



House Committee on Energy and Commerce Subcommittee on Health
Building on the ACA: Legislation to Expand Health Coverage and Lower Costs
Tuesday, March 23, 2021
11 a.m., Cisco WebEx

Purpose

The purpose of this hearing is to discuss 18 pieces of legislation that seek to strengthen the Affordable Care Act (ACA) by addressing health disparities, rising health care costs, enrollment rates, and the impact of the recently passed American Rescue plan.

Key Takeaways

- Democrats and Republicans remain divided on the success of the Affordable Care Act, informing their directions for solutions to persistent coverage issues.
- Republican members want to explore solutions that lower health care costs, such as increasing price transparency and promoting state innovation. They also endorse the continued availability of short-term limited-duration health insurance and use of 1332 waivers.
- Proposed solutions to this end also included state-run plans and coverage options tailored to localized needs and increasing competition in state exchanges.
- Democratic members want to explore ways to incentivize the 12 holdout states to expand Medicaid, including increased Federal Medical Assistance Percentages and increased Marketplace subsidies.
- Witnesses expressed that additional resources, advertising and navigators could help increase enrollment in the ACA.
- Consistency of coverage during employment gaps, equity in coverage for racial and ethnic minorities, and the income-driven “fiscal cliff” remain issues of concern that Democrats believe expansion could solve.

Members Present

Subcommittee Chairwoman Eshoo, Full Committee Chairman Pallone, Ranking Member Guthrie, Ranking Member McMorris Rodgers, Butterfield, Griffith, Matsui, Bilirakis, Castor, Long, Schrader, Dunn, Ruiz, Curtis, Sarbanes, Carter, Cardenas, Joyce, Dingell, Crenshaw, Kuster, Kelly, Barragan, Rochester, Schrier, Trahan, Burgess, Fletcher, Rush, Schakowsky, Craig, Veasey

Witnesses

Katie Keith; Associate Research Professor, Georgetown University

Dean Cameron; Director, Idaho Department of Insurance

Cindy Mann; Partner, Manatt, Phelps & Phillips, LLP

Marini Jameson Carey; Executive Director, Association of Independent Doctors

Laura LeBrun Hatcher; Board Vice President, Little Lobbyists

Opening Statements

McDermott+
Consulting

Subcommittee Chairwoman Eshoo (D-CA) said millions of Americans lived in daily fear from a decision from the former President to attempt to repeal the Affordable Care Act (ACA). Congress still has work to do, as 14 [sic] states still haven't expanded Medicaid. Beyond Medicaid expansion, unfinished business remains. The 18 bills being discussed today focus on children and those with disabilities and how to achieve the North Star of universal health care. A few years ago, Senator Edward "Ted" Kennedy wrote a letter to President Obama addressing the importance of the ACA, his words being as significant today as they were then. What Congress must face is a moral issue and there needs to be a further focus on justice for this country. Congress must work to restore the character of this country with this important work.

Ranking Member Guthrie (R-KY) said there are more pressing items that need to be addressed before fixing the ACA, such as the crisis at the border, the mental health pandemic that is being addressed by the [Comprehensive Addiction and Recovery Act](#) legislation, and lowering health care costs. The bills today do not address lowering costs, but continue subsidizing expensive care. The ACA has increased premiums and some providers are now refusing to accept patients with this coverage. Democrats have chosen to address this high financial burden by pumping more money into the problem. Congress needs to address the high cost of health care. With the \$1.9 trillion recently spent, there is another \$45 billion or so that is being discussed today. Before allocating more money, Congress needs to first track the \$1.9 trillion and how it's being spent. Instead of limiting states, Congress should allow states to have more flexibility. The [Money Follows the Person](#) program was just extended by Congress, so it is premature for a permanent extension before Congress further studies the programs benefits. Further, the conversation about Medicare for All, a one-size-fits-all, government-run health insurance program, would not be good for the country. The [Heritage Foundation](#) recently said it would decrease the average household income by \$5,600. With the ACA, if someone likes their plan they can keep it, but all the bills discussed today do the opposite.

Chairman Frank Pallone (D-NJ) said the ACA has worked, and even though Republicans have tried to end it, it has showed its resilience. What needs to be addressed today are junk plans, which do not provide essential services and leave many individuals with high health care bills. The American Rescue Plan is the largest legislation passed since the ACA and it expands tax subsidies to 400% of FPL and creates new incentives for states to expand Medicaid with the new FMAP rate. It also addresses disparities in coverage by creating a state option and provides more funding for home and community based services. Junk plans have no place in America's health care system. Congress wants to bring costs down, but it also wants to make sure citizens have access to comprehensive coverage.

Ranking Member Cathy McMorris Rodgers (R-WA) said this committee worked together last congress to lower prices for Americans. The omnibus bill passed at the end of 2020 ended surprise medical billing and provided long-term funding for public health, Medicare, and Medicaid services. Today, there needs to be further effort to increase price transparency, provide funding for rural institutions, address drug prices by requiring reporting to the Department of Health and Human Services, and closing loopholes that may delay competition. Congress can work together to modernize Medicare Part D, to examine the drivers of health care consolidation, and how to improve mental health and substance abuse programs. With the recent conversations about Medicare for All, the end goal is to quickly get every American off their plan of choice

with a one-size-fits-all government-run program. The bills being discussed today continue the socialized medicine that the ACA started.

Testimony

Katie Keith said the Affordable Care Act has already extended coverage to millions of Americans and has provided a safety net during this pandemic. Enrollment is only expected to increase under the American Rescue Plan. Lowering costs needs to stay a top priority. With the popular short-term insurance plans, many individuals seek this plans out due to their low price; however, when the plan does not cover what families need and they experience an emergency, they are then stuck with a bill. The American Rescue Plan ended this. Additionally, many middle income people will soon see relief. The American Rescue Plan allows Americans to afford a plan, even presenting an opportunity to find a Silver Marketplace plan for \$10 or less. These reforms couldn't have come at a more important time. The ACA, enhanced by the American Rescue Plan, furthers the goal of affordable coverage. The bills today will help protect citizens from discrimination, lower health care costs, and provide coverage.

Dean Cameron said states have the right to decide what they need and should have support for their state innovation labs. Despite its good intentions, the ACA is too expensive and many people are being forced out of coverage even with the new expansion. When healthy people are moving out of coverage due to cost, it will become even more expensive for the rest of the market. Today, Congress should focus on how to lower costs, improve the ACA, and how to attract younger people to the ACA. Idaho chose to create an enhanced short-term plan for six months that has all the benefits required by the ACA. Plans can only be offered by carriers alongside the ACA. It is important to note that short-term plans are not all alike, short-term plans are not junk insurance just because someone said so, short-term plans fill a need for those who are in between coverage or for those who cannot afford a ACA plan, and short-term plans assist in early diagnosis of serious health conditions which ultimately saves money for the entire market. The passage of **H.R.1875** would harm hundreds of thousands of Americans and would not benefit the ACA.

Cindy Mann said the ACA did not add strangers to the marketplace but provided coverage to those who really need it. Because Medicaid expansion is voluntarily, 12 states have not expanded Medicaid. After years of implementation, there is a significant amount of research that supports Medicaid's expansion benefit for citizens. It's not just about insurance; Medicaid expansion is also about the care, getting and retaining jobs, and reducing racial disparities. Additionally, it has helped the safety net for rural hospitals with its generous match rate. Medicaid coverage can be strengthened by closing the coverage gap, doing a better job at addressing racial inequities, coverage system and billing reforms to create parity between private coverage and Medicare and Medicaid. Additionally, Medicaid is the default payer for long-term care for all who need it and provides a living wage for those who provide the services.

Marini Jameson Carey said system-wide price transparency is the most important way to lower health care costs. The Association of Independent Doctors aims to achieve site-neutral payments and stop the consolidation of health care. The bills before the committee today will expand coverage and protect the vulnerable. The root problem is the high cost of health care. The ACA has only increased the cost of coverage while the lack of coverage plays into the high cost.

Congress can lower prices by increasing price transparency, site-neutral payments, and stopping the consolidation of health care clinics. Sadly for some, cutting costs is less appealing than lowering revenue streams. For too long, hospitals and insurance companies have been obsessed with keeping prices in the dark. Consolidated health care is a leading cause for rising costs. With the new legislation passed under the Trump Administration, hospitals are supposed to put their prices online but most have avoided doing so or have embedded codes that block price information. Transparency is a nonpartisan issue and would cost Americans nothing. In fact, 91% of Americans believe hospitals should put all prices online.

Laura LeBrun Hatcher said her son had a brain bleed and their family quickly learned about the restrictiveness of the country's health care system. With the passage of the ACA, the new coverage provided relief for so many medically complex children. In 2017, Republicans moved to repeal the ACA, which led to the creation of the organization "Little Lobbyists." This organization advocates for health care, education, and inclusion that American families with children with medical complexities need. Also, being in an entrepreneurial family and not having a conventional job, insurance was not possible. Through Medicaid funding for home and community services, the encouragement of states to expand Medicaid, and support for small businesses to expand subsidies to eliminate the coverage cliff provides much needed support. However, these provisions need to be permanent today.

Questions and Answers

Chairman Eshoo asked what Congress should do to get citizens to take advantage of the new health care reforms and why short-term plans should still be supported, given that the significance of [H.R. 1875](#) is that it will put an end to pre-existing condition discrimination in ACA plans. **Ms. Mann** said people have to know what the benefits are, what the rules are, and how to apply them. Because of the pandemic, increased funding needs to be allocated to marketing and navigators. **Mr. Cameron** said there is value in choice. For example, Idaho limited pre-existing clauses in Idaho's short-term plans and allowed the state to work with consumers to find them the coverage they need. Healthy people and those who cannot afford it won't take advantage of the plans.

Ranking Member Guthrie asked to expand further on how health care costs can be dealt with. **Ms. Carey** said we have to bring down the whole burden of costs. When hospital groups buy providers, they layer facility fees which drives the cost by five times or more. Through price transparency, competition will increase and the cost will come down. **Ranking Member Guthrie** asked if CMS has issued guidance for express lane eligibility ([ELE](#)). **Ms. Mann** said only a number of states use the ELE and have identified it as effective, yet limited. CMS could issue guidance as needed, but OIG didn't see any particular evidence of a need for more guidance. **Ranking Member Guthrie** asked if states have the ability to regulate short-term plans and what the value of short-term plans is. **Mr. Cameron** said the value is largely for those who are between jobs. Some states have started regulating them or have limited their duration period.

Chairman Pallone asked why an individual who is healthy when signing up for one of these plans still may receive high bills. **Ms. Keith** said when an emergency occurs when an individual has this type of coverage, they do not have security for many service categories, they have high deductibles, and sometimes are denied coverage if they have a pre-existing condition.

Ranking Member McMorris Rodgers asked how can health care be made more affordable and if there is anything stopping Washington from implementing a plan similar to Idaho's plan. **Mr. Cameron** said Washington could implement them. **Ranking Member McMorris Rodgers** asked if any bills today lower health care. **Mr. Cameron** said the one regarding more funding for reinsurance pools. **Ms. Carey** said no. **Ranking Member McMorris Rodgers** asked how price transparency would help patients. **Ms. Carey** said increased price transparency increases competition so consumers will be empowered and costs will lower. **Ranking Member McMorris Rodgers** asked what advice could be provided for a patient who is seeking a service and has a high deductible. **Ms. Carey** said the consumer should come to the hospital with a comparable price from another institution and ask for a match. **Ranking Member McMorris Rodgers** asked how competition impacts quality. **Ms. Carey** said competition has been shown to increase quality.

Rep. Butterfield (D-NC) asked what the economic argument is to expand Medicaid. **Ms. Mann** said no state that has decided to expand has dropped it, which shows that it is beneficial across the board. Bringing federal dollars in for costs that states were previously burdened with provides relief for states. Some states where they have imposed fees for providers per each person they cover also allows more money into the system.

Rep. Griffith (R-VA) asked if more price transparency is imposed, whether rural hospitals will close. **Ms. Carey** said hospitals need to stay open, but they don't need to own a lot of providers. There needs to be a realignment of the funds for less building and purchasing and more towards providing affordable care. **Rep. Griffith** asked if Idaho has network adequacy standards for providers and how to exclude negative providers. **Mr. Cameron** said there are network adequacy standards and there are six carriers in the Exchange. There is an extensive process where carriers are required to submit their rates, the policies are reviewed, and some negotiations occur. **Rep. Griffith** asked what confusion will do for competition. **Mr. Cameron** said confusion would discourage carriers to meet new demands implemented by Congress and consumers would also not know who to turn to. **Rep. Griffith** asked how many people in Idaho would lose their plans if Medicare for All was implemented. **Mr. Cameron** said 1.4 million.

Rep. Matsui (D-CA) asked if the Biden administration could increase marketing for new subsidies. **Ms. Keith** said Covered California has really lead the way to marketing capabilities. So far, the Biden Admin has allocated \$50 million to market new coverage options. **Rep. Matsui** asked for an example of how some states are working to address racial discrimination through Medicaid. **Ms. Mann** said in California, the Whole Person Pilots have addressed homelessness, housing insecurity, and hunger. The state is now looking to make the program statewide. **Rep. Matsui** asked if Congress should support these programs moving forward. **Ms. Mann** said yes, and to make sure all payment players are aware of these programs and participate in reimbursements for the services.

Rep. Bilirakis (R-FL) asked why the ACA has raised costs. **Mr. Cameron** said many individuals do not qualify for a subsidy due to a family or job glitch. **Rep. Bilirakis** asked if the ACA has fulfilled its promise of coverage, why enrollment has declined. **Mr. Cameron** said people are being forced out of the Marketplace if they do not receive a subsidy. **Rep. Bilirakis**

asked where the biggest issues are in achieving true transparency. **Ms. Carey** said Congress should require further price transparency for all deals. Consumers should be able to shop for health care like they do for airplane prices.

Rep. Castor (D-FL) asked how navigators help find coverage for people. **Ms. Hatcher** said shopping for health insurance coverage is difficult and the navigator functions as an HR (benefits) professional. **Rep. Castor** asked what the backend tactics are that junk plans engage in to avoid paying medical bills. **Ms. Keith** said junk plans participate in rescissions, which means that as soon as the person needs coverage, the plan finds a reason as to why to do not qualify.

Rep. Long (R-MI) asked how effective the navigator program has been and if more funding should be provided. **Mr. Cameron** said no. Many people in Idaho only use an agent, who is licensed and trained to help someone find coverage. This is the safest way versus a navigator. **Rep. Long** asked if navigators should be able to consider short-term limited plans for consumers. **Mr. Cameron** said a navigator may not have the expertise to identify a good versus a bad short-term plan. **Rep. Long** asked what the challenges are in helping people obtain coverage in the ACA marketplace. **Mr. Cameron** said the high price is the most difficult.

Rep. Schrader (D-OR) asked if reinsurance can reduce premiums. **Mr. Cameron** said Idaho takes premium tax dollars to allow carriers to buy reinsurance coverage and the state covers the most expensive services. **Rep. Schrader** asked is there a role for health savings accounts for those who cannot get subsidies. **Mr. Cameron** said yes, especially for those that are healthy.

Rep. Dunn (R-FL) asked what the role of the physician is when helping patients navigate health care. **Ms. Carey** said doctors are on the patients' side but they are nervous about posting prices because they feel like insurances won't cover their practice or hospitals will mandate the prices to be taken down or receive a consequence. **Rep. Dunn** asked if doctors have adequate access to price information. **Ms. Carey** said if Congress made it easier for everyone to have transparent prices, doctors could access the information easier.

Rep. Ruiz (D-CA) asked what the current Federal Medical Assistance Percentage (FMAP) for Indian Health programs is. **Ms. Mann** said it is at the state's current Medicaid match. **Rep. Ruiz** asked if there is any policy reasons for this disparity. **Ms. Mann** said it is an accident of history. **Rep. Ruiz** asked if a 100 percent FMAP would be a relief for providers. **Ms. Mann** said it would. **Rep. Ruiz** asked if it would be beneficial to maintain reimbursement policies currently enacted outside of 2021. **Ms. Mann** said it would.

Rep. Curtis (R-UT) asked if it would be beneficial for companies that have membership programs, like Costco, to sponsor health insurance plans. **Mr. Cameron** said it could be but the biggest concern is what happens when someone buys coverage and goes to another state. Idaho has addressed this by building a partnership with neighbor states. **Rep. Curtis** asked if more states would participate in Medicaid expansion if there wasn't a one-size-fits-all approach. **Ms. Mann** said there is enormous flexibility in the current Medicaid program.

Rep. Sarbanes (D-MD) asked what the biggest challenges have been for the ACA marketplace during COVID-19. **Ms. Hatcher** said COVID-19 has created multiple challenges in online

learning for children and working full-time in the current economy, but the ACA has been one of the biggest reliefs. **Rep. Sarbanes** asked how many people will see a decrease in premiums and how many uninsured individuals will qualify for subsidies. **Ms. Keith** said 9 million consumers will see a decrease in premiums and 14.9 million individuals will be eligible for the subsidies.

Rep. Carter (R-GA) asked if brokers are more successful in enrolling people than navigators. **Mr. Cameron** said yes and Idaho has their own state-based exchange market. **Rep. Carter** asked if not using healthcare.gov has hindered enrollment. **Mr. Cameron** said it has not. **Rep. Carter** asked how reinsurance in Idaho has helped lower premiums. **Mr. Cameron** said Idaho did not use a 1332 waiver, but adopted its own program and set up the reinsurance process through an appointed board. The carriers have to pay a premium to buy the reinsurance.

Rep. Cardenas (D-CA) asked what Congress can do to fully close racial and ethnic coverage gaps. **Ms. Keith** said extending coverage to parents is important, as well as the rollback of the [public charge rule](#). It would also be helpful to have navigators and enrollment outreach personnel, along with materials in multiple languages. **Rep. Cardenas** asked how Congress could better integrate individuals who are otherwise left out due to their immigration status. **Ms. Mann** said the rollback of the public charge rule is important, but it will take a lot more to restore trust in families. Additionally, some people are still not eligible for other reasons, which can be addressed. **Rep. Cardenas** asked how it felt to see Congress try to repeal the ACA multiple times. **Ms. Hatcher** said it was a fearful and powerless moment. It is life or death for many families.

Rep. Joyce (R-PA) asked if Congress should build on President Trump's guidance to increase flexibility for the [1332 waiver](#). **Mr. Cameron** said Congress should look further and not build upon anyone else's guidance. **Rep. Joyce** asked if Congress should increase 1332 flexibility to get the best use of state innovation dollars as such with [H.R. 1796](#). **Mr. Cameron** said it should. **Rep. Joyce** asked if Congress should move from a 1-to-3 age ratio to the 1-to-5 age ratio. **Mr. Cameron** said it should. **Rep. Joyce** asked how funds in [HR. 1796](#) should be used. **Mr. Cameron** said funds should be used to allow for innovation and to create programs on how to attract the young and the healthy to the ACA.

Rep. Dingell (D-MI) asked what the short- and long-term impacts of uncertain funding for the Money Follows the Person program are. **Ms. Mann** said the program is a strongly nonpartisan program. The ending of the program causes a great deal of havoc and impairs states' and communities' ability to plan for the program to be as effective as possible. **Rep. Dingell** asked if Medicaid programs see cost savings if funding for home- and community-based services is increased. **Ms. Mann** said it is far less expensive to care for people in their homes versus institutions. **Rep. Dingell** asked if long-term funding would help states improve the program. **Ms. Mann** said yes. **Rep. Dingell** asked how making this program permanent would benefit those in long-term facilities. **Ms. Mann** said it's very difficult to transition out of long-term facilities, so Money Follows the People provides the needed supported.

Rep. Crenshaw (R-TX) asked if doctors in the Association of Independent Doctors are working within the direct primary care model. **Ms. Carey** said yes, 30% are already using that model while another 30 percent are working in that direction. **Rep. Crenshaw** asked if using an [1115](#)

[waiver](#) to promote direct primary care would work for Idaho. **Mr. Cameron** said yes but the ACA already has primary care services written into it, so it may seem like the state would be double paying.

Rep. Kuster (D-NH) asked if it is common for junk plans to refuse to pay for care if they can find the patient has a pre-existing condition. **Ms. Keith** said yes, and patients are left with large bills because short-term plans do not cover many service categories. **Rep. Kuster** said he is reintroducing the Protecting Americans with Pre-Existing Conditions Act.

Rep. Kelly (D-IL) asked how the American Rescue Plan will address inequities in Medicaid. **Ms. Keith** said Black and Latino communities have seen the largest coverage gains due to these reforms. **Rep. Kelly** asked how the expansion and making CHIP permanent for post-partum mothers will reduce maternal mortality and how will it reduce the death of black mothers. **Ms. Mann** said the 60-day postpartum coverage was not based on science. Many of these issues arise in the postpartum duration so policies that provide more support during this time will be beneficial. Since CHIP has a detail that covers pregnant women, making CHIP permanent will also help mothers. **Rep. Kelly** asked if the bills discussed today, such as [H.R. 340](#), would entice states that haven't expanded Medicaid to consider expansion. **Ms. Mann** said yes, Wyoming just recently passed legislation to expand Medicaid because of the support provided through the American Rescue Plan and Alabama is considering it.

Rep. Barragan (D-CA) asked what the importance of CHIP is and how periodic authorization threatens the program. **Ms. Mann** said CHIP is very important for the health of children. When authorizations do not occur in timely ways, some states stop taking applications and put children on waiting lists to get the care they need. **Rep. Barragan** asked what actions states had to take when CHIP expired in 2017. **Ms. Mann** said this also happened in 2015. Some states had to let families know what was happening. **Rep. Barragan** said home- and community-based services also need to be supported and expanded.

Rep. Rochester (D-DE) asked how gutting the ACA's advertising budget under the previous administration impacted enrollment. **Ms. Keith** said enrollment under healthcare.gov has been stagnant until this year, which is where funds for marketing makes a difference. **Rep. Rochester** asked how advertising and enrollment efforts help younger people enroll in coverage. **Ms. Keith** said it is important for younger consumers to know what is available and what is affordable. **Rep. Rochester** asked how many uninsured individuals will be eligible for subsidies from the American Rescue Plan. **Ms. Keith** said 14.9 million people.

Rep. Schrier (D-WA) asked why access to care is important for children. **Ms. Mann** said access to care in Medicaid is very strong in some areas of the country. Some issues can be traced back to the payment rates, which can be far too low. The adequacy of the payment level can help provide support to a well performing practice. **Rep. Schrier** asked how the provisions for middle-class families will make health care more affordable. **Mr. Keith** said subsidies will support middle-income families by requiring premiums to be no more than 8.5% of individual's income.

Rep. Trahan (D-MA) asked how enhanced subsidies help make coverage more affordable and accessible. **Ms. Keith** said the subsidies lower premiums and provide an opportunity for others to buy a more comprehensive plan, which extends up and down the income scale. **Rep. Trahan** asked how the expansion of Medicaid increases access to treatments for opioid disorder. **Ms. Mann** said with the coverage gap in Medicaid from states that haven't expanded coverage, they can only receive care from charity services. Medicaid expansion provides consistent and high-quality care.

Rep. Burgess (R-TX) asked what additional benefits can be seen in keeping the short-term duration plans. **Mr. Cameron** said by giving choices to consumers who can't afford the ACA plans, people can choose what suits them best. Individuals that do not have choice go without coverage and then wait to come on to the ACA plans when they have a condition, which makes it extremely expensive. **Rep. Burgess** asked how Idaho feels about 1332 waivers. **Mr. Cameron** said states need to be allowed to be their own innovation centers. The provisions under 1332 are very difficult for small and rural states to use them.

Rep. Fletcher (D-TX) asked how county expansion projects may complement the expansion policies in the American Rescue Plan. **Ms. Mann** said the American Rescue Plan has provided a strong incentive for states who haven't expanded coverage to reconsider. The 5 percent increase in the American Rescue Plan is for all expenditures in the Medicaid program so the base it applies to is a lot larger and equates to a larger amount of money.

Rep. Rush (D-IL) asked if the increase in subsidies is available right now. **Ms. Keith** said the subsidies will began on April 1, so it is important for citizens to go back and note in their application that they say "yes" to the subsidy. This is also a time to shop around for health care. **Rep. Rush** asked if there are any measure on race with the short-term junk plans. **Ms. Keith** said she is not aware.

Rep. Schakowsky (D-IL) asked what the importance of network standards are as defined in [H.R. 1890](#). **Ms. Keith** said quantitative network standards means that patients should be able to have good access to providers in their neighborhood. **Rep. Schakowsky** asked if Congress can require all states to able to look at and review these rates. **Ms. Keith** said yes. Not every state has prior approval authority. Rate review is one way states can put pressure on carriers to lower health care costs.

Rep. Craig (D-MN) asked how the reinsurance program helps reduce premiums. **Ms. Keith** said the program has reduced premiums anywhere from four to 16 percent The states that have this program in place are experiencing a reduction of 18 percent in premiums. **Rep. Craig** asked how reinsurance works. **Ms. Keith** said at its core, it's about finding funding for high-cost conditions. Once insurance companies know they have funding to offset that, they lower premiums for everyone else. **Rep. Craig** asked what other measures would be effective in lowering premiums and out-of-pocket costs. **Ms. Keith** said providing states with additional federal funding to lower costs and experiment is the direction Congress should be going on. There are a whole range of options.

Rep. Veasey (D-TX) asked, in support of **H.R. 340**, if researchers have found positive health effects of Medicaid expansion. **Ms. Mann** said there is a lot of evidence and research that shows a positive health benefit such as lower cancer rates, substance use disorders, and the ability for those with chronic conditions to have greater access to services. **Rep. Veasey** asked if there is a legitimate reason to continue to deny people the right to access Medicaid expansion. **Ms. Mann** said it has been an undeniable success and all evidence points to moving forward with expansion.

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