November 7, 2017

The Honorable Lamar Alexander
Chairman
U.S. Senate Committee on Health,
Education, Labor & Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

I am writing on behalf of the American Society of Hematology (ASH) to express the Society’s support for the Bipartisan Health Care Stabilization Act of 2017. Throughout Congress’ efforts to reform the health care system, including the debates to repeal and replace the Affordable Care Act (ACA), ASH has advocated for access to affordable, high quality health care for all Americans and is pleased to see that this piece of legislation protects the interests of the patient, particularly the patient with chronic or complex conditions. ASH is pleased with the provisions included in this legislation and would like to work with the Senate to help pass this important bill.

ASH represents over 17,000 clinicians and scientists worldwide who are committed to the study and treatment of blood and blood-related diseases. These disorders encompass malignant hematologic disorders such as leukemia, lymphoma, and multiple myeloma, as well as non-malignant conditions such as sickle cell anemia, thalassemia, bone marrow failure, venous thromboembolism, and hemophilia. In addition, hematologists were pioneers in demonstrating the potential of treating various hematologic diseases through the transplantation of bone marrow stem cells, and we continue to be innovators in the fields of stem cell biology, regenerative medicine, transfusion medicine, and gene therapy.

ASH membership is comprised of basic, translational, and clinical scientists, as well as physicians who are providing care to patients in diverse settings including teaching and community hospitals, as well as private practices.

While ASH is pleased with much of this legislation, there are also a few areas on which we offer comment, as follows:

**Waivers for State Innovation**

ASH is very supportive of the private insurance reforms implemented under the Affordable Care Act that now prohibit health plans from discriminating against patients with pre-existing conditions or imposing limits on annual and lifetime benefits; we are extremely pleased to see language in the legislation that maintains these patient protections. The insurance reforms that are currently in place have been especially impactful for individuals with blood diseases and disorders. For example, the patient who has a blood cancer such as multiple myeloma and relies on a combination of expensive therapies could reach their annual cap within a few months; meanwhile, the patient living with a blood disorder that has high treatment costs such as hemophilia could reach their lifetime cap within a few years. Additionally, ASH wants to acknowledge the importance of the fact that the bill does not make changes that would reduce access to Medicaid coverage. It is imperative that individuals eligible for Medicaid do not lose their ability to
acquire affordable health care coverage and essential health benefits. This is critical for many patients including those with sickle cell disease, an inherited chronic disorder affecting nearly 100,000 Americans who often experience lifelong complications including stroke, acute chest syndrome (a condition that lowers the level of oxygen in the blood), organ damage, and other disabilities.

However, ASH is concerned about the provision providing states with greater flexibility on affordability. Currently, cost sharing and health coverage provided under a 1332 waiver is required to be “at least as affordable” as coverage under the ACA but the current legislation changes the requirements to “of comparable affordability.” This change is vague and could open up consumers to more variation in cost sharing. Any increases in cost of coverage as a result of state flexibility has the potential to be especially damaging to patients with chronic disease, including those with hematologic conditions which are often quite costly to treat. While the Society is pleased to see that the legislation provides specific protections for vulnerable and low-income populations and people with serious health conditions, we urge the Senate to ensure that these protections are maintained. Changes made by the ACA have significantly improved access to care for this population, and any efforts to undermine these protections would be devastating. Before Congress is asked to vote on this legislation, ASH requests a report be issued through the Congressional Research Service to better understand the impact this language change could have on consumers.

Cost Sharing Payments
ASH is very supportive of the funding for the cost-sharing reduction (CSR) subsidies for 2017, 2018, and 2019. As you know, the CSR payments were set up as subsidies to insurance companies to help pay out-of-pocket costs for low-income individuals, available to people with incomes of 100 percent to 250 percent of the federal poverty level. The threat of ending these payments alone was enough to drive insurers to raise premiums and to even push some insurers to leave the marketplace entirely. Consequently, ending these payments would impact millions of Americans beyond the seven million people who benefit from the CSR subsidies. In August, the Congressional Budget Office (CBO) estimated that if the CSR payments were stopped, premiums would increase by 20 percent in the following year; the proposed rate increases for 2018 demonstrate this estimate is accurate. Without the passage of this legislation, access to affordable healthcare may be unattainable for many of those who critically need it.

The Society recognizes that the rates have been set for 2018 and we particularly appreciate that the legislation requires plans to use the money to pay rebates back to consumers. ASH recommends that the repayment be distributed on a monthly basis so as to lessen the out-of-pocket burden on the patient.

Allow All Individuals to Purchase a Lower-Premium “Copper” Plan in the Individual Market
The Society appreciates the concept of keeping all individuals purchasing copper, bronze, silver, gold and platinum plans in the same risk pool. Risk pooling helps ensure that costs do not go up for those who choose to remain in the more traditional plans. The recent CBO score for this legislation estimates that by expanding access to these catastrophic plans, slightly lower premiums will be created by bringing more healthy people into the marketplace.
Consumer Outreach, Education and Assistance

The Society is supportive of requiring the Department of Health and Human Services (HHS) to fund outreach and enrollment activities using the $106 million designated for these activities in the 2018 benefit rule. Funding these activities is vital to ensuring that all Americans are aware of their choices to access healthcare.

In closing, ASH applauds the many strong features of this legislation, especially those focused on protecting patient access to care. ASH appreciates the work that went into drafting the Bipartisan Health Care Stabilization Act of 2017, is pleased to see the legislation has bipartisan support, and hopes to see that support continue to grow. ASH looks forward to working with you to address the challenges and opportunities impacting the delivery of hematology care. Please feel free to contact either me or Leslie Brady (lbrady@hematology.org, 202-292-0264) if you have any questions or would like any additional information about hematology.

Sincerely,

Kenneth C. Anderson, MD
President

Cc: United States Senate