

Testimony for the Roundtable on the Health Benefit Exchange
Before the Council of the District of Columbia
Committee on Health
The Honorable Yvette Alexander, Chair
Submitted by
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May 13, 2013

Good morning Chairperson Alexander and members of the Committee on Health. My name is Judith Levy and I am coordinator of the District of Columbia Long Term Care Coalition. I am pleased to testify regarding the Health Insurance Exchange Authority.

The DC Coalition on Long Term Care has worked with the DC government for over 16 years to develop and implement home and community care options for low-income DC residents with chronic care needs. Its consumers, advocates and health care providers have assisted in the development and implementation of expanded Medicaid home care; the regulations of assisted living residences and home care agencies and the improvement of the workforce essential to these programs.

It is regarding the direct care workforce that I feel compelled to testify in support of the Health Insurance Exchange Authority. This is a fastest growing workforce in the US and one which most likely will touch all of our lives. In particular, home health aides are vital to the desire of most District residents to age with dignity and in their homes. Yet this group of workers is primarily women, poorly paid, who frequently do not have benefits and have a higher rate of on the job injuries than miners. Many of these workers are eligible for Medicaid because of the poor compensation. The Coalition sees the Health Insurance Exchange as another opportunity for these workers to be covered by health insurance. The Health Insurance Exchange should make purchasing health insurance easier since it will supply assistance and support to applicants. This is extremely important to this group who most likely consider purchasing health insurance daunting.

The Health Insurance Exchange is vital for direct care workers who do not have insurance through their agency for a variety of reasons such as the agency does not offer it, it is unaffordable or because they work part-time. Through the exchange they can obtain tax credit subsidies if their income is between 200-400% of Federal Poverty Level (FPL). If they are below 200% they will of course get Medicaid.

As part time workers with hours and incomes that fluctuate, with perhaps a spouse whose income may also fluctuate; they could likely be above 200% and below 200% for various parts of the year. That would make them cycle between Medicaid and the exchange. While that is an avoidable reality for people in every state, it does mean that the District has a vested interest in making sure exchange premium levels are truly as affordable as possible so that people don't face a massive jump in costs when they move from Medicaid to the exchange. Having one big marketplace helps force better competition and ultimately better prices in the exchange.

Home Care workers may move between agencies, or between full time and part time as well. If they are at an agency that buys coverage in the SHOP and then becomes part time or moves to another agency that does not provide coverage, if there is a unified market, then their health plan options from their previous employer and under their new position will be the same. It will make it more likely they can keep their same plan/doctor even if their work situation fluctuates during the year.

