July 23rd, 2018

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

The Honorable Seema Verma  
Administrator  
Center for Medicaid and Medicare Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Azar and Administrator Verma:

Our 190 organizations are dedicated to improving the public’s health and collectively represent millions of patients, consumers, providers, and healthcare centers across the country. We know that access to comprehensive, affordable health coverage is necessary for individuals and families to address their medical and mental health needs. Resources that help consumers understand and select healthcare coverage are an essential component of any healthcare system.

We are therefore concerned by your department’s recent decision to drastically reduce funding for the Navigator program and extend remaining funds to grantees who could steer beneficiaries toward non-ACA compliant insurance products. HHS has cut funding for outreach and enrollment activities by more than 80 percent since 20161 leaving advocates and private partners to once again step up to fill the gap left by this administration. We are frustrated by CMS’ assertions that the need for these services has decreased as the number of uninsured or underinsured Americans continues to grow.2

Navigators and consumer assisters are critical to educating the public about their health insurance options and helping individuals enroll in appropriate coverage. Navigators conduct outreach and must provide fair, accurate, unbiased, and culturally appropriate information to individuals and families regarding eligibility and enrollment requirements for the marketplaces and other state health insurance programs. They are valuable allies to consumers seeking affordable coverage that meets their needs. Many Navigators also provide in-person help to low-income and rural communities, consumers with limited English proficiency, people with disabilities, and other populations for whom such assistance is not often available.

Research has shown that states that devote robust resources to marketing, outreach and enrollment assistance programs experience higher rates of enrollment compared to those who do not.3 An elimination of such funding will make it harder for many to access coverage, and will further contribute to the destabilization of insurance markets and result in higher premiums for many enrollees.4 These

funding cuts could also limit access to care for the millions of patients and consumers with pre-existing conditions.

In a 2017 study, the Commonwealth Fund found that 40 percent of uninsured working-age Americans were not aware of their state’s marketplace or of Healthcare.gov. The study further found that two-thirds of adults who received personal assistance when looking for coverage enrolled in plans, versus fewer than half of those who had not received assistance. Access to information about coverage options and costs obtained through outreach and Navigators positively impacts enrollment and helps families select a plan that meets their health care needs.

Making consumers aware of their coverage options can help promote broader participation of healthy individuals to help offset the costs of older, sicker patients. An analysis by Covered California released in September 2017 estimated that the potential impact of reduced federal marketing investment in the exchanges could mean one million fewer Americans enroll in health insurance and a 2.6 percent average increase in premiums for the 2019 plan year due to the smaller consumer pool and less healthy risk profile. If the reduced spending were to lead to a 20 percent decline in enrollment, 2.1 million fewer insured Americans would be covered and premiums could increase by 5.3 percent.

We are also deeply concerned that alternative health insurance products including short-term, limited duration (short-term) plans and association health plans (AHPs) will be promoted alongside comprehensive, ACA-compliant plans, as well as Medicaid and Medicare. AHPs and short-term plans have a long history of leaving enrollees saddled with medical debt while also denying coverage for even basic medical care. We believe that increasing access to these products will harm consumers and contribute to higher premiums for the millions of Americans with pre-existing conditions who rely on the marketplaces for comprehensive coverage.

Health care coverage can be complicated and overwhelming, and outreach and advertising efforts help individuals understand their options. Our organizations urge you to restore funding for outreach and enrollment activities as soon as possible.

Sincerely,

Adult Congenital Heart Association
Alliance for a Healthy Kansas
Alpha-1 Foundation
American Academy of Neurology

American Academy of Pediatrics
American Association for Geriatric Psychiatry
American Association for Psychoanalysis in Clinical Social Work
American Association of Child & Adolescent Psychiatry
American Association on Health & Disability
American Cancer Society Cancer Action Network
American College of Obstetricians and Gynecologists
American Diabetes Association
American Federation of Teachers
American Heart Association
American Kidney Fund
American Lung Association
American Medical Association
American Medical Student Association
American Medical Student Association (AMSA)
American Medical Women's Association
American Multiple Endocrine Neoplasia Support
American Muslim Health Professionals
American Nurses Association
American Physical Therapy Association
American Psychological Association
American Public Health Association
American Society of Hematology
Arizona Hemophilia Association
Arthritis Foundation
Arthritis Foundation
Asian & Pacific Islander American Health Forum
Association of Asthma Educators
Association of University Centers on Disabilities (AUCD)
Asthma and Allergy Foundation of America
Autistic Self Advocacy Network
Bazelon Center for Mental Health Law
Black Women's Health Imperative
Boat People SOS., INC
Brain Injury Association of America
Bread for the World - South Dakota
Bridge the Gap - SYNGAP Education and Research Foundation
Campaign for Trauma-Informed Policy and Practice
Cascade Hemophilia Consortium
Center for Clinical Social Work
Center for Medicare Advocacy
Center for Public Policy Priorities
Center for Public Representation
Children's Defense Fund
Chronic Disease Coalition
Clinical Social Work Association
CT Hemophilia Society
Cutaneous Lymphoma Foundation
Global Healthy Living Foundation
Great Plains Tribal Chairmen's Health Board
Hadassah, The Women's Zionist Organization of America, Inc.
Health Reform Resource Project
HealthyWomen
Heartland Alliance
Hemophilia Alliance of Maine (HAM)
Hemophilia Association of the Capital Area
Hemophilia Federation of America
Hemophilia Foundation of Michigan
Hemophilia Foundation of Northern California
Hemophilia Foundation of Oregon
Hemophilia Foundation of Southern California
Hemophilia of South Carolina
Hemophilia Outreach of El Paso
HIV Medicine Association
Horizon Health Care, Inc.
Indian Organization for Rare Diseases
Institute for Disability Studies, MS Family 2 Family HIEC
Justice in Aging
League of Women Voters of the United States
Louisiana Family to Family Health Information Center
Lutheran Services in America
March of Dimes
Methodist Healthcare Ministries of South Texas, Inc. IS
MomsRising
NACBHDD & NARMH
NAMI, National Alliance on Mental Illness
National Asian Pacific American Women’s Forum (NAPAWF)
National Association for Children's Behavioral Health
National Association of Social Workers - Texas Chapter
National Association of State Head Injury Administrators
National Center for Transgender Equality
National Consumers League
National Council for Behavioral Health
National Eosinophilia Myalgia Syndrome Network
National Health Care for the Homeless Council
National Health Law Program
National Hemophilia Foundation
National Hispanic Medical Association
National Institute for Reproductive Health (NIRH)
National Multiple Sclerosis Society
National Organization for Rare Disorders (NORD)
National Organization for Women
National Partnership for Women & Families
National Patient Advocate Foundation
National Tongan American Society
National Women’s Health Network
NBIA Disorders Association
NETWORK Lobby for Catholic Social Justice
New England Bleeding Disorders Advocacy Coalition (NEBDAC)
New England Hemophilia Association
New Jersey Association of Mental Health and Addiction Agencies, Inc.
New Jersey State Nurses Association
New York City Hemophilia Chapter
Northern Regional Bleeding Disorder Center
Oklahoma Policy Institute
Oklahoma Primary Care Association
Out2Enroll
Pennsylvania Health Law Project
People of Faith for Access to Medicines
Planned Parenthood Federation of America
Public Health Solutions
Regional Asthma Management and Prevention (RAMP)
Religious Institute
RI Parent Information Network
Ryan White Medical Providers Coalition
SEAMAAC, Inc.
Snake River Hemophilia & Bleeding Disorders Association
Society for Public Health Education
Solve ME/CFS Initiative
SPAN Parent Advocacy Network
Susan G Komen
Texans Care for Children
Texas Parent to Parent
The AIDS Institute
The American Liver Foundation
The Kotick Network
The Leukemia & Lymphoma Society
The Sargent Shriver National Center on Poverty Law
Trust for America’s Health
UnidosUS
Union for Reform Judaism
United Way Worldwide
Virginia Hemophilia Foundation
Washington University in St. Louis- Center for Treatment of Bleeding & Blood Clotting Disorders
West Valley Neighborhoods Coalition
WI FACETS
WomenHeart: The National Coalition for Women with Heart Disease
Young Invincibles