



Affordable Health Choices Act

What Does Health Care Reform Mean to YOU?

The Epilepsy Foundation believes that all health care reform proposals must address the needs of individuals with chronic conditions and disabilities like epilepsy. The lack of access to neurologists and to appropriate treatments makes a dramatic impact on the health, family and employment situation for individuals living with epilepsy and seizures.

The Senate Health, Education, Labor and Pensions (HELP) committee completed its mark up of the *Affordable Health Choices Act*, and the House has finished mark-up in three committees on its version of the legislation (H.R. 3200). Both the Senate and House versions of the *Affordable Health Choices Act* include many provisions that are important to the Epilepsy Foundation. We believe that these bills could provide a positive, dramatic change for every person with epilepsy in the area of health insurance and long term care.

All pre-existing conditions and chronic illness must be covered without limitation.

The *Affordable Health Choices Act* in the Senate and House includes the elimination of discrimination in health insurance eligibility, renewal and pricing based on health status, this is vital to access for people with epilepsy. The provisions will improve access to quality health care for people with epilepsy who are uninsured or under-insured -- including access to insurance for children who age out of their parents insurance and access to health insurance for young adults and others who may lose insurance when unemployed.

1. Insurers may not deny coverage for pre-existing conditions.
2. Discrimination based on an individual's medical history is prohibited for coverage renewal.
3. Plans may not base cost on an individual's medical history or condition.

People with epilepsy must have access to and coverage for the care and treatment that works best for them.

The Foundation believes that health care reform legislation should include protections that prevent plans from designing benefit packages, drug formularies, or provider networks in such a way that deters people with epilepsy or chronic conditions from selecting their plans and/or accessing needed services. This type of discrimination could occur in plans that do not offer adequate prescription drug formularies for antiepileptic medications, fail to provide a robust network of neurologists that will serve patients in the plan's coverage network, or put the costs for such treatment or providers at a much higher rate than other conditions or treatments.

The Foundation has shared our concerns with Congress and we are especially pleased to see that H.R. 3200 (section 114 and 115) included protections against discrimination in benefit design and provider networks. We believe that both provisions from the House bill are important for quality of coverage in formularies and for adequate access to neurologists for people with epilepsy. These protections are also critical for everyone with chronic diseases or disabilities, ensure that plans provide adequate health care to these vulnerable populations, and prevent plans from deterring enrollment of individuals with chronic health care needs. We urge the Finance committee to address these issues in their legislation.

Full access to health care cannot be achieved without considerations for affordability of coverage, co-pays and out of pocket costs for consumers.

The Epilepsy Foundation believes it is critical that Congress acknowledge the impact on rising costs of health care and prescription drugs. People with chronic illnesses are facing increasing burdens from out of pocket costs, impacting their ability to get needed treatment. For these individuals who often manage a chronic health condition in addition to other health problems like heart disease, mental health issues, high blood pressure or high cholesterol, numerous co-pays can add up to such a level that they choose between their health and their living expenses. Recent studies have shown that more than 50% of chronically ill patients did not fill a prescription or see a doctor when sick due to cost. The consequences are devastating: patients suffer deteriorating health leading to higher health costs that impact the entire health care system.

The Foundation supports requirements that are in both the Senate and House versions of the *Affordable Health Choices Act* that will provide economic relief for consumers:

1. No charge (or minimal allowable charge) for preventative care.
2. Cap out of pocket expenses (including deductibles, copays and medication expenses).
3. No lifetime caps or annual limits on value of insurance benefits for enrollees.

People with epilepsy who rely on the Medicare Part D prescription drug benefits need relief from expenses under the “donut hole.”

Under most Medicare Part D drug plans, after you have spent a certain amount of money and/or received a certain level of benefits, your coverage changes and you are responsible for all costs for your drugs up to a certain level. This "gap" (the period in which you are responsible for 100% of your drug costs) is sometimes called the "donut hole." The number of prescription drug plans offering some kind of gap coverage in 2009 remains about the same as in 2008, but none offers gap coverage of brand name drugs in 2009. Additionally, such coverage is costly; premiums for plans with gap coverage are almost twice those of others. This lack of coverage and burden of paying 100% of drug costs during the donut hole period is very costly. For people with epilepsy who are on Medicare, this coverage gap endangers their access to treatment and efforts to maintain seizure control.

The House Bill would modify the Part D coverage gap, and eliminate it over time. HR 3200 will phase out the coverage gap or “donut hole” in prescription drug coverage over 14 years beginning in 2011. The Epilepsy Foundation strongly supports eliminating the Part D prescription drug coverage gap, and is working to support this provision in the Senate legislation.

Long term care insurance and coverage is a critical safety net for individuals with chronic health conditions like epilepsy.

For people with epilepsy, disabilities or chronic illness, long-term services and supports are often inaccessible because of health status or priced based on an individual’s health condition at such a high rate that the coverage is economically impossible. An essential element of health care reform is ensuring that vulnerable populations have access to coverage that meets their long term care needs.

The Senate legislation includes provisions of the Foundation supported *Community Living Assistance Services and Supports Act* (CLASS) that would bring meaningful change, ensuring that individuals are able to function as independently as possible within their homes, families, and their communities. Financed through modest voluntary payroll deductions (with opt-out enrollment like Medicare Part B), this measure would help remove barriers to choice and independence by providing a cash benefit to those individuals who need support for basic functions. It would give individuals added choice and access to supports without requiring them to become impoverished to qualify for Medicaid. The Foundation supports this provision and urges the House to include this program in the *Affordable Health Choices Act* as the legislative process moves forward.