

## Arthritis Foundation Statement on American Health Care Act

Arthritis is a complex, chronic condition and people with arthritis depend on access to timely, ongoing care to control their disease. For many, access to health care is the difference between being disabled and being a fully functioning member of society.

The Arthritis Foundation believes people with arthritis should not fear that they will be unable to afford or access health care, including physicians, medications and other treatments. As such, here are the principles we urge Congress to consider as it works towards health reform replacement legislation:

- There should be caps on annual out-of-pocket patient costs.
- There should be health insurance available to all Americans that provides continuous coverage, without exclusions for people with pre-existing conditions.
- There should be a ban on lifetime limits on health care costs.
- There should be affordable premiums, deductibles and cost sharing that accounts for the complexities people with arthritis face.
- There should be continuation of the currently required essential health benefits to ensure patients have access to a robust set of health care services.
- There should be continuation of the policy to allow children to remain on their parents' health insurance until age 26.

The Arthritis Foundation is encouraged to see several of our patient principles maintained in the American Health Care Act (AHCA) – specifically: no exclusions for people with pre-existing conditions, cost sharing that accounts for the complexities of arthritis (i.e. continued limits on patient copayments, caps on out-of-pocket costs), coverage for children on a parent's insurance until age 26, and a ban on lifetime limits. These provisions are critical to ensure arthritis patients can continue to access and afford their health care.

However, the Arthritis Foundation is concerned that some provisions of the AHCA could create access to care barriers for arthritis patients in the following ways:

- Arthritis patients with complex care needs may have difficulty obtaining private health insurance coverage because the proposed tax credits are based on age instead of income.
- Insurers will be allowed to impose a 30 percent premium increase for 12 months to individuals whose coverage has lapsed for more than 63 days.
- Repeal of the public health prevention fund starting in 2018, which provides funding to the Centers for Disease Control, the only organization that collects nationwide data on arthritis.

- Many people with arthritis may lose coverage with the repeal of Medicaid expansion and changes to eligibility.
- A sunset of Essential Health Benefits (EHBs) affecting prescription drug access and outpatient care critical for arthritis patients and disrupting care if EHBs are no longer required to be part of an insurance plan.
- Repeal of the cost-sharing subsidy may shift more cost to the patient in the form of co-insurance, reducing access to life changing treatments.

On March 8, The Arthritis Foundation and its Advocates met with 245 Members of Congress as part of the Advocacy Summit so that they could hear directly from patients to ensure that proposed legislation meets the needs of all Americans, especially those who have a chronic disease. We look forward to continuing this dialogue in the weeks to come and hope that legislators and the administration will seek the ongoing input from patients.