

OPPONENT OF SOCIAL SERVICES

Highlights:

- Tim Scott voted against a budget protecting Medicare from being turned into a voucher system.
 - Scott voted against the budget that protected Medicare from privatization through a voucher system.
- Tim Scott voted for trillions in cuts to social services.
 - Scott voted for cuts to Medicare, Medicaid, and SNAP.
- Tim Scott voted to raise the eligibility age for Medicare and Social Security.
- Tim Scott opposed the Affordable Care Act.
 - Scott voted to repeal the Affordable Care Act in 2013 and 2017.
 - Scott voted against funding provisions in the Affordable Care Act throughout his Congressional career.
- Tim Scott voted against expanding access to health care.
 - Scott voted against health care access to 9/11 first responders.
 - Scott voted against supporting health care access for U.S. Postal Service workers.
- Tim Scott promised not to cut Social Security or Medicare.
 - Scott vowed not to cut Social Security or Medicare if elected president.
- Tim Scott co-signed a letter to the Center for Medicare and Medicaid Services asking for new rules under the Medicaid Drug Rebate Program be reversed.
 - Scott's letter echoed the pharmaceutical industry's messaging against the proposed rule change.

Scott Voted Against A Budget Stating Medicare Should Not Be Turned Into A Voucher Program

SCOTT VOTED AGAINST A BUDGET DEMANDING THAT MEDICARE SHOULD NOT BECOME A VOUCHER PROGRAM

2012: Scott Voted Against The FY 2013 Democratic Budget, Which Stated That Medicare Should Not Be Turned Into A Voucher Program. In March 2012, Tim Scott voted to oppose preventing Medicare from becoming a voucher program as part of the Democrats' proposed budget resolution covering FY 2013 to 2022. According the text of the budget resolution, "It is the policy of the House that the Medicare guarantee for seniors and persons with disabilities should be preserved and strengthened, and that any legislation to end the Medicare guarantee and shift rising health care costs onto seniors by replacing Medicare with vouchers or premium support for the purchase of private insurance should be rejected." The vote was on an amendment to the House budget resolution replacing the entire budget with the House Democrats' proposed budget; the amendment failed by a vote of 163 to 252. [House Vote 150, [3/29/12](#); House Budget Committee Democrats, [3/26/12](#); Congressional Actions, [H. Amdt. 1004](#); Congressional Actions, [H. Con. Res. 112](#)]

A Voucher System Would Privatize Medicare And Take Away Guaranteed Health Benefits

A Similar Proposal Would Have Limited Formerly Guaranteed Payments And Privatized The Program. According to Politico, “Liberals say the Ryan plan replaces Medicare with a voucher system. But Ryan insists the proper term is ‘premium support.’ [...] What worries people about vouchers is the idea that the money will be limited, and it won’t cover their costs. Will the payments be limited in premium support? Of course. That’s how it saves money. Competition among the new private plans is supposed to contain costs.” [Politico, [8/11/12](#)]

National Committee To Preserve Social Security And Medicare In The Hill: “A Voucher System Could Eventually Lead To The Demise Of Traditional Medicare.” According to an op-ed by Max Richtman of the National Committee to Preserve Social Security and Medicare in The Hill, “A voucher system could eventually lead to the demise of traditional Medicare. Former House Speaker Newt Gingrich gleefully declared back in 1995 that such a strategy would cause traditional Medicare to ‘wither on the vine’ — and he was absolutely right. Under the GOP’s voucher system, private plans could tailor their benefits to attract the youngest and healthiest seniors, leaving traditional Medicare with older and sicker beneficiaries.” [The Hill, Opinion, [3/5/18](#)]

Scott Voted For Legislation Which Would Have Cut Trillions In Medicare, Medicaid And SNAP Benefits

SCOTT VOTED FOR FY16 CONFERENCE BUDGET RESOLUTION

2015: Scott Voted For The FY 2016 Conference Report Budget Resolution. In May 2015, Scott voted for the FY 2016 conference report budget resolution, which according to the Congressional Quarterly, “would set broad spending and revenue targets over the next 10 years. [...] The budget resolution reflects the current post-sequester caps on discretionary spending - \$523 billion for defense and \$493.5 billion for non-defense programs in fiscal 2016. Raising the caps would require a change in law.” The vote was on the Conference Report; the Conference Report, which also passed the House, was passed by a vote of 51 to 48. [Senate Vote 171, [5/5/15](#); Congressional Quarterly, [3/27/15](#); Congressional Quarterly, [5/5/15](#); Congressional Actions, [S. Con. Res. 11](#)]

The Budget Would Have Cut \$4.2 Trillion In Programs Like Medicare, Medicaid, And SNAP Benefits Over A Decade

New York Times: The Budget Would Have Cut \$4.2 Trillion “In [...] Benefit Programs Like Medicare, Medicaid And Food Stamps Over 10 Years.” According to the New York Times, “the budget calls for \$4.2 trillion in cuts to benefit programs like Medicare, Medicaid and food stamps over 10 years. Domestic programs at Congress’s annual discretion would be cut by \$496 billion below the already tight limits imposed by the Budget Control Act of 2011.” [New York Times, [5/5/15](#)]

Scott Voted To Cut Medicare

2017: SCOTT VOTED TO CUT \$7.6 TRILLION IN MEDICARE

2017: Scott Voted For An Amendment That Would Have Reduced Deficit Levels, Resulting In What Democrats Claimed Would Be “Massive Cuts To Medicare.” In January 2017, Tim Scott voted for an amendment that would have, according to Congressional Quarterly, “gradually reduce[d] the authorized level of the budget deficit until a budget surplus is required in Fiscal 2024.” In addition, also according to

Congressional Quarterly, “But fiscal conservatives, led by Sen. Rand Paul, R-Ky., pushed for an alternative budget that promised to balance the budget within five years. Paul said his amendment would eliminate annual deficits by freezing overall spending levels for the whole budget, except Social Security and the U.S. Postal Service. ‘You’ll be voting for fiscal conservatism that says, ‘Enough’s enough,’ ‘Paul told his colleagues in urging support for his measure. But Democrats said Paul’s budget would require ‘massive cuts’ to Medicare, Medicaid and other social programs. Freezing spending would amount to cutting \$7.6 trillion over a decade from current plans, according to a calculation given CQ by the nonpartisan Committee for a Responsible Federal Budget.” The underlying legislation was an FY 2017 budget resolution designed to begin the process of repealing the Affordable Care Act. The vote was on the amendment. The Senate rejected the amendment by a vote of 14 to 83. [Senate Vote 3, [1/9/17](#); Congressional Quarterly, [1/9/17](#); Congressional Quarterly, [1/10/17](#); Congressional Actions, [S. Amdt. 1](#); Congressional Actions, [S. Con. Res. 3](#)]

SCOTT VOTED TO CUT \$430 BILLION IN MEDICARE

2015: Scott Voted To Make \$430 Billion In Unexplained Cuts To Medicare, As Part Of The FY 2016 Conference Report Budget Resolution. In May 2015, Scott voted for the FY 2016 conference report budget resolution which, according to the Congressional Conference Report, “The agreement proposes the same amount of Medicare savings reflected in the Senate-passed fiscal year 2016 budget as a target to extend the life of the Hospital Insurance trust fund and tasks the committees of jurisdiction in the House and Senate with determining the specific Medicare reforms needed to bring spending levels under current law in line with the budget.” According to Bloomberg, the Senate’s original budget, “avoided a plan to partially privatize Medicare that the U.S. House of Representatives embraced in its budget [and] instead call[ed] for \$430 billion in spending cuts without explaining where they would be made.” The vote was on the Conference Report; the Conference Report, which also passed the House, was passed by a vote of 51 to 48. [Senate Vote 171, [5/5/15](#); Conference Report, [4/29/15](#); Bloomberg, [3/27/15](#); Congressional Actions, [S. Con. Res. 11](#)]

Scott Voted To Raise The Eligibility Age For Medicare

SCOTT SUPPORTED RAISING THE MEDICARE ELIGIBILITY AGE, WHICH WOULD HAVE LED TO HIGHER COSTS AND MORE UNINSURED SENIORS

2013: Scott Voted To Raise The Medicare Eligibility Age To 70 Over 20 Years, As Part Of Senator Rand Paul’s Proposed Budget. In March 2013, Tim Scott voted for raising the Medicare eligibility age to 70 over 20 years, as part of Sen. Rand Paul’s (R-KY) proposed budget resolution covering fiscal years 2013 to 2023. According to the Congressional Record, Paul’s budget resolution contained a policy statement that future “legislation must increase the age of eligibility gradually over 20 years, increasing the age from 65 to 70, resulting in a 3-month increase per year.” The vote was on an amendment to the Senate budget resolution replacing the entire budget with Paul’s proposed budget; the Senate rejected the amendment by a vote of 18 to 81. [Senate Vote 69, [3/22/13](#); Congressional Record, [3/21/13](#); Congressional Actions, [S. Amdt. 263](#); Congressional Actions, [S. Con. Res. 8](#)]

CBPP: Increasing Medicare Eligibility Age Would Leave Many 65- And 66-Year-Olds Uninsured. According to the Center on Budget and Policy Priorities, “This means 65- and 66-year-olds would have neither Medicare nor access to health insurance exchanges in which they could buy coverage at an affordable price and receive subsidies to help them secure coverage if their incomes are low. This change would put many more 65- and 66-year-olds who don’t have employer coverage into the individual insurance market, where the premiums charged to people in this age group tend to be extremely high — thereby leaving many of them uninsured.” [Center on Budget Policy Priorities, [3/20/12](#)]

- **Raising The Medicare Eligibility Age To 67 In 2014 Would Have Resulted In 3.7 Billion In Increased Out-Of-Pocket Costs For Seniors Aged 65 And 66.** According to the Kaiser Family Foundation, “In the aggregate, raising the age of eligibility to 67 in 2014 is projected to result in an estimated net increase of \$3.7 billion in out-of-pocket costs for those ages 65 and 66 who would otherwise have been covered by Medicare. [Kaiser Family Foundation, [7/11](#)]
- **Costs To Employers Would Increase By \$4.5 Billion And Costs To States By \$700 Million.** According to the Kaiser Family Foundation, “costs to employers are projected to increase by \$4.5 billion in 2014 and costs to states are expected to increase by \$0.7 billion.” [Kaiser Family Foundation, [7/11](#)]
- **Increasing The Medicare Eligibility Age Would Raise The Costs Of Healthcare Across The Economy.** According to the Center on Budget and Policy Priorities, “raising Medicare’s eligibility age would not only fail to constrain health care costs across the economy; it would raise them. Medicare provides health coverage more cheaply than private health insurance plans because it has lower administrative costs and pays less to providers. Raising the Medicare age would shift costs to most of the 65- and 66-year olds who would lose Medicare coverage, to remaining Medicare beneficiaries, to employers that provide coverage for their retirees, and to states. These cost increases would, in total, more than offset the savings to the federal government.” [Center on Budget and Policy Priorities, [3/28/12](#)]

Scott Supported Raising The Age Of Eligibility For Social Security

SCOTT SUPPORTED RAISING THE SOCIAL SECURITY ELIGIBILITY AGE

Scott Proposed Raising The Age Of Social Security Eligibility To 69 Or 70. According to Greenville News, “U.S. Sen. Tim Scott of South Carolina said Wednesday he favors eventually raising the Social Security retirement age to 69 or 70 to make sure the program remains solvent. Scott, in an interview with editors and reporters at GreenvilleOnline.com, said gradually adjusting the full retirement age wouldn't apply to anyone now 55 or older. Adjusting the retirement age would give younger residents, such as himself, time to plan for retirement, said Scott, who is 47. ‘If you give people enough time, like a guy in his 40s, to retire at 69, that gives me 20 to 22 years to get to a place of retiring,’ Scott said.” [Greenville News, 3/28/13]

Scott Opposed The Affordable Care Act

SCOTT VOTED TO REPEAL THE AFFORDABLE CARE ACT AND RELATED LEGISLATION THREE TIMES

2017: Scott Voted To Repeal The Affordable Care Act

Scott Supported The Repeal Of The Affordable Care Act. According to a press release from Senator Scott, “U.S. Senator Tim Scott (R-SC) released the statement below following today's vote allowing the Senate to start debating a plan to repeal and replace the Affordable Care Act, or Obamacare. ‘I committed to the voters of South Carolina seven years ago, three years ago and again last year that I would work to repeal and replace Obamacare with a health care system that focuses on patients and doctors, not bureaucrats in Washington. Today we took a step towards that goal, and I look forward throughout the week to discussing with my colleagues the importance of repealing and replacing Obamacare. With triple digit premium increases, huge deductibles and just one insurer left in the ACA marketplaces, South Carolinians deserve a better system. By offering tax credits to those who want health care but can't afford it, reforming Medicaid,

and protecting those with pre-existing conditions, we can take a big step in the right direction.’ The Senate will now move to debate on repealing and replacing Obamacare and any amendments offered through the open amendment process. Later in the week, a series of final votes will be held.” [Press Release, Senator Scott, [7/25/17](#)]

Scott Lambasted The Affordable Care Act After Voting To Repeal. According to WISTV, “South Carolina Senator Tim Scott is one Republican who voted on a measure that begins the process of repealing the Affordable Care Act. [...] ‘Obamacare has completely met our expectations – that it will fail,’ Scott said in a statement released after the vote. ‘Americans were promised they could keep their doctor, and that turned out to be false. Prices were supposed to decrease, and they didn’t. Our middle class is feeling the burden of rising premiums, out-of-control deductibles, and lack of insurance options and choices. Obamacare is predicted to cost the American tax payers more than \$1 trillion over the course of the next several years. Even worse, reports show that Americans are in worse health now than they were in before Obamacare was enacted into law.’” [WISTV, [1/12/17](#)]

2013: Scott Voted To Repeal The Affordable Care Act

2013: Scott Voted For Repealing The Affordable Care Act As Part Of The FY 2014 Ryan Budget. In March 2013, Scott voted for repealing the Affordable Care Act, as part of House Budget Committee Chairman Paul Ryan’s (R-WI) proposed budget resolution covering fiscal years 2014 to 2023. According to the House Budget Committee, the budget would “Repeal the President’s health-care law.” The vote was on the House Republicans’ fiscal year 2014 budget resolution, which Senate Budget Committee chairwoman Patty Murray offered as a substitute amendment to the Senate’s fiscal year 2014 budget resolution. The Senate rejected the amendment by a vote of 40 to 59. [Senate Vote 46, [3/21/13](#); House Budget Committee, [3/12/13](#); Congressional Actions, [S. Amdt. 433](#); Congressional Actions, [S. Con. Res. 8](#)]

2012: Scott Voted To Repeal The Affordable Care Act

2012: Tim Scott Voted To Repeal The Affordable Care Act. In March, 2012, Tim Scott voted to support repealing the Affordable Care Act, as part of the Republican Study Committee’s proposed budget resolution covering FY 2013 to 2022. According to the Republican Committee, the budget would “Repeal ObamaCare to eliminate \$636 billion in additional spending over ten years.” The vote was on an amendment to the House budget resolution replacing the entire budget with the RSC’s proposed budget; the amendment failed by a vote of 136 to 285. [House Vote 149, [3/29/12](#); Republican Study Committee, [3/12](#); Congressional Actions, [H. Amdt. 1003](#); Congressional Actions, [H. Con. Res. 112](#)]

SCOTT VOTED AGAINST A RESOLUTION ROLLING BACK A TRUMP RULE ALLOWING STATES TO PROVIDE COVERAGE THAT DID NOT MEET THE ACA’S STANDARDS ON PRE-EXISTING CONDITIONS

2019: Scott Effectively Voted Against A Joint Resolution That Would Rollback A Trump Administration Policy That Reduces Coverage For Pre-Existing Conditions. In October 2019, Scott voted against a joint resolution that would rollback a Trump Administration policy that reduces coverage for pre-existing conditions. According to Congressional Quarterly, the joint resolution would “provide for congressional disapproval of the Oct. 2018 guidance released by the Health and Human Services and Treasury departments regarding criteria for evaluating Section 1332 state health care plan waivers under the 2010 health care overhaul. Under the measure, the guidance would have no force or effect.” The vote was on passage. The Senate rejected to pass the joint resolution by a vote of 43-52. [Senate Vote 337, [10/30/19](#); Congressional Quarterly, [10/30/19](#); Congressional Actions, [S.J.Res.52](#)]

- **The Trump Guidance Would Allow States To Provide Health Care Coverage That Does Not Meet ACA Requirements.** According to Congressional Quarterly, “Waivers were included in the Democrats’ 2010 health care law[...]as a way for states to put their own marks on their individual insurance markets. To be granted approval, states had to show their proposals would not decrease the number of people with insurance coverage and that their coverage would be as comprehensive and as affordable. The Centers for Medicare and Medicaid Services issued the reversed guidance, which said states would have to show an equivalent number of residents would have access to some form of coverage under the waiver, including plans that don’t meet the health law’s requirements.” [Congressional Quarterly, [10/29/19](#)]
- **Senator Schumer Said That The Guidance “Threatens...Pre-Existing Conditions.”** According to Congressional Quarterly, the joint resolution “would have reversed a 2018 guidance expanding changes states could make to their insurance markets through waivers[...]Senate Minority Leader Charles E. Schumer, D-N.Y., called the guidance a ‘horrible rule that threatens the care of millions of Americans with pre-existing conditions.’” [Congressional Quarterly, [10/29/19](#)]

SCOTT VOTED TO ELIMINATE ACA SUBSIDY REPAYMENT CAPS

2012: Scott Voted To Repeal The Affordable Care Act’s Medical Device Tax And FSA Restrictions, Paid For By Eliminating ACA Subsidy Repayment Caps. In June 2012, Scott voted for a bill that would, according to Congressional Quarterly, would have “repeal[ed] an excise tax of 2.3 percent on medical devices created under the 2010 health care overhaul. It also would repeal the overhaul law’s restrictions on using tax-preferred accounts to pay for over-the-counter drugs and allow individuals to recoup up to \$500 of unused funds that are left in their flexible-spending arrangements (FSAs) after the end of a plan year. It also would make individuals who receive subsidies to help buy coverage in the state insurance exchanges liable for the full amount of any overpayments.” The House passed the bill by a vote of 270 to 146, however, the Senate took no substantive action on it. [House Vote 361, [6/7/12](#); Congressional Quarterly, [6/7/12](#); Congressional Actions, [H.R. 436](#)]

SCOTT VOTED TO RESCIND ACA FUNDS FOR SCHOOL HEALTH CENTERS

2011: Scott Voted To Repeal ACA Funds Allocated For School-Based Health Center Construction. In May 2011, Scott voted for a bill that, according to Congressional Quarterly, “would [have] repeal[ed] the section of the 2010 health care overhaul that allocates mandatory funding for school-based health center construction. It also would [have] rescind[ed] unobligated funds made available for such construction.” The House passed the bill by a vote of 235 to 191. The Senate took no substantive action. [House Vote 290, [5/4/11](#); Congressional Quarterly, [5/4/11](#); Congressional Actions, [H.R. 1214](#)]

SCOTT VOTED TO REPEAL HEALTH CARE COST REDUCTIONS IN THE ACA

2011: Scott Voted To Repeal Part Of The Affordable Care Act That Invested In Prevention Programs To Improve Public Health And Reduce Health Care Costs. In April 2011, Scott voted for a bill that, according to Congressional Quarterly, “would [have] repeal[ed] the section of the 2010 health care overhaul that establishes and allocates mandatory funding for the Prevention and Public Health Fund. It also would [have] rescind[ed] unobligated funds made available for the program.” The House passed the bill by a vote of 236 to 183. The Senate took no substantive action. [House Vote 264, [4/13/11](#); Congressional Quarterly, [4/13/11](#); Congressional Actions, [H.R. 1217](#)]

SCOTT VOTED AGAINST WOMENS’ HEALTH CARE PROTECTIONS IN THE ACA

2013: Scott Voted To Oppose Protecting ACA's Health Care And Contraception Coverage Provisions For Women. In March 2013, Scott voted against an amendment that, according to The Hill's Floor Action Blog, would "protect women's healthcare coverage and employer-provided contraceptive coverage authorized under the Affordable Care Act." According to the Congressional Record, the purpose of the amendment was to "establish a deficit-neutral reserve fund to protect women's access to health care, including primary and preventative health care, family planning and birth control, and employer-provided contraceptive coverage, such as was provided under the Affordable Care Act." The vote was on an amendment to the Senate version of the fiscal year 2014 budget resolution. The Senate adopted the amendment by a vote of 56 to 43. The underlying budget resolution later passed the Senate, but Congress had taken no further action on it as of September, 2013. [Senate Vote 54, [3/22/13](#); The Hill's Floor Action Blog, [3/22/13](#); Congressional Record, [3/21/13](#); Congressional Actions, [S. Amdt 438](#); Congressional Actions, [S.Con.Res. 8](#)]

Scott Voted Against Expanding Access To Health Care

SCOTT VOTED AGAINST MAKING THE 9/11 FIRST RESPONDERS HEALTH CARE PROGRAM PERMANENT

2015: Scott Voted Against Effectively Making Permanent The 9/11 First Responders Health Care Program As Part Of The 2016 Omnibus And Tax Extender Bill. In December 2015, Scott voted against effectively making permanent the 9/11 first responders health care program. According to Congressional Quarterly, the legislation "reauthorize[d] a 9/11 first responders health care program and related compensation fund. The legislation would offset the costs of those and other policies with limits in federal Medicaid reimbursements for medical equipment and changes to Medicare." In addition, according to the Washington Post, "Congress voted in 2010 to create a new federal health program for police officers, firefighters, construction workers and others who worked at Ground Zero in the immediate aftermath of 9/11; hundreds are suffering from cancer, respiratory illnesses and other maladies. [...] The spending bill extends the health program until 2090 and adds another five years to a separate victims compensation fund, costing a total of \$8 billion." The legislation was, according to Congressional Quarterly, a FY 2016 Omnibus Appropriations bill. The vote was on a motion to concur in the House Amendments to the Senate Amendments to H.R. 2029. The Senate agreed to the motion by a vote of 65 to 33. The House having already passed the legislation, the president then signed it. [Senate Vote 339, [12/18/15](#); Congressional Quarterly, [12/18/15](#); Congressional Quarterly, [12/15/15](#); Congressional Quarterly, [12/17/15](#); Congressional Quarterly, [12/16/15](#); Washington Post, [12/16/15](#); Congressional Actions, [H.R. 2029](#)]

SCOTT VOTED AGAINST LEGISLATION ESTABLISHING A HEALTH BENEFITS PROGRAM FOR POSTAL WORKERS AND THEIR FAMILIES

2022: Scott Voted Against Establishing A Health Benefits Program For U.S.P.S. Employees And Their Families. In March 2022, according to Congressional Quarterly, Scott voted against the Postal Service Reform Act of 2022, which would "require the Office of Personnel Management to establish a health benefits program for USPS employees and their families, separate from the existing program for federal employees." The vote was on passage. The Senate passed the bill by a vote of 79-19, thus the bill was sent to the President and ultimately became law. [Senate Vote 71, [3/8/22](#); Congressional Quarterly, [3/8/22](#); Congressional Actions, [H.R. 3076](#)]

SCOTT VOTED AGAINST STABILIZING PUERTO RICO'S MEDICAID PROGRAM

2017: Scott Voted Against The May 2017 FY 2017 Omnibus Appropriations Bill That "Stabilized Puerto Rico's Underfunded Medicaid Program." In May 2017, Scott voted against the FY 2017 omnibus appropriations bill that would keep much of the government open and would have provided \$1.16 trillion in

discretionary spending. According to a statement from Minority Leader Pelosi via Roll Call, “‘The omnibus includes vital funds to stabilize Puerto Rico’s underfunded Medicaid program, which threatened so many of our fellow Americans in Puerto Rico,’ the California Democrat wrote in a ‘Dear Colleague’ letter to members of her caucus.” Overall, the legislation would have, according to Congressional Quarterly, “provide[d] \$1.16 trillion in discretionary appropriations through Sept. 30, 2017 for federal departments and agencies covered by the remaining 11 fiscal 2017 spending bills. [...] The measure would also [have] provide[d] \$608 million for health benefits for retired coal miners, \$296 million for Medicaid payments to Puerto Rico, and \$341 million to replace 40 miles of existing fencing along the southwestern border, though the designs of the fencing must have been ‘previously deployed.’” The vote was on a motion to concur in the House amendment to the Senate amendments. The Senate agreed to the motion by a vote of 79 to 19. Because the legislation had already been agreed to by the House, the bill was sent to the president, who signed it into law. [Senate Vote 121, [5/4/17](#); Roll Call, [5/2/17](#); Congressional Quarterly, [5/2/17](#); Congressional Quarterly, [5/4/17](#); Congressional Actions, [H.R. 244](#)]

- **Puerto Rico’s Medicaid Funding Was Supposed To Last Through 2019, But Might Have Been Depleted As Soon As October 2018.** According to Congressional Quarterly, “A Health and Human Services Department report from January said Puerto Rico’s Medicaid program is projected to exhaust the last of the \$6.4 billion in additional funds allocated for fiscal 2011 through 2019 as soon as October 2018. The agreement, therefore, provides \$296 million to cover the current expected shortfall in Puerto Rico’s Medicaid program.” [Congressional Quarterly, [5/2/17](#)]
- **About 50 Percent Of Puerto Rico’s Residents Are On Medicaid.** According to Congressional Quarterly, “Approximately half of Puerto Rico’s 3.5 million residents rely on Medicaid, according to the Centers for Medicare and Medicaid Services. Eligibility for the program, which functions differently than Medicaid in the 50 states, is determined by a special income measure called the Puerto Rico Poverty Level.” [Congressional Quarterly, [5/2/17](#)]

2021: Scott Voted Against Increasing The Funding That May Be Disbursed Of The Medicare Improvement Fund For FY 2021 By \$45 Million. In December 2021, Scott voted against concurring in the House amendment to the Protecting Medicare and American Farmers from Sequester Cuts Act which would, according to Congressional Quarterly, “increase from \$56 million to \$101 million funding that may be expended from the Medicare Improvement Fund for fiscal 2021.” The vote was on a motion to concur in the House amendment. The Senate concurred with the House by a vote of 59-35, sent the bill to the President, and ultimately became law. [Senate Vote 491, [12/9/21](#); Congressional Quarterly, [12/9/21](#); Congressional Actions, [S. 610](#)]

Scott Co-Signed A Letter Asking CMS To Withdraw Proposed Rule Changes To The Medicaid Drug Rebate Program

SCOTT CO-SIGNED A LETTER TO THE CMS THAT ASKED THEM TO REVERT TO THEIR OLD DRUG MISCLASSIFICATION RULES

Scott Co-signed A Letter To CMS That Requested They Withdraw Rule Changes To The Medicaid Drug Rebate Program (MDRP). According to the Senate Committee on Finance, “We write to express concerns with several policies included in the proposed rule ‘Misclassification of Drugs, Program Administration and Program Integrity Updates Under the Medicaid Drug Rebate Program’ (NPRM). [...] Unfortunately, the NPRM proposes to disrupt this approach dramatically, upending more than three decades of statutory understanding and practice by rewriting the rules of the road for MDRP rebate calculations. [...] Sincerely, John Cornyn, Mike, Crapo, John Thune, Tim Scott, Todd Young, Ron Johnson, Marsha Blackburn,

James Lankford, Steve Daines, Thom Tillis and John Barrasso.” [Senate Committee on Finance, Letter to Centers for Medicare & Medicaid Services, [10/27/23](#)]

The Proposed Rule Change Benefited Consumers By Making Drug Ingredient Information More Transparent And Available

The Rule Change Would Have Created More Transparency In Drug Ingredient Reporting For Consumers. According to the Centers For Medicare & Medicaid Services, “The Centers for Medicare & Medicaid Services’ (CMS’) proposed rule seeks to advance policies to promote efficient operation of the Medicaid Drug Rebate Program (MDRP). This includes proposed policies to implement new statutory authorities included in the Medicaid Services Investment and Accountability Act of 2019 (MSIAA) to address situations in which manufacturers incorrectly report or misclassify their drugs in the MDRP. The proposed rule also seeks to enhance the MDRP integrity and improve program administration by proposing new policies that would assure greater consistency and accuracy of drug information reporting, strengthened data collection, and efficient operation of the MDRP.” [Center for Medicare & Medicaid Services, [5/23/23](#)]

The Pharmaceutical Industry Was Against The Proposed Rule Change

The Pharmaceuticals Researchers And Manufacturers Of America (PhRMA) Said The Rule Changes Included Many Things Outside Of CMS’s Legal Authority. According to the PhRMA Blog, from the Pharmaceutical Researchers and Manufacturers of America, “PhRMA cautions CMS about sweeping policy changes to the Medicaid drug rebate program, many of which are not grounded in the Medicaid statute and would go beyond CMS’ legal authority. [...] CMS’s proposed changes far exceed the agency’s authority and jeopardize the careful balance struck by Congress in the Medicaid drug rebate statute.” [Pharmaceutical Researchers and Manufacturers of America, Blog Post, [8/1/23](#)]

PhRMA Wrote They Were Against The Rule Change Because The New Best Pricing Methodology Determined Prices Based On Hypotheticals. According to the PhRMA Blog, from the Pharmaceutical Researchers and Manufacturers of America, “The proposed ‘stacking’ policy, which would change the calculation of best price, is inconsistent with the statute and would be operationally unworkable. The policy would require manufacturers to add up all the rebates and discounts for a unit of a medicine provided to best price-eligible entities across the entire supply chain, like pharmacies, wholesalers or providers. This new ‘best price’ based on stacking all the rebates and discounts is not a price that is actually available to any entity in the supply chain today.” [Pharmaceutical Researchers and Manufacturers of America, Blog Post, [8/1/23](#)]

The Letter Echoed The Pharmaceutical Industry’s Grievances Against The Rule Changes To The Computation Of The Best Price Benchmark

In The Letter Scott Co-signed, The Republican Senators Said That The Stacking Policy To Determine The Best Price Was Based On Hypotheticals And Should Be Reversed. According to the Senate Committee on Finance, “Unfortunately, the NPRM proposes to disrupt this approach dramatically, upending more than three decades of statutory understanding and practice by rewriting the rules of the road for MDRP rebate calculations. Specifically, the proposal would require the aggregation of all manufacturer rebates and discounts to all supply-chain participants for the computation of the ‘Best Price’ benchmark used as the basis for Medicaid rebates for numerous drugs. The Centers for Medicare and Medicaid Services’ (CMS’s) proposed ‘stacking’ policy reverses the plain language of the statute, along with previous regulations and relevant caselaw, replacing Medicaid Best Price’s traditional definition, as the best price provided to an individual purchaser, with a hypothetical ‘best price’ merging any number of unrelated price concessions, offered to unaffiliated and wholly separate entities. [Senate Committee on Finance, Letter to Centers for Medicare & Medicaid Services, [10/27/23](#)]