



July 9, 2024

Dear Members of the House of Representatives Committee on Appropriations:

As the House of Representatives' Committee on Appropriations works on its Fiscal Year 2025 (FY25) appropriations bills, the undersigned 18 organizations urge you to actively oppose policy riders that are included in the fiscal year 2025 (FY25) Labor, Health and Human Services, Education and Related Agencies (LHHS) bill. Policy riders make it even more difficult to pass these necessary funding bills.

Our organizations represent millions of patients and consumers who face serious, acute, and chronic health conditions. Together, we offer unique perspectives on what individuals and families need to prevent disease, cure illness, and manage their health. The diversity of our organizations and the populations we serve enable us to draw upon extensive knowledge and expertise that can be an invaluable resource as Congress considers any legislation that would reform our healthcare system.

In March of 2017, our organizations agreed upon three overarching principles to guide any work to reform and improve the nation's healthcare system. These principles state that: (1) health care should be accessible, meaning that coverage should be easy to understand and not pose a barrier to care; (2) health care should be affordable, enabling patients to access the treatments they need to live healthy and productive lives; and (3) health care must be adequate, meaning healthcare coverage should cover treatments patients need.

Our organizations are especially concerned about a series of policy riders that would undermine key healthcare protections and ask for your opposition to them. This includes riders that would halt the Department of Health and Human Services from working to promote initiatives aimed at achieving health equity; advancing racial equity and under-served communities; and implementing important public health efforts around vaccines.

- Section 248** of the bill seeks to ensure that no funds from this Act go towards the 'Nondiscrimination in Health Programs and Activities' rule, relating to Section 1557 of the Affordable Care Act (ACA) or any similar rule which protects patients by prohibiting discrimination on the basis of race, color, national origin, sex, age and disability in healthcare. Discrimination in healthcare contributes to disparities in health status and outcomes among communities of color, women, LGBTQI+ individuals, people with disabilities, individuals with limited English proficiency, older adults, and children. This discrimination can be particularly harmful for people with significant healthcare needs, including those who suffer from chronic conditions. The 1557 rule is critical to safeguarding equitable access to quality, affordable care, and our organizations are strongly opposed to this policy rider.

- **Section 253** of the bill further states that no funds from this Act may be used to administer, implement, or enforce the ‘Short-Term, Limited-Duration Insurance and Independent, Noncoordinated Excepted Benefits 10 Coverage’ rule, or any similar rule. Our organizations have previously expressed grave concerns about the harms to consumers posed by short-term, limited-duration insurance plans, which do not comply with the individual health insurance market reforms of the ACA.¹ These products frequently discriminate against consumers that the plan doesn’t want to enroll, often excluding or limiting benefits for prescription medications, preventive services for women, contraception, and maternity care, effectively reducing coverage consumers with disabilities, women, and individuals who are or may become pregnant.² These plans are also frequently marketed with false or misleading statements about coverage.³ Without continuous oversight, these insurance products pose an ongoing threat to consumers, and it is imperative that this rule stay in place in the appropriations bill.
- **Section 533** of this bill would prohibit the administration from using funds to implement Executive Order 13985, which aims to advance racial equity and support underserved communities. An overwhelming body of evidence demonstrates that structural racism and disparities stemming from public policy have systematically disadvantaged racial and ethnic minorities in the United States – including in healthcare. As America becomes more diverse, it is essential that our system of care rise to meet the needs of diverse patients and dismantle barriers to care for *all* patients. We strongly oppose this policy and urge you to strike it from the bill text.

By including these provisions and other policy riders in this bill, Congress is undermining the critical protections that these rules provide to patients in need of affordable, quality healthcare. Our organizations strongly urge you to oppose policy riders in this Act to protect adequate, affordable and accessible healthcare in the U.S. We thank you for your attention to this issue and welcome the opportunity to discuss this further.

Sincerely,

American Heart Association
 American Lung Association
 Asthma and Allergy Foundation of America
 CancerCare
 Child Neurology Foundation
 Cystic Fibrosis Foundation
 Epilepsy Foundation
 Hemophilia Federation of America
 Immune Deficiency Foundation

Lupus Foundation of America
 National Bleeding Disorders Foundation
 National Health Council
 National Kidney Foundation
 National Multiple Sclerosis Society
 National Patient Advocate Foundation
 Susan G. Komen
 The AIDS Institute
 The Leukemia & Lymphoma Society

¹ Letter to HHS regarding regulation of STLDI. Available at: <https://www.lung.org/getmedia/8a510945-cd82-41fe968e-d83faf2292eb/013122-letter-to-hhs-re-regulation-of-stldi-policy-preferences-final.pdf>; Under-Covered: How “Insurance-Like” Products Are Leaving Patients Exposed. March 2021.

² Volk, J., et al. Trump Administration Promotes Coverage That Fails to Adequately Cover Women’s Key Health Care Needs. The Commonwealth Fund. October 2022. <https://www.commonwealthfund.org/blog/2020/trumpadministration-promotes-coverage-that-fails-to-cover-womens-key-health-care-needs>; Palanker, D., Curran, E., Limitations of Short-Term Health Plans Persist Despite Predictions That They’d Evolve. The Commonwealth Fund. July 2022. <https://www.commonwealthfund.org/blog/2020/limitations-short-term-healthplans-persist-despite-predictions-theyd-evolve> US House of Representatives, Committee on Energy and Commerce, Shortchanged: How the Trump Administration’s Expansion of Junk Short-Term Health Insurance Plans is Putting Americans at Risk https://drive.google.com/file/d/1uiL3Bi9XV0mYnxpvaIMeg_Q-BJaURXX3/view

³ Government Accountability Office. Private Health Coverage: Results of Covert Testing for Selected Offerings. September 2020. <https://www.gao.gov/products/GAO-20-634R> The Marketing of Short-Term Health Plans: An Assessment of Industry Practices and State Regulatory Responses. The Urban Institute. <https://www.urban.org/research/publication/marketing-short-term-health-plans-assessmentindustry-practices-and-state-regulatory-response>