

Subject: REDC Policy Update 10.18.19

Happy Friday REDC Members!

Below will your policy update for the week—with the most exciting news being the formal introduction of the Senate SERVE Act next week!

SERVE Act:

Senate SERVE Act:

The bill will be introduced next week (Oct 21-23rd) by Sens. Shaheen (D-NH) and McSally (R-AZ)

See the attached infographic that will be used during REDC's upcoming Advocacy Day on October 30th

As a continued effort that will likely help with the passage of the SERVE Act, EDC today had a call with GAO which included Members from the REDC to help them with their GAO report to U.S. Congress on the state of eating disorders in military, prevention, and treatment. Thank you to Nicole Hawkins at Center for Change and Jillian Lampert at the Emily Program for joining that call!

In June 2018, EDC led a Congressional letter to GAO requesting the report be conducted (see attached).

The report was officially accepted in August 2018 after pressure from Congress and is finally commencing after continued pressure from Rep. Seth Moulton's (D-MA) office over August recess.

House SERVE Act:

The following is a new co-sponsor to the SERVE Act: Congressman Mike Thompson (D-CA) who is a purple heart veteran and moderate Democrat

We are currently at a total of 10 Congressional sponsors/co-sponsors: 7Ds and 3Rs

B. ACA—CONGRESSIONAL

Urban Institute Report Shows Other Ways to Reach Universal Coverage without Medicare for All

The left-leaning think tank released a [report](#) modeling 8 different paths to health insurance reform following a recent survey indicating many voters feel as though they're not informed enough to form a solid opinion on Medicare for All.

The researchers evaluated 6 different levels of changes that would build on the ACA, including two options that could achieve universal coverage.

The biggest takeaway from the report evaluates a plan similar to what former VP Joe Biden is pushing which would boost premium subsidies in the ACA marketplace, establish a nationwide reinsurance policy, reinstate the individual mandate penalty, establish a public option plan and allow workers to forgo employer insurance in favor of opting into the public option. Additionally, it would implement continuous auto-enrollment.

The plan is estimated to provide coverage for an additional 25.6 million individuals/decrease the uninsured rate by 80%.

Employer coverage is estimated to drop 10% as low-wage workers move to the public option.

The key political tradeoff in the debate over health care reform is how to set provider rates. Providers will need a gradual onramp to potentially lower payments in any of these models.

Importantly, a Kaiser Family Foundation poll out this week found a decrease in public support for Medicare for All. 51% support such a government-run approach, down 5% since April. Opposition has risen significantly, from 38% in April to 47%.

ACA—REGULATORY

Career Staff at Centers for Medicare and Medicaid Services (CMS) Concerned Trump’s Order on Immigration is Illegal

Officials inside the Center for Consumer Information and Insurance Oversight (CCIIO) are confused about numerous aspects of the president’s recent proclamation that would require visa-seekers to prove they’ve obtained private health coverage or could cover their health costs. The proclamation is slated to go into effect November

One issue is who would have jurisdiction over enforcement—CMS or the State Department?

This order would be required to go through the notice-and-comment rulemaking process (the process that was used for AHPs and STLDIs), which it hasn’t and is considered illegal and will prompt lawsuits.

The non-partisan Migration Policy Institute found that 34% of recently arrived green card holders lack health insurance and could be denied under the new policy. In addition, 31% have publicly funded or subsidized insurance that doesn’t qualify under Trump’s new mandate.

Government Accountability Office (GAO) study finds high costs to Medicaid work requirements implementation

Administrative costs to implement the Medicaid work requirements in 5 states—four of them in litigation—topped \$400 million.

GAO dinged CMS for failing to require states to submit projections of their costs, saying the agency, “puts its goals of transparency and budget neutrality at risk.”

U.S. District Court Judge Reed O’ Connor Overturns the ACA’s Civil Rights Protections

Earlier this week, the Texas judge ruled two specific groups are not entitled to protections under the ACA provision.

The ruling is the latest turn in the long-running battle over the ACA’s non-discrimination protections, Section 1557 of the law.

In his ruling, O'Connor wrote there were other ways to ensure transgender patients and people seeking an abortion can access the procedures they seek without infringing on the conscience rights of health care workers who object to providing care.

It is expected that groups like the ACLU will intervene and move to appeal the decision.

STATE ACTIONS

California: 2020 open enrollment begins in the state

The state's open enrollment period will run through January 31, 2020 under a new law signed by Gov. Newsom. In future years, CA enrollment period will run from November 1 through January 31, about 6 weeks longer than the federal sign-up period that ends on December 15.

Additionally, the state's individual mandate kicks off January 1, 2020. Those who don't get coverage will face a \$695 penalty per adult and half that amount per child or 2.5% of annual household income (whichever is higher).

However, new state subsidies will also be available to help more people buy coverage.

Oklahoma: Medicaid expansion supporters have gathered signatures to put the question on the ballot next year

Best,
Katrina, Allison & the Center Road Solutions team