Greetings from Washington!

This week Members of Congress unveiled several bills that could affect families of children and youth with special health care needs. A conference agreement on the defense authorization bill would provide paid parental leave to all federal employees. This bill is likely to be enacted. A bipartisan, bicameral (House and Senate) bill was proposed to address surprise medical billing, and several different bills were proposed to address high prescription drug prices. Read about these issues and more in this week’s Update.

NOTE: The next Update will come out late next week so that it can include reports on last-minute congressional action before the Update takes a two week holiday break.

Remember, the ACA 2020 Open Enrollment Period ENDS ON SUNDAY, Dec. 15. See www.HealthCare.gov and resources at the end of this Update.

- **NEW ACA INFORMATION:** 4.7 Million Uninsured People Nationally Could Get a No-Premium Bronze Plan in the ACA Marketplace, Though Deductibles Would be High; Half Live in Four Large States: Texas, Florida, North Carolina and Georgia. Analysis (Kaiser Family Foundation, 12/10/19).

UPCOMING WEBINARS AND CALLS

SERIES – Webinar Wednesdays

*From the National Family Support Network.* The series aims to raise awareness of valuable work in the Family Support and Strengthening Field. *Information about series’ upcoming webinars can be found [here](#). Next webinar:

- **Introduction to the Standards of Quality for Family Strengthening & Support**
  Wednesday, December 11, 12:30-1:30 pm ET

**NEW Resources for Living Well with Limb Loss and Limb Difference**

Wednesday, December 11, 1:00-1:30 pm ET

*The National Limb Loss Resource Center (managed by the Amputee Coalition)*

**Stories from the Field – Building a Transformative Partnership with Families and Clinicians**

Wednesday, December 11, 1:30-2:30 pm ET

*Lucile Packard Foundation for Children’s Health*
New CCF Report: 50-State Data on Uninsured Young Children  
Wednesday, December 11, 2:00 pm ET  
Georgetown Center for Children and Families  

Emergency Preparedness in Indian Country  
Wednesday, December 11, 2:00-3:00 pm ET  
Centers for Medicare and Medicaid Services (CMS)  

NEW Preventing Adverse Childhood Experiences: The Way Forward  
Thursday, December 12, 12:00-12:45 pm ET  
National Center for Injury Prevention and Control (NCIPC).  

Road Trip to Parity: Your Roadside Assistance  
Thursday, December 12, 12:00 pm ET  
National Academy for State Health Policy, and Mercer  

SERIES – Common Threads  
From the Center for the Study of Social Policy. Learn about issues facing children and families; gain tools for supporting children and strengthening families; and connect with others interested in creating a racially, economically, and socially just society.  
See October 2019 report: Fostering Social and Emotional Health through Pediatric Primary Care: Common Threads to Transform Everyday Practice and Systems.  

- Part II: Common Threads to Transform Systems  
  Tuesday, December 12, 1:00-2:00 pm ET  
- Past: Part I: Common Threads To Transform Everyday Practice  
  Thursday, December 5  

Understanding your Leadership Style and the Value of Mentoring  
Thursday, December 12, 1:00-2:00 pm ET  
National Center for Hearing Assessment and Management, Utah State University, and Hands & Voices  

Mental Health and Self-Care for Caregivers: Beyond Finding the Time  
Thursday, December 12, 2:00-3:00 pm ET  
The Christopher & Dana Reeve Foundation Paralysis Resource Center (PRC)  

SERIES Person-Centered Planning and Practice  
National Quality Forum/Administration for Community Living; Centers for Medicare and Medicaid Services  

- Friday, December 13, 2019, 1:00-3:30 pm ET  
- Monday, January 6, 2020, 1:00-3:30 pm ET  
- Monday, February 3, 2020, 12:30-3:00 pm ET  
- Monday, June 1, 2020, 1:00-3:30 pm ET  
- [past] Friday, September 6, 2019
Transitioning from Pediatric to Adult Health Care for Youth with Autism
Friday, December 13, 2:00-3:00 pm ET
National Institute of Mental Health
Registration is not necessary.
This webinar will feature a parent and daughter discussing their experiences and perspectives about making the health care transition. Topics will include: what information and help from your health care provider would be most useful; concerns about making the shift to adult care; and suggestions for health care providers for pediatric and adult patients to make the transition successful. The webinar will also provide new and useful resources available at Got Transition, the National Resource Center on Health Care Transition (supported by the federal Maternal and Child Health Bureau, Health Resources and Services Administration).

Presenters:
o  Allysa and Lauren Ware, Family Voices
o  Sarah McLellan, Maternal and Child Health Bureau, Health Resources and Services Administration, HHS
o  Peggy McManus, MHS, Got Transition/The National Alliance to Advance Adolescent Health

Join Webex meeting
  Meeting number (access code): 627 388 524
  Meeting password: AutismServices
Join from a video system or application
Dial sip: 627388524@nih.webex.com
You can also dial 173.243.2.68 and enter your meeting number.
Join by phone
1-650-479-3208 Call-in toll number (US/Canada)

Certification for I&R/A Specialists in Aging/Disabilities (CRS-A/D) Webinar Training
Tuesday, December 17, 1:00-4:30 pm ET (3 hours 30 minutes)
ADvancing States (formerly the National Association of States United on Aging and Disabilities)

Family Engagement and Leadership: Strengthening Systems, Services, and Communities
Tuesday, December 17, 1:30-3:00 pm ET
TA Network of the Substance Abuse and Mental Health Services Administration (SAMHSA)
This webpage also lists other webinars of possible interest, including some taking place earlier.

Finding the Balance: Person-Centered Supports that Honor Both Safety and Dignity of Risk
Tuesday, December 17, 2:30 pm ET
National Center on Advancing Person-Centered Practices and Systems (NCAPPS)

Innovative Services in Home and Community-Based Services
Tuesday, December 17, 3:00-4:30 pm ET
Centers for Medicare and Medicaid Services (CMS)
CONGRESS

Budget and Appropriations
The 2020 federal fiscal year began on October 1, but Congress has not yet agreed on funding legislation. The current “continuing resolution” (CR) keeps the government funded at FY 2019 levels through December 20. There have been mixed reports on whether final agreements can be reached before then. One outstanding issue is whether there will be funding for the border wall that the president wants. In addition to regular appropriations for currently authorized programs, authorization and/or funding must be extended for some other important programs, including Community Health Centers, the Community Mental Health Services Demonstration program, the Money Follows the Person (MFP) demonstration program, and Medicaid spousal impoverishment rules for home- and community-based services (HCBS). Other important issues to be resolved include whether to extend the 100% Medicaid match for territories, and whether to further delay scheduled reductions in Medicaid Disproportionate Share Hospital (DSH) payments.

Prescription Drug Prices, Surprise Medical Billing, Health Extenders, Medicaid Funding for the Territories
Several agreements to address the problem of high prescription-drug prices and surprise medical billing have been announced this week. As of this writing, the future of legislation to address these issues is still unclear. It will likely be easier to address surprise medical bills than prescription drug prices. See The Health 202: Congress Can't Get Its Act Together on Lowering Drug Prices or Eliminating Surprise Medical Bills (Washington Post, 12/10/19).

Prescription Drugs: House Democratic (Pelosi) Bill
House Speaker Nancy Pelosi (D-CA) has released a new version of legislation to reduce the cost of prescription drugs -- The Lower Drug Costs Now Act (H.R. 3) [text as of 12/9/19 (different than text of 9/19/19 bill)]; summary; more detailed summary). The House is expected to vote on the bill this week. This legislation would place a cap on out-of-pocket drug spending for Medicare beneficiaries, and would authorize the Secretary of Health and Human Services to negotiate prescription drug prices on a certain number of drugs. These negotiated prices would be available to individuals covered by both Medicare and private insurance. Some progressive House Democrats may try to block the bill, however, unless they secure some amendments, including an increase in the number of drugs for which prices can be negotiated. THIS JUST IN, Tuesday evening: It looks like Speaker Pelosi and the leaders of the progressive bloc may have reached an agreement. Progressives Hopeful for Deal With Pelosi to Avert Showdown on Drug Prices (The Hill, 12/10/19).

In any case, the House Democratic bill has little chance of becoming law. On December 10, the White House issued a formal “Statement of Administration Policy” that the president would veto the bill if it came to his desk in its current form. PhRMA (the pharmaceutical manufacturers association) and small biotech firms also oppose the bill, arguing that it will stifle innovation. See Pharma’s Take on the Pelosi Drug-Pricing Bill: Fair Warning or Fearmongering? (Kaiser Health News, 12/5/19).

Prescription Drugs: House Republican Bill
On December 9, House Republicans released their own version of a drug-price bill, the Lower Costs, More Cures Act (H.R. 19) [summary; text], which would establish a higher out-of-pocket cap than Speaker Pelosi’s House bill and, among other things, would improve price transparency. See House
 GOP Unveils Alternative Drug Pricing Measure Ahead of Pelosi Vote (The Hill, 12/9/19). In related news, see Energy and Commerce Republican Leaders Press Insurers on Rising Insulin Prices (E&C Republicans Press Release, 12/6/19).

**Prescription Drugs: Senate Finance (Grassley-Wyden) Bill**

Meanwhile, Senate Finance Committee Chairman Chuck Grassley (R-IA), and Ranking Democrat Ron Wyden (D-OR), announced an agreement on a new version of their prescription drug bill, the *Prescription Drug Pricing Reduction Act* [text; brief summary in press release]. The White House has expressed support for this bill. See Statement from the Press Secretary (12/6/19); Grogan And Philipson: We Can Lower Drug Prices and Spur Medical Innovation. Pelosi's H.R. 3 Is Not the Answer (Fox Business, 9/719). Nevertheless, it is not clear whether Senate Majority Leader Mitch McConnell (R-KY) will bring the bill to the full Senate. See McConnell, Grassley at Odds Over Trump-Backed Drug Bill (The Hill, 12/6/19).

**Prescription Drugs: HELP - Energy & Commerce Bill**

On Sunday, December 8, Chairman Lamar Alexander (R-TN), of the Senate Committee on Health Education, Labor & Pensions (HELP), along with Chairman Frank Pallone (D-NJ) and Ranking Member Greg Walden (R-OR), of the House Energy & Commerce Committee, announced an agreement on a bill, the *Lower Health Care Costs Act of 2019*, which would also institute some measures to reduce prescription drug prices. See Section-by-section summary (p. 11). Other aspects of that bill are discussed below.

**Surprise Medical Billing: HELP - Energy & Commerce Bill**

The *Lower Health Care Costs Act of 2019* also addresses surprise medical billing. See Providers Get Win in Surprise Billing Compromise, But They’re Not Happy (Fierce Healthcare, 12/9/19). The HELP Committee Ranking Democrat, Senator Patty Murray (D-WA), has not yet endorsed that legislation, as she is considering concerns raised by other Democratic Senators. See Obstacles Remain for Deal on Surprise Medical Bills (The Hill, 12/09/19). Significantly, the White House has announced the president’s support for this legislation.

The HELP-E&C bill would end surprise medical billing for patients by blending the approaches preferred by insurers and providers. Insurers prefer a “benchmark” method for paying surprise out-of-network bills; providers prefer an “arbitration” approach. This bill would require insurers to pay at least the “benchmark” rate – the market-based median in-network negotiated rate for the service in the geographic area – if the benchmark rate is below $750; for surprise bills over that threshold, the provider or insurer could elect to use “baseball-style” binding arbitration, also known as “Independent Dispute Resolution” (IDR). See Section-by-section summary (p. 9).

**Medicaid in the Territories, Health Extenders, and Other Provisions**

*Medicaid for territories and others extenders.* The Grassley-Wyden bill on prescription drugs includes several important “health extenders.” It would provide Medicaid funding for the US territories for four more years and increase the federal matching percentage; extend the Maternal, Infant, and Early Childhood Home Visiting program through FY 2024; extend mandatory funding for the Patient-Centered Outcomes Research Institute (PCORI) through FY 2029; and permanently extend the Money Follows the Person program and Medicaid spousal impoverishment protections. The bill would also
postpone for two years the planned cuts in payments to disproportionate-share hospitals. See extender summary.

Public health extenders. The Lower Health Care Costs Act (HELP - Energy & Commerce bill) would also provide a five-year extension (through FY 2024), at current funding levels, for several important public health programs, including the Community Health Centers Fund, National Health Service Corps, Teaching Health Centers Graduate Medical Education programs, Special Diabetes Program for Type I Diabetes, and the Special Diabetes Program for Indians. See Section-by-section summary (p. 4).

Other provisions. The HELP-E&C bill would also: (1) authorize a national campaign to increase awareness and knowledge of the safety and effectiveness of vaccines, to combat misinformation, and to disseminate scientific and evidence-based vaccine-related information; (2) require states to consult with Indian tribes, tribal organizations, urban Indian organizations, and Native Hawaiian Health Care Systems in developing youth suicide early intervention and prevention strategies; and (3) increase the legal age for purchasing tobacco products from 18 to 21. See Section-by-section summary (pp. 1-2; p. 14).

Defense Bill: Paid Family Leave for All Federal Employees
This week, House and Senate negotiators released an agreement on the 2020 National Defense Authorization Act (NDAA). The bill would allow all civilian federal workers who have been federal employees for at least 12 months to take 12 weeks of paid leave for the birth or placement (adoption or fostering) of a child. It would not provide pay for other leave taken under the Family and Medical Leave Act. See White House, Democrats Reach Deal to Provide Paid Family Leave to Feds (Government Executive, 12/9/19); Joint Explanatory Statement of the Committee of Conference (House Rules Committee); bill text, Section 7602. In exchange for this provision, Democrats agreed to the creation of a “Space Force,” as the president has proposed. See Lawmakers Release Defense Bill with Parental Leave-for-Space-Force Deal (The Hill, 12/9/19).

Hearing on Universal Health Care Proposals
On December 10, the House Energy & Commerce Committee’s Subcommittee on Health held a Hearing on "Proposals to Achieve Universal Health Care Coverage." The hearing addressed nine different healthcare reform bills. More information can be found in the Chairman’s Memorandum. The hearing can be viewed here.

MEDICAID/CHIP NEWS, INFORMATION, AND RESOURCES

Encounter Validation Toolkit for Evaluating Medicaid MCOs
On December 5, the Centers for Medicare & Medicaid Services (CMS) released the Encounter Data Validation Toolkit, a new resource for states to help them in evaluating Medicaid managed care plan compliance with contract requirements. See CMS announcement.

Updated State Medicaid Integration Tracker
ADVancing States (formerly the National Association of States United for Aging and Disability) produces the State Medicaid Integration Tracker, a periodic report summarizing state actions in Managed Long Term Services and Supports (MLTSS), and State Demonstrations to Integrate Care for Dual Eligible Individuals and other Medicare-Medicaid Coordination Initiatives. The Tracker also includes updates on
state participation in other LTSS activities, including: the Balancing Incentive Program; Medicaid State Plan Amendments under §1915(i); Community First Choice Option under §1915(k); and Medicaid Health Homes.

**Coverage of Over-the-Counter Drugs in Medicaid**  
(National Health Law Program, 12/4/19)

**WORTH REPEATING:** No Good Deed Goes Unpunished: What Your Client Needs to Know about Crowdfunding if Your Client has SSI or Medicaid (The Legal Examiner, 11/18/19)

**MEDICAID WAIVERS**

**WORTH REPEATING:** Tennessee has submitted to CMS a waiver application to “block grant” its Medicaid program. See Tennessee Becomes New Front in Fight to Overhaul Medicaid (The Hill, 12/01/19). Public comments on the Tennessee proposal are due on **December 27, 2019**.

- [Pending Application](#)
- [View/Submit Public Comments](#)

**ACA NEWS, INFORMATION, AND RESOURCES**

**NOTE:** The 2020 Open Enrollment Period **ENDS ON Sunday, December 15, 2019.**

**4.7 Million Uninsured People Nationally Could Get a No-Premium Bronze Plan in the ACA Marketplace, Though Deductibles Would be High; Half Live in Four Large States:** Texas, Florida, North Carolina and Georgia [analysis](#) (Kaiser Family Foundation, 12/10/19).

**FOR ENROLLMENT RESOURCES, PLEASE SEE THE END OF THIS UPDATE.**

**TRICARE**

From TRICARE Benefits Updates:

- [TRICARE Expands Care with New Policy Changes](#) (12/5/19)
- [DHA Monitoring Payment Processing Error in TRICARE East Region](#) (12/6/19)

*For more information, please visit [www.tricare.mil/OpenSeason](http://www.tricare.mil/OpenSeason) or follow TRICARE on social media for regular updates:*

- [www.facebook.com/TRICARE](http://www.facebook.com/TRICARE)
- [www.twitter.com/TRICARE](http://www.twitter.com/TRICARE)
- [Sign up for TRICARE email updates](#).

**OTHER NEWS, INFORMATION, AND RESOURCES**

**HHS Hands Out Free HIV Prevention Drugs. Do You Qualify?**  
(Kaiser Health News, 12/4/19)
**Children with Special Health Care Needs Are More Likely to Have Adverse Childhood Experiences**  
(Child Trends, 12/10/19)

Analysis of data from the 2016-17 National Survey of Children’s Health. “The percentage of children and youth with special health care needs who have had an incarcerated parent, witnessed domestic violence, been a victim of or witnessed violence in the neighborhood, lived with an adult with substance abuse or mental illness, or experienced racism is twice as high as among those without special health care needs.”

**RESOURCES**

From the CDC:

**Tools for Cross-Cultural Communication and Language Access Can Help Organizations Address Health Literacy and Improve Communication Effectiveness**

From the Robert Wood Johnson Foundation: “That’s Medicaid”

Through its “That’s Medicaid” initiative, the Robert Wood Johnson Foundation is publicizing stories about how Medicaid has helped people in various situations. These stories might be helpful as you educate policymakers and the public about Medicaid. People can submit their own Medicaid stories [here](#) (scroll down).

From Resources for Integrated Care (RIC): Video on Successful Member Advisory Councils

RIC has released a new video on successful member engagement in plan governance: [Listening to the Voice of Dually Eligible Beneficiaries: Successful Member Advisory Councils](#).

**YOUR INPUT SOUGHT**

**Tennessee Medicaid “Block Grant” Waiver – due December 27.**

Tennessee has submitted a waiver application to “block grant” its Medicaid program. CMS is accepting public comments. See [Tennessee Becomes New Front in Fight to Overhaul Medicaid](The Hill, 12/01/19).

- [Pending Application](#)
- [View/Submit Public Comments](#)

**Nominations for Membership on the Interagency Autism Coordinating Committee (IACC) – due January 24, 2020.**

This [committee](#), which was reauthorized by the Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act of 2019, is seeking nominations of individuals to serve as non-federal public members. The call for nominations is open through Friday, January 24, 2020. For more information on the IACC, see the [News Release](#) calling for nominations.

**Input Sought from Family Caregivers – due February 7, 2020 (updated)**

The Administration for Community Living (ACL) is seeking input on the challenges faced by family caregivers from individuals and organizations that capture the breadth of the family caregiving experience. This information will be used to assist the RAISE [Family Caregiving Advisory Council](#) in developing its initial report to Congress and to inform the development of the national family
caregiving strategy. It also will be used to help the Council plan future activities, including public listening sessions that will begin in 2020. To provide your input, please complete the form 11:59 p.m. EST on Friday, February 7, 2020.

**FDA Patient Representatives.** Are you a patient or caregiver who wants to get involved at FDA? Contact the Patient Affairs Staff (PAS) or follow them on Twitter @FDAPatientInfo.

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**ACA OPEN SEASON RESOURCES**

**NEW:**

- **Navigator Guide FAQ of the Week: What Are the Risks of Buying Off-Marketplace?**

- **4.7 Million Uninsured People Nationally Could Get a No-Premium Bronze Plan in the ACA Marketplace, Though Deductibles Would be High; Half Live in Four Large States:** Texas, Florida, North Carolina and Georgia [analysis] (Kaiser Family Foundation, 12/10/19).

- **Navigator Guide FAQ of the Week: What Does My Plan Cover?** (Georgetown Center on Health Insurance Reforms, 11/19/19)

- **Community Catalyst:** The Outreach Hub (Google Drive) provides graphics, scripts, and videos that cover open enrollment, special enrollment periods, and health insurance literacy. There are also resources available in multiple languages, including Chinese, Korean, Marshallese, Spanish, Tagalog, Tongan, and Vietnamese.

- **What Young Adults Should Know About Open Enrollment** (The Commonwealth Fund)

- The audio and slides from the webinar - “**Best Practices When Assisting People with Disabilities Enroll in Health Coverage**” – part of the “Beyond the Basics” webinar series from the Center on Budget and Policy Priorities (CBPP), is now archived. The program’s other resources can be found here.

- **Community Outreach Collaboratives** (COCs) work to increase collaborations in the community, dissemination and outreach efforts, and enrollment of people with disabilities in the ACA marketplace. Look for a COC in your area.

- Numerous enrollment resources are available on the website of the National Disability Navigator Resource Collaborative [here](#).

- **What’s New for 2020 Marketplace Enrollment?** (Georgetown University Center on Health Insurance Reforms, 10/17/19) – provides an overview of several developments that affect this coming open enrollment.
• **CMS FACT SHEET: FEDERAL HEALTH INSURANCE EXCHANGE 2020 OPEN ENROLLMENT** (describes new features of website)

• **List of 2019 CMS Navigator grantees**

• **The Georgetown Center on Health Insurance Reforms Navigator Guide for Plan Year 2020.**
  The Guide helps answer questions about eligibility for insurance coverage or subsidies, health plan choices on- and off-marketplace, issues for small employers, coverage post-enrollment, and more.

• **Enrollment Assistance Materials from the Kaiser Family Foundation:**

  **FAQs.** To help consumers, navigators, brokers and other assisters, the Kaiser Family Foundation (KFF) has updated and expanded its database of more than 300 Frequently Asked Questions about open enrollment, the health insurance marketplaces, and the ACA. More than 180 of the FAQs are available in Spanish. This year, there are new sections about immigration status, enrollment options for those affected by Hurricane Dorian, and the sale of Marketplace plans on private websites, also known as “direct enrollment” sites or “certified enrollment partner” sites.

  **Fact Sheets.** KFF also offers short, printable fact sheets on four common scenarios:
  - If You Shop on Private Websites Instead of HealthCare.gov
  - If You Buy Health Coverage in the Individual Market
  - For Consumers Considering Short-Term Policies
  - If You Are Low-Income

  **Calculator.** KFF’s Health Insurance Marketplace Calculator will soon be updated with 2020 premium data. Check here for KFF’s most current resource.

• **Young Invincibles:**
  - OE7 Resources and Suggested Messaging (Scroll down for customizable materials, email message, FB posts, and Tweets.)
  - YI OE7 Materials Folder
  - Connector tool - find local help

• **Community Catalyst: Outreach Hub** Google Drive

• **Center for Budget and Policy Priorities:**
  5 Good Reasons to Visit HealthCare.gov During Open Enrollment (full article) In sum:
  1. Financial help is available to reduce the cost of coverage and care.
  2. Plans are more affordable than people think.
  3. Consumers can save money by comparison shopping on HealthCare.gov.
  4. Plans purchased on HealthCare.gov are comprehensive and guaranteed to cover the essentials.
Assister Readiness Resources

Modules for the first week of the 2020 Assister Readiness Webinar Series are now posted and ready to view. These modules cover topics relating to Helping Consumers Apply for Marketplace coverage. Modules for the first week of the Helping Consumers Apply 2020 Assister Readiness Webinar Series are now posted and ready to view:

- **Preparing to Apply**
  - Recording (mp4) | Transcript
- **Creating and Submitting Applications**
  - Recording (mp4) | Transcript
- **Application Assistance Simulation**
  - Recording (mp4) | Transcript

NEW RESOURCES ABOUT HEALTH REIMBURSEMENT ARRANGEMENTS (HRA) (CMS)

The October 4, 2019 Assister Webinar featured a presentation on individual coverage health reimbursement arrangements (HRAs), sometimes referred to as “ICHRA (Individual Coverage Health Reimbursement Arrangements),” which employers may begin offering as of January 1, 2020. The slides from this webinar are available here.

**If the individual coverage HRA is affordable**, consumers won’t be eligible for the premium tax credit for their Marketplace coverage (and possibly their household members’ coverage), even if they opt out of the individual coverage HRA.

**If the individual coverage HRA isn’t affordable**, consumers must opt out of the individual coverage HRA to qualify for the premium tax credit if they’re otherwise eligible.

For 2020, an individual coverage HRA isn’t considered affordable for an employee if the monthly premium for the lowest-cost Silver plan for self-only coverage in the employee’s area, minus the monthly amount made available to the employee under the individual coverage HRA, is more than 9.78% or 1/12 of the employee’s household income for the tax year.

The Individual Coverage Health Reimbursement Arrangement (HRA) Worksheet is a tool to help determine if the individual coverage HRA is considered affordable. [HRA Worksheet]

We at Family Voices would love to hear any suggestions you might have about how to make the Update more useful to you. Does it provide the right amount of information? What parts are helpful and not so helpful? Please let us know! Comments and questions can be directed to jguerney@familyvoices.org.

Yours truly,
Janis Guerney
Director of Public Policy
Family Voices

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