



May 25, 2017

The Honorable Orrin G. Hatch
Chairman, Committee on
Finance United States Senate
Washington, DC 20510

Dear Chairman Hatch,

The American Heart Association is the largest voluntary organization dedicated to building healthier lives free from heart disease and stroke two of the leading causes of death in the United States. Our nonprofit, non-partisan organization works with more than 30 million volunteers and supporters across the country and in your state. Today, one out of three Americans suffer from one or more forms of cardiovascular disease (CVD). We appreciate the invitation to share our concerns and recommendations on behalf of our volunteers, clinicians, supporters, and the millions of other

recognize the task is not an easy one. We hope this letter will be helpful in stating our views on both the Housepassed American Health Care Act and on the components of the existing law that should be maintained, strengthened, altered, or replaced.

The connection between health insurance and health outcomes is clear and well documented. Americans with CVD risk factors who lack health insurance, or are underinsured, have higher mortality rates and poorer blood pressure control than their insured counterparts. Further, uninsured stroke patients suffer from greater neurological impairments, longer hospital stays, and higher risk of death than similar patients covered by health insurance. Cardiovascular disease is also costly and burdensome for the individual, their families, and for communities.

Prior to 2010, one of the most common reasons for medical bankruptcy was cardiovascular disease. Heart transplants and surgeries for the approximately 40,000 babies born with heart defects each year are clear cut examples where caps on coverage can be quickly reached. The AHA is committed to developing strong, evidence-based policies that serve the millions of Americans with CVD in the United States and provide the basis for our recommendations.

We share your goal of bringing greater stability to the insurance marketplace.

Both, we believe steps must be taken immediately to preserve and strengthen the existing private health care marketplace

In the short term, continued stable funding for ACA cost sharing reductions must be ensured. In the

We also support expanded use of Section 332 of the ACA, as proposed by the Administration, that permits states to apply for Innovation Waivers. Innovation Waivers provide states an opportunity to modify existing laws to meet the unique needs of their communities. When designed carefully, these waivers can increase access to high quality, affordable health insurance while retaining the core protections of the ACA.

Our association, in collaboration with fourteen other nonpartisan patient

Coverage losses would be more concentrated among people with preexisting conditions and serious health needs the very people who need health insurance the most. Our association finds this coverage loss and the impact it would have on the lives and health of Americans with CVD unacceptable.

Many of our patients were uninsurable prior to the ACA. An analysis of some of the largest for-profit health insurance companies in the country revealed that between 2007 and 2009, one out of every seven applicants was denied coverage based on a health condition reflecting widespread discrimination impacting CVD patients for decades.

We were pleased that the AHCA maintains the importance of maintaining the pre-existing conditions requirement, however, despite the intent, the Housepassed AHCA does not provide affordable protection comparable to current law. We believe that allowing states to waive protections against health status rating would weaken the rules and allow insurers to charge higher prices to people with preexisting conditions possibly making insurance unaffordable for those who need it most. In states that obtain essential health benefit and community rating waivers, CBO estimates that less healthy individuals such as those with preexisting conditions, would be unable to purchase comprehensive coverage with premiums close to those of healthy individuals.

Protection for preexisting conditions must be coupled with affordability to provide real access to care. In a recent national survey of more than 1,000 adults

particularly beneficial for individuals with or at risk of developing CVD. A 2016 study conducted by the George Washington University, found that adults who live in non-expansion states are at higher risk of CVD or are more likely to have experienced acute CVD while also having lower insurance coverage rates. Patients in non-expansion states may also have greater difficulties getting preventive, primary or acute care. It is also harder for the physicians treating these patients to collect insurance payments for their services. This translates into significantly worse health outcomes for patients and a lost opportunity to incentivize acute care.

