

1 XAVIER BECERRA  
Attorney General of California  
2 JULIE WENG-GUTIERREZ  
Senior Assistant Attorney General  
3 GREGORY D. BROWN, SBN 219209  
NIMROD P. ELIAS, SBN 251634  
4 Deputy Attorneys General  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
Telephone: (415) 703-5841  
6 Fax: (415) 703-5480  
E-mail: Nimrod.Elias@doj.ca.gov  
7 Attorneys for Plaintiff the State of California

8  
9 IN THE UNITED STATES DISTRICT COURT  
10 FOR THE NORTHERN DISTRICT OF CALIFORNIA

11 **THE STATE OF CALIFORNIA; THE**  
12 **STATE OF CONNECTICUT; THE STATE**  
13 **OF DELAWARE; THE DISTRICT OF**  
14 **COLUMBIA; THE STATE OF ILLINOIS;**  
15 **THE STATE OF IOWA; THE**  
16 **COMMONWEALTH OF KENTUCKY;**  
17 **THE STATE OF MARYLAND; THE**  
18 **COMMONWEALTH OF**  
19 **MASSACHUSETTS; THE STATE OF**  
20 **MINNESOTA; THE STATE OF NEW**  
**MEXICO; THE STATE OF NEW YORK;**  
**THE STATE OF NORTH CAROLINA; THE**  
**STATE OF OREGON; THE**  
**COMMONWEALTH OF PENNSYLVANIA;**  
**THE STATE OF RHODE ISLAND; THE**  
**STATE OF VERMONT; THE**  
**COMMONWEALTH OF VIRGINIA; and**  
**THE STATE OF WASHINGTON,**

21 Plaintiffs,

22 v.

23 **DONALD J. TRUMP, President of the United**  
24 **States; ERIC D. HARGAN, Acting Secretary**  
25 **of the United States Department of Health**  
26 **and Human Services; UNITED STATES**  
27 **DEPARTMENT OF HEALTH AND**  
**HUMAN SERVICES; STEVEN T.**  
**MNUCHIN, Secretary of the United States**  
**Department of the Treasury; UNITED**  
**STATES DEPARTMENT OF THE**  
**TREASURY; and DOES 1-20,**

28 Defendants.

Case No. 3:17-cv-05895-KAW

**DECLARATION OF KARYL T. RATTAY, MD, MS, DIRECTOR OF THE DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES, DIVISION OF PUBLIC HEALTH, ISO PLAINTIFFS' APPLICATION FOR A TEMPORARY RESTRAINING ORDER AND ORDER TO SHOW CAUSE WHY A PRELIMINARY INJUNCTION SHOULD NOT ISSUE**



*DELAWARE HEALTH AND SOCIAL SERVICE*

Division of Public Health

OFFICE OF THE DIRECTOR

October 16, 2017

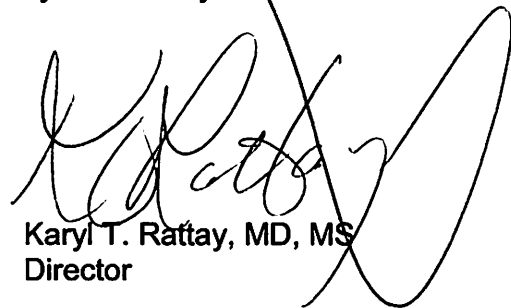
I, Karyl T. Rattay MD, MS, declare:

I am the Director of the Delaware Division of Public Health (DPH) within the Department of Health and Social Services. I have served as the Delaware's State Health Officer since May 2, 2009, and in similar positions for more than 16 years. I attest based on personal knowledge:

1. DPH's mission is "to improve the quality of life for Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations." In addition to regulating and overseeing public health in Delaware, DPH also provides direct health care through 18 medical and dental clinics statewide; as well as laboratory services; Child Development Watch; HIV/AIDS case management; maternal child health programming; emergency preparedness planning and response; and chronic and communicable disease prevention, screening, recognition and treatment (depending upon the illness), among other services. The clinic programs offered are adult and child health screenings, family planning, sexually transmitted disease and Tuberculosis testing and treatment, and Smart Start / Healthy Families of America. In addition to these programs, DPH also provides seasonal flu and pneumonia vaccinations. Working with providers, DPH also operates the Delaware Cancer Treatment Program (DCTP).
2. DPH provides direct programming and clinic services regardless of insurance status. If an individual does not have insurance, DPH provides the necessary care with state resources. DPH provides funding for cancer treatment through DCTP.
3. Cost-sharing reductions (CSRs) are subsidies that make health care coverage more affordable for qualifying consumers. CSR's are used to reduce out-of-pocket costs including copayments, coinsurance, deductibles and out-of-pocket maximums. Eligible consumers that purchase a silver-level plan will automatically receive these CSR's through an enhanced silver plan. Consumers that benefit from CSRs are income-eligible individuals or families with children. Without CSRs, health insurance would likely be prohibitively expensive for many Delawareans.
4. Based on available data starting in 2012, our uncompensated care amounts for clinic services dropped from approximately \$800,000 to \$530,000 in 2016. From 2014 through 2016, we observed uncompensated care averaged approximately \$550,000 annually. We do believe that these amounts would have been higher without the implementation of the ACA. In addition, the spending trend for the DCTP has decreased significantly based on enrollment. In 2011, the cost of treatment services was over \$8 million and it decreased to around \$2 million in 2016.

Division of Public Health Declaration  
October 16, 2017  
Page 2

1. If the CSRs are no longer federally reimbursed, DPH anticipates a direct increase in the number of uninsured Delawareans who can no longer afford health insurance through the Health Insurance Marketplace. Consequently, DPH also anticipates a direct increase in the amount of state funds that would have to be used to pay for the individuals without insurance seeking care from DPH.
6. Individuals without insurance frequently defer needed care, which can result in more serious health issues as time progresses. Preventive care or care at the beginning of an illness is almost always less costly than treating a full blown or advanced health problem. Thus, should the rate of individuals without insurance in Delaware increase due to the loss of the federal CSR funding, DPH expects those individuals who seek care from the state to be sicker and more in need of costly services. This would further compound the additional health care costs borne by the state.
7. A loss of CSRs will result in an increase in the number of Delawareans without health care coverage. DPH, as a state agency, will see an increase in costs resulting from uncompensated care, and consequently be directly harmed by the loss of federal funding for CSRs.



Karyl T. Raffay, MD, MS  
Director