



## Weekly Checkup

# Beyond Repeal?

CHRISTOPHER HOLT | FEBRUARY 28, 2020

**Next month Americans will celebrate or lament the 10-year anniversary of the Affordable Care Act (ACA) becoming law. The bill passed the House of Representatives on Sunday, March 21, 2010, and on Monday, March 22, before the law had even been signed by President Obama (on March 23), multiple pieces of legislation were introduced in both chambers of Congress to repeal it—presaging a conflict over the law now spanning as long as the Trojan War. But new polling suggests there is an opening for this debate to move forward.**

**The Kaiser Family Foundation’s latest [tracking poll](#) from earlier this month finds that health care is the number one priority for registered voters when thinking about their vote for president, ranking ahead of even the economy. The issue is even more important for swing voters. At the same time, the polling shows support for the ACA at an all-time high of 55 percent, with opposition at 37 percent. And if that gap isn’t significant enough, when asked to identify their top health care priority, only 3 percent of Republican voters said repealing the ACA was their top priority—down from 18 percent in October 2018 and 29 percent in March 2016.**

**So what does all this mean for the future of the ACA and health care policy more broadly?** To be sure, it doesn’t mean that Republicans have embraced the ACA or are happy with the status quo. Lawmakers and voters on the right continue to oppose Obamacare, and, yes, even support its repeal. And concerns about health care costs and single payer aren’t entirely separate from the ACA. But **repealing the ACA may no longer be the driving health care issue for Republican voters**, and—rhetoric aside—repeal has long since stopped being a primary objective of most Republican policymakers. Kaiser’s polling instead indicates that Republican voters are, like most Americans, worried about the cost of health care (24 percent) and about stopping single-payer health care (19 percent). **If these shifting Republican priorities are accurate, it would be a big deal, and a great opportunity for conservative health policy.**

**For years now, conservatives have had to wrap virtually every health care proposal in the mantle of “repeal.”** For all the talk of ACA opponents never offering alternatives, there have been a host of health care proposals from conservative [lawmakers](#) and [third-party groups](#), but these proposals have always faced competing attacks from both sides. From the right they’ve frequently been attacked for not being “full repeal,” and from the left for threatening benefits provided by the ACA. **But if Republican voters are willing to focus on something other than the white whale of repeal, the opportunities for conservative health policymakers get wider.** I’ve argued for at least 6 years that we need to move beyond the [rhetoric of repeal](#) and toward a forward-looking vision for health care. **Rather than being focused on undoing something that happened in the last decade, we could focus on how to move the system we have today in a direction that is market oriented and promotes choice, competition, and quality.**

## **CHART REVIEW: TREATING HEPATITIS C IN FEDERAL PRISONS**

Josee Farmer, Health Care Policy Intern

[One in three](#) individuals in jails or prisons have hepatitis C. According to a recent [Department of Justice report](#), the Federal Bureau of Prisons (BOP) has increased its spending on hepatitis C treatment from \$4.4 million in 2014 to \$25 million in 2018—accounting for only 5 percent of the BOP’s total prescription drug expenditures in 2014 and rising to 20 percent by 2018. When the first cure for hepatitis C, Sovaldi, came to market in 2013, it had a list price of \$84,000 per patient, but as competing treatments entered the market in the following four years, the average price per treatment decreased significantly, falling to \$21,598 in 2018. While the BOP stated that its [goal](#) is to administer drugs that cure the disease whenever possible, the BOP’s hepatitis C spending only could have provided treatment for 65 inmates in 2013. The number of inmates who received treatment increased in the following years as the cost of treatment decreased, and in 2017 the BOP formally determined that cost would no longer be a factor in deciding who would receive treatment—explaining the jump from 600 treated inmates in 2016 to roughly 1,200 in 2017. Nevertheless, the need still remains high among inmates. The [standard for determining](#) who receives priority treatment, based on the severity of liver fibrosis, remained consistent from 2013 to 2018, meaning the need likely was not changing even as the number of provided treatments rose.