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Today, millions of individuals, including many with preexisting health conditions, can obtain affordable health care coverage. 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.

In addition, any reform measure must support a health care system that provides affordable, accessible and adequate health care coverage and preserves the coverage provided to millions through Medicare and Medicaid. The basic elements of meaningful coverage are described below.

Health Insurance Must be Affordable – Affordable plans ensure patients are able to access needed care in a timely manner from an experienced provider without undue financial burden. Affordable coverage includes reasonable premiums and cost sharing (such as deductibles, copays and coinsurance) and limits on out-of-pocket expenses. Adequate financial assistance must be available for low-income Americans and individuals with preexisting conditions should not be subject to increased premium costs based on their disease or health status.

Health Insurance Must be Accessible — All people, regardless of employment status or geographic location, should be able to gain coverage without waiting periods through adequate open and special enrollment periods. Patient protections in current law should be retained, including prohibitions on preexisting condition exclusions, annual and lifetime limits, insurance policy rescissions, gender pricing and excessive premiums for older adults. Children should be allowed to remain on their parents' health plans until age 26 and coverage through Medicare and Medicaid should not be jeopardized through excessive cost-shifting, funding cuts, or per capita caps or block granting.

Health Insurance Must be Adequate and Understandable – 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. Guaranteed access to and prioritization of preventive services without cost-sharing should be preserved. Information regarding costs and coverage must be available, transparent, and understandable to the consumer prior to purchasing the plan.

Adult Congenital Heart Association

Alpha-1 Foundation

ALS Association

American Cancer Society Cancer Action Network

American Diabetes Association

American Heart Association

American Liver Foundation

American Lung Association

Arthritis Foundation

Autism Speaks

Chronic Disease Coalition

Consumers Union

COPD Foundation

Crohn's & Colitis Foundation

Cystic Fibrosis Foundation

Epilepsy Foundation

Family Voices

Futures Without Violence

Hemophilia Federation of America

Juvenile Diabetes Research Foundation

Leukemia & Lymphoma Society

Lutheran Services in America

March of Dimes

Mended Little Hearts

Muscular Dystrophy Association

National Alliance on Mental Illness

National Down Syndrome Society

National Health Council

National Hemophilia Foundation

National Multiple Sclerosis Society

National Organization for Rare Disorders

National Patient Advocate Foundation

National Psoriasis Foundation

Susan G. Kommen

United Way Worldwide Volunteers of America

WomenHeart: The National Coalition for Women with Heart Disease