

**Convergence Health Reform Roundtable
Press Conference - August 9, 2017
Frequently Asked Questions**

Q. What is the Convergence Health Reform Roundtable?

A. The Roundtable is a member-driven effort. We are health policy analysts and advocates, who hold diverse political views and policy outlooks. We have been major participants in developing health policy at national and state levels over our careers. We came together to demonstrate health reform solutions that could transcend partisanship and ideology. Gail Wilensky and Ron Pollack founded this effort and asked Convergence Center for Policy Resolution to shepherd and facilitate our work.

Q. Who funds the Roundtable?

A. All of the Roundtable members are volunteers. The Convergence Center for Policy Resolution convenes us and provides our project director and supporting staff. The Hoover Institution graciously hosts our regular meetings. We also are thankful for financial support from the Kresge Foundation and Convergence.

Q. Who participates in the Roundtable?

A. Roundtable members currently include Joe Antos, Stuart Butler, Lanhee Chen, John McDonough, Ron Pollack, Sara Rosenbaum, Grace-Marie Turner, Vikki Wachino, Gail Wilensky, and additional advisors.

Q. Why do Roundtable members believe their recommendations will have an impact on Capitol Hill?

A. We are thought leaders, advisors, and leading advocates in national health policy, and we hail from across the political and ideological spectrum. We believe that if we can reach agreement, Congress can, too.

Cost Sharing Reductions (CSRs)

Q. Are you recommending permanent funding of CSRs?

A. No. We are recommending congressional appropriations to fund CSRs until longer-term resolutions can be reached. While we want to assure that lower-middle income policyholders will have access to insurance and can afford their coverage, we do not have agreement for permanent CSR funding.

Enrollment

Q. The Trump Administration recently stopped funding enrollment programs in many states. Does the Roundtable oppose the Administration's decision?

A. We agree that the federal government should continue to support effective enrollment programs, and we have disagreement regarding whether all of the groups that received past support for Affordable Care Act (ACA) enrollment were needed or helped people.

Roundtable on Specific Waiver Requests

Q. Does the Roundtable support the Maine/Oklahoma/Alaska waiver?

A. The Roundtable does not take positions on individual waivers. We support enhanced financing flexibility for states that seek to increase access to affordable coverage for their low and moderate-income populations. We do agree that broad outcomes, goals and values must be set at the national level, and that there must be wide flexibility at the state level on how to achieve those objectives.

Health Savings Account (HSAs)

Q. Are the Roundtable's progressive members advocating for HSAs?

A. The Roundtable's recommendations are designed to balance in order to allow a broad ideological spectrum for agreement. While we have differing opinions on the efficacy and equitable distribution of the benefits of HSAs, Roundtable's members agreed to this balanced package to address the short-term problems we see across the country in our health care markets.

Agreement Generally

Q. Do you really think Congressional leadership is going to make a good faith effort after recess to return to regular process on health reform, and include the minority?

A. The Congressional effort to repeal and replace the ACA has stalled. We believe Congress could reach a balanced bipartisan agreement to address pressing short-term needs. We have been working closely throughout the reconciliation process, in the hopes of demonstrating bipartisan paths to consensus in case the Repeal and Replace effort failed.

Q. Are you saying this is a complete health reform package?

A. No. Today, we recommend bipartisan policy actions that would allow Congress and the Trump Administration to address short-term health policy needs, before the end of the fiscal year on September 30th.

Q. Does each of the Roundtable's recommendations stand on its own? For example, would your more conservative members agree to provide CSRs, if the state flexibility provisions weren't part of the deal?

A. Not necessarily. The recommendations are designed to balance and so to allow a broad ideological spectrum for agreement. While today's recommendations are not a complete health reform package, they do demonstrate a compromise that meets short-term needs and that our progressive and conservative colleagues could live with.

Q. Why these issues, now?

A. Our recommendations today are designed to provide stability in markets until a longer-term resolution can be achieved.

3Rs

Q. Does the Roundtable have a position on the risk corridor litigation?

A. No. While individual members of the Roundtable hold strong and varying opinions, the Roundtable as a group does not have a position on the risk corridor litigation or any other health reform litigation.

Children's Health Insurance Program (CHIP)/Community Health Centers (CHCs)

Q. Why are you only extending funding for two years?

A. CHIP funding is currently authorized only through this year. We agree that, as a short-term action, CHIP and CHCs should be funded until longer-term resolutions can be reached. We do not have agreement for permanent or longer periods of funding.

Bare Counties

Q. Is the Roundtable advocating Professor Jost's idea to use the Federal Employee Health Benefits Plan (FEHBP) to cover bare counties?

A. No. We agree that the federal government needs to place a high priority on the needs of those counties with no participating insurance plan in 2018. There are many ways the states and federal government could address bare counties.

Individual Mandate

Q. Is the Roundtable supporting the ACA individual mandate?

A. No. We recognize the need for some federal policy to promote personal responsibility for Americans to obtain and keep health insurance. We agree there are effective alternatives to the mandate to accomplish this goal.

Block Grants

Q. Is the Roundtable supporting block grants to states?

A. The Roundtable does not take a position on block grants. We each have strong and differing opinions about block granting health care funding.

Q. Isn't the Roundtable's recommendation, to allow states to integrate federal subsidy streams across programs, the same as a block grant?

A. The Roundtable does not take a position on block grants. Though we differ in our views regarding their scope, we agree that appropriate guardrails are needed to provide states with additional financing flexibility to improve health care coverage and delivery, and we urge Congress to consult with states and others on how to refine the guardrails to provide that enhanced flexibility.