

MURRAY-ALEXANDER INDIVIDUAL MARKET STABILIZATION BILL

This bipartisan agreement to strengthen the health care system will stabilize the markets that millions of families rely on for insurance coverage, reducing the risk of premium spikes and the threat of insurer exits. The bill also mitigates the damage done by the Administration's sabotage by restoring resources for outreach and enrollment before 2018 open enrollment begins.

The Murray-Alexander deal would not affect any of the ACA's core elements – like patient protections, tax credits, essential health benefits – that millions rely on. The major provisions:

RESTORES CSR PAYMENTS:

- Restoring CSR certainty is crucial to continued market stability and affordability for families. Insurers have raised rates by as much as 30% as a result for this uncertainty and continue to threaten exit from insurance markets.
- The agreement restores certainty to health care markets by ensuring cost sharing reductions will be continued through 2017, 2018, and 2019.
- The agreement includes steps to ensure 2018 enrollees receive the financial benefit of cost sharing reduction certainty for the coming year.

REINVESTS IN OUTREACH AND ENROLLMENT:

- Requires HHS to increase funding for outreach and enrollment assistance activities for 2018 and 2019.
- Puts in place extensive reporting requirements to make sure HHS and CMS are held accountable for implementing open enrollment in 2018 and 2019.

MAINTAINS CORE PROTECTIONS OF 1332 WAIVER PROVISION

- Maintains the core protections related to affordability, coverage, and comprehensiveness in current law's 1332 waiver provision.
- Modifies the 1332 "affordability" guardrail to allow states to propose innovative value-based insurance designs, but adds language specifically protecting low income people, those with serious health conditions, and other vulnerable populations.
- Expands the generosity of "pass through" payments to states granted 1332 waivers

STREAMLINING THE 1332 STATE WAIVER PROCESS:

- Shortens the Administration's review window for states' waiver applications,
- Expedites review for states in emergency circumstances, as well as those with waiver proposals that have already been approved for other states,
- Allows Governors to approve state waiver applications, rather than requiring state legislatures to pass a law.
- Waivers are assessed for budget neutrality over the life of the waiver rather than on a yearly basis.

OTHER CHANGES:

- Expands eligibility for catastrophic plans to people over 30, while maintaining a single risk pool so that those with serious medical needs aren't priced out.
- Directs the Administration to issue regulations on interstate health compacts, a provision included in the Affordable Care Act that the Obama Administration never issued regulations on.