

DC Created a Local Solution to Preserve Health Coverage Gains. Congress Should Not Interfere.

By Jodi Kwarciany

Congressional [efforts](#) to undermine DC's local insurance requirement could create a destabilizing effect: increasing health insurance premiums, reducing affordable health coverage options, and leaving more District residents uninsured. Congress should not intervene in the District's efforts to support health coverage and should not block the law from moving forward.

In June, DC Council [passed](#) legislation through the fiscal year (FY) 2019 budget that created a District-level insurance requirement. The new law largely mirrors the previous federal "individual mandate," while including stronger protections for many residents. The requirement would go into effect for the 2019 tax year, just as the federal law ends. It is funded entirely with local dollars, which will support IT infrastructure and outreach during tax season.



When the Affordable Care Act (ACA) was first enacted, there were three key components working together to maintain stability and expand access: fair insurance market rules that prohibit practices like bans on preexisting conditions; tax credits and cost sharing reductions that make coverage more affordable; and the individual requirement that encourages everyone to participate to help spread costs and maintain affordability. When the federal government repealed the ACA's individual mandate—a key component of the ACA—in December 2017, the District quickly recognized the need to take local steps to protect coverage gains and ensure affordable health coverage.

With a local insurance requirement in place, DC is [no different](#) from other states like Massachusetts, Vermont and New Jersey—but because of DC's unique status as a federal district, Congress can override DC's "[home rule](#)" authority, as it attempted with [marijuana legalization](#) and [Death With Dignity](#). This compromises the District's ability to create local solutions and jeopardizes DC's gains in health care coverage and affordability.

Through the ACA, DC has made substantial gains in increasing the number of residents with health coverage and providing affordable health coverage options. Thanks to the ACA, [84,500](#) residents gained coverage through DC's Medicaid expansion. Another [94,000](#) receive coverage through DC's local individual and small business marketplace, [DC HealthLink](#), with a selection of 25 individual plans and 151 small business plans available. The law has helped boost coverage gains across the country for [individuals of color](#), those with [mental health and substance use disorder needs](#), and [LGBT communities](#). Moreover,

reintroducing a [local insurance requirement](#) would improve coverage rates, reduce premiums, and lessen uncompensated care.

While it is unclear what Congress will do next, it is clear that when DC residents have health coverage, they can more regularly manage their health needs and focus on other things like their families, education or jobs. It is critical that we maintain the District's health coverage gains with local, [transparent](#) solutions like an individual insurance requirement, and ensure that all residents are getting the coverage they need. The stakes are high—it's time for Congressmembers to respect District policies that will strengthen the health and well-being of District residents.