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March 23, 2017

The Honorable Paul Ryan  
Speaker  
U.S. House of Representatives  
232 United States Capitol  
Washington, DC 20515

The Honorable Nancy Pelosi  
Democratic Leader  
U.S. House of Representatives  
204 United States Capitol  
Washington, DC 20515

Dear Speaker Ryan and Leader Pelosi:

The American Heart Association, the nation's oldest and largest voluntary organization dedicated to building healthier lives free from heart disease and stroke, is writing to state our position on the revised version of the American Health Care Act (AHCA). Our non-profit and non-partisan organization includes more than 30 million volunteers and supporters. Millions of the individuals we serve have pre-existing health conditions or chronic disease.

As the leading voice for cardiovascular disease (CVD) patients and their families, in 2008 we published our Statement of Principles for Healthcare Reform that have served as the foundation of our work advocating for all Americans to have access to affordable, quality health insurance coverage. We know that heart disease and stroke patients who are uninsured are far less likely to receive appropriate and timely medical care and suffer worse medical outcomes, including higher mortality rates than their insured counterparts.

With this in mind, our association in collaboration with ten other non-partisan patient organizations has developed a set of core principles that are fundamental to ensuring Americans continue to have access to affordable and adequate health care. Based on our review of the American Health Care Act (AHCA) we do not believe the legislation achieves our goals.

In its current form, the AHCA will reduce access to health insurance coverage for millions, make health care less affordable, weaken health care programs that are lifelines to our country's low-income and disabled populations and undermine efforts to prevent disease. We are also troubled that the savings generated from the bill come primarily from reductions in coverage for vulnerable populations, and cost shifting to states, patients, hospital systems and providers rather than from policies that will improve the health care system and contain cost growth long term. As a result, we must oppose this legislation in its current form unless these concerns are adequately addressed.

### **Access to Care**

While we are pleased that the legislation maintains critical patient protections, like prohibitions on pre-existing condition exclusions, we have significant concerns about the millions of Americans who are projected to lose coverage under the AHCA. In the principles referenced above, our unifying concept was that "any changes to current law should preserve coverage for [these] individuals, extend coverage to those who remain uninsured and lower costs and improve quality for all." Assessments of the bill from the non-partisan Congressional Budget Office (CBO) anticipate losses in coverage of a magnitude that would increase the number of uninsured Americans to levels higher than those prior to the enactment of the current health care law. Surely we can all agree that this is not a step in the right direction.

The association is also concerned about the impact of the AHCA's continuous coverage incentive provision on access to care. Many individuals living with CVD cannot return to work immediately after a health care crisis. Often, the burden is so high that the patient or family member may miss days of work or lose his or her job and, therefore, employer-based coverage. For these reasons, a penalty with no exception for extenuating circumstances would disproportionately affect patients with CVD and reduce access to care at a time when they are most in need.

### **Affordability**

Cardiovascular disease is the costliest health condition in the United States, and affordability is a critical issue for our patients. We are concerned that, based on CBO's analysis, this bill would increase costs for many older, low-income Americans who are far more likely to suffer from some form of cardiovascular disease. Fifty percent of Americans aged 45-64 currently have CVD, and individuals with low incomes are much more likely to suffer from high blood pressure, high cholesterol, heart attack and stroke than their high-income peers. Reducing premium subsidies, eliminating cost-sharing subsidies and allowing age rating would result in older Americans being charged five times more than younger Americans and put insurance coverage out of reach for many cardiovascular patients. These reductions in affordability would also exacerbate disparities in access to health insurance coverage that already exist for low-income individuals and across geographic areas, as the proposed premium tax credit does not adjust for higher costs in rural and high-cost areas.

### **Adequate and Understandable**

The elimination of actuarial value requirements is equally concerning as it is likely to result in higher cost, less comprehensive plans, while simultaneously reducing transparency for the consumer. Without actuarial value requirements, our patients will be unable to compare plans across insurers. For individuals to be empowered and educated buyers and effectively and efficiently navigate the health care system, it is critically important that they have information at their disposal in one place.

Even more troubling is the potential elimination of the essential benefit requirements for health care coverage. Reduced access to preventive services, which are important for persons with or at risk of CVD, and programs like cardiac rehabilitation that prevent secondary cardiac events, are of particular concern.

Prior to the Affordable Care Act, individuals with CVD experienced a general and troubling lack of access to preventive services. Such services are critical in detecting cardiovascular issues before they become catastrophic issues. Many people who were insured had coverage that included some of these services, but they were not guaranteed coverage for all, and cost sharing was usually applied. Early research into the impact of the ACA preventive service requirements reveals that blood pressure and cholesterol screenings have increased significantly as a result of this requirement. Vulnerable populations – especially low-income and minority groups – have gained access to services essential for preventing, monitoring and recovering from cardiac events and stroke.

Our principle for adequate coverage states that “All plans should be required to cover a full range of needed health benefits with a comprehensive and stable network of providers and plan features and preserve guaranteed access to and prioritization of preventive services without cost-sharing.” As currently drafted, the AHCA falls short of achieving this standard.

### **Medicaid reforms**

Changes to the Medicaid program will reduce access to affordable and adequate health care for Americans with a history of CVD, who comprise 28% of this population. These beneficiaries have higher spending and utilization rates than other beneficiaries and are vulnerable under both the per capita cap and block grant approach.

In addition, the elimination of the essential health benefits requirements for the Medicaid expansion populations would threaten access to preventive and other clinical services that are critical in helping to prevent and manage CVD – as noted above. And, making work a requirement for individuals with CVD – who often experience lapses in employment due to their condition – could discriminate against these individuals and create unnecessary barriers to medical care. The impact of such a requirement would be minimal, since 80% of able-bodied adults enrolled in Medicaid are employed and Medicaid enrollment provides access to services that help enrollees secure employment. In addition, scaling back Medicaid

expansion poses a threat to the health of all low-income persons with CVD who could lose coverage or fall into categories that leave them uncovered in the future. Of the more than a quarter of American adults with Medicaid coverage who report a history of CVD, 70.5 million patients with one or more CVD risk factors live in expansion states. Given these concerns, we remain strongly opposed to the Medicaid changes outlined in AHCA.

### **Prevention**

Prevention is a critical tool for increasing population health and reducing the burden of cardiovascular disease. Approximately 80% of CVD is preventable by adopting healthy habits such as eating right, controlling cholesterol, getting physical activity and not smoking.

The elimination of the Public Health Prevention Fund will deliver a serious blow to the Centers for Disease Control and Prevention, setting back successful efforts in states and communities across the country to invest in evidence-based prevention to promote heart-healthy habits and wellness throughout a person's life. Prevention provides a return on investment by promoting a healthy, productive workforce, delays the onset of costly disease, and improves overall length and quality of life.

As the primary advocate and voice for Americans struggling with heart disease and stroke, we urge Congress to develop a sustainable plan that provides affordable, accessible and adequate health care for our nation and lowers rather than shifts costs. The AHA remains committed to work with you, other Members of Congress and the administration to identify and refine proposals that adhere to our principles and are more responsive to the needs of patients with heart disease and stroke.

Sincerely,

A handwritten signature in black ink that reads "Nancy A. Brown". The signature is written in a cursive, flowing style.

Nancy A. Brown  
Chief Executive Officer