
June 20, 2019

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9936-NC2
P.O. Box 8013
Baltimore, MD 21244-1850

Via Regulations.gov

To whom it may concern:

Members of the National Association of Insurance Commissioners (NAIC) appreciate the opportunity to respond to the Request for Information (RFI) on ideas for innovative programs and waiver concepts under section 1332 of the Affordable Care Act. Waivers under Section 1332 provide key opportunities for states to adapt federal requirements for the individual and small group health insurance markets, allowing states to test new ideas and improve the functioning of markets for insurers and consumers alike.

The RFI states that it is intended to solicit ideas and spur additional thinking and innovation as states consider developing section 1332 waiver plans. Several NAIC members have developed waiver plans and others are considering them--addressing the affordability of coverage both inside and outside exchanges remains a key goal for states. These comments are intended to suggest ways that the federal government and states can continue to work together to develop and implement 1332 waivers—they are focused on improving the process of waiver development rather than on suggesting new waiver concepts.

First, we recognize and appreciate recent efforts by both the Department of Health and Human Services and the Department of the Treasury to provide states with the data needed to evaluate waiver ideas. We urge these efforts to continue and to deepen. States could make use of more detailed data on baseline premiums, enrollment, premium tax credits, small business credits, and user fees. Data on the small group market would help states explore waiver ideas outside the individual market. User fee data broken down into exchange functional areas would better assist states in considering waivers that involve a different split of functions between states and the federal government. The state-specific information released to date for states with approved waivers has been helpful, but making similar data available for all states, or for a particular state by re4(es)-3(w)15(i)-4(t)-4(h)1 new6(a)9(t)-4(s)

speed waiver applications and request that they show continued sensitivity to state rate review and plan management processes and deadlines as waiver applications move forward.

In a similar vein, we applaud efforts by CMS to offer support and work collaboratively with states that are considering 1332 waivers. Early consultation with state officials helps them hone ideas and focus proposals on concepts that fit into the statutory and regulatory framework of section 1332. We urge the Departments to maintain this high level of collaboration. In addition, grants to states help offset the costs of developing and analyzing waiver ideas. Grant opportunities that are flexible enough to be used for waiver planning can help support innovation and the adoption by more states of innovative ideas developed elsewhere.

We appreciate the Departments' active solicitation of waiver ideas and concepts. We request that you share with states the ideas you receive from stakeholders in response to the RFI. Putting a variety of ideas on the table will help us work together to continue to improve health insurance markets.

Sincerely,

