Dear Chairman Alexander and Ranking Member Murray:

On behalf of the more than 560,000 physicians and medical students represented by the combined memberships of the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American Congress of Obstetricians and Gynecologists, the American Osteopathic Association, and the American Psychiatric Association, we write to express our strong support for your bill to stabilize and improve the individual insurance market.

Our members are the front-line physicians who are the foundation of the American health care system, providing care for patients in rural, urban, wealthy and low-income communities. We are pleased that your bill was developed through an open, transparent and bipartisan process that included four hearings to get the perspectives of physicians, insurers, and other stakeholders. We believe this approach should serve as a model for all health care legislation to follow before being brought to a vote.

We appreciate inclusion in the bill of numerous recommendations from our joint statement submitted during the Senate Health, Education, Labor and Pensions Committee’s hearing on Stabilizing Premiums and Helping Individuals in the Individual Insurance Market for 2018: Health Care Stakeholders.

Specifically, our statement recommended that Congress make an immediate commitment to fund cost-sharing reduction (CSR) payments at least through 2019 and, preferably, for the long term. We noted that “failing to do so could result in higher premiums, reduced insurer confidence in the sustainability of the marketplace risk pool, and a larger federal deficit.” Your proposal restores CSR payments through 2017, 2018, and 2019.

Our statement recommended that Congress adequately fund outreach and education efforts to encourage a better risk pool and prevent low enrollment, higher premiums, and market destabilization. Your bill requires HHS to increase funding for outreach and enrollment assistance activities for 2018 and 2019 and puts in place extensive reporting requirements to make sure HHS and CMS are held accountable for implementing open enrollment in 2018 and 2019.
Most importantly, we strongly support your decision to adopt our recommendation to continue current consumer protections, and that “efforts to increase state flexibility [through Section 1332 waivers] should not come at the expense of coverage of this essential coverage.” We are supportive in concept of allowing states to propose innovative value-based insurance designs and enabling streamlining approval of Section 1332 waivers, as long as current law provisions protecting low income people, those with serious health conditions, and other vulnerable populations are maintained. We specifically believe that any final bill that may be brought to a vote must maintain current law requirements that all plans offered in the individual insurance market: (1) must cover the 10 categories of essential health benefits (including mental health, substance use disorder treatment, contraception, maternity care, prescriptions, physician and hospital visits, and preventive services); (2) require guaranteed issue and renewability; (3) cannot deny coverage or impose higher premiums on people with preexisting conditions, and (4) cannot impose annual or lifetime limits on coverage.

We applaud your efforts to develop bipartisan solutions to strengthen and improve the health insurance market. We stand ready to assist in your effort to ensure passage on this important legislation.

Sincerely,

American Academy of Family Physicians
American Academy of Pediatrics
American College of Physicians
American Congress of Obstetricians and Gynecologists
American Osteopathic Association
American Psychiatric Association

Cc: Majority Leader Mitch McConnell
    Minority Leader Charles Schumer
    Speaker Paul Ryan
    Minority Leader Nancy Pelosi