



The Capitol Circuit

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National Advocacy

Epilepsy Foundation Advocates for Epilepsy Community Priorities in Forthcoming COVID-19 Relief Package

The Epilepsy Foundation and our grassroots advocates have been pushing for policies to ensure that people affected by epilepsy are able to access health care and other needed supports as well as maintain financial security through the COVID-19 pandemic. We have made significant progress at all levels of government such as allowance of up to 90-day supplies of prescription medications including those deemed controlled substances, but the advocacy continues!

On May 15, the House of Representatives passed its version of the next stimulus package, the HEROES Act (H. R. 6800). As the package currently stands, it includes various provisions that the Foundation advocated for that would benefit the epilepsy community, such as re-opening enrollment in Medicare and the health insurance marketplaces nationwide, expanding paid

leave, and increasing funding for state Medicaid programs and Medicaid home and community-based services. The bill currently does not include other Foundation-supported policies like reforms to step therapy that would help people get physician-prescribed medications faster.

While the House has passed a bill, it is expected to take several weeks for the House and Senate to negotiate a final package that is amenable to both chambers. The Foundation will continue to advocate for inclusion of the epilepsy community's priorities in the final package and will continue to keep you apprised of further opportunities for action during these unprecedented times.

[Stay up to date by reading the Foundation's COVID-19 and Epilepsy resources](#), which will be updated as information becomes available.

Read more about the Foundation's COVID-19 pandemic advocacy engagement and the full list of the COVID-19 related letters at advocacy.epilepsy.com/covid-19.

20 Patient & Health Advocacy Organizations Urge Supreme Court to Uphold Health Care Law

On May 13, [20 national patient and health advocacy organizations, including the Foundation, filed an *amicus curiae* \("friend-of-the-court"\) brief with the U.S. Supreme Court in the case of California v. Texas \(previously Texas v. United States\)](#), highlighting the devastating impact individuals living with acute and chronic conditions would face should the court rule to invalidate the entire Affordable Care Act (ACA).

The U.S. Supreme Court agreed to hear the case after the U.S. Court of Appeals for the Fifth Circuit struck down the health care law's individual mandate without a tax penalty as unconstitutional and sent the case back to the District Court to determine whether other components of the law, including the future of many key patient protections, remain valid. The current ruling does not affect current health insurance coverage, coverage you have signed up for to receive in 2020, or those who have benefited from Medicaid expansion.

Centers for Medicare & Medicaid Services Releases Final Payment Notice for FY 2021

In early May, the Centers for Medicare & Medicaid Services (CMS) issued the final rule on the Notice of Benefit and Payment Parameters for 2021. The rule makes changes to policies implemented through the Affordable Care Act (ACA). In early March, the Foundation expressed concerns, along with the

patient, consumer, and disability communities, over several proposed changes. One of the proposals that the Foundation expressed concerns with but was still finalized would allow issuers to implement [Accumulator Adjustment Programs](#). Insurers can now choose **not** to allow manufacturer copay coupons from counting toward a deductible and out-of-pocket maximum, including for brand name drugs that have no generic. However, if a state has passed copay accumulator legislation, the plan must abide by the state law.

Additionally, the Foundation was concerned over the proposal to amend the automatic re-enrollment process for low-income consumers who do not choose a new plan during the open enrollment period. Overwhelmingly, commenters opposed any changes to such processes. Accordingly, CMS did not make any changes to the automatic re-enrollment process for those low-income consumers who do not choose a new plan during the open enrollment process and who qualified for tax credits. The Foundation commends this decision.



We encourage you to invite others to join our [Speak Up, Speak Out!](#) advocacy network. Members receive the monthly *Capitol Circuit* newsletter and alerts about opportunities to advocate for the epilepsy community throughout the year. Growing our advocacy network is critical to achieving our public policy goals as we move through busy state and federal legislative sessions. Make a difference today by sharing our Speak Up, Speak Out! Network on [Facebook](#) and [Twitter](#).

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