



NATIONAL COALITION  
FOR CANCER SURVIVORSHIP

*The power of survivorship. The promise of quality care.*

February 27, 2017

Patrick Conway, MD, MSc  
Acting Administrator  
Centers for Medicare & Medicaid Services  
200 Independence Avenue, SW  
Washington, DC 20201

Re: CMS-9929-P, Patient Protection and Affordable Care Act, Market Stabilization

Dear Dr. Conway:

The National Coalition for Cancer Survivorship is a national organization representing survivors of all types of cancer in public policy activities. Our fundamental goal is to improve the cancer care system, ensuring all survivors access to high quality care and enhancing the quality of life for those living with cancer. We appreciate the opportunity to comment on the proposed rule that is intended to “help stabilize the individual and small group markets.”

The Affordable Care Act (ACA) has provided health insurance coverage – and therefore access to health care – for many cancer survivors who were previously denied insurance coverage due to their preexisting condition. Individuals who in the past had to forgo or delay cancer treatment because of a lack of health insurance now have access to care, thanks to health insurance they purchased through ACA exchanges. Additionally, cancer survivors, who previously had to sacrifice monitoring and treatment of the late and long-term effects of cancer and cancer treatment, can access care.

We realize that there are stresses and strains in some of the health insurance exchanges and that there are limited health insurance plan options and lack of affordable options for consumers in some locations. We understand that the Centers for Medicare & Medicaid Services (CMS) has offered certain changes in the operation of the exchanges in an effort the agency suggests may stabilize the insurance market. However, we are concerned that some of the proposed reforms will have the impact of reducing health insurance enrollment and increasing instability in the insurance market.

### ***Guaranteed Availability***

NCCS appreciates the need for policies that will encourage the prompt payment of premiums and that will protect against practices that result in a sicker and more expensive pool of patients. The cycle of nonpayment of premiums during a plan year, followed by re-enrollment in the next year in the same plan or a plan from the same issuer, obviously creates disruptions in the health insurance market. The proposed rule would permit issuers to collect premiums for unpaid coverage before enrolling a patient in the next year’s plan. Moreover, the proposed rule describes the requirement for payment of past due premiums as an incentive to patients to retain their coverage.

Cancer patients and survivors do not need an incentive to pay their premiums and retain health insurance coverage. They are incentivized by the need for health care. To the extent that cancer patients are among those who fall behind on premium payments and lose their coverage, we believe that typically happens because these patients are struggling with their overall health care expenses, including premiums and cost-sharing for their care.

If the requirement for payment of past due premiums is included in the final rule, we urge that it be clear that consumers would be permitted to accept assistance from third-parties for payment of those premiums. Because we believe cancer patients fall behind in premium payments because of financial burdens associated with their costs of care, we urge flexibility to assist them in payment of past due premiums.

### ***Open Enrollment Period***

NCCS does not support the proposal to shorten the open enrollment period. The data suggest that younger people tend to enroll later in the enrollment period. The abbreviated enrollment period may result in an older and sicker pool of enrollees. If this happens, the shorter enrollment period will not foster market stabilization.

In place of an abbreviated enrollment period, we recommend enhancements in enrollment assistance. Efforts might be made to encourage the engagement of insurance brokers in exchange enrollment. In addition, some of the very successful navigation programs should be supported and replicated. We believe that these and other enrollment assistance efforts would be more effective in creating a balanced pool of enrollees than a shorter enrollment period.

### ***Special Enrollment Periods***

NCCS understands the potential for special enrollment periods to be abused. There is the risk that consumers will delay enrollment until they have pressing health care needs and at that point they may attempt to take advantage of special enrollment periods. CMS proposes to address the potential for abuse of the special enrollment periods by requiring verification of the documentation to support special enrollment.

The agency notes the possibility that verification procedures may have the unintended consequence of discouraging younger and healthier enrollees. We think that this is a distinct possibility. Therefore, we recommend that the agency proceed with its previous plan to conduct a pilot program for verification of documentation for special enrollment. A pilot project will permit the agency to determine the best means for conducting verification processes and at the same time assess the impact of verification.

### ***De minimis Changes to Actuarial Value of Plans***

CMS proposes modifications to the de minimis changes to the actuarial value of plans, to provide plan issuers more flexibility in plan design from year to year. The agency proposes these changes to provide issuers more flexibility in plan design. We think it is important to note a troubling impact of these changes, which is reducing premium subsidies.



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The affordability of plans has an impact on enrollment decisions. If a pool of younger and healthier enrollees is critical to market stability, we recommend that attention be directed to the affordability of plans. Actions that result in the reduction of premium subsidies work against a pool of healthier enrollees.

### **Network Adequacy**

For people with cancer, access to appropriate cancer care is quite simply a matter of life and death. Many cancer patients may receive quality care close to home, in practices that are included in the networks of their insurance plans. However, a significant portion of cancer patients have rare, difficult-to-treat, and complex cancers. The only appropriate care for these patients is often in cancer centers or academic health centers that are distant and outside network.

We are concerned that deference to the states in the assessment of network adequacy will not result in adequate networks for treatment of difficult-to-treat cancers. In the past, NCCS has made clear that the “time and distance” standards that have been used in part to define network adequacy are not sufficient to protect cancer patients. In fact, the time and distance standards are not meaningful to cancer patients who may need to travel to distant experts to receive appropriate care. We have consistently urged network adequacy standards that reflect the needs of cancer patients and others who require multi-disciplinary and well-coordinated cancer care, including care that is delivered distant from a patient’s home.

An important protection for cancer patients and others with serious and life-threatening illnesses is access to exceptions and appeals processes that permit them to petition for access to care out of network. These processes must be well-defined and with short timelines so that they are responsive to the needs of cancer patients and others with urgent health needs.

We appreciate that plan issuers need assurances about network standards in order to negotiate with provider networks and to develop plan offerings that are affordable. However, we note that affordable plan offerings must also be adequate plan offerings if they are to attract enrollees.

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NCCS appreciates the opportunity to comment on this proposed rule. We stand ready to work with the agency to encourage enrollment in exchange plans and to achieve a pool of enrollees that includes younger and healthier individuals.

Sincerely,

Shelley Fuld Nasso, MPP  
Chief Executive Officer