

Subject: REDC Policy Update 9.13.19

Good Afternoon REDC Members,

Below is your weekly policy update and today is the last day to register for the annual REDC Advocacy Day in Washington, D.C. If you have not yet registered or have questions about registration, please contact Michele Travis with Jaffe Management at: mtravis@jaffemanagement.com.

SERVE Act

House of Representatives:

House is back in session this week, and staff are refocusing on the SERVE Act.

Moulton's staff visited the Walden Peabody facility over August recess, and has been very motivated and enthusiastic about advancing SERVE since returning.

Additionally, Rep. Seth Moulton has since pulled out of the 2020 Presidential race, and told his staff that passing the SERVE Act is now one of his main priorities in his mental health portfolio- and the staff has offered up him making Member-to-Member asks (which are very valuable) and working hard to gain more co-sponsorship.

Moulton's staff also had a conversation with GAO on the military eating disorder prevalence and treatment study they are working on, and GAO requested to slim down the request in order to expedite it. We're working with them on how we may be able to slim it down in a way that the data returned is helpful to continue advancing SERVE.

Senate:

Senator McSally (R-AZ) has confirmed that she will be the R lead on the SERVE Act and Shaheen (D-NH) still needs final sign-off from the Senator. However I will note that Shaheen's staff is very invested and already received text back from legislative counsel, working with DOD and the Congressional Research Service, etc, so we perceive this is all procedural to get her sign-off.

Attached you will find the draft text for SERVE. There are a couple of differences from the House version that we are hammering out with their staff- so stay tuned.

Conference Push for SERVE Act & Advocacy:

The CEO of the Alliance for Eating Disorders Awareness, Johanna Kandel, who you all may know has offered to include a push for both the SERVE Act and the EDC's Nutrition CARE Act during her upcoming conferences, walks, etc. This will include the Alliance creating postcards for advocates/patients/providers to send to their Members of Congress, utilizing the Phone2Action campaign to have conference attendees make calls, etc.

In short, if you see Johanna around, please thank her for her continued push for the SERVE Act!

Story Bank Reminder

Lastly, as a friendly reminder, we ask you to share the "Story Bank" to help us to continue to gather stories about servicemembers and their families affected by eating disorders. These stories we've already received are very powerful, but are not a good national reach quite yet.

The link to share is as follows: <https://docs.google.com/forms/d/e/1FAIpQLScjZZffYP3tCmbut9mfskSWv5IRa5I56zwV02aG0aUM0rfzxw/viewform>

ACA—REGULATORY

Number of Uninsured Americans Rises—Breaking a 10-Year Streak

According to U.S. Census Bureau data released earlier this week, the number of Americans without health insurance has risen by about 2 million people in 2018.

The data found that 8.5% of the U.S. population went without medical insurance for all of 2018, up from 7.9% in 2017.

In contrast, in 2013, before the ACA took effect, 13.3% were uninsured. This marked the first year-to-year increase since 2008-2009.

Census officials said most of the drop in health coverage was related to a decrease in Medicaid participants. The number of people with private insurance remained steady and there was a slight uptick in those on Medicare.

II. Insurer Rebates on the Way

a. Health plans are due to give back nearly \$1.3 billion in rebates to consumers who were enrolled in 2018, according to the [Kaiser Family Foundation](#).

b. The ACA requires insurers in the individual and small group market spend at least 80% and 85% in the large group market of the premiums they collect on medical expenses. Failure to hit those marks trigger refunds to consumers.

c. Rebates can take the form of premium credits if the consumer remains with the same insurer or as a lump sum payout.

III. Supreme Court sets date for oral arguments in insurer case

The Supreme Court will hear oral arguments on December 10 in 3 combined cases from health insurers who say the federal government owes them hundreds of millions of dollars in ACA payments.

The 3 insurers include Moda Health Plan, Land of Lincoln Mutual Health and Maine Community Health Options.

The companies argue that the ACA's risk corridor program meant to protect insurers from large losses during the first few years of the ACA was blocked as Republicans refused the federal government from using taxpayer dollars to cover the deficit in the program.

If the justices rule in the favor of the insurers, it has the potential to set the precedent for dozens of other pending cases worth over \$12 billion.

ACA—CONGRESSIONAL

Push to Fix Surprise Medical Bills Loses Steam

The bipartisan desire to protect insured customers from unexpected bills is now facing fierce pushback after persistent attacks from well-funded providers and dark money groups over the August recess.

The three Congressional committees approaching the issue—HELP in the Senate and Ways & Means and Energy & Commerce in the House aren't close to agreement.

One problem: every health sector wants somebody else to foot the bill for the fix. Hospitals and doctors are largely aligned against proposals that would set rates through benchmark payments.

It is still possible that a surprise bill fix can be rolled into a broader, year-end legislative package.

Best,
Katrina, Allison & Alessandra