

March 7, 2017

The Honorable Greg Walden The Honorable Kevin Brady

Chair Chair

Energy and Commerce Committee Ways and Means Committee

U.S. House of Representatives U.S. House of Representatives

Washington DC 20515 Washington DC 20515

The Honorable Frank Pallone The Honorable Richard Neal

Ranking Member Ranking Member

Energy and Commerce Committee Ways and Means Committee

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Dear Chairmen Walden and Brady, Ranking Members Pallone and Neal:

We are writing on behalf of the Chronic Illness and Disability Partnership (CIDP) to express our strong reservations about the legislative process being used to push forward broad and significant changes to the Patient Protection and Affordable Care Act (ACA) as well as Medicaid. CIDP consists of national organizations representing individuals living with a wide range of chronic illnesses and disabilities, including cancer, cystic fibrosis, diabetes, HIV, Hepatitis B and C, behavioral health concerns, multiple sclerosis, and renal disease. We represent the 117 million Americans estimated to be living with a chronic illness and/or disability, many of whom rely upon the Marketplaces or Medicaid to obtain needed care.[[1]](#footnote-1) While our organizations are national in scope, we also affiliate with strong regional, state, and community based advocacy networks.

We believe that such ground breaking legislation that would affect the lives of millions of Americans should not be considered behind closed doors, without hearings to allow for stakeholder input, or at an overly accelerated pace. Access to quality health care is a complex but critical issue for virtually all Americans, especially those living with chronic illnesses and disabilities. Major changes to our health care system should only occur after measured, thorough debate while considering all the potential impacts on individuals.

The replacement proposals coming out of Washington over the past month raise serious concerns for individuals living with chronic illnesses and disabilities. For example, the proposed policy changes that are under consideration would fundamentally alter the Medicaid program and seriously threaten access to critical treatments and services that people living with chronic illnesses and disabilities rely upon.[[2]](#footnote-2) Medicaid funds 40% of all long-term services and supports for individuals living with chronic conditions. Medicaid also covers 37% of all pediatric hospitalizations for cancer.[[3]](#footnote-3) Previous analyses of per capita cap and/or block grant funding for the Medicaid program suggest both would lead to a significant decline in resources to support the program. This is likely to result in a loss of coverage and services for the 70 million of other low income individuals whose access to healthcare and lives depend on this vital program. Furthermore, with fewer resources, states would have limited ability to respond to unforeseen crisis, including infectious diseases outbreaks such as HIV and hepatitis that have occurred in areas hit hard by the opioid epidemic. Formal analysis and comment by the Congressional Budget Office, the Medicaid and CHIP Payment Access Commission and the Government Accountability Office is critical to evaluate how the 70 million Americans who rely on this program stand to be affected by the proposed changes.

We believe that for any health care reform attempt to be successful, it must be supported by careful deliberation and consideration. Major health care legislation should be shaped by a deliberative and transparent process that includes public hearings, open comment periods and meetings with patient and provider groups and others who stand to be affected. We strongly urge the House Energy and Commerce and Ways and Means Committees to please consider the health of millions of Americans, including the 27% of Americans living with pre-existing chronic conditions, and to proceed cautiously, deliberately and with transparency as reconciliation proposals are advanced.

Respectfully submitted by the co-chairs of the Chronic Illness and Disability Partnership,

Carmel Shachar

Treatment Access Expansion Project

Amy Killelea

National Alliance of State & Territorial AIDS Directors

Jean McGuire

Northeastern University

cc: The Honorable Speaker Paul Ryan

 The Honorable Minority Leader Nancy Pelosi

 The Honorable Majority Leader Mitch McConnell

 The Honorable Minority Leader Charles Schumer

The Honorable Lamar Alexander

Chair, Senate Health, Education, Labor and Pensions Committee

 The Honorable Patty Murray

 Ranking Member, Senate Health, Education, Labor and Pensions Committee

The Honorable Orrin Hatch

 Chair, Senate Finance Committee

 The Honorable Ron Wyden

 Ranking Member, Senate Finance Committee

1. U.S. Centers for Disease Control and Prevention, Chronic Disease Overview (February 23, 2016), available at <https://www.cdc.gov/chronicdisease/overview/>. [↑](#footnote-ref-1)
2. Kaiser Family Foundation, The Affordable Care Act’s Impact on Medicaid Eligibility, Enrollment, and Benefits for People with Disabilities (April 8, 2014), available at <http://kff.org/health-reform/issue-brief/the-affordable-care-acts-impact-on-medicaid-eligibility-enrollment-and-benefits-for-people-with-disabilities/>. [↑](#footnote-ref-2)
3. Rebecca Anhang Price et al., Pedatric Cancer Hospitalizations, 2009, Healthcare Cost and Utilization Project Statistical Brief #132 (May 2012), available at <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb132.pdf>. [↑](#footnote-ref-3)