



via electronic submission

July 3, 2018

Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

**Re: ACS CAN's Comments on Proposed 1332 Waiver**

Dear Administrator Verma:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the Maine Bureau of Insurance's Section 1332 waiver proposal. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

ACS CAN supports a robust marketplace from which consumers can choose a health plan that best meets their needs. Access to health care is paramount for persons with cancer and survivors. In the United States, there are more than 1.7 million Americans who will be diagnosed with cancer this year.<sup>1</sup> An additional 15.5 million Americans are living with a history of cancer.<sup>2</sup> In Maine, an estimated 8,600 Mainers are expected to be diagnosed with cancer this year<sup>3</sup> and another 87,630 Mainers are cancer survivors.<sup>4</sup> For these Americans access to affordable health insurance is a matter of life or death. Research from the American Cancer Society has shown that uninsured Americans are less likely to get screened for cancer and thus are more likely to have their cancer diagnosed at an advanced stage when survival is less likely and the cost of care more expensive.<sup>5</sup>

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<sup>1</sup> American Cancer Society. Cancer Facts & Figures: 2018. Atlanta: American Cancer Society, 2018.

<sup>2</sup> Id.

<sup>3</sup> Id.

<sup>4</sup> American Cancer Society. Cancer Treatment & Survivorship: Facts & Figures 2016-2017. Atlanta: American Cancer Society, 2016.

<sup>5</sup> E Ward et al, "Association of Insurance with Cancer Care Utilization and Outcomes, *CA: A Cancer Journal for Clinicians* 58:1 (Jan./Feb. 2008), <http://www.cancer.org/cancer/news/report-links-health-insurance-status-with-cancer-care>.

A well-designed reinsurance program can help to lower premiums and mitigate plan risk associated with high-cost enrollees. We note that the Maine Bureau of Insurance estimates that the proposed reinsurance program will reduce premiums by 9 percent in 2019, and similar percent reductions in years 2020-2028.<sup>6</sup> These savings will not only benefit the federal government through reduced subsidy payments (estimated to be in excess of \$33 million per year through 2027), but will also benefit consumers not eligible for subsidies who enroll in coverage through the exchange who will see lower premiums.

A reinsurance program may also encourage insurance carriers to continue offering plans through the exchange, or begin to offer plans, as applicable. The waiver application notes that one of the biggest insurers in the state stopped selling insurance through the marketplace in 2018, with rising premiums as a result. The expected maintenance or increase in plan competition due to the reinsurance program also may help to keep premiums from rising. These premium savings could help cancer patients and survivors afford health insurance coverage, and may allow some individuals to enroll who previously could not afford coverage (the Bureau estimates a 1.1 percent increase in enrollment in marketplace plans in 2019 and subsequent increases ranging from 0.3 to 0.9 percent through 2028) if the reinsurance program is reinstated<sup>7</sup>).

ACS CAN supports Maine's proposed 1332 waiver program because, as discussed in the application, the waiver would not adversely affect enrollees' scope of benefits or decrease the number of individuals with coverage that meets the ACA's Essential Health Benefits requirements. ACS CAN believes that patient protections in current law – like the prohibition on pre-existing condition exclusions, lifetime and annual limits, and Essential Health Benefits requirements – are crucial to making the healthcare system work for cancer patients and survivors. Our support for this proposal is conditioned on the waiver and the Department's implementation maintaining these protections and benefits.

We note that under the waiver, the reinsurance program would be run through the Maine Guaranteed Access Reinsurance Association (MGARA). We encourage CMS to prioritize transparency in its oversight of the program if Maine's waiver application is approved. For example, a previous version of this proposal detailed a process by which enrollees would be ceded to the reinsurance pool due to health condition or based on information collected from the enrollee via a detailed health questionnaire.<sup>8</sup> We believe that public comment is warranted on the nature and scope of the health questionnaire, should MGARA continue the use of this practice. We urge CMS to encourage MGARA use a robust public comment process in implementing this questionnaire and process.

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<sup>6</sup> State of Maine. Executive Summary. Application for Waiver under Section 1332 of the Patient Protection and Affordable Care Act. Available at <https://www.maine.gov/pfr/insurance/mgara/Complete%20Maine%201332%20Waiver%20Application%20and%20Exhibits.pdf>

<sup>7</sup> *Id.*

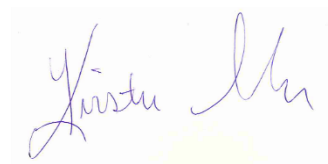
<sup>8</sup> Maine Guaranteed Access Reinsurance Association. Health Assessment Form. Individual Insurance Plan. Available at <http://www.mgara.org/Health%20Assessment%20Form.pdf>.

Finally, we urge CMS to encourage the MGARA to adopt additional transparency measures so that consumers and consumer groups are able to actively participate in the Board's proceedings. We believe the Board will benefit from such consumer representation. We also urge MGARA to provide more frequent transparency. For example, while we are pleased that the Board's website provides minutes of Board meetings, such minutes are not updated in a timely manner (for example, no minutes have been posted for the January 2018 meeting<sup>9</sup>) nor are public comments available on the website. We appreciate CMS' efforts to increase transparency in these areas.

### Conclusion

On behalf of the American Cancer Society Cancer Action Network, we thank you for the opportunity to comment on the proposed section 1332 waiver, which we believe will provide long-term viability of the individual market while not eroding important consumer protections. If you have any questions, please feel free to contact me at [Kirsten.Sloan@cancer.org](mailto:Kirsten.Sloan@cancer.org) or 202-585-3240.

Sincerely,

A handwritten signature in blue ink that reads "Kirsten Sloan". The signature is written in a cursive style and is positioned above a yellow rectangular highlight.

Kirsten Sloan  
Vice President, Public Policy  
American Cancer Society Cancer Action Network

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<sup>9</sup> The most recent minutes posted to the MGARA website are for the October 16, 2017 Board meeting. See Maine Guaranteed Access Reinsurance Association, Board of Directors. Available at <http://www.mgara.org/BoardOfDirectors.htm> (accessed April 25, 2018). According to the minutes, the Board noted the next formal quarterly meeting would take place on January 8, 2018. See Maine Guaranteed Access Reinsurance Association, Minutes of Board of Directors, October 16, 2017. Available at <http://www.mgara.org/mins10.16.17.pdf> (accessed April 25, 2018). The website does not include any information regarding a January meeting.