

SEPTEMBER LEGISLATIVE REPORT

WHAT'S UP IN WASHINGTON?

Healthcare Reform – What is Trump Planning for the ACA?

- After several failed attempts to repeal and replace the ACA, Trump announced early October that he is open to a 1-2 year deal with Democrats in efforts to kick-start reform.
- Trump reached out to Senate Democratic Leader Chuck Schumer to see if Congressional Democrats would be interested in working together on a “great” health care bill.
- In the meantime, Trump has not committed to paying insurers the cost-sharing subsidies promised with the ACA. These subsidies essentially make insurance affordable for low-income enrollees. Unsure whether subsidies would be paid, many insurers already significantly raised premiums for 2018.
- A bipartisan group of senators are already working on a deal to stabilize the ACA, including the issue of funding the cost-sharing subsidies.
- On Oct. 10th, Trump drafted an executive order that could badly damage the ACA insurance markets.

NEW & NOTEWORTHY

No new legislation added this month, but stay tuned!

LEGISLATION UPDATES

HR 878: Right to Try Act of 2017

Reported in error in the August report that this had passed and was signed by President Trump.

Trump has spoken favorably about this bill; however, it is currently still in the House Energy and Commerce and House Judiciary committees.

CURRENTLY FOLLOWING

Federal Legislation:

HR 878: Right to Try Act of 2017
(Jen Guy)

HR 1017/S 479: Removing Barriers to Colorectal Cancer Screenings Act of 2017
(Sarah Kincaid)

HR 1298: CT Colonography Screening for Colorectal Cancer Act of 2017
(Amy Tootle)

HR 1409: Cancer Drug Parity Act
(Greg Goodman)

S 693/HR 1676: Palliative Care and Hospice Education and Training Act
(Alana Wagner)

S 463/ HR 1834: Cancer Care Payment Reform Act of 2017
(Liz Pearson)

ONLY IN OHIO

Prescription Drug Relief Act – Issue 2 on November ballot

- It would actually raise the cost of prescriptions. The language states that no public entity (Medicare, Medicaid, etc.) can provide or pay more than the lowest amount paid by the VA system. Rebates aren't taken into consideration, so in many instances, drug prices would increase from what the state is currently negotiating.
- It would restrict access to medications. The VA system has its own formulary and patients would lose access to, or pay out-of-pocket for, any medication not on the VA formulary. Note – the VA formulary does not include ANY pediatric medications.
- The VA system keeps their contracts private. There is no way to find out the details of these contracts to ensure public entities are given the same pricing, which is the foundation of the entire ballot initiative.
- Over 60 Ohio associations (medical, hospital, veterans, etc.) are strongly opposed to Issue 2, including the Ohio Nurses Association.

For full details and descriptions of legislation being followed, please visit the Legislation tab on the CCONS website at columbus.vc.ons.org or speak with the committee member following the bill.