



Final rule on short-term insurance plans will leave patients with high costs, less coverage

WASHINGTON, D.C., August 1, 2018 — *Today the U.S. Departments of Labor, Treasury, and Health and Human Services issued a final rule that would expand the use of “short-term, limited-duration insurance plans”. More than 25 patient and consumer groups representing millions of people with pre-existing health conditions issued the following statement:*

“Our organizations, representing more than 100 million American consumers, providers, and patients, are deeply troubled by the administration’s decision to finalize a short-term, limited-duration insurance (short-term) rule. Despite serious concerns expressed by individuals and organizations across the entire spectrum of our health care system, the administration has finalized a rule that will reintroduce health insurance discrimination based on gender, health status, age, and pre-existing conditions.

“A striking 98 percent of stakeholder groups who commented, including many of our organizations, either expressed extreme concerns with the rule or outright opposed it as drafted, emphasizing its negative impact on patients and consumers. The administration has disregarded those warnings and issued a final rule with few changes, aside from limiting renewals of short-term coverage to up to 3 years— which does nothing to resolve the fundamental problems with this policy. This rule will siphon younger and healthier individuals out of the individual market risk pool, forcing patients with preexisting health conditions to pay far higher costs for the comprehensive coverage they obtain through the insurance marketplaces. It will also expose those younger, healthier individuals to the significant risk that their health plan will fail to cover critically necessary care if they fall ill or develop a serious medical condition.

“Allowing short-term plans to proliferate offers no relief from the problems that plague our health care system, and instead will exacerbate the affordability concerns for unsubsidized individuals even as many states are implementing reinsurance programs to lower costs. We are dismayed that the administration has chosen a course of action to further dismantle rather than stabilize the health insurance marketplace, potentially costing the millions of Americans our organizations represent their coverage or even their health. We now call upon states to stand up for the patients left behind by this rule and take action to protect patients, stabilize the marketplaces, and bring down costs for consumers.”

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Adult Congenital Heart Association
Alpha-1 Foundation
American Cancer Society Cancer Action Network
American Diabetes Association
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
Leukemia & Lymphoma Society
Lutheran Services in America
March of Dimes
National Alliance on Mental Illness
National Health Council
National Hemophilia Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
Susan G. Komen
United Way Worldwide
WomenHeart: The National Coalition for Woman with Heart Disease