ALEXANDER-MURRAY TRACKER
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PROVISIONS	PROVISION DETAIL

1332 WAIVER APPLICATIONS	• Streamlining the approval process for 1332 waivers by:
	  ○ Allowing Governors to apply for and approve waiver applications
	  ○ Shortens the HHS review of waivers from 180 days to 90 days
	  ○ Expedites approval of waivers to not later than 45 days if a waiver is submitted in response to an urgent situation, such as if it is determined that areas of a state are at risk of excessive premium increases or having no health plans offered in applicable health insurance markets.
	  ▪ Also, within five years requires GAO to do a study on if waivers should have qualified for an expedited review process.
	  ○ Allows state to submit a waiver that is the same or substantially similar to an already approved waiver (aka "me too waivers").
	• 1332 waiver budget neutrality will be assessed for the entirety of the waiver and the term of the 10-year budget plan. Additionally, the Secretary may take into consideration the direct budgetary effect of the waiver's provisions on sources of Federal funding. Currently, budget neutrality for 1332 waivers, on the revenue side, includes all changes in income, payroll, and excise tax revenues, and any other forms of revenue (such as user fees) that may result from the waiver; on the spending side, it includes all changes in exchange spending, any changes in Medicaid spending, as well as any administrative costs. However, it does not include any savings accrued under the state's current or proposed Section 1115 waivers.
	• Extends time period of approved 1332 waivers to six years, instead of five years, unless State requests a shorter window.

1332 WAIVER FLEXIBILITY	• Modifies the "affordability" guardrail but still requires that waivers be "of comparable affordability, including for low-income individuals, individuals with serious health needs, and other vulnerable populations." (It does not change requirements for Essential Health Benefits (EHBs) or pre-existing conditions.)
	• Within one month of enactment, HHS shall issue guidance that includes initial examples of model State plans that meet the requirements for approval, and periodically review guidance and issue additional examples of model State plans that meet requirements for approval, which may include:
	  ○ "state plans establishing reinsurance or invisible high-risk pool arrangements of covering the cost of high-risk individuals,
	  ○ "state plans expanding insurer participating, access to affordable health plans, network adequacy, and health plan options,"
	  ○ "waivers encouraging or requiring health plans in such State to deploy value-based insurance designs which structure enrollee cost-sharing and other health plan design elements to encourage enrollees to consume high-value clinical services,"
	  ○ "state plans allowing for significant variation in health plan benefit design,"
	  ○ "or any other State plan as the Secretary determines."

COST SHARING REDUCTIONS (CSR) PAYMENTS	• Fund CSR payments for the rest of 2017, as well as 2018 and 2019.
PREVENT CSR DOUBLE DIPPING	• Allows States to reverse directive to insurers to adjust rates reflecting no CSR payments in plan year 2018. • Gives state insurance regulators 60 days to certify that for plan year 2018, the State will ensure that insurance companies provide a direct financial benefit to consumers and the federal government. Such benefit shall include: o Monthly rebates to affected consumers and the federal government o One-time rebates for consumers and the federal government o After-the-year rebates for affected consumers and the federal government
COPPER PLANS – CATASTROPHIC COVERAGE	• Allows individuals over the age of 30 to purchase health insurance in the individual market through a lower premium copper plan/catastrophic plan, while maintaining a single risk pool.
ENROLLMENT AND OUTREACH	• HHS shall obligate $105.8M for outreach and enrollment activities for each open enrollment period in plan years 2018 and 2019. • Includes additional outreach reporting requirements, such as: o For plan years 2018 and 2019, HHS shall issue biweekly reports during the annual open enrollment period on performance of the Federal exchange and the SHOP Marketplace. o HHS shall also publish an after action report not later than three months after completion of the open enrollment period. o HHS shall also issue a report three months after completion of open enrollment on advertising and outreach to consumers for the open enrollment period.
HEALTH INSURANCE COMPACTS	• Not later than one year after enactment, HHS, in consultation with the National Association of Insurance Commissioners, shall issue regulations for implementation for health care choice compacts established under the ACA (Section 1333) to allow the offering of health plans in more than one state.