



March 19, 2018

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

The Honorable Alexander Acosta
 Secretary
 U.S. Department of Labor
 200 Independence Avenue, NW
 Washington, DC 20210

The Honorable Steven Mnuchin
 Secretary
 U.S. Treasury
 1500 Pennsylvania Avenue, NW
 Washington, DC 20220

Dear Secretary Azar, Secretary Acosta, and Secretary Mnuchin:

Our organizations represent millions of patients and consumers across the country facing serious, acute, and chronic health conditions. These individuals need access to comprehensive, affordable health coverage in order to meet their medical needs. Your Departments have recently proposed a number of policy changes, the cumulative effect we believe will have serious implications for access to affordable health coverage, particularly for individuals with preexisting health conditions. We urge you to refrain from finalizing any of these rules until the concerns of the patient community have been fully addressed.

We recognize that your goal is to reduce health insurance premiums. We share your interest in making health insurance premiums more affordable for consumers. However, premiums are only one aspect of affordability – particularly for individuals with pre-existing conditions and those with high-cost health

care needs. Patients and consumers also need health insurance that provides coverage for the services and treatments they need. Many of the health plans that would be permitted under the regulations proposed by your Departments are less costly because they offer coverage that is severely inadequate. As a result, these policies would actually increase – rather than decrease - health care costs for individuals with serious health care needs since they would pay out of pocket for services not covered by their inadequate policies.

Prior to the enactment of the patient protections included in current law, it was difficult – and often impossible – for people with serious illnesses to get or keep affordable and adequate health insurance. Since 2014, these same individuals have benefited from patient protections enacted as part of the health care law, including a guarantee that people with serious or chronic illnesses are not discriminated against on the basis of their pre-existing condition; assurance of comprehensive coverage; and a prohibition on unfair coverage restrictions. During the legislative debate on repeal and replace legislation last year, policymakers and the Administration repeatedly promised Americans that any changes to current law would not undermine these protections – particularly for individuals with pre-existing conditions.

We strongly urge you to fulfill that promise by ensuring that any policies implemented by your Departments continue to guarantee that all Americans – particularly those with pre-existing conditions – continue to enjoy the same patient protections that exist under current law. It is also critical that those same policies do not undermine access to comprehensive coverage offered on the marketplaces.

Approximately 27 percent of adult Americans under the age of 65 have a pre-existing condition.¹ No regulation or administrative action should permit a health insurance issuer to consider an individual's pre-existing condition or health status when determining coverage, benefits, premiums or cost-sharing. Allowing health issuers to engage in medical underwriting may lower premiums for healthy individuals, but will do so at a cost to individuals who need coverage the most. Older and sicker individuals will see their premiums and cost-sharing increase significantly and many will be unable to afford coverage to treat their disease or condition.

Further, any regulations or policies should not increase the number of uninsured Americans, whether it be through private health insurance, Medicaid, or Medicare. A recent report by the Urban Institute concluded that the interaction between various policies such as the repeal of the individual mandate penalty, the lack of cost-sharing reduction (CSR) funding, and the decreased investment in education and outreach funding will lead to an additional 6.4 million Americans being uninsured in 2019, compared to current projections without these changes.² In addition to the increase in the number of individuals who are uninsured or under-insured, finalizing the short-term proposed rule would also result in increased premiums for individuals who want to purchase comprehensive, ACA-compliant plans, by an average of 18.2 percent in states that do not prohibit the sale of short-term policies.³ In other words, individuals with pre-existing conditions or those in active treatment who need comprehensive coverage could be forced to pay higher premiums as a direct result of the interaction of policies under consideration by the Administration.

¹ Claxton G, Cox C, Damico A, Levitt L, Pollitz K. Pre-existing Conditions and Medical Underwriting in the Individual Insurance Market Prior to the ACA. Kaiser Family Foundation. December 2016, available at <http://files.kff.org/attachment/Issue-Brief-Pre-existing-Conditions-and-Medical-Underwriting-in-the-Individual-Insurance-Market-Prior-to-the-ACA>.

² Linda Blumberg, Matthew Buettgens, Robin Wang, The Potential Impact of Short-Term Limited-Duration Policies on Insurance Coverage, Premiums, and Federal Spending, Urban Institute (Feb. 2018).

³ Id.

Our organizations represent millions of patients, individuals, caregivers, and families who need access to quality and affordable healthcare regardless of their income or geographic location. Thank you for the opportunity to share our views with you. We stand ready to work with you to make sure that changes to our current health care system positively impact patients with serious and chronic health conditions. If you have any questions, please contact Keysha Brooks-Coley, American Cancer Society Cancer Action Network, Vice President, Federal Advocacy, at Keysha.Brooks-Coley@cancer.org or 202-661-5720.

Sincerely,

American Cancer Society Cancer Action Network
American Diabetes Association
American Heart Association
American Liver Foundation
American Lung Foundation
Arthritis Foundation
Crohn's & Colitis Foundation
Epilepsy Foundation
Family Voices
Leukemia & Lymphoma Society
Lutheran Services
March of Dimes
Mended Little Hearts
National Alliance on Mental Illness
National Health Council
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
Volunteers of America