



## **SUPPORT AFFORDABLE CARE ACT ALTERNATIVES THAT PROTECT AND IMPROVE PATIENT ACCESS TO CARE**

Almost seven years since the passage of the Affordable Care Act (ACA) our health care system continues to face access, cost, and quality challenges. Any reforms to or replacement of the ACA should strive to address these challenges and improve Americans' access to high quality, patient-centered health care. The patients, health professionals, and scientists participating in Liver Capitol Hill Day remain committed to improving health insurance coverage and access. Patients with liver disease are disproportionately more likely to be under insured, placing a heavy burden on the health care system. Any reforms made by Congress must continue to address the unmet needs and reduce the costs associated with liver disease.

Below are policies that we believe should guide discussions about ACA replacement. We look forward to working with members of Congress and the administration to improve both the system and the health of all Americans.

- Continue efforts to cover the uninsured and ensure that any revisions to or replacement of the ACA does not increase the number of Americans without health insurance. All Americans should have access to culturally and linguistically appropriate health services.
- The Medicaid expansion authorized by the ACA has provided coverage to millions of Americans who were previously uninsured. States that chose to participate in the expansion should be allowed to continue and any reforms to Medicaid should continue to provide coverage to these individuals.
- A high performing health care system must emphasize wellness and preventive care. Since the passage of the ACA, a greater emphasis has been placed on care coordination and diseases prevention, which is critical for patients with chronic liver disease. This emphasis should remain and Americans should continue to have access to preventive services and immunizations with no cost sharing.
- Prior to the passage of the ACA, Americans with preexisting conditions could be denied coverage, have their coverage rescinded or be charged higher premiums. Any reforms must ensure that patients with preexisting conditions have access to affordable, comprehensive coverage. Furthermore, reforms should not impose waiting periods on those who do not retain continuous coverage, since most individuals lose coverage because they cannot afford it.
- In addition to focusing on access to coverage and care, Congress must ensure that the physician reimbursement system properly values the services being provided. This will be critical for the new payment system authorized by the Medicare Access and CHIP Reauthorization Act to succeed.

- Mental health and addiction services are critical to maintaining a person's overall health, and insurance coverage should ensure that patients have access to these potentially life-saving services.
- Congress should ensure that young adults up to age 26 continue to have the option to remain on their family's health insurance plan, and former foster care children up to age 26 continue to receive Medicaid coverage.
- There are many types of liver diseases for which there are few effective therapies. Particularly for those patients suffering from rare liver diseases, the development of new therapies is limited by the requirements for clinical trial design. We recommend the creation of an interagency working group on clinical trial design and priorities, with membership that includes agency, physician and patient representation to address this issue. This group should have a focus on the developing appropriate clinical trial endpoints to facilitate the development of novel therapies for rare liver diseases without compromising patient safety.
- Ensure that all Americans have access to affordable prescription drugs. The ACA provided for the gradual closing of the Medicare Part D donut hole, which will close completely in 2020. This provision should not be altered, as many seniors forgo filling expensive, but critically important, prescriptions when forced to pay full price while in the donut hole. We also encourage prescription drug price and cost transparency among pharmaceutical companies, pharmacy benefit managers, and health insurance companies.
- Other patient protections in the ACA should be maintained, including prohibiting the retroactive denial of coverage as well as lifetime and annual coverage limits.
- All materials developed by federal agencies regarding coverage options and access should be written in a patient-centric manner. The average person should be able to clearly compare the coverage options available to them and make an informed decision.

**For more information, please contact Lyle Dennis or Erika Miller at 202-484-1100.**