



May 9, 2012

The Honorable John Boehner
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Boehner:

On behalf of the American Cancer Society Cancer Action Network, American Diabetes Association, and American Heart Association, we are writing to express our concerns about a number of the health-related provisions in the Sequester Replacement Reconciliation Act. Collectively our organizations represent the interests of patients, survivors and families affected by four of the nation's most prevalent, deadly and costly chronic conditions, cancer, diabetes, heart disease and stroke.

We are certainly very concerned about the looming sequester and the harmful impact it would have on National Institutes of Health-funded medical research and other public health funding. However, a number of the cuts proposed through the budget reconciliation legislation would be harmful for Americans living with chronic disease by making it more difficult to access needed health care and undermine efforts to prevent and manage these devastating illnesses.

Specifically, we oppose the repeal of the Prevention and Public Health Fund. The Fund is our first sustained national investment in prevention. The programs supported by the Fund are essential if we are to reduce the growth of chronic diseases, such as heart disease, cancer, diabetes, and decrease obesity and tobacco use rates, which are primary drivers of rising health care costs. Repealing the Fund, which has already suffered a significant cut, would compromise our ability to make progress on cost containment, public health modernization, and wellness promotion. Programs supported by the Fund can help Americans adopt healthier lifestyles that include access to clinical services such as mammograms and diabetes prevention programs, tobacco cessation, maintaining a healthy body weight, and exercising at moderate-vigorous intensity for at least 30 minutes, five days per week. Investing in prevention is a smart move during these fiscally challenging times to foster both a healthy economy and a healthy society.

Second, we are opposed to the repeal of the mandatory funding being used to support the establishment of state-based health insurance exchanges. Insurance exchanges are a bipartisan idea and a central element of a reformed health care system that will make affordable, high-quality health insurance coverage available to American consumers. According to a recent GAO report, up to 122 million Americans have a pre-existing medical condition. State-based health insurance exchanges will provide these Americans with peace of mind that they'll be able to buy affordable coverage when they need it. Exchanges will provide individuals and small businesses with competitive, consumer-centered marketplaces for purchasing private health insurance, giving them greater choice at a better price than they currently can access on their own. Although exchanges will ultimately be

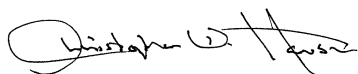
self-sustaining, without critical planning and establishment funding, states will not have the resources they need to undertake the many tasks necessary to get their exchanges up and running. As a result, millions of Americans could lose access to affordable, adequate health insurance coverage.

Third, we are deeply concerned that repealing the repayment caps for low- and moderate-income families who are eligible to receive tax credits to help make insurance coverage affordable would result in an estimated additional 350,000 Americans going uninsured, according to the Joint Committee on Taxation. This policy would discourage individuals and families from enrolling in health insurance coverage through state-based exchanges. Moreover, the policy could disproportionately affect people with chronic conditions like cancer, heart disease and diabetes for two reasons. First, in the exchanges, premiums will be age adjusted, and since people with chronic conditions are generally older, they will be paying relatively more. Thus, if they have to repay part of a subsidy that was used to purchase health insurance, the amount will be relatively large. Also, the fear of having to potentially pay back part of a subsidy may make them less willing to obtain the coverage they need. Second, some younger and relatively healthy people may also choose not to enroll and use a subsidy to help them purchase health insurance because they fear a change in income may put them at risk of having to return part of it to the government. The loss of young, healthy people in the insurance pools undermines the overarching goal of universal coverage and raises the premiums of those who remain in the pools.

Finally, we are very concerned about the impact that repeal of the Medicaid and Children's Health Insurance Program Maintenance of Effort requirement would have on patients with chronic disease who depend on Medicaid for their insurance coverage. Rolling back eligibility in Medicaid would create barriers to coverage for millions of low-income people with severe chronic illnesses including cancer, diabetes, heart disease, and stroke who don't have other ways to receive adequate and affordable care. Limiting access to Medicaid will create barriers to important preventive care, lead to poorer outcomes and higher treatment costs, and a greater likelihood of death from these diseases. While we understand the difficult financial situation many states face, reducing coverage for low-income patients with chronic diseases as a way to offset a strained budget is a short-sighted approach that will lead to a sicker population and greater health care costs in the future.

Thank you for your consideration of our views.

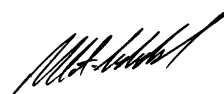
Sincerely,



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Cancer Action Network



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