

# **NPAF** National Patient Advocate Foundation

**The Patient's Voice | since 1996**

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January 7, 2010

The Honorable Harry Reid  
United States Senate  
Washington, DC 20510

The Honorable Nancy Pelosi  
U.S. House of Representatives  
Washington, DC 20515

Dear Majority Leader Reid and Speaker Pelosi:

On behalf of the patients we represent, National Patient Advocate Foundation (NPAF) commends the progress made by both the House and the Senate in advancing critically important national health care reform legislation. We appreciate your tireless work on this historic legislation and share your hope that it can be enacted at the earliest possible moment.

NPAF is a national non-profit organization which strives to provide the patient voice on issues relating to improving the access to, and the reimbursement for, high-quality, affordable healthcare. Our companion organization, the Patient Advocate Foundation (PAF), provides professional case management services to patients with chronic, debilitating or life-threatening conditions. Last year, more than 9.5 million patients contacted PAF for information, and 48,369 received professional case management services.

As you continue the process of merging the Senate and House bills, NPAF would like to call out several critically important areas to patients and urge you to include the following recommendations/provisions in the final health care reform bill.

### **Preexisting Conditions**

NPAF urges that the final health care reform legislation eliminate preexisting condition exclusions and waiting periods for all individuals in every health insurance market to ensure access to care. In addition, NPAF supports the Senate bill provision which immediately eliminates preexisting conditions for children under the age of 19 and also strongly supports the House bill provisions which provide a transitional reduction in the preexisting condition look-back and waiting periods.

### **Annual and Other Limits**

NPAF commends the House and Senate for addressing the barrier that annual and lifetime limits present for patients. NPAF urges the complete elimination of annual, lifetime, monthly and any other time-period limits on coverage, whether disease specific or on dollar values or services. As currently drafted, the Senate bill would allow insurers to impose annual limits on specific services and/or diseases. Patients contacting PAF have routinely hit annual limits on the number of rehabilitation services or radiation visits they are allowed under certain insurance policies.

### **Out-of-Pocket Cap**

NPAF supports a cap on out-of-pocket spending no higher than the one contained in the House bill which limits spending for individuals at \$5,000 per year and spending for families at \$11,000 per year. Last year, 65% of all patients contacting PAF reported medical debt crisis as their primary issue. Of those, approximately 93% had health insurance coverage. This startling statistic clearly illustrates the need for a cap on out-of-pocket spending so that American families are not forced into medical bankruptcy as a result of poor quality insurance coverage. A recent study by The American Journal of Medicine found that 62% of all bankruptcies are related to sickness. Of those, 75% reported having medical insurance.

### **Age Rating**

NPAF supports limiting age rating to no more than 2 to 1 as is done in the House bill. In addition, there seems to be little reason to impose any age rating within a high risk pool since all individuals, by definition, are high risk. (Example: the average cost for individual coverage in 2009 was \$4,824; 4 to 1 age rating, as proposed in the Senate bill, would bring that cost up to \$19,296/year for an individual in the high risk pool).

### **Implementation of Reform**

NPAF prefers the implementation timeline set forth in the House bill that phases-in the vast majority of reforms including the elimination of preexisting conditions beginning January 1, 2013, but encourages earlier implementation of reforms wherever possible.

### **Clinical Trials Coverage**

NPAF supports language in the Senate bill that requires coverage for routine costs associated with clinical trials. For many patients, clinical trials are not even an option if they are faced with a disease diagnosis because their insurance refuses to pay for the treatment or associated costs. As the opportunities to enroll in clinical trials decrease, coverage for participation in clinical trials and coverage for routine costs associated with clinical trials is necessary in order to make scientific advances and to assure patients' access to care.

### **Medicare Two-Year Waiting Period**

While neither the House nor Senate bills end the two-year wait for Medicare for people with disabilities, NPAF supports new coverage options for the uninsured, including people with disabilities, which are important components of the health care reform bills. The two-year waiting period is a major access barrier for patients with disabilities, however the elimination of preexisting conditions, the expansion of Medicaid, and new tax credits will help make coverage more affordable for these individuals.

We strongly urge you to incorporate these recommendations into the final health care reform bill so that patient access to health care is protected. NPAF will continue to work with you and your colleagues in the House and Senate to help us make certain that our nation succeeds in providing affordable, high-quality and effective health care for all.

Sincerely,



Nancy Davenport-Ennis  
CEO