



ChronicDiseaseCoalition

September 22, 2016

Mr. Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-6074-NC, Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Administrator Slavitt:

We write this letter to express our deep concern with the recent CMS Memorandum entitled “CMS examines inappropriate steering of people eligible for Medicare or Medicaid into Marketplace plans.”

The CMS memo suggests that some health-care providers are inappropriately steering people away from Medicare without examination of the activities of the insurers and the efforts made to reject coverage for high cost and fragile populations. The prevention of discrimination based on pre-existing conditions is one of the strong tenets of the Affordable Care Act.

Many insurers have become increasingly aggressive in creating prohibitions on health coverage to the chronically ill. The actions taken will effectively force thousands of chronic disease patients into Medicare prematurely. One example of this is the recent effort (also cited in the CMS memo) to deny patients the right to use charitable assistance to help cover co-pays or premiums. Prohibiting the assistance of charitable organizations will affect many chronically ill people by denying them a lifeline for health care that has been in place for several decades and approved by the Federal Government.

While the current focus is on charitable premium assistance supporting kidney patients, many others rely on financial aid to help cover the cost of their premiums or co-pays. Patients needing treatment for bleeding disorders and hemophilia, cancer, psoriasis, diabetes, arthritis and many more chronic conditions are among those looking to charitable assistance programs to help pay related health-care costs.

As a coalition of patients and patient organizations, we have seen the negative effects on patient welfare from charitable premium assistance prohibition first-hand. Many consumers have lost the coverage they came to rely on due to the recent and arbitrary refusal of insurance companies to accept charitable assistance for premiums – in many cases, mid-year. Others now live with the fear of having their coverage revoked with no due process. Not only is this effort to prohibit CPA affecting

commercial insurance coverage for primary coverage, but also the coverage for Medigap plans, Medicare Part B expenses and various other health-care costs.

For patients that require constant pharmaceutical treatment, this sudden loss of coverage is absolutely devastating. Many of the most effective treatments for rheumatoid arthritis, for instance, cost upwards of \$4,000 a month. This is not an expense many are able to absorb.

By prohibiting charitable premium assistance, the insurance industry will place the burden of lifesaving interventions on the few who could afford the treatments. A patient's need for charitable assistance shouldn't disqualify them from having a choice in their health insurance. As CMS looks to fix the Affordable Care Act, we urge you to avoid harming the millions of Americans with chronic diseases.

Sincerely yours,

Scott Bruun, Executive Director
Chronic Disease Coalition

Co-Signed:

Carolyn Harrison, President/CEO
Advocates for the Elderly, Inc.

Tyler TerMeer, Executive Director
Cascade AIDS Project

Gail Brownmiller, Executive Director
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Clorinda Walley, Executive Director
Good Days f.k.a. Chronic Disease Fund

Lisa Ikeda Bain, State Director
Idaho Parkinson's Action Network

Tammy Davenport, CEO
Women's Bleeding Disorder Coalition