1 2 3 4 5 UNITED STATES DISTRICT COURT 6 NORTHERN DISTRICT OF CALIFORNIA SAN FRANCISCO/OAKLAND DIVISION 7 THE STATE OF CALIFORNIA; THE STATE OF NO. 4:17-cv-05895 CONNECTICUT: THE STATE OF DELAWARE: 9 THE DISTRICT OF COLUMBIA; THE STATE OF DECLARATION OF JEFFREY T. ILLINOIS; THE STATE OF IOWA; THE **SPRUNG** 10 COMMONWEALTH OF KENTUCKY; THE STATE OF MARYLAND; THE 11 COMMONWEALTH OF MASSACHUSETTS; THE STATE OF MINNESOTA: THE STATE OF 12 NEW MEXICO; THE STATE OF NEW YORK; 13 THE STATE OF NORTH CAROLINA; THE STATE OF OREGON; THE COMMONWEALTH 14 OF PENNSYLVANIA: THE STATE OF RHODE ISLAND; THE STATE OF VERMONT; THE 15 COMMONWEALTH OF VIRGINIA; and THE STATE OF WASHINGTON, 16 17 Plaintiffs, 18 v. 19 DONALD J. TRUMP, President of the United States; ERIC D. HARGAN, Acting Secretary of the 20 United States Department of Health and Human 21 Services; UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES; STEVEN T. 22 MNUCHIN, Secretary of the United States Department of the Treasury; UNITED STATES 23 DEPARTMENT OF THE TREASURY; and DOES 24 1-20, 25 Defendants. 26

1	I, Jeffrey T. Sprung, declare as follows:
2	1. I am over the age of 18 years of age, have personal knowledge of all facts and
3	matters herein, and am competent to testify to the matters below.
4	2. Attached as Exhibit 1 to this declaration is a letter dated September 15, 2017,
5	from Shane Macaulay, MD to Bob Ferguson, Attorney General, State of Washington, regarding
6	
7	the view of the Washington State Medical Association of the impact of the termination of
8	cost-sharing reduction subsidies on the cost and outcomes of health care treatment in the State.
9	I affirm under penalty of perjury that the foregoing is true and correct.
10	DATED this 17th day of October, 2017, at Olympia, Washington.
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13	JEFFREY F. SPRUNG Assistant Attorney General
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## Exhibit 1



Physician Driven Patient Focused

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> Jennifer Hanscom Executive Director/CEO

September 15, 2017

Bob Ferguson Attorney General, State of Washington Washington State Office of the Attorney General 1125 Washington St. SE PO Box 40100 Olympia, WA 98504

## **Re: Cost-Sharing Reduction Payments**

On behalf of the Washington State Medical Association and our more than 10,000 physician and physician assistant members from across the state, we are writing regarding the cost-sharing reduction plans and subsidies provided for by the Patient Protection and Affordable Care Act.

Ensuring access to care for patients is of paramount importance to the WSMA. This is predicated in part on access to affordable health care coverage. While Washington's experience of establishing and enrolling individuals in our state's Exchange has been relatively positive, that could be jeopardized by the cessation of CSR payments.

Faced with the prospect of federal health care reform, the WSMA Board of Trustees developed a set of principles to serve as our guideposts as we consider the changes that have been proposed. Among them, several are relevant to the CSR payments:

- Pursue universal access to comprehensive, high-quality, safe, affordable health care for all Washingtonians through health care coverage options that are designed to encourage participation of physicians and practices.
- Preserve the ability of those who received access to insurance under the original Affordable Care Act to maintain coverage at affordable premium rates.
- Strengthen and stabilize the health insurance market, including the individual market, to ensure choice and the ongoing participation of a number of regional and national health insurers.
- Ensure health care equity and access for minority, underserved and special-needs populations.

The Congressional Budget Office projects that if the CSR payments were discontinued, premiums for silver plans offered through the Exchange would increase by 20 percent in 2018 and 25 percent in 2020. With premiums already costly and expected to continue to

<sup>&</sup>lt;sup>1</sup> https://www.cbo.gov/system/files/115th-congress-2017-2018/reports/53009-costsharingreductions.pdf

rise even if CSR payments are continued, this could have the effect of pricing patients out of their coverage.

The same CBO report also projects that more areas would face the prospect of "bare counties" where no individual health insurance plans are offered if the CSR payments are discontinued. Our state's initial plan filings for 2018 had two such counties.<sup>2</sup> While that was remedied this year, it is foreseeable that the problem could be exacerbated in future years if CSR payments are discontinued.

When health insurance coverage becomes unavailable or unaffordable for patients, continuity of care is disrupted. This can have the effect of worsening health outcomes if check-ups are missed or chronic diseases aren't properly managed. It can also have the effect of driving patients to seek costlier routine care in emergency departments rather than primary care physicians. Conversely, ensuring access to care helps to get the right care to patients, in the right setting, at the right time – reducing costs and improving outcomes.

The continuation of CSR payments is a critical component of ensuring access to more affordable health care coverage, and thereby access to care.

Thank you for your consideration of this important issue. Please contact me if you have questions or if there is additional information we can provide.

Sincerely,

Shane Macaulay, MD

Shane Macaulay

President, Washington State Medical Association

cc: Jennifer Hanscom, Executive Director/CEO

WSMA Executive Committee

 $<sup>^{2} \</sup>underline{\text{https://www.insurance.wa.gov/news/eleven-health-insurers-file-2018-individual-market-37-counties-leaving-two-no-coverage}$