Joint Statement on the
“Health Care Choices: A Plan to Lower Costs, Provide Better Choices in Health Care and Return Power to Consumers”

Our organizations, which represent more than 560,000 physicians and medical students, are concerned with the dangerous health care proposal recently released by the Health Policy Consensus Group. The “Health Care Choices: A Plan to Lower Costs, Provide Better Choices in Health Care and Return Power to Consumers” is a collection of concepts and policies that have been rejected, in a bipartisan manner, by the public and the United States Congress. Rather than promoting competition and choice, this proposal would result in millions of people, especially the working poor and those with pre-existing health conditions, losing access to health care coverage. The proposal also would once again allow insurers to limit or deny coverage through medical underwriting, annual and lifetime limits on benefits, and restrictions on women’s health care services.

Our members are the frontline physicians who provide an overwhelming majority of physical and mental health services to men, women, and children living in communities large and small, urban and rural. Our members see firsthand, each day, the impact of being uninsured or underinsured has on individuals and families.

We continue to support the sound evolution of health care delivery in the US, and urge Congress to look for ways to expand access to health care and lower costs for individuals and families, consistent with our organizations’ 2017 Joint Principles, and therefore, soundly reject this proposal.
Joint Recommendations on
Priorities for Coverage, Benefits and Consumer Protections Changes

American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Osteopathic Association, and American Psychiatric Association

April 11, 2017

Our organizations represent a combined membership of more than 500,000 physician and medical student members, most of whom are providing front line care to patients throughout the United States. As discussions around health care reform continue, we urge Congress and the new administration to preserve essential coverage, benefits and consumer protections as established by current law, including the Affordable Care Act (ACA); we also acknowledge the need for additional reforms and improvements to address continued barriers to care and ensure a health care system optimized for patients and their physicians. Specifically, we ask Congress and the Administration to support the following policy recommendations:

**Maintain Coverage**
Currently insured individuals should not lose their coverage as a result of any action or inaction by policymakers.
- Ensure uninterrupted coverage and benefits for the more than 20 million individuals and families covered in states that have expanded Medicaid or purchased qualified health plans offered in the exchanges.
- Ensure continued and sufficient federal funding to support Medicaid expansion as currently available. Potential changes in federal Medicaid funding should not erode benefits, eligibility, or coverage compared to current law.
- Ensure that premium and cost-sharing subsidies are sufficient to make coverage affordable and accessible, especially for vulnerable patients like children and adults with special health care needs, people with mental health and substance use disorders, the elderly, and low-income individuals and families. The value of current subsidies should not be eroded.
- Reauthorize and ensure sufficient funding for the Children’s Health Insurance Program (CHIP).

**Protect Patient-Centered Insurance Reforms**
Preserve current coverage of essential benefits, as well as consumer and benefit protections.
- Ensure that children, adolescents and adults with preexisting conditions cannot be denied coverage, be charged higher premiums, or be subject to cancellation. This should continue to be the case even in cases where coverage has not been continuous.
- Continue to prohibit insurers from establishing annual and lifetime caps on benefits for children, adolescents and adults, and from charging higher premiums based on gender.
- Continue to ensure that all health plans provide evidence-based, essential benefits including coverage for physician and hospital services and prescriptions; mental health and substance use disorder treatment; primary care services; preventive services at no
out-of-pocket cost to insured individuals, children, and families, including contraception and other women’s preventive services; and maternity care.

- Ensure that parity between medical/surgical benefits and mental health/substance use disorder benefits is appropriately maintained.
- Continue to make prescription drugs more affordable for patients enrolled in Medicare by allowing the current law phase-out of the Medicare Part D “donut hole” to continue.

**System Reforms**

Our organizations welcome and encourage improvements upon current law to ensure a health care system optimized for patients and their physicians, including consideration of the following:

- Reducing prescription drug costs;
- Addressing the cost barriers created by high deductible health plans;
- Expanding consumer choice of physicians and hospitals through strengthened network adequacy standards;
- Addressing insufficient competition in some insurance markets;
- Creating incentives for young adults to buy coverage and participate in insurance pools;
- Promoting state innovation in health care delivery and financing that ensure coverage, benefits and consumer protections are not eroded;
- Reducing unnecessary administrative burdens on physicians and patients;
- Reforming medical liability laws;
- Supporting efforts to better integrate behavioral health care with other medical care across a range of settings to improve outcomes and patient satisfaction;
- Continued support for investments in primary care, preventive health services, mental health, public health, health services research, and innovations in health care delivery, including continued support and funding for the Centers for Medicare and Medicaid Services, Center on Medicare and Medicaid Innovation, and the Agency for Healthcare Research and Quality.

**The Process Ahead**

Changes to our healthcare system come with very high stakes – impacting tens of millions of our patients. Avoiding unintended adverse consequences when making legislative and regulatory changes can require a delicate balance.

We therefore are hopeful that proposals to modify or improve on current law will be released in detail (including legislative language and CBO scores) before Congress votes on it. This can provide a valuable opportunity for analysis, review and input by our organizations and other stakeholders, by members of Congress, and by independent and nonpartisan analysts.

Our intention is to evaluate such proposals based on whether they preserve and improve on the essential coverage, benefits and consumer protections described above, and on access to care for both insured and uninsured individuals, children and families.