



January 8, 2019

Submitted electronically via www.regulations.gov

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

Re: Patient Protection and Affordable Care Act; Exchange Program Integrity (CMS-9922-P)

Dear Secretary Azar:

The 17 undersigned organizations represent millions of patients and consumers facing serious, acute and chronic health conditions across the country, including individuals who rely on the ACA health insurance marketplaces to obtain their healthcare coverage. Together and separately, our non-profit, non-partisan organizations are dedicated to working with the Administration, members of Congress and state governments on a bipartisan basis to protect the health and wellbeing of the patients and consumers we represent. Our organizations are deeply concerned about the potential for the “Patient Protection and Affordable Care Act; Exchange Program Integrity” rule to cause consumer confusion, potentially resulting in the termination of insurance coverage. We therefore urge the Department of Health and Human Services (HHS) to rescind sections of the proposed rule that requires patients and consumers pay a separate premium for services identified in Section 1303 of the Affordable Care Act (ACA).

In March of 2017 our organizations agreed upon three principles¹ to guide any work to reform and improve the nation’s healthcare system. These principles state that: (1) healthcare must be adequate, meaning healthcare coverage should cover treatments patients need including all the services in the essential health benefit package; (2) healthcare should be affordable, enabling patients to access the treatments they need to live healthy and productive lives; and (3) healthcare should be accessible,

meaning that coverage should be easy to understand and not pose a barrier to care. Enrollment should be easy to understand, and benefits should be clearly defined. As drafted, the proposed rule does not meet the standards set forth in our agreed upon principles.

The rule would require insurers to bill marketplace enrollees, either electronically or via mail, two separate premiums: one for the base premium and another for the premium for services identified in Section 1303 of the ACA. The marketplace enrollee is then required to make two separate payments, or face losing their coverage entirely. We believe this will create confusion for patients and consumers and could lead to losses in coverage, including for those with serious, life-threatening illnesses. The Department should do all it can to make coverage as easy to navigate as possible and facilitate enrollment for all who need insurance. This proposal, if finalized, would not ease the burden on consumers and, could instead, undermine the Department's responsibility to enroll patients in marketplace coverage.

The patients we represent need reliable healthcare coverage to manage their disease and lead healthy, productive lives. The connection between health insurance and health outcomes is clear and well documented. Uninsured patients with chronic conditions, including diabetes, cardiovascular disease and mental illness, had worse health outcomes than their insured counter-parts.² Similarly, the Urban Institute found that the uninsured were less likely to receive routine care or be screened for serious illnesses such as cancer.³ For people with cystic fibrosis, even small gaps in coverage can disrupt access to critical care, increasing the risk of lung infection and hospitalization. For pregnant women, lack of access to timely, quality health care can have lifelong consequences for them and their infants. It is unacceptable to create administrative confusion that could lead to the loss of coverage for our patients.

Given the potential to seriously harm the populations we serve, we urge the Department not to finalize the rule as currently drafted. It will create confusion around premiums and jeopardize patients' ability to maintain meaningful healthcare coverage. For the patients our organizations represent, this could mean serious and potentially fatal health consequences. Thank you for the opportunity to submit comments on this rule.

Sincerely,

Adult Congenital Heart Association
American Diabetes Association
American Liver Foundation
American Lung Association
Cystic Fibrosis Foundation
Global Healthy Living Foundation
Hemophilia Federation of America
Leukemia & Lymphoma Society
March of Dimes
Mended Little Hearts
National Alliance on Mental Illness
National Health Council
National Hemophilia Foundation
National Multiple Sclerosis Society

National Organization for Rare Disorders
United Way Worldwide
WomenHeart: The National Coalition for Women with Heart Disease

CC: The Honorable Seema Verma, Administrator,
The Centers for Medicare and Medicaid Services

¹ Consensus Healthcare Reform Principles. Available at: <https://www.lung.org/assets/documents/advocacy-archive/consensus-healthcare-reform.pdf>

² Institute of Medicine (US) Committee on the Consequences of Uninsurance. Care Without Coverage: Too Little, Too Late. Washington (DC): National Academies Press (US); 2002. 3, Effects of Health Insurance on Health. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK220636/>

³ Urban Institute. Cover Missouri Project: Report 1: Consequences of the Lack of Health Insurance on Health and Earnings. Available at: <https://www.urban.org/sites/default/files/publication/50321/1001001-Consequences-of-the-Lack-of-Health-Insurance-on-Health-and-Earnings.PDF>