



**American Cancer Society  
Cancer Action Network**

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The Honorable Paul Ryan  
Speaker of the House  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Nancy Pelosi  
Democratic Leader  
U.S. House of Representatives  
Washington, DC 20515

Dear Speaker Ryan and Leader Pelosi:

The American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. On behalf of more than 15 million cancer patients and survivors represented by both organizations, I am writing to share our views on the Fiscal 2017 Reconciliation legislation reported as the American Health Care Act (AHCA) on March 16, 2017 by the House Budget Committee.

Having adequate and affordable health insurance coverage is a key determinant in surviving cancer. We know from research conducted by the American Cancer Society that patients with coverage that includes no-cost preventive cancer screenings and the full range of curative therapies have their cancers diagnosed at an earlier stage, experience better outcomes and an overall improved chance of survival.

Today, 74 percent of Americans are insured with comprehensive coverage that meets a minimum standard requirement. If AHCA is enacted, as it is currently written and analyzed by the March 13, 2017 report of the Congressional Budget Office, the number of insured would drop 5 million by the end of the year, and 24 million by the year 2026. At that time, 52 million Americans would be uninsured compared to the 28 million projected under current law. Because of the Medicaid funding reduction, and replacement of the premium tax credit with an age-based flat tax credit, and expanded age rating proposed under AHCA, most of these newly uninsured will be lower-income and older Americans – populations known to have higher risk factors for a cancer diagnosis.

We were pleased to see that AHCA retains the key patient protections prohibiting insurers from charging more based on health status and prohibiting pre-existing condition exclusions, annual and lifetime caps on benefits, and plan rescissions. But as the CBO analysis indicates, the legislation falls short in guaranteeing that patients and survivors will be able to afford insurance that covers the health care services they need to treat a cancer diagnosis. In addition, the legislation reduces the standard of what constitutes adequate, quality insurance. Beginning in 2020, the actuarial value requirement of plans will be eliminated, and CBO estimates that individuals across all age and income levels will pay a higher percentage of out-of-pocket costs, such as copays, coinsurance and deductibles.

AHCA proposes a dramatic withdrawal of \$880 billion from Medicaid over the next 10 years, and eliminates its guarantee of coverage to working or impoverished cancer patients, including children, as well as millions of other low-income families and disabled Americans. In 2015, 1.52 million individuals with a cancer history, including active patients, relied on Medicaid for their insurance. Medicaid is also the payer at diagnosis of 32 percent of childhood cancer patients. For a variety of well-documented reasons, low-income individuals face greater risk factors for cancer. We know of many untreated or undertreated cases of cancer in states that declined the Medicaid expansion. ACS CAN strongly supported the expansion to all states because broader eligibility allows more people to access lifesaving breast, cervical and colorectal cancer screenings and treatment. When patients have access to consultations and screenings their cancers are diagnosed at an earlier stage and treated at lower cost with more favorable outcomes.

While we appreciate AHCA's retention of the key patient protections now in law, the overall impact of the legislation will make quality health insurance coverage unaffordable for too many cancer patients, survivors and their families. Those that can afford insurance will pay higher out of pocket costs for coverage that is less comprehensive.

We are mindful that this is a first step in the legislative process, and we would like to be helpful in crafting constructive changes to make the bill more responsive to cancer patient needs. We agree that there are problems with the current individual insurance market that makes coverage too expensive for middle-income patients and discourages insurers from staying in the market. Those problems need to be solved, however not by dismantling the adequacy and affordability of coverage provisions in current law. We respectfully urge you to consider the following proposed changes to AHCA:

- Maintain premium-based cost-sharing subsidies, and the current 3 to 1 age rating for seniors.
- Maintain the requirement that insurers adhere to certain actuarial value requirements so that purchasers understand the value of their plan and their out-of-pocket costs when they see their doctors.
- Protect cancer patients from financial penalties if they have a gap in coverage. Forty to sixty percent of cancer patients are advised by their doctors to stop working during treatment, and often lose their coverage as a result.
- Keep the Medicaid expansion and safety net. On virtually every measure, Medicaid is more efficient, with lower per beneficiary costs, and lower cost growth, than private insurance.

Unless our concerns can be addressed, we are urging a no vote when the AHCA legislation comes before the House later this week.

Sincerely,



Christopher W. Hansen  
President