



April 27, 2021

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, D.C. 20510

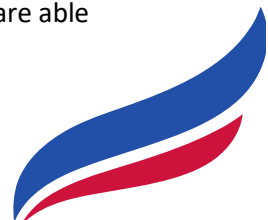
Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader Schumer, and
Minority Leader McConnell:

As Congress begins consideration of infrastructure legislation, we urge you to include measures that ensure that everyone, particularly cancer patients and survivors, have access to comprehensive, affordable health coverage and care. As evidenced by the COVID-19 pandemic's impact on patients and their families, access to quality health care is a critical societal need. While the American Rescue Plan made great strides toward ensuring greater access to and affordability of health insurance coverage, more needs to be done to make sure those who need preventive services, early detection, treatment, and survivorship care are able to receive it.

The American Cancer Society Cancer Action Network (ACS CAN) offers recommendations below on policies that we believe should be included as part of the next infrastructure package.

Improving Affordability of Comprehensive Coverage

We applaud Congress for enacting, as part of the American Rescue Plan (ARP), provisions that would improve the generosity of the Advanced Premium Tax Credits (APTCs) by expanding the eligibility of the APTCs to those over 400 percent of the federal poverty level and by reducing the level of income an individual must contribute towards their premiums. Since enactment of the ARP, more than 500,000 Americans have chosen to enroll in Marketplace coverage during the 2021 special enrollment period. This was in large part due to the availability of \$0 or very low-cost premium plans due to the changes in ARP. With these more generous coverage provisions scheduled to expire at the end of 2022, we strongly encourage Congress to making these changes permanent. Additionally, to further the gains in coverage accomplished by ARP, we strongly encourage Congress to fix the 'family glitch,' so that families are able



to afford coverage through the marketplace if an employee's employer only offers affordable coverage for the employee.

Ensuring Affordable Coverage for Low-Income Populations

We are pleased the ARP provided an incentive to states that have not expanded their Medicaid programs by providing a five percent, 2-year increase in the state's federal medical assistance percentage (FMAP). Research has shown that individuals in expansion states are more frequently diagnosed with cancer at earlier stages than those in non-expansion states, often meaning their cancer is more treatable and survivable. Additionally, individuals enrolled in Medicaid prior to their diagnosis have better survival rates than those who enroll after their diagnosis. Research is showing that states that have expanded Medicaid to additional low-income populations have 'diminished or nearly eliminated' sociodemographic disparities in their uninsured rates. We encourage Congress to build on this work to further ensure that low-income individuals in states that have not yet expanded Medicaid have access to affordable, quality health insurance.

Improving Access to Comprehensive Health Coverage

Cancer patients and survivors – like everyone with chronic illnesses – need access to health plans that provide protections from pre-existing condition exclusions, ensure guaranteed issue, limit out-of-pocket spending, and comply with the Essential Health Benefits (EHB) requirements. Unfortunately since 2017, there have been a number of changes at the federal level that have allowed for the proliferation of health insurance options that fail to provide the important consumer protections required by plans that meet the definition of a qualified health plan (QHP) under the Affordable Care Act. We urge Congress to enact legislation that would curtail or prohibit the availability of these so-called short-term, limited-duration health plans, association health plans, health care sharing ministries, farm bureau plans, and similar offerings so that cancer patients and other chronically ill individuals have confidence that the health plans they choose will provide the protection they need.

Capping Part D Out-of-Pocket Costs

During the 116th Congress, both the House and Senate debated legislation that would impose a cap on beneficiary out-of-pocket spending in the Medicare Part D program. Currently, beneficiaries who do not qualify for the Part D low-income subsidy program face unlimited cost-sharing for their prescription drugs. For cancer patients – who rely heavily on life-saving drug therapies – these costs are often substantial. We strongly urge you to continue the work of the prior Congress and enact legislation that would impose an annual cap on Part D out-of-pocket costs and include policies to "smooth" these costs for beneficiaries who are faced with paying their entire out-of-pocket amount in a short amount of time.

Additional Policies for Consideration

There are several other policies ACS CAN asks Congress to consider that would improve access to affordable, comprehensive health insurance coverage for cancer patients and survivors. In particular, ACS CAN supports the following policy changes that strengthen patient access to quality insurance coverage including:

- *Strengthen Essential Health Benefits (EHBs)*: The adequacy of a plan's benefit design is important to ensure that cancer patients and others with serious illnesses have access to the services they need for their treatment. We urge Congress to strengthen the EHB requirements so that a state's benchmark plan mirrors the plan availability in the state's private market.
- *Improve network adequacy standards*: Cancer patients may face limited availability of specialty providers and facilities. We urge Congressional action to require that plan networks are robust enough to ensure that cancer patients and others with serious illnesses have access to the specialists they need.
- *Improve Medicare transitions*: Most individuals qualify for Medicare when they turn 65. Individuals who transition from COBRA coverage may experience problems transitioning into the Medicare program because the expiration of COBRA coverage is not a qualifying event for purposes of Medicare eligibility. We urge Congress to provide a special enrollment period for individuals transitioning from COBRA coverage into Medicare.
- *Improve access to telehealth services*: The benefits of telehealth services have become obvious during the COVID pandemic, particularly as a means to expand access to care and address health disparities. The temporary flexibilities (e.g., no geographic restrictions) for telehealth services granted during the Public Health and Medical Emergency (PHE) were vital for cancer patients' access to care. However, many of these provisions are set to expire once the PHE ends. It is important that Congress enact legislation which continues to make it easier for cancer patients to take advantage of appropriate telehealth services which can reduce a critical barriers to access to care.

Thank you for considering these provisions for inclusion in the next infrastructure package. For more information or to discuss these comments further, please contact Keysha Brooks-Coley, Vice President for Federal Advocacy and Strategic Alliances, at keyscha.brooks-coley@cancer.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa A. Lacasse". The signature is fluid and cursive, with a long horizontal stroke at the end.

Lisa A. Lacasse

President

American Cancer Society Cancer Action Network