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Congress of the United States  
House of Representatives  
September 26, 2016

PARLIAMENTARIAN OF THE WHIP

COMMITTEE ON  
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STEERING AND POLICY

The Honorable Sylvia Matthews Burwell  
Secretary  
U.S. Department of Health & Human Services  
200 Independence Avenue S.W.  
Washington, D.C. 20201

Dear Secretary Burwell:

For some people in my home state of Colorado, the Affordable Care Act (ACA) is working. The uninsured rate is at a historic low of 6.7 percent among the general population, and for children it is even lower – down from 7 to 2.5 percent. Still, the 8 percent of Coloradans that purchase their insurance on the state-run individual market face significant cost increases in 2017, following the recently approved rate hikes by Colorado's Division of Insurance (DOI). The premium increases may be cost prohibitive for some rural residents in my district who do not qualify for tax credits.

I represent mountain communities in Summit, Grand, and Eagle counties, where insurance premiums and health care services are significantly more expensive than in other parts of the country. According to the Colorado Health Institute, rates on the Western Slope of Colorado – an area that includes parts of my district – are expected to climb by an average of 28 percent for the 2017 enrollment period. I am particularly concerned about those individuals who are too young to enroll in Medicare and have incomes above 400 percent of the federal poverty level, as they are ineligible for tax credits to offset increasing premiums in an expensive health care market. For those who fall into this coverage gap, the out-of-pocket costs for health insurance in 2017 will be significant.

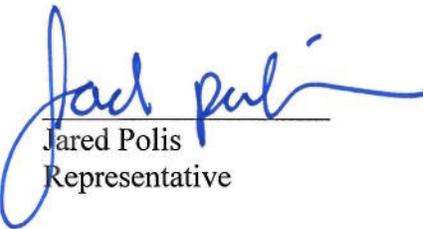
As a supporter of the ACA, I am committed to helping all Americans receive the high quality and affordable coverage that best fits their needs. Since passage of the ACA, 20 million people have health insurance for the first time—including nearly 170,000 Coloradans in 2016 alone. While I applaud the Department of Health and Human Services (HHS) for these notable gains, it is clear the law is still not working for all Americans in the same way.

I recognize that implementation of the ACA is a highly localized issue, but there are several ways that HHS can help states make the law more effective. The section 1332 federal innovation waiver is a promising path forward. HHS should provide technical assistance to states that have had the highest health care premium increases over a two-year period to examine if modifications to benefits packages may be better tailored to account for the unique context of that state's marketplace or to states where there has been a noticeable decrease in available plans to consumers. In Colorado, for example, where 14 primarily rural counties only have one insurance option, the section 1332 waiver could promote an innovative and locally-driven avenue to address much-needed competition for both plans and services currently available to residents.

As a longtime advocate for a public health insurance plan option, I am a cosponsor of H.R.265, the Public Option Deficit Reduction Act, which would direct HHS to establish a public option. Additionally, in 2010, I helped spearhead efforts to advocate for a public option in health care reform legislation being drafted at the time, including co-leading a letter to then-Senate Majority Leader Harry Reid encouraging adoption of a public health insurance plan. I strongly believe that a government-run option – or a related lever such as Medicare buy-in for Americans ages 55-64 – would help to alleviate price pressures in rural communities, and spur necessary competition in the individual market nationwide.

Please do not hesitate to contact me or my staff, Camilla Vogt (Camilla.Vogt@mail.house.gov), with any questions, and thank you again for your expedient attention to these concerns.

Sincerely,



Jared Polis  
Representative