



Final marketplace rule will revive discrimination and raise out-of-pocket costs for Americans with pre-existing conditions

WASHINGTON D.C., April 12, 2018 — A group of 21 patient and consumer groups issued the following statement today on the 2019 Notice of Benefit and Payment Parameters final rule:

“This final rule will severely weaken key benefits that underpin core consumer protections for Americans with pre-existing conditions. In the future, these patients and consumers will likely have to pay more for coverage that will not meet their needs.

The administration’s 2019 Notice of Benefit and Payment Parameters final rule will lower standards for the ten essential health benefits that by law must be covered in the individual and small-group markets. Subject to state approval, the rule will allow insurance plans to cover fewer benefits and services, meaning individuals with pre-existing conditions will have to pay more in out-of-pocket costs for their care. The rule could also let insurers in some states substitute out services that people with high-cost conditions badly need, bringing back another backdoor form of discrimination against those in less than perfect health.

This rule deprives consumers of the ability to get the best value for their coverage because it will weaken rate review and medical loss ratio standards, in addition to expanding the ability of insurers to market directly to consumers. It will also extend transitional plans that are exempt from many of the consumer protections put into place by the Affordable Care Act (ACA). New guidance released alongside the NBPP final rule also broadens the definition of a “hardship exemption,” allowing consumers to avoid paying the individual mandate penalty in 2017 and 2018.

We are also concerned that this rule will make it more difficult for people to enroll in coverage on the individual insurance market by reducing access to education and enrollment assistance. Navigators will no longer be required to have a physical presence in the marketplace service area, limiting their ability to help consumers determine which coverage best suits their needs. Verifying the eligibility of low-income Americans will become more burdensome under this rule and may discourage younger, healthier people from signing up for coverage, forcing those who remain insured to pay higher premiums.

Simply put, this rule is bad medicine for Americans. Combined with other recent administration actions that weaken the individual healthcare market, it will result in poorer coverage options and skyrocketing premiums for millions.”

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American Cancer Society
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American Heart Association
American Liver Foundation
American Lung Association
Arthritis Foundation
COPD Foundation
Crohn's & Colitis Foundation
Cystic Fibrosis Foundation
Epilepsy Foundation
Family Voices
Hemophilia Federation of America
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March of Dimes
Mended Little Hearts
National Alliance on Mental Illness
National Health Council
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
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