



August 11, 2017

Submitted by email to: stateinnovationwaivers@cms.hhs.gov

And online to: <https://iid.iowa.gov/proposedstopgapmeasurepubliccomments>

Re: Iowa Stopgap Measure

Families USA is a national nonprofit organization and is therefore not submitting extensive comments in this period when comments are invited from “Iowans” (<https://iid.iowa.gov/publiccomments>.) Instead, I write to express my concern that there be a full public comment period on this waiver at the federal level. We have serious concerns about whether the Iowa waiver will provide “coverage and cost sharing protections against excessive out-of-pocket spending that are at least as affordable” as the provisions of the Affordable Care Act. Unlike Iowa, other states that are working to launch reinsurance programs are keeping affordability protections for low and middle income consumers intact.

The statute requires a process for providing public notice and comment after an application for a waiver is received by the Secretary. We write to express our expectation that once Iowa revises its proposal in response to comments at the state level and submits its waiver proposal to HHS, the federal public comment process will allow consumer groups and other interested parties to weigh in on issues that remain in Iowa’s submission and that are pertinent to national as well as state policy.

On July 12, Iowa requested that HHS exercise discretion under President Trump’s Executive Order 13765 to depart from waiver requirements. At that time, Iowa noted that it was seeking to avoid a “collapse of Iowa’s individual health insurance market” in which there could be “zero carriers.” Medica has now announced that it will remain in Iowa’s market, obviating any need for emergency relief. The Executive Order allows the Secretary to exercise authority and discretion “to the maximum extent permitted by law.” In this case, the law does not permit the Secretary to waive a transparent process for considering a waiver, the Administrative Procedures Act, nor the provisions laid out in Section 1332 (5)(b) of the Patient Protection and Affordable Care Act.

Sincerely,

Cheryl Fish-Parcham
Director of Access Initiatives