



January 25, 2018

The Honorable Alex Azar
Acting Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Azar:

Thank you for the opportunity to comment on the Department of Health and Human Services' request for information (RFI) titled, "Promoting Healthcare Choice and Competition Across the United States."

The eight undersigned organizations represent millions of patients facing serious, acute, and chronic health conditions across the country. Our organizations understand the unique needs of the patients we represent and what they need to prevent disease, cure illness, and manage chronic health conditions.

In March of 2017, our organizations agreed to the attached principles for any reforms in the healthcare system – including marketplaces, Medicaid, and Medicare. These principles state that any healthcare reform measure must promote health insurance coverage that is accessible, adequate, and affordable for all Americans. We are committed to lowering healthcare costs while also increasing consumer choice for individuals and families in all types of health coverage including Medicare, Medicaid, and the individual market. However, increased consumer choice and lower prices cannot come at the expense of comprehensive and high-quality care.

While we do not believe it is your intention to reduce the number of people who have access to quality health insurance, the proposals we have seen over the last year represent a trend with potentially dire

unintended consequences. Prior to the passage of the Affordable Care Act, it was difficult for our patients to afford health coverage that would cover their illnesses, if they qualified for coverage at all because of discriminatory insurance practices.

Over the past year, we have grown increasingly concerned about regulations issued by the Department of Health and Human Services (HHS) that threaten to take us back to a time when patients could not access the care they need. HHS has reduced federal oversight of healthcare and chipped away at patient protections in the proposed *2018 Notice of Benefit and Payment Parameters* and the *2017 Market Stabilization Rule* by proposing to weaken network adequacy standards and Essential Health Benefits, as well as in its recent proposal to expand less robust Association Health Plans. The continued loosening of patient protections will not increase competition in the marketplace, reduce healthcare costs, or improve the health of the population. To the contrary, these actions threaten the ability of people with chronic and acute illnesses to access affordable, adequate coverage and get the care they need.

Our organizations have provided thoughtful, evidence-based responses to the proposals put forward by HHS and will continue to do so. We have and will continue to insist that healthcare coverage in Medicaid, Medicare, and the private market be affordable, accessible and adequate. We again urge HHS to refocus its efforts on improving our current system of care by increasing the duration and resources committed to open enrollment, supporting and maintaining a strong risk adjustment program, and supporting policies that ensure that patients with chronic and serious illnesses can continue to access affordable and adequate care for many years to come.

The current regulatory framework has led to the lowest rate of uninsured Americans in our country's history.¹ We urge you to strengthen that framework. Our attached list of principles can serve as a helpful lens through which to evaluate any new proposal.

Thank you for your consideration. We look forward to working with you in the weeks and months ahead. If you have any questions, please contact Katie Berge, AHA Government Relations Manager, at katie.berge@heart.org or 202-785-7909.

Sincerely,

American Heart Association
American Lung Association
Arthritis Foundation
Epilepsy Foundation
March of Dimes
Mended Little Hearts
National Multiple Sclerosis Society
National Organization for Rare Disorders (NORD)

¹ Clarke TC, Norris T, Schiller JS. Early release of selected estimates based on data from 2016 National Health Interview Survey. National Center for Health Statistics. May 2017. Available from: <http://www.cdc.gov/nchs/nhis.htm>.

Consensus Healthcare Reform Principles



Consensus Healthcare Reform Principles

Today, millions of individuals, including many with preexisting health conditions, can obtain affordable health care coverage. Any changes to current law should preserve coverage for these individuals, extend coverage to those who remain uninsured, and lower costs and improve quality for all.

In addition, any reform measure must support a health care system that provides affordable, accessible and adequate health care coverage and preserves the coverage provided to millions through Medicare and Medicaid. The basic elements of meaningful coverage are described below.

Health Insurance Must be Affordable – Affordable plans ensure patients are able to access needed care in a timely manner from an experienced provider without undue financial burden. Affordable coverage includes reasonable premiums and cost sharing (such as deductibles, copays and coinsurance) and limits on out-of-pocket expenses. Adequate financial assistance must be available for low-income Americans and individuals with preexisting conditions should not be subject to increased premium costs based on their disease or health status.

Health Insurance Must be Accessible – All people, regardless of employment status or geographic location, should be able to gain coverage without waiting periods through adequate open and special enrollment periods. Patient protections in current law should be retained, including prohibitions on preexisting condition exclusions, annual and lifetime limits, insurance policy rescissions, gender pricing and excessive premiums for older adults. Children should be allowed to remain on their parents' health plans until age 26 and coverage through Medicare and Medicaid should not be jeopardized through excessive cost-shifting, funding cuts, or per capita caps or block granting.

Health Insurance Must be Adequate and Understandable – All plans should be required to cover a full range of needed health benefits with a comprehensive and stable network of providers and plan features. Guaranteed access to and prioritization of preventive services without cost-sharing should be preserved. Information regarding costs and coverage must be available, transparent, and understandable to the consumer prior to purchasing the plan.