



July 31, 2019

The Honorable Mark Warner
 United States Senate
 703 Hart Senate Office Building
 Washington, DC 20510

Re: Letter of Support from 29 Patient and Consumer Advocacy Organizations for S.J. Res 52

Dear Senator Warner:

Our 29 organizations, representing the interests of the millions of patients and consumers who live with serious, acute, and chronic conditions, have worked together for many months to ensure that patient voices are reflected in the ongoing Congressional debate regarding the accessibility of health coverage for all Americans and families. Today we write in strong support of your efforts to protect people with pre-existing conditions who receive coverage in the individual marketplace by following up on the recent U.S. Governmental Accountability Office ruling and introducing legislation invoking the Congressional Review Act and repealing the 1332 State Relief and Empowerment Waivers Guidance that

was released on October 22, 2018¹ (1332 guidance). We are concerned about the impact that this guidance could have on the people we represent and applaud your introduction of this bill.

In March 2017, we identified three overarching principles to guide and measure any work to further reform and improve the nation's health insurance system. Our core principles are that health insurance coverage must be adequate, affordable, and accessible.² Together, our organizations understand what individuals and families need to prevent disease, manage health, and cure illness. Our organizations are concerned about how the 1332 guidance will affect the individual marketplace's stability in states that choose to pursue policies that undermine this stability, including those that promote short-term plans and other substandard coverage. We are pleased that this legislation represents a significant and meaningful step towards protecting all Americans from insurance that does not cover what they need to promote their health and well-being.

As you know, the 1332 guidance substantially erodes the guardrails of coverage that people with pre-existing conditions such as cystic fibrosis, lung disease, cancer, cardiovascular disease, diabetes, pregnancy, and psoriasis rely on in the individual marketplace. Of particular concern, the guidance would allow states to let individuals use advanced premium tax credits to purchase non-compliant short-term, limited-duration insurance plans—which could further draw younger, healthier people out of the risk pool for comprehensive insurance and drive up premiums for those who need comprehensive coverage. The guidance also eliminates protections for vulnerable populations such as individuals with low incomes and those with chronic and serious health issues by removing the requirement to safeguard those populations under any waiver. We are concerned by this as these changes fundamentally alter the nature of the Section 1332 waiver program and jeopardize adequate, affordable coverage for people with pre-existing conditions in the individual market. Halting the implementation of this guidance will protect people with pre-existing conditions from the repercussions of these market destabilizing actions.

This legislation represents a significant step towards protecting patients and consumers. Yet, we also recognize that there is much more that needs to be done to improve upon our current system of care, including making coverage more accessible and affordable. Up until 2018, health insurance enrollment has steadily increased, and, with it, the promise of a more diverse risk pool and greater protection for people with serious health care needs. However, recent action by the Administration is jeopardizing enrollment. The combination of shortened enrollment periods, fewer resources for outreach and education and less funding for consumer navigators not only creates confusion for consumers but directly impacts the number of individuals who enroll in marketplace coverage. Without Congressional action, these trends will make it harder for many to access coverage and will further contribute to the destabilization of insurance markets and result in higher premiums for many enrollees.

Making high-quality coverage and care more affordable is also a high priority for the people that we represent. Passage of legislation that expands access to and the level of advance premium tax credits, fixes the family glitch, creates a nationwide reinsurance program, and reduces systemic health care costs could significantly ease the cost burden for people of all income levels who rely on the individual marketplace for coverage. We urge Congress to support legislation that maintains the quality of coverage while expanding access and affordability.

¹ Accessed online at <https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-23182.pdf>.

² Health care reform principles. American Heart Association website. http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_495416.pdf.

Again, thank you for your leadership on this critical issue for people with pre-existing conditions. We support your efforts to repeal the 1332 guidance and promote stability in the individual marketplace, and urge members of Congress to cosponsor this legislation.

Sincerely,

Alpha-1 Foundation
ALS Association
American Cancer Society Cancer Action Network
American Diabetes Association
American Heart Association
American Liver Foundation
Arthritis Foundation
Chron's & Colitis Foundation
Chronic Disease Coalition
COPD Foundation
Cystic Fibrosis Foundation
Hemophilia Federation of America
Immune Deficiency Foundation
Juvenile Diabetes Research Foundation
Leukemia & Lymphoma Society
March of Dimes
Mended Little Hearts
Muscular Dystrophy Association
National Alliance on Mental Illness
National Health Council
National Hemophilia Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
Pulmonary Hypertension Association
Susan G. Komen
WomenHeart: The National Coalition for Women with Heart Disease
National Coalition for Cancer Survivorship