

**Testimony of Jodi Kwarciany, Policy Analyst
At the Performance Oversight Hearing for the Department of Health Care Finance and Health
Benefit Exchange Authority
DC Council Committee on Health
February 23, 2018**

Chairperson Gray and members of the Committee, thank you for the opportunity to speak today. My name is Jodi Kwarciany and I am the health policy analyst at the DC Fiscal Policy Institute. DCFPI promotes budget choices to reduce economic and racial inequality and build widespread prosperity in the District of Columbia, through independent research and policy recommendations.

I am here today to thank the Department of Health Care Finance (DHCF) and the Health Benefit Exchange Authority (HBX) for their excellent work in providing access to health care for the District's residents. I am also here to share a few areas where I believe DC can improve, primarily centered around the DC Healthcare Alliance program and ways to stabilize provisions of the Affordable Care Act in DC.

Accomplishments

The District continues to be a leader in providing affordable health coverage options to all residents and reducing our number of uninsured residents. After the passage of the Affordable Care Act in 2010, DC worked aggressively to take advantage of new opportunities. We were one of a handful of states to create a state-based marketplace for private insurance and we expanded our Medicaid program for childless adults well above the federal threshold. DHCF in particular has taken on innovative, collaborative health care delivery models that further improve access to care and health outcomes, while continuing to roll out a major IT system upgrade to make many of these initiatives possible.

Our efforts are paying off. As of August 2017, there are nearly 260,000 individuals enrolled in our public health coverage programs, including nearly 78,000 in our Medicaid expansion program, which covers adults up to 210 percent of the federal poverty level.¹ As of last week, there are over 94,000 individuals covered through our private marketplace, including 17,630 individuals in qualified health plans and 76,574 in our small business market.² Through these continued coverage gains, our uninsured rate stands just below four percent - lower than all but three states.³

Amidst new uncertainties at the federal level and efforts to undermine the ACA, the District has maintained its commitment to preserving our coverage gains and affordable health insurance options for all. I was glad to be a part of HBX's ACA working group. The HBX worked quickly to convene stakeholders, including DHCF, to develop policy solutions for the District government to take on in the coming year.

¹ District of Columbia Department of Health Care Finance, Monthly Enrollment Report – December 2017

² District of Columbia Health Benefit Exchange Authority, Enrollment Summary - February 19, 2018

³ Selected Characteristics of Health Insurance Coverage in the United States” & “Health Insurance Coverage Status”, American Community Survey 1-Year Estimates, United States Census Bureau

Recommendations

Removing Barriers to Access for the Healthcare Alliance

As we work to strengthen and support health coverage access in the District, DCFPI shares concerns with many local organizations that the DC Healthcare Alliance program continues to maintain unnecessary recertification requirements that keep thousands of residents from getting the health care they need.

Over the last year, the Economic Security Administration of the Department of Human Services completed a business process redesign to improve service centers, and the Alliance program's enrollment recently surpassed 16,000 – a number not seen since 2012.⁴ We are encouraged by these developments. We also appreciate the continued dialogue between DHCF, DHS, and advocates through the DC Medical Care Advisory Committee's Eligibility and Enrollment Subcommittee and hope to continue these conversations into 2018.

At the same time, Alliance program enrollment continues to be well below its level before new, burdensome eligibility requirements went into place in October of 2011. This is despite continued increases to DC's population since this time. Moreover, we continue to hear from our Alliance Coalition partners about the long wait times, lengthy applications, repeat visits, and mixed information that Alliance applicants encounter as they try to renew their health coverage.

We understand that that these recertification changes were well-intended, and we share the District's commitment to ensuring program integrity. Yet it appears that the recertification process continues to create unnecessary barriers to participation among eligible DC residents, denying them the health insurance that they need. Furthermore, our immigrant community members, a sizable share of Alliance beneficiaries, must now grapple with hostile federal policies that make accessing public benefits a fearful, intimidating process. This should not be the case.

Looking to Fiscal Year (FY) 2019, we hope that legislation passed recently into law will be funded for implementation in the Mayor's proposed FY 2019 budget. The "Department of Health Care Finance D.C. Healthcare Alliance Amendment Act of 2017," introduced by you, Councilmember Gray, would align the Alliance eligibility process with Medicaid and allow program beneficiaries the opportunity recertify with community health providers, who are trusted partners in serving immigrant communities and supporting their health needs, particularly during these uncertain times. This law was passed unanimously by the DC Council on both votes⁵, and is in line with the Mayor's commitment to supporting the District's immigrant community and ensuring that all that residents feel "welcome and secure."⁶

Protecting DC's ACA Programs

We also hope that the recommendations put forth by the ACA Working Group will be implemented in FY 2019 to preserve DC's coverage gains and maintain affordable coverage options in the face of federal-level legislative and administrative attacks on the ACA. District-level cost-sharing reduction payments, a reinsurance program, premium subsidies, and insurance mandate, along with robust outreach and education so that residents are aware of their health coverage options, are effective policy interventions that will accomplish these goals.

⁴ District of Columbia Department of Health Care Finance Enrollment Reports, October 2010 to August 2017.

⁵ "B22-0231 – Department of Health Care Finance D.C. HealthCare Alliance Amendment Act of 2017," from <http://lims.dccouncil.us/Legislation/B22-0231?FromSearchResults=true>

⁶ "Ensuring the Safety and Security of DC's Immigrant Community," Muriel Bowser, Mayor, Government of the District of Columbia, from <https://mayor.dc.gov/sites/default/files/dc/sites/mayoromb/publication/attachments/ImmigrantActions.pdf>

Within the District, we continue to provide a continuum of coverage options – for all ages, citizenship statuses and income levels, reinforcing that whoever you are, there are health coverage options for you and that your health is important. This could not be achieved without the excellent work of DHCF and HBX, and DCFPI supports these efforts and hopes we can build on them heading into FY 2019.

Thank you for the opportunity to testify, and I am happy to answer any questions.