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National Advocacy

August Recess and Congressional Budget Updates

Typically, every August, members of Congress return to their home states to host town halls and meet with constituents until mid-September – this district work period is often referred to as August Recess. In July, Senate Majority Leader Chuck Schumer (D-NY) announced that Senators should be prepared to work in Washington, D.C. over the August Recess. On August 10th, the Senate passed a bipartisan infrastructure package. They also passed a budget resolution paving the way for a budget reconciliation process that allows them to pass legislation with only 50 votes. Last week, House Majority Leader Steny Hoyer (D-MD) announced that the House of Representatives will reconvene on August 23rd to consider the Senate’s budget resolution and other legislative packages, including the bipartisan infrastructure package.
Separately, the House of Representatives has made significant progress on its 12 appropriations bills. The Labor, Health and Human Services, Education and Related Agencies ( LHHS) spending bill includes funding for many important agencies including, the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health ( NIH). The House Appropriations Committee followed by the full House approved $13 million for the CDC’s National Center for Chronic Disease Prevention and Health Promotion’s Epilepsy Program, which was what we advocated for and would be a $2.5 million increase over the current year. The House approving a $2.5 million increase is a great victory, but the Senate is not expected to mark up its LHHS bill until at least September, so it will be a few more months until we know what the final amount approved by both chambers will be.

**Patient Groups and Partners Call for a National Paid Family and Medical Leave Program**

On August 5th, more than two dozen patient and health advocacy groups, including the Epilepsy Foundation, came together to call on Congress to include a comprehensive paid family and medical leave program in an upcoming legislative package addressing health care and other priorities. The availability of paid family and medical leave for people with and caring for individuals who have a serious illness or health condition is vital, as treatment for and recovery from serious illnesses and conditions can be difficult and time-consuming. Certain populations in particular have less access to paid family and medical leave, including individuals with lower incomes and education levels, and people of color – a reality that exacerbates health inequities. As Congress and the Administration consider the development and enactment of a paid family and medical leave policy, the patient advocacy organizations and partners have agreed upon a set of principles to evaluate forthcoming proposals. The principles were sent to Congressional leadership and the administration and the group plans to urge lawmakers to support paid leave for people with medical conditions and their caregivers in the coming months.

**Patient and Disability Communities Comment on Rules Governing Affordable Care Act Health Plans in 2022**

At the end of June, the Centers for Medicare and Medicaid Services (CMS) announced a proposed rule that creates standards for states, exchanges, non-federal governmental plans, issuers in the individual and small-group markets (including those that participate in the federally facilitated exchange direct enrollment program), and web brokers. In late July, the Foundation joined over 20 health partner organizations, as well as with the Consortium for Citizens with Disabilities ( CCD), in submitting comments expressing support for many of the provisions included in the proposed rule that would expand
access to health coverage for Americans— including extending the annual open enrollment period, creating a special enrollment period for low-income households, and the repeal of the direct enrollment provision.

Additionally, the Foundation, through the I Am Essential Coalition, strongly encouraged CMS to improve prescription drug access in Marketplace plans by guaranteeing a prescription drug benefit on par with Medicare Part D’s benefit. Marketplace plans are currently only required to cover one drug per therapeutic class and the requirement would then change to 2 drugs per therapeutic class, plus all or substantially all drugs in certain protected classes such as anti-seizure medications. While this change is not likely for next year, it is something the Foundation will continue advocating for.

State Advocacy

Medicaid Work Requirements Pulled Back in 3 More States

The Biden Administration is continuing to reverse work requirements in state Medicaid programs. The Epilepsy Foundation, along with many health advocacy and disability-focused organizations, oppose work requirements in Medicaid and applaud this effort. People with disabilities face discrimination at various stages of employment and imposing onerous work requirements threatens to take health insurance away from people with disabilities who need that health insurance. Earlier this month, CMS Administrator Chiquita Brooks-LaSure notified officials in Ohio, South Carolina, and Utah that the administration was revoking an earlier approval for their states to mandate that Medicaid beneficiaries work or volunteer in order to receive health coverage. In June, Brooks-LaSure also notified Arizona and Indiana officials of this change and in March, the administration sent letters to Arkansas and New Hampshire officials.

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