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U.S. House of Representatives, 20 States, 13 Municipalities, Advocacy Groups, and Experts File Briefs in Support of *City of Columbus v. Trump* to Stop Unlawful Sabotage of Affordable Care Act

In six separate filings, supporters outline the ‘extraordinary financial and human costs’ to millions of Americans caused by the Trump administration’s ‘relentless’ and ‘methodical’ dismantling of the ACA

COLUMBUS, OH—Columbus City Attorney Zach Klein announced today that the U.S. House of Representatives—along with 20 states, 13 cities and counties, four advocacy groups, a health care expert, and a health economist—filed a total of six *amicus curiae* briefs in support of a [lawsuit](#) filed by the City of Columbus. The lawsuit, which also includes Baltimore, Cincinnati, Chicago, and Philadelphia, challenges President Trump’s deliberate and unlawful sabotage of the Affordable Care Act. Trump’s attacks have raised premiums and made quality health insurance plans harder to access for millions of Americans. By intentionally sabotaging the ACA, Trump is violating his constitutional duty to “take care that the laws be faithfully executed.”

“Receiving support from the U.S. House of Representatives and so many other states, cities, counties, advocacy groups and experts really highlights the gravity of the situation as we continue to fight against Trump’s deliberate sabotage of the Affordable Care Act,” said Columbus City Attorney Zach Klein. **“The lives of our fellow Americans are literally at stake as our coalition tries to counter the cold, heartless, and reckless attempts by this president and his administration to kill healthcare protections for millions of people through their ‘death by a thousand cuts’ approach.”**

Excerpts from the briefs include the following:

- In its [brief](#), the U.S. House of Representatives explained that **“Congress passed the Affordable Care Act in response to serious problems plaguing America’s health care system,”** and that the law was intended **“to expand coverage while keeping health care costs in check.”** Despite the fact that the ACA has been **“remarkably successful...the President and his Administration have taken various actions to undermine the Act and thwart its achievement of the important public health goal of ‘near-universal coverage.’”** The brief details the steps the Trump administration has taken to **“undermine Congress’s goal”** in

enacting the ACA, including removing the requirement that exchanges provide “standardized options,” which make it easier for consumers to compare plans, ending the requirement that Navigators have a physical presence in the area they serve, shortening the open enrollment period, and reducing funding for outreach and advertisements. **“In other words, in myriad ways, this Administration has tried to make it more difficult for individuals who need health insurance to access it through the Exchanges, even though Congress passed the Affordable Care Act to accomplish the opposite goal.”**

- California, 18 other states, and the District of Columbia [describe](#) **“the profound and destabilizing impact of this administration's systematic efforts to impede the...ACA.”** Many of the *amici* states are seeing a rise in health insurance premiums and an increase in the number of uninsured residents, which have caused individuals to turn to safety-net sources of care such as hospital emergency rooms and free clinics to meet their healthcare needs. **“But such uncompensated care—a direct result of this administration's policies—is not free.”** Prior to the ACA, California incurred uncompensated care costs of more than \$3 billion, and once the ACA was fully implemented California’s uncompensated care costs dropped to \$1.44 billion. **“It is axiomatic that when the number of uninsured individuals rise, uncompensated care costs rise as well,”** the *amici* states explain. This imposes **“a serious financial strain on state and local government coffers.”** As result of the Trump administration’s **“methodical dismantling of the ACA, one piece at a time,”** the **“Amici States, and their residents, are paying a steep price.”** The states conclude that the **“Trump Administration’s unremitting efforts to dismantle the ACA should be halted.”**
- Similarly, the cities and counties [brief](#) led by the County of Santa Clara, California explains how essential the ACA is in reducing costs to local municipalities. The municipalities explain that despite their different demographics and regions, they are **“united in our support for the Affordable Care Act.”** As they note, **“[The Trump administration’s] attempts to sabotage the ACA and make it fail impose extraordinary financial and human costs...leaving us worse off in some ways than we were even before the ACA was enacted.”** As the municipalities state, **“it is improper for the President and his officers—charged with upholding the law—to undermine it and to unilaterally effect profound public harm to our nation’s health and health care system.”**
- In the [brief](#) filed by four advocacy organizations, the groups reiterate the humanitarian toll that Trump’s repeated acts of sabotage have inflicted on their members and the communities they serve. The groups assert that, **“[t]he Trump Administration has taken steps that are contrary to the goals of the ACA and have started to move the country backwards”** and highlight the ways that **“Trump and his Administration are waging a relentless campaign to sabotage and ultimately to nullify the [ACA].”**
- Joshua Peck, the former chief marketing officer for HealthCare.gov, writes in his [brief](#) that **“contrary to the ACA’s goal and CMS’ regulatory mandate”** the administration took action—**“knowing and intentional”**—to substantially depress enrollment and retention of consumers in health insurance plans through HealthCare.gov. Peck describes his [testimony](#) before a Congressional committee regarding documents Democracy Forward obtained through a Freedom of Information

Act investigation, which suggest that CMS knew that cutting television outreach advertising for HealthCare.gov “**would be especially harmful to enrollment.**” The administration reviewed CMS studies to this effect prior to cutting ACA advertising funds, and “**went so far as to deny the existence of CMS’ studies when trying to justify their harmful conduct, claiming that ‘[n]o correlation has been seen between Obamacare advertising and either new enrollment or effectuated enrollment.’**”

- In the [brief](#) by Brookings Senior Fellow Henry J. Aaron, an esteemed health economist, Mr. Aaron lists the numerous obstacles the administration has placed in the way of consumers seeking to obtain affordable health insurance. As he states, “**those actions will divert enrollment from ACA-compliant plans in a manner antithetical to Congress’s intent in enacting the ACA. Those measures will increase the cost of ACA-compliant insurance. They will cause consumers either to forgo healthcare or to seek uncompensated care, much of it from jurisdictions like the plaintiffs, which support healthcare providers of last resort. In short, the measures described here clash fundamentally with congressional intent as expressed in the ACA.**”

The City of Columbus and its fellow plaintiff cities have asked that the court order Trump to take certain steps to faithfully execute the ACA, including by restoring funding for advertising and for healthcare Navigator groups, expanding open enrollment periods, and promoting the availability of comprehensive, reasonably-priced health insurance for individuals and families with preexisting conditions. The federal government has sought to have the case dismissed. The City of Columbus-led coalition filed an [opposition](#) response on May 31, 2019. *Amici* in the case have urged the court to deny the government’s motion to dismiss the case.

The *amicus* briefs were filed by:

- **The United States House of Representatives.**
- ***Amici* States and the District of Columbia:** California; District of Columbia; Connecticut; Delaware; Hawaii; Illinois; Kentucky; Maryland; Massachusetts; Michigan; Minnesota; Nevada; New Mexico; New York; Oregon; Pennsylvania; Rhode Island; Vermont; Virginia; and Washington.
- ***Amici* Cities and Counties:** County of Santa Clara, California; Montgomery County, Maryland; City of Berkeley, California; Cook County, Illinois; City of Dayton, Ohio; City of Los Angeles, California; City of Minneapolis, Minnesota; City of Oakland, California; City of Saint Paul, Minnesota; City and County of San Francisco, California; City of Seattle, Washington; Shelby County, Tennessee; and Travis County, Texas.
- ***Amici* Organizations:** Families USA; Community Catalyst; The National Health Law Program; and the Service Employees International Union.
- **Joshua Peck:** Mr. Peck is an expert in health insurance enrollment and the development and use of data-driven marketing strategies. Between May 2016 and January 2017, Mr. Peck served as CMS’ chief marketing officer.
- **Henry J. Aaron:** Mr. Aaron is the Bruce and Virginia MacLaury Senior Fellow in the Economic Studies Program at the Brookings Institution where he focuses on health care economics and policy.