

March 2, 2020

Senator Tony Luetkemeyer  
201 W. Capitol Ave., Room 220  
Jefferson City, Missouri 65101

Dear Senator Luetkemeyer:

The undersigned organizations, representing the interests of the millions of patients and consumers who live with serious, acute, and chronic conditions, have worked together to ensure that patient voices are reflected in debates regarding the accessibility of health coverage for all Americans and families. In March 2017, we identified three overarching principles to guide and measure any work to further reform and improve the nation's health insurance system. Our core principles are that health care must be **adequate, affordable, and accessible**.<sup>1</sup> Together, our organizations understand what individuals and families need to prevent disease, manage health, and cure illness.

We appreciate that *Senate Joint Resolution No. 60* seeks to prohibit a health benefit plan from imposing a preexisting condition exclusion, meaning that insurers could not place limits on benefits due to a condition the enrollee had prior to enrolling in the plan. However, the limited safeguards provided in this proposed constitutional amendment fall far short of the patient protections encompassed under existing law. Unfortunately, the legislation is not a comprehensive approach that would provide the protections for individuals with pre-existing conditions that are provided under current law.

Current law requires insurers to comply with a set of provisions which work together to promote adequate, affordable, and accessible coverage for people with pre-existing conditions. Patients with pre-existing conditions need a wholistic approach that includes, but is not limited to, community rating, which prohibits health insurers from taking into account an individual's health history when setting premiums; guaranteed issue, which requires health insurers to permit individuals to enroll in coverage regardless of their health status; limits on the amount individuals will spend in their out-of-pocket costs; essential health benefits; a prohibition of lifetime and annual limits; and other important provisions to protect people with serious health care needs from discriminatory coverage practices and promote access to affordable coverage. These policies are inextricably linked and together they work to provide access to critical care for people with life-threatening, disabling, chronic, or serious health care needs.

### **Adequacy**

Health care must be *adequate*, covering the services and treatments patients need, including patients with unique and complex health care needs. It is paramount that protections including the Essential Health Benefit (EHB) requirement, the ban on annual and lifetime caps, caps on out-of-pocket costs, and restrictions on what factors an insurer can take into account when setting premiums for an enrollee be preserved in all health care plans to which they currently apply.

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<sup>1</sup> Health care reform principles. American Heart Association website. [http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm\\_495416.pdf](http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_495416.pdf).

We are concerned that your proposed constitutional amendment includes pieces of the puzzle but fails to ensure in Missouri state law that enrollees have access to health insurance that provides adequate coverage for the products and services they need. When Missourians are sold plans that do not provide comprehensive coverage, it puts them at risk for catastrophic health care costs or being forced to delay care and creates additional confusion for consumers and patients.

### **Affordability**

Our second principle recognizes that illness and disease impacts individuals across the economic spectrum. We believe that everyone – regardless of their economic situation – should be able to obtain the treatment they need to manage, maintain, or improve their health. This means that coverage should be *affordable*, including reasonable premiums and cost-sharing, and that individuals with pre-existing conditions should be protected from being charged more for their coverage.

While we are pleased your proposed constitutional amendment would prohibit insurers from imposing pre-existing condition exclusions, this proposed amendment would not prevent an insurer from charging higher premiums to an individual based on his or her health status. So, for example, an individual with a history of asthma, heart disease, or cancer could not be denied coverage but could be charged significantly higher premiums. In addition, insurers would be permitted to use other factors that can be used as proxies for health status, such as age or occupation. For instance, your legislation does not limit how much more insurers in the individual market could charge a 50-year-old with heart disease because of his age. We are also concerned that your legislation fails to adequately protect consumers from high out-of-pocket costs and prohibit annual or lifetime limits on care.

### **Accessibility**

Lastly, health care coverage must be *accessible*. All people, regardless of employment, health status or geographic location, should be able to gain coverage without waiting periods or undue barriers to coverage. While we appreciate that your proposed constitutional amendment prohibits insurers from imposing pre-existing condition exclusions, we are troubled that, absent other quality and financial protection standards, the provision addressing pre-existing condition exclusions would offer only partial assurance to consumers.

We are also troubled that your proposed constitutional amendment would impact eligibility and access to health insurance coverage through the state's Medicaid program, by adding additional administrative reporting requirements. Work and community engagement reporting requirements could jeopardize the health of countless Missourians managing complex chronic conditions, who rely on Medicaid to access primary care and prevention services, as well as life changing and lifesaving diagnostic, treatment and disease management care. While exemptions from these requirements may be provided, the complexity and frequency of administrative reporting requirements have led to thousands of people losing their Medicaid coverage – including those individuals who should be exempt.

## Conclusion

Together our organizations are committed to ensuring adequate, affordable, accessible health care coverage is available for Missourians. Because this proposed constitutional amendment leaves out many important protections and is not a comprehensive approach to addressing the challenges faced by individuals who have or will face significant health care needs, we cannot support Senate Joint Resolution 60.

Sincerely,

ALS Association  
American Diabetes Association  
American Kidney Fund  
Arthritis Foundation  
Cystic Fibrosis Foundation  
Hemophilia Federation of America  
March of Dimes  
National Alliance on Mental Illness  
National Multiple Sclerosis Society  
National Patient Advocate Foundation  
Susan G. Komen

American Cancer Society Cancer Action Network  
American Heart Association  
American Lung Association  
Chronic Disease Coalition  
Epilepsy Foundation  
Leukemia & Lymphoma Society  
NAMI Missouri  
National Hemophilia Foundation  
National Organization for Rare Disorders (NORD)  
Pulmonary Hypertension Association  
United Way Worldwide