



**CONSORTIUM FOR CITIZENS  
WITH DISABILITIES**

July 12, 2017

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-9928-NC  
P.O. Box 8016  
Baltimore, MD 21244-8016

**Re: RIN 0938-ZB39, CMS-9928-NC**

The Co-Chairs of the Consortium for Citizens with Disabilities (CCD) Health Task Force appreciate the opportunity to comment on the request for information (RFI) referenced above. The Consortium for Citizens with Disabilities (CCD) is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society.

Our responses to the questions in the RFI are as follows:

1. Empowering patients and promoting consumer choice.

We urge CMS to continue and enhance outreach, assistance, and marketing for enrollment in the Marketplace. This includes fully funding the Navigator program and other activities. This assistance is particularly important for people with disabilities, who might require assistance or accommodations to enroll. As we commented on CMS's Proposed Rule-Making for the Patient Protection and Affordable Care Act; Market Stabilization, CMS-9929-P, the shortened enrollment period that CMS adopted creates specific issues for consumers with disabilities and it is absolutely crucial that CMS focus on ensuring access for people with disabilities during the upcoming enrollment period.

In addition, people with disabilities have unique medical needs and require access to a broad range of providers, including specialists. Transparency in plan information, including provider directories and formularies, has been recognized as an important aspect of consumer choice for people with disabilities in prior CMS rulemaking and we strongly support those prior rules and would support additional transparency. We also urge CMS to actively monitor and enforce transparency requirements.

Also, as we stated in our comments on the Notice of Proposed Rulemaking for Section 1557, we strongly support the final Non-Discrimination rule. The rule not only provides protections for all

people with disabilities, but accounts for the diversity of the disabled population and we urge CMS to continue to monitor and enforce these important protections.

## 2. Stabilizing the individual, small group, and non-traditional health insurance markets.

We urge the Administration to commit to fully funding the cost sharing subsidies. This will ensure that insurers have sufficient information and certainty to set future rates.

We urge the Administration to fully enforce the individual mandate, which ensures that we have an expansive risk pool, an important aspect of a stable insurance market.

We urge the Administration to reconsider the shortened enrollment period and extend it to ensure that all eligible individuals have sufficient time and opportunity to enroll in coverage. We also, as we suggested in our comments on the proposed rule, urge the Administration to reconsider limitations recently placed on Special Enrollment Periods.

We urge the Administration to reverse their current support of the healthcare proposals that would per capita cap Medicaid and repeal the Medicaid expansion and the Affordable Care Act. Medicaid expansion has been shown, by HHS itself, to reduce individual and small group premiums by 7 percent, demonstrating a benefit for the Marketplace.<sup>1</sup> Medicaid itself provides health coverage to millions of Americans with disabilities and is the backbone of American healthcare. Threats to Medicaid and the Medicaid expansion increase uncertainty in the individual and small group markets, as do potential changes to the tax credits and subsidies.

We would also reiterate our suggestions above related to investing in enrollment period outreach and assistance. It is crucial that the individual market have a robust risk pool and investment in outreach, assistance, and marketing is an effective way to ensure such a risk pool.

Most importantly, we strongly discourage CMS from adopting any limited benefit plans or reducing the Essential Health Benefits package that is currently mandated. People with disabilities rely on all of these benefits and a comprehensive benefit package is necessary for a stable insurance market. Any changes to the Essential Health Benefits create the risk of a race to the bottom, with limited coverage insurance plans creating multiple risk pools and pricing out people with pre-existing conditions, including people with disabilities.

## 3. Enhancing affordability.

All of our recommendations above would assist in enhancing the affordability of individual and small group plans.

We would also recommend that CMS encourage Congress to focus on ways to reduce premiums **and** out-of-pocket cost-sharing for consumers. Any solution that only addresses premiums fails

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<sup>1</sup> Dept of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Aditi P. Sen and Thomas DeLeire, The Effect of Medicaid Expansion on Marketplace Premiums (September 6, 2016) available at <https://aspe.hhs.gov/system/files/pdf/206761/McaidExpMktplPrem.pdf>.

to address the disparate impact that heightened cost-sharing has on people with disabilities and chronic conditions who must utilize health care.

4. Affirming the traditional regulatory authority of the States in regulating the business of health insurance.

We urge HHS to continue to focus on ensuring that states have the capacity and tools to regulate their insurance markets. HHS has assisted states that lack the capacity to effectively enforce health insurance requirements and developed important and useful tools to assist states in regulating insurance markets. Congress has also recognized the importance of this work just last year in the recently passed 21<sup>st</sup> Century Cures bill, which instructed HHS to convene a stakeholder meeting designed to produce an “action plan” around mental health and substance use disorder parity enforcement efforts. We look forward to seeing this stakeholder group convened and to seeing other enforcement work continue.

Sincerely,

Julie Ward  
The Arc of the United States

Bethany Lilly  
Bazelon Center for Mental Health Law

David Machledt  
National Health Law Program