, Two Thousand and Seventeen.



Thomas L. Battles

Thomas L. Battles, Jr.
Grand Polemarch

Chester Leaks

Chester Leaks
Grand Keeper of Records & Exchequer