April 23, 2018

The Honorable Alex Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

R. Alexander Acosta  
Secretary  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

Steven Mnuchin  
Secretary  
U.S. Department of the Treasury  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Re: Short-Term Limited Duration Insurance Plan Proposed Rule, CMS-9924-P

Dear Secretary Azar, Secretary Acosta, and Secretary Mnuchin,

On behalf of the Cancer Support Community (CSC), an international nonprofit organization that provides support, education, and hope to cancer patients, survivors, and their loved ones, we appreciate the opportunity to provide comments on the short-term limited duration (STLD) insurance proposed rule. We strongly oppose this proposed rule due to concerns regarding access and affordability for all patients, particularly those living with a history of chronic illness including cancer, as well as stability of the health insurance marketplace.

As the largest direct provider of social and emotional support services for people impacted by cancer, and the largest nonprofit employer of psychosocial oncology professionals in the United States, CSC has a unique understanding of the cancer patient experience. Each year, CSC serves more than one million people affected by cancer through its network of over 40 licensed affiliates, more than 120 satellite locations, and a dynamic online community of individuals receiving social support services. Overall, we deliver more than $40 million in free, personalized services each year to individuals and families affected by cancer nationwide and internationally.

Additionally, CSC is home to the Research and Training Institute (RTI)—the only entity of its kind focused solely on the experiences of cancer patients and their loved ones. The RTI has

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contributed to the evidence base regarding the cancer patient experience through its Cancer Experience Registry, various publications and peer-reviewed studies on distress screening, and the psychosocial impact of cancer and cancer survivorship. This combination of direct services and research uniquely positions CSC to provide valuable patient and evidence-informed feedback on this proposed rule.

President Trump has instructed the Secretaries of Labor, Health and Human Services, and Treasury to amend existing regulations to encourage competition and choice in the health care marketplace. This rule was purported to fulfill that goal. However, CSC is concerned that this rule will greatly undermine the ability of all patients—particularly those living with a history of chronic illness, including cancer—to access and afford comprehensive health care.

**STLD Extended Timeframe**

The previous duration of STLDs was capped at 90 days, far shorter than the proposed 364 days of this rule. STLDs were created to provide insurance coverage to individuals during times of transition but if this rule is finalized, these plans may serve as an alternative to Patient Protection and Affordable Care Act (PPACA) compliant plans. As noted below, this may not only put patients at risk of obtaining coverage that does not fit their needs but also has the potential to disrupt the health care marketplace which could harm patients, particularly those living with chronic illnesses such as cancer.

**Patient Protections**

The PPACA implemented critical patient protections (such as essential health benefits) that have transformed the health care system for patients. This rule proposes that “short-term, limited-duration insurance policies would be unlikely to include all the elements of PPACA-compliant plans, such as the preexisting condition exclusion prohibition, coverage of essential health benefits without annual or lifetime dollar limits, preventive care, maternity and prescription drug coverage, rating restrictions, and guaranteed renewability.” This offering of 364-day STLDs that do not have to provide EHBs and other PPACA protections, may undo the progress made since 2010 and could put patients at significant risk of losing access to health care services that they depend upon for both physical and psychosocial wellbeing. We cannot overstate our opposition to this.

Insurers can also discriminate when selecting beneficiaries to cover under STLDs. Individuals with pre-existing conditions can be excluded and coverage can be denied. If a beneficiary receives a diagnosis during the plan year, the insurer may be able to rescind coverage. Further, under STLDs, beneficiaries could face lifetime dollar limits or limits on specific benefits. The PPACA made progress toward ending this discriminatory practice and this rule could undo that progress, putting patients at risk of losing access to vital health care services.

While patients living with cancer and other chronic illnesses are unlikely to choose or qualify for STLD plans, it is concerning for patients who will receive a diagnosis of cancer or a chronic illness while covered by these plans. In CSC’s *Access to Care* study (2016), we found that patients were most concerned with high-out-of-pocket costs, high deductibles, high premiums, and high co-pay costs for medications. This rule would put STLD beneficiaries at significant risk.
of financial toxicity and are simply not adequate to ensure access to high-quality, comprehensive, and affordable health care.

**Risk Pools**

If this rule is finalized, the individual and small group marketplace will also be at risk of disruption that would leave the sickest and most vulnerable patients without access to affordable, comprehensive health care options. The PPACA sought to carefully calibrate the risk pool amongst both healthy individuals who often cost less to insurers and individuals living with illnesses who may be more expensive to insurers. STLDs may tempt healthier individuals with fewer health care needs to leave the marketplace, leaving individuals living with a history of illness, such as cancer patients, with higher premiums, fewer choices, and health care coverage that may not meet their needs. In our *Access to Care* study (2016) patients reported that the top reasons they could not access care was that their insurance company would not approve it, their doctor did not accept their insurance, or they couldn’t afford care. STLDs would likely worsen that reality for many patients.

In conclusion, we appreciate the opportunity to comment on this proposed rule. CSC supports the stabilization of the individual and small group marketplace and we believe this rule would not contribute to the health and wellbeing of Americans. However, if this proposed rule is finalized, potential beneficiaries must be notified that certain patient protections such as EHBs may not be offered through the plan and of their right to receive coverage through the health insurance marketplace with potential premium credits. If we can serve as a resource, do not hesitate to reach out to me at efranklin@cancersupportcommunity.org or 202.650.5369.

Sincerely,

Elizabeth F. Franklin, LGSW, ACSW
Executive Director
Cancer Policy Institute of the Cancer Support Community

**References**