



House Committee on Energy and Commerce

Subcommittee on Health

Health Care Lifeline: The Affordable Care Act and the COVID-19 Pandemic

September 23, 2020

10:00 AM Virtual Hearing via Cisco Webex

Purpose

The purpose of this hearing is to examine the state of the Affordable Care Act amid the COVID-19 pandemic

Members Present

Chairman Eshoo, Ranking member Burgess, Representatives Walden, Pallone, Shimkus, Butterfield, Guthrie, Matsui, Griffith, Castor, Bilirakis, Sarbanes, Long, Lujan, Bucshon, Schrader, Brooks, Kennedy, Carter, Cardenas, Burges, Dingell, Kuster, Gianforte, Kelly, Mullin, Blunt-Rochester, McMorris-Rodgers, Welch, Schakowsky, Engel, O'Halleran, Ruiz

Witnesses

Aviva Aron-Dine Ph.D., Vice President for Health Policy, Center on Budget and Policy Priorities

Dean Cameron., Director, Idaho Department of Insurance

Dr. Douglas Holtz-Eakin, President, American Action Forum

Peter Lee., Executive Director, Covered California

Benjamin D. Sommers, M.D., Ph.D., Huntley Quelch Professor of Health Care Economics, Professor of Health Policy & Economics / Professor of Medicine Harvard T. H. Chan School of Public Health / Brigham & Women's Hospital

Opening Statements

Chairman Eshoo said that currently, millions of Americans are struggling. Yet, on November 10, the Administration will argue in front of the Supreme Court that the Affordable Care Act (ACA) should be struck down and repealed. This is unfathomable in the midst of a global health pandemic. The ACA is essential to millions of Americans who are able to find affordable coverage due to the law. States that have embraced the ACA have seen significant coverage gains when compared to the rest of the country. States were able to open a special enrollment period, which enabled millions of individuals who lost health care coverage to regain that coverage. The American Medical Association calls the attempt to repeal the ACA and 'potential self-inflicted wound'. In addition, Republicans in the Senate should get on board and pass the HEROES act to deliver assistance to the nation.

Rep. Walden said that when the ACA was passed, the American people were promised many things such as the ability to keep their existing health plan. Unfortunately many of those promises turned out to be untrue. It is also true that there are still significant gaps in health coverage despite claims of the ACA solving health care. In addition, it remains concerning that; surprise medical bills

continue to occur. This committee should be able to avoid partisan bickering and come up with a real solution for the American people. It is clear that there is common ground on many issues such as drug pricing, but innovation cannot be compromised. This is evident now as many pharmaceutical manufactures are working around the clock to develop a vaccine for novel COVID-19 vaccine. Operation Warp speed is something that this nation should be very proud of. The administration has avoided unnecessary red tape to speed up the development of a safe vaccine.

Rep. Pallone said that COVID-19 has changed Americans lives forever. The HEROES Act, which the house passed 4 months ago, would provide assistance to struggling individuals and families. Unfortunately, Senator McConnell and the Trump Administration do not seem to think providing additional relief to the American people is necessary. Failing to act will result in immeasurable damage to the US economy. Currently, the Administration is seeking to do further damage to the American People by arguing to strike down the ACA in the middle of a global health pandemic. If the Trump Administration succeeds, 20 million American would immediately lose their health care coverage. It does not have to be this way. Instead of attacking the ACA, the administration could be encouraging enrollment in the ACA and opening up a special enrollment period. It is clear the administration has no desire to help the American public in this fashion.

Testimony

Dr. Aron-Dine said that the Affordable Care Act (ACA), along with the broader Medicaid program, is indeed providing a lifeline for millions during the COVID-19 pandemic and recession. We would be in a stronger position to address these crises had the law been fully implemented nationwide and if policies adopted over the past four years hadn't chipped away at ACA coverage gains and protections. But we would be in a far weaker position if the law had been repealed in 2017 or if it is struck down in court, as the Administration and 18 state attorneys general continue to urge. Fewer people had coverage at the start of the pandemic, and more will become uninsured during the downturn, due both to some state policymakers' refusal to take up the ACA's expansion of Medicaid and to federal policies that have undermined Medicaid and the ACA marketplaces. The consequence is that more people will go without needed care or will incur unaffordable medical expenses during the crisis. While Administration policies contributed to coverage losses that have eroded about 10 percent of the ACA's coverage gains, the uninsured rate remains far below pre-ACA levels. But on November 10, the Administration, along with a group of 18 states, will argue before the Supreme Court that it should strike down the entire ACA. A decision striking down the ACA would end Medicaid expansion, eliminate the marketplaces and premium tax credits, end protections for people with pre-existing health conditions, and eliminate the requirement that insurers let young adults remain on their parents plans until age 26. Striking down the ACA would also weaken coverage for those who have it, further undermining the response to the pandemic and worsening access to care and financial hardship more broadly.

Mr. Cameron said at the onset of the pandemic and Idaho's emergency declaration, the Department of Insurance began meeting weekly, virtually with our carriers. We began collaborating to find solutions to the barriers and dilemmas caused by the pandemic, which included everything from testing, treatment, telemedicine, provider support, enrollment, and pharmaceutical guidelines. The results were rather remarkable. Without mandating, requiring or threatening, all 5 carriers: waived co-payments, deductibles and co-insurance on testing and the physician visit associated with testing; waived co-payments, deductibles and co-insurance on

treatment related to COVID-19; and expanded their telehealth network dramatically to allow for easier access to telehealth visits. All 5 carriers also provided millions of dollars in timely assistance to providers and consumers as non-COVID-19 claims decreased. Several of the 5 carriers recently provided millions of dollars in refunds/credits to their consumers. Since then, carriers have filed their individual market 2021 premium rates, and although not final, three of our carriers requested a rate reduction with two of the least expensive requesting a small increase. Overall, the net increase is 1%. Lastly, just a quick note on Medicaid. During the pandemic, the number of Idahoans who have advanced premium tax credits continues to drop while Medicaid and Medicaid expansion enrollment continues to outstrip projections. Even with the expanded FMAP match those numbers are concerning to our state budget at a time when the economy is precarious. The unknown is whether Idahoans will shift back to private coverage as the economy improves.

Dr. Holtz-Eakin said released last week, the Census Bureau's report on health insurance coverage in 2019 is a timely look at insurance coverage prior to the onset of the COVID-19 pandemic. The report includes data from two different surveys: the Current Population Survey Annual Social and Economic Supplement (CPS ASEC) and the American Community Survey (ACS). According to the CPS ASEC survey, in 2019, 26.1 million (8 percent) of people residing in the United States were uninsured for the entire year. The ACS survey found similar but slightly higher uninsured numbers with 29.6 million (9.2 percent) of respondents reporting being uninsured at the time they were interviewed. Both surveys show that roughly 56 percent of the population was receiving health insurance coverage through employer-sponsored insurance (ESI) in 2019. The Kaiser Family Foundation (KFF) estimated in a May 2020 report that 78 million individuals lived in a household that experienced job lost between March 1, 2020, and May 2, 2020. The report further estimated that 61 percent of those households were receiving ESI at the time they became unemployed, and that 9 percent were uninsured. Both figures are roughly consistent with the findings of the ACS and CPS ASEC surveys. KFF concludes that "nearly 27 million people could potentially" have lost insurance coverage because of pandemic-related job loss between March and May. Several policies have been put forward since the onset of the pandemic, and corresponding job loss, aimed at addressing the problem of the newly uninsured. As we have seen, however, the problem may be less expansive than originally thought, and many of the proposed policies are not well targeted

Mr. Lee said today, more than 10 years after its passage, many of the transformative policies of the Affordable Care Act are generally taken for granted and the implications of turning back the clock to the days before these vital protections were commonplace would be catastrophic for tens of millions of Americans. The Medicaid expansion and the marketplaces created under the Affordable Care Act – such as Covered California – were always intended to provide a coverage backstop for individuals who are not eligible for other coverage through their jobs, Medicare, or other sources. Today, the Affordable Care Act is facing the first "pressure test" of responding to Americans' needs in the face of the biggest public health crisis and economic downturn in many years. Covered California has sought to rise to the challenge as millions of Californians have lost jobs or income due to the COVID-19 pandemic and recession, and our state has invested in the Affordable Care Act through bold policies that positioned us to be able to better respond. As described in the just released report, Coverage When You Need It: Lessons from Insurance Covered Transitions in California's Individual Marketplace Pre and Post the COVID-19 Pandemic,

Covered California's overall enrollment reached an all-time high of 1.53 million actively enrolled consumers as of June 2020 (See Exhibit 1). This represents an 8 percent increase over Covered California's previous high of 1.4 million in March of 2018. The record enrollment in Covered California is what would likely be expected for marketplaces that were established to be part of the safety net for consumers with gaps in coverage, but it did not "just happen." Rather, the enrollment has been driven by significant investments in marketing and outreach throughout Covered California's history, along with patient-first policies during the current pandemic and recession. Each year, about one-third of Covered California's membership consists of new enrollees, and one-third of its annual membership leaves the marketplace within the plan year. Covered California's analysis found the pandemic exposed the fragility of the employer sponsored insurance market, where not only is the overall quality of plans deteriorating for many, but tens of millions of people across the nation have suddenly been left without coverage due to the pandemic. As a nation, we are at a pivotal time for the Affordable Care Act and for health care more broadly. In much of the country, the challenges we face have been exacerbated by recent federal policy actions – including the federal elimination of the individual mandate penalty, promotion of short-term, limited duration insurance, and the reduction in marketing and outreach by the federally-facilitated marketplace. As a result, these actions have chipped away at the integrity of the Affordable Care Act, forced millions to lose their coverage and steadily raised the national uninsured rate from 8.6 percent in 2016 to 9.2 percent in 2019.

Dr. Sommers said the Affordable Care Act (ACA) implemented several large policy changes designed to expand health insurance to the uninsured population. First, in 2010, young adults under age 26 were allowed to remain on their parents' plans, which led to two to three million more young adults gaining insurance. Then, in 2014, private health insurance became available from the new health insurance Marketplaces (either federally-facilitated or state-based), with premium subsidies for those with incomes below 400% of the federal poverty level and major new consumer protections in the non-group insurance market. Also in 2014, Medicaid eligibility in participating states was expanded to non-elderly adults with incomes below 138% of the federal poverty level. The result was a rapid decrease in the uninsured rate, discussed earlier and depicted in Figure 1. Roughly, 20 million U.S. residents gained insurance between 2010 and 2016 from the provisions of the ACA. Research indicates that Medicaid accounted for about 60% of the law's coverage gains after 2014, evenly split between newly-eligible individuals and the "welcome mat" effect, in which previously-eligible but uninsured individuals signed up for Medicaid after the law's implementation. Marketplace subsidies accounted for roughly 40% of the law's coverage gains, and states running their own Marketplaces were nearly twice as effective at expanding coverage as states using the federal Marketplace. Evidence suggests that the individual mandate did not play a major role in boosting overall enrollment under the ACA. The COVID pandemic and associated economic downturn have led to a historically large and rapid rise in the unemployed rate in 2020, which threatens to leave millions of Americans without health insurance. Analysts have predicted that between 20 and 30 million people may lose their ESI during the crisis. While it is too soon to know the long-term impact, preliminary data sources indicate a rise in the uninsured rate and a shift from employer coverage to Marketplace insurance and Medicaid – though smaller than some original estimates. A report analyzing a new survey launched in April 2020 by the Census Bureau found that 3.3 million adults lost their ESI between April and July, and 1.9 million became uninsured. Notably this report was unable to compare these trends to the pre-COVID February baseline. Nearly a decade of research demonstrates that the Affordable Care Act

has expanded insurance to 20 million people in the U.S., improving their financial security, access to care, and health. The COVID pandemic threatens to leave millions of Americans without health insurance due to widespread unemployment and lost income. The ACA can serve as a critical lifeline for those affected by the pandemic, particularly lower-income families, communities of color, and blue-collar workers. Policymakers should maximize the law's potential benefits by supporting aggressive outreach and assistance to help eligible people get enrolled and stay enrolled in coverage during this crisis and beyond.

Questions and Answers

Chairman Eshoo asked if the ACA is a critical part of the social safety net. **All Witnesses** said yes. **Chairman Eshoo** asked if any of the witnesses have seen any details related to a health plan published by the Trump Administration. **All Witnesses** said no. **Chairman Eshoo** asked if any of the witnesses are aware of a Trump Administration policy that protects patients with pre-existing conditions. **All Witnesses** said no. **Chairman Eshoo** asked how long it takes for a policy espoused in an Executive Order to become a final rule. **Dr. Aron-Dine** said a rapid rule making process could still take up to 1 year. **Chairman Eshoo** asked what the results were of California Special Enrollment Period. **Mr. Lee** said that the result was double the amount of people enrolled this year when compared to last year.

Rep. Walden asked if Idaho participates in CHIP. **Mr. Cameron** said yes. **Rep. Walden** asked how much the federal government contributes to that program in Idaho. **Mr. Cameron** said that it is close to 80%. **Rep. Walden** asked how many people are covered by CHIP in Idaho. **Mr. Cameron** said 25,000. **Rep. Walden** asked what the results have been in the Idaho health care marketplace. **Mr. Cameron** said that in Idaho, the uninsured population went up with the passage of the ACA. **Rep. Walden** asked what the premiums are for short term plans in Idaho. **Mr. Cameron** said they are 50% the price of traditional premiums.

Rep. Pallone asked how many individuals would lose health care coverage if the ACA were struck down. **Dr. Aron-Dine** said about 20 million people. **Rep. Pallone** asked if the ACA is repealed, would individuals be able to get coverage for preexisting conditions. **Dr. Aron-Dine** said that coverage would be determined on an individual basis. If they are covered, they would be charged more. **Rep. Pallone** asked if COVID-19 would be considered a pre-existing condition. **Dr. Aron-Dine** said that she believes it would be. **Rep. Pallone** asked where people turn once they lose coverage. **Dr. Sommers** said that they turn to a family member who has coverage under their employer or look to qualify for Medicaid.

Rep. Shimkus asked if the Constitution is the supreme law of the land. **All witnesses** said yes.

Rep. Butterfield asked what it means for state budgets to lose revenue during a recession. **Dr. Aron-Dine** said that there is a large budget strain because states lose revenue and have to spend more on public programs. **Rep. Butterfield** asked if it is true that in the past, Congress has provided additional help through increasing federal funds known as FMAP. **Dr. Aron-Dine** said yes. **Rep. Butterfield** asked what services may be cut due to lost revenue. **Dr. Aron-Dine** said states would probably cut back on optional services and may seek to introduce procedural hurdles that make it harder to get coverage. **Rep. Butterfield** asked if reimbursement rates would be cut. **Dr. Aron-Dine** said yes.

Rep. Guthrie asked if it is true that if you lose your job, you have the opportunity to enroll in another health program. **Mr. Cameron** said yes. **Rep. Guthrie** asked what the result would be of opening a special enrollment period. **Dr. Holtz-Eakin** said that the costs for insurers would increase dramatically and thus increase the price for consumers. This is because some very expensive individuals who enter the risk pool who were not priced by the insurers at the beginning of the plan year. This is not a hypothetical, it is a reality. Premiums will increase. **Rep. Guthrie** asked how this economic downturn differs from other economic down turns. **Dr. Holtz-Eakin** said that is different because it is marked by a decline in high income household spending.

Rep. Matsui asked what the impact of the California's special enrollment period has been. **Mr. Lee** said that premiums have dropped because health people have enrolled in the plans. Furthermore, COVID-19 treatment and testing has increased. **Rep. Matsui** asked why the number of uninsured was rising prior to the pandemic. **Dr. Aron-Dine** said the administrations public charge rule lead to a chilling effects.

Rep. Griffith asked if the ACA fulfilled its ream of letting individuals keep their health plan and their doctors while also lowering premiums. **Dr. Holtz-Eakin** said no. **Rep. Griffith** asked how much money someone can save on a short term plan. **Dr. Holtz-Eakin** said that short term plans offer greater flexibility in what is hopefully a short recession.

Rep. Castor asked why California has outlawed junk plans. **Mr. Lee** said because these plans are extremely low value with no coverage guarantee. These are plans that can exclude people based on their health status. Essentially, these plans are Swiss cheese coverage. It is hard to know what is covered and what is not. These plans are only useful if you can predict the future. **Rep. Castor** asked if short term plans pose a risk to those who contract COVID-19. **Dr. Aron-Dine** said yes. There is a myth that consumers are fully informed consumers who can make a well thought out purchase regarding their health plan. We know that this is now true.

Rep. Bilirakis asked why cots have continued to rise since the implementation of the ACA. **Dr. Holtz-Eakin** said health care consolidation has contributed to this rise. There is a fundamental lack of competition. **Rep. Bilirakis** asked if preventative measures are needed to address the nation's mental health crisis. **Mr. Cameron** said yes. **Rep. Bilirakis** asked if additional federal guidance surrounding the reimbursement of mental health services furnished over telehealth would be useful. **Mr. Cameron** said yes but there are still barriers to telehealth.

Rep. Sarbanes asked what Mr. Lee did to increase access to coverage in California. **Mr. Lee** said that two days after a state of emergency was declared, California opened up a special enrollment period. California also decided to conduct aggressive outreach to bring more people into the marketplace.

Rep. Long asked how the ACA has affected the cost of healthcare. **Dr. Holtz-Eakin** said there has been an increase in the cost of healthcare when compared to wages. **Rep. Long** asked about Idaho's 'enhanced short term plans. **Mr. Cameron** said that these plans have the same benefits, as ACA plans are more affordable. These individuals stay in the ACA risk pool. **Rep. Long** asked if these products are regulated to ensure consumer protection. **Mr. Cameron** said yes. **Rep. Long**

asked if Idaho provided credits to consumers and advanced payments to providers. **Mr. Cameron** said yes.

Rep. Lujan asked how short term limited duration plans have impacted the market. **Dr. Sommers** said there are a couple of issues here. First people need to know that these plans exist in order to get covered. If you make the sign up period shorter and reduce marketing, less people will be able to enroll and get coverage. Second, this is not a story where some states suffered under the ACA. Every single state in the US experienced coverage gains as a result of the ACA. **Rep. Lujan** asked what striking down the ACA would do to state budgets. **Dr. Aron-Dine** said that it would undo Medicaid expansion. States would not be able to afford to cover these beneficiaries.

Rep. Bucshon asked if the recent GAO report found that short term plans were guilty of false marketing. **Dr. Holtz-Eakin** said he is not familiar with the report, but he will get back to Rep. Bucshon after reading it. **Rep. Bucshon** asked if Dr. Holtz-Eakin agrees that the Individual Mandate was not an effective policy. **Dr. Holtz-Eakin** said that this has been debated among researchers for a little while. The CBO in particular has really rethought the effectiveness of the mandate. Instead what was successful was using health navigators, improving marketing, and improving outreach. **Rep. Bucshon** asked if the recently finalized health reimbursement accounts rule would increase the number of people who will enter the exchanges. **Dr. Holtz-Eakin** said that is the belief, but there is not data yet to support this. **Rep. Bucshon** asked what plans did in Idaho to support providers. **Mr. Cameron** said that the 5 carriers provided targeted loan programs, suspended prior authorization restrictions, and provided other cash assistance programs to Idaho providers.

Rep. Schrader asked if changes need to be made to the COBRA program. **Dr. Holtz-Eakin** said COBRA is pretty effective as a stop gap. **Rep. Schrader** asked what the socio-economic make up is of individuals using the special enrollment period. **Dr. Aron-Dine** said that a majority of individuals are middle income workers.

Rep. Brooks asked in what areas telehealth is successful. **Mr. Cameron** said that telehealth has not had a lot of take up in Idaho. This is probably because there is still some consumer hesitancy.

Rep. Kennedy asked what has happened to Medicaid enrollment since the beginning of the pandemic. **Dr. Aron-Dine** said that it has increased. **Rep. Kennedy** asked if Medicaid is counter cyclical. **Dr. Aron-Dine** said yes. **Rep. Kennedy** asked if Medicaid enrollment will continue to climb. **Dr. Aron-Dine** said yes. **Rep. Kennedy** asked what will happen to beneficiaries who have coverage under Medicaid expansion if the ACA is stuck down. **Dr. Aron-Dine** said that they would lose their coverage.

Rep. Carter asked how short term limited duration plans fill the gap left when consumers lose their employer sponsored insurance. **Dr. Holtz-Eakin** said that there is not a lot of data on what's happening on the ground right now. However short term plans provides consumers with another option that they previously did not have. These plans may be more affordable than other traditional plans. **Rep. Carter** asked if it provides patients with more flexibility and affordability. **Dr. Holtz-Eakin** said yes. There is a greater variety of plan designs. The concern is that individuals would not understand the plan that they are buying. This could be countered with effective

marketing and outreach. **Rep. Carter** asked how the cost of healthcare can be reduced. **Dr. Holtz-Eakin** said that competition needs to be encouraged and delivery system reforms should be considered.

Rep. Cardenas asked how many Americans will lose coverage if the ACA is repealed. **Dr. Aron-Dine** said about 20 million Americans. **Rep. Cardenas** asked what the impact would be on Medicaid expansion. **Dr. Aron-Dine** said that Medicaid expansion would disappear and people would lose coverage. **Rep. Cardenas** asked if the ACA expanded access to health care for many Americans regardless of income status. **Dr. Sommers** said yes. The ACA has helped working families.

Ranking member Burgess asked if people who lose coverage can sometimes get coverage under a family members employer sponsored plan. **Dr. Holtz-Eakin** said yes. **Ranking member Burgess** asked what safety net exists. **Dr. Holtz-Eakin** said the ACA individual market, Medicaid, and short term limited duration plans are examples of the safety net. **Ranking member Burgess** asked how Idaho plans waived eligibility requirements so beneficiaries can maintain coverage. **Mr. Cameron** said that Idaho met with plan sponsors and identified several state policies that made it harder to get coverage.

Rep. Dingell asked what it means to rebalance long term supports in Medicaid. **Dr. Aron-Dine** said that rebalancing refers to a rebalancing between institutional care and home health care. **Rep. Dingell** asked what barriers exist to Medicaid beneficiaries receiving more services in the community. **Dr. Aron-Dine** said reimbursement for these services is a limiting factor. **Rep. Dingell** asked if there is an institutional bias against home based care. **Dr. Aron-Dine** said yes.

Rep. Kuster asked how enrollment in state based market places compared to the federal market place. **Dr. Sommers** said that there has been a 15% increase in open enrollment totals in states.

Rep. Gianforte asked what is happening regarding telehealth utilization in Idaho. **Mr. Cameron** said there has been a 250-fold increase in telehealth usage. **Rep. Gianforte** asked what Congress can do to enhance telehealth adoption. **Mr. Cameron** said that the current flexibilities need to be made permanent. There also needs to be additional support in purchasing the technology needed to offer telehealth.

Rep. Kelly asked how health disparities would be affected if the ACA was repealed. **Dr. Sommers** said repeal of the ACA would worsen these disparities. **Rep. Kelly** asked how deaths and health disparities can be overcome. **Dr. Aron-Dine** said there should be a do no harm principle which means that the current coverage options would not go away. States also need additional funding so they don't have to cut optional programs.

Rep. Mullin asked what regulatory actions have been taken to improve the outcomes of patients during the pandemic. **Mr. Cameron** said that patients can now obtain prescription drugs early and in a larger supply. Idaho also worked with carriers to expand coverage eligibility requirements. **Rep. Mullin** asked how the federal government can encourage competition. **Mr. Cameron** said the federal government needs to work closer with plan carriers.

Rep. Blunt-Rochester asked how many individuals have benefited from the subsidies offered in California. **Mr. Lee** said about 600,000 people. **Rep. Blunt-Rochester** asked what benefits have been seen as a result of California's aggressive marketing and outreach. **Mr. Lee** said that it resulted in more people having health coverage and premiums decreased. **Rep. Blunt-Rochester** asked how investing in outreach and marketing for the ACA help consumers. **Dr. Aron-Dine** said that more people would get coverage.

Rep. McMorris-Rodgers asked what changes in the way that private health insurance has covered certain services have been seen in the market. **Dr. Holtz-Eakin** said that telehealth has emerged as a popular treatment options. **Rep. McMorris-Rodgers** asked what policy changes should be made permanent. **Dr. Holtz-Eakin** said that the American Action Forum has created a list of policies that should be made permanent.

Rep. Welch asked about the trade off between regulations and standards. **Dr. Holtz-Eakin** said that there is a difference between regulation that says what you may or may not offer versus a set of standards that creates a minimum benefits package. **Rep. Welch** asked what the pressure high cost imposes on a health system. **Dr. Aron-Dine** said that high costs are a system wide issue. To combat this there needs to be delivery system reform.

Rep. Schakowsky asked what Mr. Lee would recommend to other states who are relying on the federal exchange. **Mr. Lee** said that California's independent exchange builds on the ACA. Consumers should choose between plans with good choices.

Rep. Engel asked why federal dollars are critical for supporting Medicaid expansion. **Mr. Cameron** said that the state could not afford it on its own.

Rep. O'Halleran asked how the ACA can be improved to ensure rural communities have access to care. **Dr. Aron-Dine** said one of the most urgent needs is to address the fiscal crisis that states are facing. **Dr. Sommers** said provider shortages need to be addressed.

Rep. Ruiz asked what the impact would be on individuals with preexisting conditions if the ACA was struck down. **Dr. Aron-Dine** said that the individual market would be predatory for these individuals. **Rep. Ruiz** asked how individuals with COVID-19 could be impacted by the repeal of COVID-19. **Mr. Lee** said that these individuals may struggle to find coverage due to COVID being a preexisting condition.

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