Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. We are building a People-Centered Health System to put the people we serve at the center of every behavior, action and decision. This brings to life our commitment to be a compassionate, transforming and healing presence in our communities. We advocate for public policies that support better health, better care and lower costs to ensure affordable, high-quality, people-centered care for all.

Trinity Health believes that stabilizing the Affordable Care Act’s (ACA) marketplaces in 2018 and beyond is critical for payers, providers, and most importantly for the consumers that rely on them. As part of a commitment to ensure coverage for all, Trinity Health has become a national leader on marketplace policy and enrollment. These efforts include: advancing community and partnership engagement to increase enrollment, education and awareness; serving marketplace populations by participating in 20 narrow, coordinated networks across the country, providing high-quality care to 55,000 consumers; shaping policy to improve marketplace functioning by educating policymakers, supporting state engagement and advocating for policies that support consumers. Through comprehensive efforts, Trinity Health has served an estimated 756,000 marketplace-covered lives since 2014 and is committed to continuing to do so.

As policymakers consider changes to the marketplaces, Trinity Health will use the principles outlined below to assess emerging policy proposals and guide in efforts to influence legislation.

What Can Policymakers Do?

Provide Immediate and Stable Funding for CSRs

**Policy Recommendations:**
- Include funding for cost-sharing reductions (CSRs) in a Continuing Resolution (CR) or FY2018 appropriations bills.
- Fund CSRs via mandatory appropriations for long-term stability.

Strengthen Marketplace Risk Pool

**Policy Recommendations:**
- Strengthen federal risk sharing programs (e.g. reinsurance, risk adjustment).
- Support state innovation through state reinsurance, risk corridor, and wrap around risk adjustment.
- Continue to enforce the individual mandate to promote shared responsibility.
- Fund outreach and enrollment activities for 2018 plan year, with an emphasis on younger populations.
- Foster competition and consumer choice in counties with one or few insurance carriers.

Facilitate Sustainable Federal/State Partnerships

**Policy Recommendations:**
- Promote federal/state regulatory collaboration and alignment to assure fair and sustainable plan pricing.
- Encourage state flexibility through 1332 waivers and improve waiver submission, approval and extension processes, while protecting comprehensive benefits and promoting affordability for individuals and families.
- Use value-based payment initiatives—such as the multi-payer State Innovation Models—and the Center for Medicare and Medicaid Innovation (CMMI) to test mechanisms for controlling costs and improving quality.
- Develop federal/state informational tools to promote consumer education on health plan options.

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**Mission:** We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

**Core Values:** Reverence • Commitment to Those Who Are Poor • Justice • Stewardship • Integrity