



October 27, 2017

The Honorable Eric D. Hargan  
Acting Secretary  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Acting Secretary Hargan,

We write on behalf of the undersigned 7 patient, provider, and consumer groups to provide feedback on the Department of Health and Human Services (HHS) Strategic Plan for Fiscal Years (FY) 2018-2022. Our groups seek to prevent disease and to support, care, and help manage chronic and serious illness for millions of people across the United States. We urge HHS to amend the draft Strategic Plan to include a commitment to improving the quality of healthcare coverage on the markets.

We commend HHS for including strategies in the Strategic Plan that would lower healthcare costs and support the adoption of person-centered care as well as evidence-based practices. However, these goals cannot be met without further uptake of adequate coverage. Many of the individuals and families we represent have found that despite the acceptance of certain standards of care by the medical community, coverage for such care can be uncertain if not completely unavailable. This is particularly true for services that may be new, innovative, and/or expensive, or simply not preferred by insurers. For example, a recent study by the American Gastroenterological Association (AGA) found that over 90% of the nation's top insurance plans did not provide coverage for treatment that adhered to certain AGA treatment pathways.<sup>1</sup>

We were also pleased to see strategies aimed at preventing chronic conditions such as heart disease and diabetes. In 2015, 41.5% (102.7 million) of the U.S. population had at least one cardiovascular disease (CVD) related condition.<sup>2</sup> For these patients, access to affordable and adequate health insurance is

<sup>1</sup> Yadav, A., Foromera, J., Feuerstein, I., Falchuk, K. R., & Feuerstein, J. D. (2017). Variations in Health Insurance Policies Regarding Biologic Therapy Use in Inflammatory Bowel Disease. *Inflamm Bowel Dis*, 23(6), 853-857.

<sup>2</sup> American Heart Association. Cardiovascular Disease: A Costly Burden for America, Projections Through 2035. Accessed October 19, 2017 at: <http://www.heart.org/idc/groups/heartpublic/@>

critical. These conditions can also have implications for other aspects of health, such as birth outcomes. The connection between having health insurance and health outcomes for this population is clear and well documented. Americans with CVD risk factors who are underinsured or do not have access to health insurance, have higher mortality rates<sup>3</sup> and poorer blood pressure control than their insured counterparts.<sup>4</sup> Uninsured stroke patients also suffer from greater neurological impairments, longer hospital stays<sup>5</sup>, and higher risk of death than similar patients with adequate coverage.<sup>6</sup> Uninsured and underinsured patients are more likely to delay seeking medical care during an acute heart attack.<sup>7</sup>

To promote increased access to adequate and affordable healthcare coverage, we urge HHS to maintain the essential health benefits (EHBs) and to seek to improve access to plans that meet and exceed these minimum standards of coverage. The EHBs support health plans in meeting the needs of consumers. In addition, the prohibition on imposing annual and lifetime caps on EHBs have protected many consumers from unaffordable out of pocket costs. We provide the below suggestions to strengthen the demonstrated commitment of HHS to quality coverage:

- Amend the description of Strategic Goal 1: Reform, Strengthen, and Modernize the Nation’s Health Care System, to include the statement below:

**Recognizing that the high patient cost-sharing can lead to individuals foregoing needed services, HHS is partnering with all stakeholders to improve the availability of high quality healthcare coverage that meets or exceeds the essential health benefits (EHBs) while balancing premium costs. EHBs are minimum standards of coverage that are also protected from annual and lifetime limits.**

- Edit the strategies below by adding the language suggested in italics:
  - Line 130: “...strengthening and expanding coverage options in order to *maintain quality standards while providing greater choice for consumers...*”
  - Line 173: “Strengthen coverage options to *improve quality* and reduce consumer costs”
  - Line 174: “Implement policies that increase the mix of younger and healthier consumers purchasing plans through the individual market *while maintaining and improving high standards of coverage including the essential health benefits*”
  - Line 332: “Support consumer choice and transparency by promoting the availability of a range of individual health insurance plans and other health care payment options,

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wcm/@adv/documents/downloadable/ucm\_491543.pdf.

<sup>3</sup> McWilliams JM, Zaslavsky AM, Meara E, Ayanian JZ. Health insurance coverage and mortality among the near-elderly. *Health Affairs* 2004; 23(4): 223-233.

<sup>4</sup> Duru OK, Vargas RB, Kerman D, Pan D, Norris KC. Health Insurance status and hypertension monitoring and control in the United States. *Am J Hypertens* 2007;20:348-353.

<sup>5</sup> Rice T, LaVarreda SA, Ponce NA, Brown ER. The impact of private and public health insurance on medication use for adults with chronic diseases. *Med Care Res Rev* 2005; 62(1): 231-249

<sup>6</sup> McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Health of previously uninsured adults after acquiring Medicare coverage. *JAMA*. 2007; 298:2886 –2894.

<sup>7</sup> Smolderen KG, et al. Health Care Insurance, Financial Concerns in Accessing Care, and Delays to Hospital Presentation in Acute Myocardial Infarction. *JAMA* 2010;303(14)1392-1400.

including faith-based options, with different benefit and cost-sharing structures *that meet the essential health benefits.*”

- Line 358: “Allow consumers the opportunity to purchase customizable health insurance plans, with cost-sharing and out-of-pocket costs commensurate with benefits chosen *in addition to the essential health benefits.*”

The 7 undersigned organization remain committed to helping HHS develop and promote policies that improve access to quality and affordable care. We appreciate this opportunity to comment on the draft HHS Strategic Plan FY2018-2022. For additional information or to discuss our recommendations further, please contact Katie Berge, Government Relations Manager, American Heart Association at 202-785-7909 or [Katie.berge@heart.org](mailto:Katie.berge@heart.org).

Sincerely,

American Heart Association  
American Liver Foundation  
American Lung Association  
Arthritis Foundation  
Crohn’s & Colitis Foundation  
Epilepsy Foundation  
March of Dimes