

**Statement for the Record**  
**House Committee on Energy and Commerce**  
**Subcommittee on Health**  
**“Patient Relief from Collapsing Health Markets”**  
**February 2, 2017**

The American Heart Association appreciates the opportunity to submit this testimony for the House Committee on Energy and Commerce, Subcommittee on Health related to *the Pre-existing Conditions Protection and Continuous Coverage Incentive Act of 2017*. We strongly support maintaining protections for the millions of Americans with pre-existing conditions, including cardiovascular (CVD) conditions; and we are concerned that any requirement of continuous coverage will not maintain these protections. Our concerns are detailed below.

The American Heart Association is the nation’s oldest and largest voluntary organization dedicated to building healthier lives free from heart disease and stroke – the two leading causes of death in the world. Our non-profit and non-partisan organization includes more than 30 million volunteers and supporters. The American Heart Association and our American Stroke Association division fund innovative research to accelerate advances in preventing heart disease and stroke. We also work to advance strong public health policies, and provide critical tools and information to health care providers, patients and families to prevent and treat these deadly diseases.

As measured by prevalence, death, disability, and costs, CVD is the most burdensome disease in the United States. An estimated 92.1 million US adults have at least one type of CVD. By 2030, 43.9% of the US adult population is projected to have some form of CVD, including hypertension, coronary heart disease, stroke, and congestive heart failure. Protections for people with pre-existing conditions are vitally important to patients with CVD. An analysis of some of the largest for-profit health insurance companies in the country found that between 2007 and 2009, one out of every seven applicants was denied coverage based on a health condition. Lists of so-called “declinable conditions” included many cardiovascular conditions such as congestive heart failure, coronary artery/heart disease, bypass surgery and stroke. Applicants were also denied if they were taking drugs on issuers’ lists of “declinable

medications.” Without the protections put in place by the Affordable Care Act, over a quarter of nonelderly adults would again be subject to denials, exclusions, and exorbitant rates.

We support the goal of the *Pre-existing Conditions Protection and Continuous Coverage Incentive Act of 2017* to protect health insurance access for people with preexisting conditions. However, we are concerned about the potential for unintended consequences if provisions requiring continuous coverage as a condition of retaining those protections are not crafted to recognize and allow for certain extenuating circumstances, including those we described in more detail in subsequent paragraphs.

While continuous coverage is optimal for individuals and for the risk pool, the reality is that patients can face gaps in coverage for many reasons, including the inability to keep up with premiums, the loss of a job, or a change in family circumstances. For patients with chronic conditions these challenges can be compounded by job instability linked to the demands of managing their health. We hear regularly from patients and family members about the burden of dealing with CVD and stroke. The burden is so high that it may require the patient or family member, often the parent of a child facing CVD or stroke, to miss time from a job or even lose the job entirely. These extenuating circumstances are real—particularly for low-income individuals.

An AHA survey of CVD patients from January 2010 demonstrates the challenges that many with heart disease or stroke face that make continuous coverage a challenge for many. Key findings included:

- Approximately 16% of non-elderly adults surveyed did not currently have health insurance. And even among those who do have insurance, 24% of CVD patients (and 36% of stroke patients) said they’ve gone without health insurance at some time since their diagnosis.
- Of those CVD patients without insurance coverage, the high cost of the insurance premium was cited as the major reason why (48%), followed by losing insurance coverage because of job loss (37%), their employer doesn’t offer coverage or the employee doesn’t qualify, the insurance company wouldn’t cover their condition, or the insurance company refused coverage due to a pre-existing medical condition.
- Patients identified lack of money or insurance coverage as the leading barrier to taking action to improve their health (25% total CVD patients, 32% stroke). Nearly one-third of total CVD patients (30% total and 39% of stroke patients) said they didn’t have access to affordable preventive screenings for their illness prior to their diagnosis.

- Of those who said they had difficulty paying medical expenses, 50% said it was because they couldn't afford their co-pays, deductibles or other cost-sharing, 41% said it was because their insurance plan didn't cover it, and 17% said it was because they had to pay higher costs because their provider was out-of-network.
- Of those who had difficulty paying medical expenses, nearly half (48%) said they had difficulty paying bills, 39% said they used up all or most of their savings, 30% said they had incurred thousands of dollars of medical debt, 25% said they had been unable to pay for basic necessities like food, housing, or heat, and 9% had declared bankruptcy.

A study released in 2016 by the American Heart Association revealed that more than six million adults at risk for CVD and 1.3 million who suffered from heart disease, hypertension or stroke gained health insurance between 2013 and 2014. That figure is likely much higher today. We know that merely having coverage does not guarantee access to quality or affordable care – and we are once again surveying our patients to see what their experience has been to date with the Affordable Care Act and what improvements still need to be made to our health care system to serve the needs of individuals with preexisting conditions – like cardiovascular disease.

We appreciate that the committee is still gathering input and information as they work to construct the specifics of this provision and the second reserved title on continuous coverage, and welcome this opportunity to provide comment on subsequent proposals. As you move forward, the American Heart Association/American Stroke Association urges the subcommittee to consider the following:

- Nongroup health plans should not be able to deny coverage to applicants because of a pre-existing health condition.
- Health plans providing nongroup coverage should not be able to charge people with pre-existing health conditions higher premiums based on their health.
- Nongroup and group health plans (both insured and self-funded) should not be able to exclude coverage for benefits for a defined period of time for new enrollees if the benefit relates to a pre-existing health condition (called pre-existing condition exclusions (PECE)).
- Insured people with pre-existing health conditions should not face barriers when they want or need to change health plans.

The millions of people with CVD that we serve are among the many Americans with pre-existing conditions. Ensuring meaningful health insurance coverage for these individuals is critical to our mission. We look forward to working with the members of this subcommittee to identify strong policy solutions for individuals with preexisting conditions in need of affordable health insurance coverage.