What's new: On Tuesday, July 25th, the U.S. Senate is scheduled to vote on a “Motion to Proceed” to officially begin Senate floor debate on a health care bill.

The most recent version of the bill, the Better Care Reconciliation Act, is similar to earlier versions of the bill, all of which fail children. This procedural vote would allow the Senate to move forward with debate on the revised bill, clearing the way for passage. If enough senators vote against the motion to proceed, the Senate’s harmful health care proposals will be stopped in their tracks.

Over the weekend, the six senators included in this toolkit have been getting personal outreach from administration officials and senate leadership in attempts to pressure them into voting “yes” on the Motion to Proceed. Phone calls in support of the bill have been increasing and momentum is building for the Senate to allow debate on this bill.

Why now: We have turned to you frequently throughout this process, and we are turning to you again in this critical window before tomorrow’s vote because it could chart the course for the future of this legislation. Not much has changed between each of the revised versions of the bill, starting with the version the House passed in May. The same drastic cuts to Medicaid remain, the same provisions that make insurance unaffordable for those with pre-existing conditions and complex health needs remain. The bill supposedly offers more flexibility and funding but no new changes are included that make the Medicaid cuts any better, and in fact, they could be worse. The Congressional Budget Office estimates 22 million more people will be uninsured under the most recent version of the bill.

What to say: Vote no on the Motion to Proceed. This bill fails children and it is not fixable. With the drastic cuts to Medicaid, this bill will leave children worse off. For reference, here is the Academy’s statement opposing the original version.

What to do right now:

1) **Call your senators’ offices**
   Each call to an elected official’s office is logged, which is why it is critical that we continue to call the offices of senators, urging them to vote no on the Motion to Proceed. The contact information for each of their offices is listed below. Please use the key messages we’ve provided for each lawmaker in your state’s section to help guide your conversation. If you have only a short phone conversation, those are the messages that would be most effective to share. General talking points to guide these calls can be found at the end of this document.

2) **Mobilize your full chapter and state networks**
   There is power in numbers and now is the moment to counter the bill’s momentum once and for all. We cannot do that without coordinated, timely advocacy against the bill. Today is the day. Share this toolkit far and wide. In addition to calling, consider tweeting at your senators and use #KeepKidsCovered.

Please click on your state below for more information:
Alaska

Background:

Senator information:

Alaska is a target state because of Senator Lisa Murkowski (R).

DC Office phone number: (202) 224-6665 | Website: https://www.murkowski.senate.gov/

Senator Murkowski’s Health LA: Morgan Griffin

- (202) 224-6665
- morgan_griffin@murkowski.senate.gov

Key Messages for Senator Murkowski:

- As a pediatrician who cares for children in Alaska, I urge you to vote “no” on the Motion to Proceed. The revised version of the Better Care Reconciliation Act is similar to earlier versions of the bill, all of which fail children. In Alaska, more than 90,000 children rely on Medicaid for health insurance. The funding cuts the bill makes to the Medicaid program would be devastating to these children.
- This bill is not fixable and its revisions still leave Alaskan children and families worse off.
- In our state, 8 in 10 Alaska Medicaid enrollees is in a working household.
- Currently, 30% of the federal funds received by Alaska is for Medicaid. If federal funding for the program is cut, our state could be forced to chip away at insurance coverage and benefits in other ways, pitting one vulnerable population against the next.
- Children’s hospitals would also suffer from Medicaid funding cuts, which would affect all patients not just those on Medicaid.
- Please vote no on the Motion to Proceed.

State-specific data:

- Alaska children’s coverage fact sheet
- New brief: State-by-State Coverage and Government Spending Implications of the Better Care Reconciliation Act (still relevant as a benchmark for the revised bill)
  - In Alaska, how much higher would the uninsured rate be under the Senate bill (BCRA) than under the ACA in 2022? It could be up to 61% higher (source: http://www.urban.org/sites/default/files/one_percent_change_bcra-final.pdf)
  - In Alaska, how much lower would federal health care spending be under the Senate bill (BCRA) than under the ACA in 2022? It could be 41.7% lower (source: http://www.urban.org/sites/default/files/two_bcra_fed_spend-final.pdf)
The Georgetown Center for Children and Families Rural Health Report and state data on child health coverage in small towns and rural areas (including county level data)

An analysis from Manatt for the AK Department of Health and Human Services that shows the impact of the BCRA’s Medicaid provisions on Alaska

A new report from the Commonwealth Fund shows the state-by-state economic and employment consequences for states

Pediatrician advocacy & news coverage examples:

No pediatrician op-eds or videos yet!

**Kansas**

**Background:**

**Senator information:**

Kansas is a target state because of Senator Jerry Moran (R).

Senator Moran has been critical of the process under which the Senate has taken up the BCRA, expressing that it should be more open and that there should be legislative hearings. He further expressed concerns with the initial draft of the legislation (his statement on that is [here](#)). He appears to still be opposed to the revised BCRA bill but could use additional outreach.

Senator Moran’s DC Office phone number: (202) 224-6521 | Website: [https://www.moran.senate.gov/public/](https://www.moran.senate.gov/public/)

Senator Moran’s Health LA: Kyle Christian

- (202) 224-6521
- Kyle_Christian@moran.senate.gov

**Key Messages for Senator Moran:**

- Thank you for your opposition to the BCRA. As a pediatrician who cares for children in Kansas, I urge you to vote “no” on the Motion to Proceed on a healthcare bill.
- This bill is not fixable and its revisions still leave Kansan children and families worse off.
- I am a pediatrician in Kansas, and I am deeply concerned with the Senate health care bill and its cuts to the Medicaid program. In our state, more than 280,000 children rely on the program. The program is a true lifeline to Kansas’ children and families.
- *Share a brief anecdote about a patient you care for on Medicaid.*
- Currently, 46% of the federal funds received by Kansas is for Medicaid. If federal funding for the program is cut, our state could be forced to chip away at insurance coverage and benefits in other ways, pitting one vulnerable population against the next.
- Children’s hospitals would also suffer from Medicaid funding cuts, which would affect all patients not just those on Medicaid.
- Please vote no tomorrow on the Motion to Proceed.

**State-specific data:**

- Kansas children’s coverage [fact sheet](#)
• New **brief**: State-by-State Coverage and Government Spending Implications of the Better Care Reconciliation Act (still relevant as a benchmark for the revised bill)
  o In Kansas, how much higher would the uninsured rate be under the Senate bill (BCRA) than under the ACA in 2022? Up to **35%** (source: [http://www.urban.org/sites/default/files/one_percent_change_bcra-final.pdf](http://www.urban.org/sites/default/files/one_percent_change_bcra-final.pdf))
  o In Kansas, how much lower would federal health care spending be under the Senate bill (BCRA) than under the ACA in 2022? As low as **18%** (source: [http://www.urban.org/sites/default/files/two_bcra_fed_spend-final.pdf](http://www.urban.org/sites/default/files/two_bcra_fed_spend-final.pdf))
• The Georgetown Center for Children and Families Rural Health Report and state data on child health coverage in small towns and rural areas (including county level data)
• A **new report** from the Commonwealth Fund shows the state-by-state economic and employment consequences for states

**Pediatrician advocacy & news coverage examples:**
• *Medicaid is vital to the well-being of our children* (Kansas City Star, 7/6/2017)
• *Dennis Cooley: Medicaid matters for Kansas children* (The Topeka Capital-Journal, 7/12/2107)
• Dr. Pam Shaw on Twitter

**Maine**

**Background:**

**Senator information:**

**Maine** is a target state because of **Senator Susan Collins (R).**

Senator Collins has been on the record opposed to the BCRA and has said she cannot support a bill that would result in millions of people losing health insurance and mentioned that during the July 4\(^{th}\) recess her constituents were thanking her for her opposition to the Senate bill. She needs additional outreach to urge continued opposition to the revised bill.

Senator Collins’ DC Office phone number: (202) 224-2523 | Website: [https://www.collins.senate.gov/](https://www.collins.senate.gov/)

Senator Collins’ Health LA: Elizabeth Allen
• (202) 224-2523
• [elizabeth_allen@aging.senate.gov](mailto:elizabeth_allen@aging.senate.gov)

**Key Messages for Senator Collins:**

• I am a pediatrician in Maine and I want to thank you for your continued opposition to the Better Care Reconciliation Act. Please stay strong and vote against the Motion to Proceed. This bill is not fixable and would leave Maine children and families worse off.
• This bill would still be devastating to the children and families in our state that rely on Medicaid. In Maine, more than 150,000 children are enrolled in the Medicaid program.
• Children’s hospitals would also suffer from Medicaid funding cuts, which would affect all patients not just those on Medicaid.
• Parents in rural areas whose children were privately insured were more than twice as likely to report problems paying medical bills compared to parents in rural areas whose children were enrolled in Medicaid/CHIP.
• Share a brief anecdote about a patient you care for on Medicaid.
• Please vote no on the Motion to Proceed. Thank you for all you do for children.

State-specific data:
• Maine children’s coverage fact sheet
• New brief: State-by-State Coverage and Government Spending Implications of the Better Care Reconciliation Act (still relevant as a benchmark for the revised bill)
  o In Maine, how much higher would the uninsured rate be under the Senate bill (BCRA) than under the ACA in 2022? Up to 81% (source: http://www.urban.org/sites/default/files/one_percent_change_bcra-final.pdf)
  o In Maine, how much lower would federal health care spending be under the Senate bill (BCRA) than under the ACA in 2022? As low as 21.1% (source: http://www.urban.org/sites/default/files/two_bcra_fed_spend-final.pdf)
• The Georgetown Center for Children and Families Rural Health Report and state data on child health coverage in small towns and rural areas (including county level data)
• A new report from the Commonwealth Fund shows the state-by-state economic and employment consequences for states

Pediatrician advocacy examples:
• Dr. Daniel Summers on Twitter
• No pediatrician op-eds yet!

Nevada

Background:

Senator information:

Nevada is a target state because of Senator Dean Heller (R).

Senator Heller is concerned about the impact of the bill on Nevada as a state that accepted Medicaid expansion. He also participated in a press event with Governor Sandoval and aligns with his opposition to the bill. He is up for re-election in 2018 and is considered vulnerable. However, in recent weeks he has been less vocal and direct about his opposition.

Senator Heller’s DC Office phone number: (202) 224-6244 | Website: https://www.heller.senate.gov/

Senator Heller’s Health LA: Emily Wilkinson
  • emily_wilkinson@heller.senate.gov

Key Messages for Senator Heller:

• Senator Heller, as a pediatrician in Nevada, I want to thank you for expressing your concern over the Senate health care bill’s cuts to Medicaid. Medicaid is a lifeline for the more than 350,000 children in our state who rely on the program for health insurance.
As a pediatrician who cares for children in Nevada, I urge you to vote “no” on the Motion to Proceed. The revised version of the Better Care Reconciliation Act is not fixable and its revisions still leave Nevada’s children and families worse off.

Currently, 59% of the total federal funds received by our state is for Medicaid. If this funding is cut, our state may be forced to chip away at health care coverage in other ways, pitting one vulnerable population against the next.

Children’s hospitals would also suffer from Medicaid funding cuts, which would affect all patients not just those on Medicaid.

Share a brief anecdote about a patient you care for on Medicaid.

Please vote no on the Motion to Proceed and protect Nevada’s children.

State-specific data:

- Nevada children’s coverage [fact sheet](#)
- New [brief](#): State-by-State Coverage and Government Spending Implications of the Better Care Reconciliation Act (still relevant as a benchmark for the revised bill)
  - In Nevada, how much higher would the uninsured rate be under the Senate bill (BCRA) than under the ACA in 2022? Up to [78%](#) (source: http://www.urban.org/sites/default/files/one_percent_change_bcra-final.pdf)
  - In Nevada, how much lower would federal health care spending be under the Senate bill (BCRA) than under the ACA in 2022? As low as [48.2%](#) (source: http://www.urban.org/sites/default/files/two_bcra_fed_spend-final.pdf)
- The Georgetown Center for Children and Families [Rural Health Report](#) and [state data](#) on child health coverage in small towns and rural areas (including county level data)
- A [new report](#) from the Commonwealth Fund shows the state-by-state economic and employment consequences for states

Pediatrician advocacy & news coverage examples:

- Could use another op-ed and no pediatrician videos yet!

Ohio

Background:

Senator information:

Ohio is a target state because of Senator Rob Portman (R).

Senator Portman’s DC Office phone number: (202) 224-3353 | Website: [https://www.portman.senate.gov/](https://www.portman.senate.gov/)

Senator Portman’s Health LA: Sarah Schmidt

- (202) 224-3353
- [sarah_schmidt@portman.senate.gov](mailto:sarah_schmidt@portman.senate.gov)

Key Messages for Senator Portman:
• As a pediatrician in Ohio, I want to thank you for expressing your concerns over the Senate health care bill’s cuts to the Medicaid program. Medicaid is a lifeline for the 1.3 million children in our state who rely on the program for health insurance.
• I urge you to vote “no” on the Motion to Proceed. The Better Care Reconciliation Act’s revisions still leave Ohio’s children and families worse off.
• *Share a brief anecdote about a patient you care for on Medicaid.*
• Currently, 72% of the total federal funds received by Ohio is for Medicaid. If this funding is cut, our state may be forced to chip away at health care coverage in other ways, pitting one vulnerable population against the next. This could also negatively impact the Medicaid funding used for drug and substance use disorder treatment amid the opioid epidemic our state is experiencing.
• Children’s hospitals would also suffer from Medicaid funding cuts, which would affect all patients not just those on Medicaid.
• Please vote no on the Motion to Proceed.

**State-specific data:**

• Ohio children’s coverage [fact sheet](http://www.urban.org/sites/default/files/one_percent_change_bcra-final.pdf)
• New brief: State-by-State Coverage and Government Spending Implications of the Better Care Reconciliation Act (still relevant as a benchmark for the revised bill)
  o In Ohio, how much higher would the uninsured rate be under the Senate bill (BCRA) than under the ACA in 2022? Up to 184% (source: [http://www.urban.org/sites/default/files/one_percent_change_bcra-final.pdf](http://www.urban.org/sites/default/files/one_percent_change_bcra-final.pdf))
  o In Ohio, how much lower would federal health care spending be under the Senate bill (BCRA) than under the ACA in 2022? As low as 38.3% (source: [http://www.urban.org/sites/default/files/two_bcra_fed_spend-final.pdf](http://www.urban.org/sites/default/files/two_bcra_fed_spend-final.pdf))
• The Georgetown Center for Children and Families [Rural Health Report](http://www.urban.org/sites/default/files/one_percent_change_bcra-final.pdf) and [state data](http://www.urban.org/sites/default/files/two_bcra_fed_spend-final.pdf) on child health coverage in small towns and rural areas (including county level data)

**Pediatrician advocacy & news coverage examples:**

• *Don’t take away the Medicaid lifeline that protects our children’s health coverage* (Cleveland.com, 6/22/2017)
• [Dr. Anika Kumar on Twitter](http://www.urban.org/sites/default/files/one_percent_change_bcra-final.pdf)
• [Dr. Elise Berlan on Twitter](http://www.urban.org/sites/default/files/two_bcra_fed_spend-final.pdf)
• [Dr. Margaret Stager on Twitter](http://www.urban.org/sites/default/files/one_percent_change_bcra-final.pdf)
• [Dr. Camille Graham](http://www.urban.org/sites/default/files/two_bcra_fed_spend-final.pdf)

**West Virginia**

**Background:**

**Senator information:**

*West Virginia* is a target state because of [Senator Shelby Moore Capito (R)](http://www.urban.org/sites/default/files/one_percent_change_bcra-final.pdf).

Senator Capito’s main concern about the bill revolves around her belief that the cuts to Medicaid are too deep, their impact on the severe opioid crisis in her state, and that the bill harms rural health providers. She has stated she would be opposed to a bill that “hurts people” and is a critical swing vote in the overall fate of the legislation.
Key Messages for Senator Moore Capito:

- I am a pediatrician in West Virginia and I want to thank you for your continued opposition to the Better Care Reconciliation Act.
- Please vote “no” on the Motion to Proceed. This bill is not fixable and its revisions still leave West Virginia’s children and families worse off.
- This bill would be devastating to the children and families in our state that rely on Medicaid. In West Virginia, more than 240,000 children are enrolled in the Medicaid program.
- Currently, 79% of the total federal funds received by West Virginia is for Medicaid. If this funding is cut, our state may be forced to chip away at health care coverage in other ways, pitting one vulnerable population against the next. This could also negatively impact the Medicaid funding used for drug and substance use treatment amid the opioid epidemic our state is experiencing.
- The impact of the bill would be felt especially hard in rural communities. In our state, 51% of children in rural areas and small towns are covered by Medicaid.
- Eighty-seven percent of West Virginia’s children living in or near poverty rely on public coverage through Medicaid and the Children’s Health Insurance Program (CHIP). Medicaid ensures the basic right of children to have a chance to be healthy and productive members of our community.
- Medicaid and CHIP cover 54 percent of children in West Virginia who have disabilities or other special health care needs, like juvenile diabetes, congenital heart conditions or asthma. Medicaid also covers big-ticket items like hospital stays, surgeries and prescriptions.
- The BCRA would increase the uninsurance rate in our state by more than 300%. This is a flawed solution to a problem that simply does not exist, and a misguided policy that would leave West Virginia’s children and families considerably worse off.
- The number of children in foster care has increased drastically with the rise of the opioid epidemic. All children in foster care are currently entitled to Medicaid. This bill would severely harm this particularly vulnerable population.
- Children’s hospitals would also suffer from Medicaid funding cuts, which would affect all patients not just those on Medicaid.
- Please vote no on the Motion to Proceed.

State-specific data:

- West Virginia children’s coverage [fact sheet](http://www.urban.org/sites/default/files/one_percent_change_bcra-final.pdf)
In West Virginia, how much lower would federal health care spending be under the Senate bill (BCRA) than under the ACA in 2022? As low as 48.9% (source: http://www.urban.org/sites/default/files/two_bcra_fed_spend-final.pdf)

- The Georgetown Center for Children and Families Rural Health Report and state data on child health coverage in small towns and rural areas (including county level data)
- A new report from the Commonwealth Fund shows the state-by-state economic and employment consequences for states

Pediatrician advocacy & news coverage examples:

- Kids in pro-Trump rural areas have a lot to lose if GOP rolls back Medicaid (Los Angeles Times, 7/6/2017)
- Saving Medicaid means saving WV kids’ lives (Charleston Gazette-Mail, 5/20/2017)
- AAP West Virginia pediatrician leaders on Twitter, Dr. Lisa Costello on Twitter

Calling Your Senator

You can find the phone numbers for the DC and state offices in your state’s section above. Also, the full list of Senate office phone numbers can be found here. Important: Please use the key messages in your state’s section to guide these calls, as well as the state-specific data. Below are general talking points you can also reference.

Talking points:

- Medicaid covers children from low-income families and children with special health care needs. It’s a lifeline program for {insert number of children on Medicaid from your state fact sheet} in our state.
- The revised U.S. Senate health care bill fails children. In particular, the fundamental changes and drastic cuts the bill would make to Medicaid would be devastating to the children and families who rely on the program. It would leave more families uninsured, or without insurance they can afford or that meets their basic needs.
- Insert brief anecdote if you have one of a patient on Medicaid who would be impacted
- Medicaid allows a college student with cerebral palsy to live independently. Medicaid pays for a toddler’s wheelchair, and as she grows over time, it covers the next one and the one after that. Medicaid is there for families struggling from the opioid epidemic, covering treatment for parents and services for their children. Medicaid covers a grandmother’s chemotherapy and a newborn baby’s emergency heart surgery and a six-year-old’s hearing screening and a teenager’s asthma inhaler.
- The bill includes misleading ‘protections' for children by proposing to exempt them from certain Medicaid cuts. A 'carve out' for some children determined to be 'disabled' does not work if Medicaid is stripped of overall funding, which will force states to chip away coverage in other ways. Less federal funding means difficult decisions, likely forcing you to choose between the most vulnerable populations in our state.
- Through Medicaid, children are guaranteed benefits that cover a comprehensive array of medically necessary services, including developmental, vision and hearing screenings. Pediatricians recommend these services because they help diagnose, treat and prevent complex conditions right away, saving money and lives. Capping Medicaid funding means these services could be rolled back or eliminated altogether.
- In addition, Medicaid expansion allowed many previously uninsured parents to gain coverage, making them better able to care for their children. This bill would reverse that progress.