



May 18, 2017

Dear Senator:

Our nonpartisan organizations represent more than one hundred million Americans living with chronic or other major health conditions. Together and separately, we are dedicated to working with Members of Congress from both sides of the aisle to protect the health of the patients and consumers we represent.

In March, our organizations agreed upon a [joint set of goals](#) for your consideration in the ongoing health care deliberations. We believe that three key elements – affordability, accessibility and adequacy of health care coverage – must be incorporated into any proposal to alter the current system. In particular, patients need guaranteed issue, community rating, and coverage that maintains the prohibition on underwriting for preexisting conditions, as well as lifetime and annual caps on out-of-pocket spending. These and other patient protections have strong bipartisan support and are viewed as fundamental aspects of health insurance coverage. Plans should also provide essential health benefits, including preventive measures without cost sharing, with an adequate network of providers.

Changes to the existing law must not jeopardize the health care coverage Americans currently have through employers, the private marketplace, Medicare or Medicaid. Individuals and families should be able to keep their existing coverage and, ideally, any replacement plan would extend coverage to more Americans rather than causing people to lose coverage.

The House-passed American Health Care Act (AHCA) fell far short of meeting these goals. According to the nonpartisan Congressional Budget Office, the bill as introduced would reduce coverage for 24 million, or one out of every 10 non-elderly Americans who have health insurance, including many low-income and disabled individuals who rely on Medicaid. It would also increase out-of-pocket costs – including premiums, deductibles, copays and coinsurance – for the sickest and oldest patients. For example, a typical 60-year-old making \$22,000 a year would see premiums rise by more than \$8,000 — almost eightfold.

The legislation as modified and passed by the House of Representatives went further by allowing states to drop key protections for individuals with preexisting conditions and essential health benefits that make sure treatment is covered when people become sick. Plans could again put annual and lifetime limits on coverage — including employer-sponsored coverage.

We believe that the best and most durable solutions are those built on a strong foundation of bipartisanship and we are grateful that the Senate is committed to exploring both immediate and long-term approaches that can be taken to shore up and strengthen the individual insurance market. Moving forward, we remain ready and willing to work with Congress to achieve that goal and provide all Americans with the health care they need and deserve.

ALS Association

American Cancer Society Cancer Action Network

American Diabetes Association

American Heart Association

American Lung Association

Cystic Fibrosis Society

JDRF

Lutheran Services in America

March of Dimes

National Association for Rare Disorders

National Health Council

National MS Society

United Way

Women Heart: The National Coalition for Women with Heart Disease