

April 23, 2018

Administrator Seema Verma
Centers for Medicare & Medicaid Services, Department of Health and Human Services
Attention: CMS-9924-P
Mail Stop C4-26-05
500 Security Boulevard
Baltimore, MD 21244-1850

RE: Short-Term, Limited-Duration Insurance (83 FR 7437)

Dear Administrator Verma:

The American Association of Nurse Practitioners (AANP), representing more than 248,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to provide comment on the Centers for Medicare and Medicaid Services (CMS) proposed rule for Short-Term, Limited-Duration Insurance (83 FR 7437).

NPs are advanced practice registered nurses (APRNs) who are prepared at the masters or doctoral level to provide primary, acute, chronic and specialty care to patients of all ages and walks of life. Daily practice includes: assessment; ordering, performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment including prescribing medication and non-pharmacologic treatments; coordinating care; counseling; and educating patients and their families and communities. NPs practice in nearly every health care setting including clinics, hospitals, Veterans Affairs and Indian Health Care facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), nursing homes, schools, colleges, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health. NPs hold prescriptive authority in all 50 states and the District of Columbia. It is important to note that 86.6% of NPs are certified in primary care, the majority of whom see Medicare and Medicaid patients. NPs complete more than one billion patient visits annually.

CMS seeks comment on its proposal to expand the maximum coverage period of short-term, limited-duration insurance (STLDI) from 3 months to 12 months. While we share the desire of CMS to ensure access to affordable health insurance, we are concerned that the actions in this proposed rule would have unintended consequences, particularly for patients suffering from pre-existing conditions.

As noted by CMS, STLDI plans would likely not include coverage of essential health benefits, would be able to exclude patients with pre-existing conditions, and would have annual and lifetime dollar limits.¹ Ensuring access to medically necessary services is an important component of a stable healthcare system. Nurse practitioners are committed to treating patients in all walks of life and across all settings, but lack of healthcare coverage is a significant impediment to providing patients with the care that they require. Healthy patients that buy STLDI plans may find themselves with an unanticipated illness or accident that

¹ 83 FR 7437, 7443.

is not adequately covered by their plan, while also driving up premiums for individuals that require more comprehensive coverage.

CMS acknowledges that individuals likely to purchase STLDI plans would be younger and healthier which would weaken States' individual market single risk pools. CMS also notes that this effect would be compounded because the tax penalty for not having ACA compliant insurance is \$0 beginning in 2019 leading to higher premiums in the individual marketplace and declining enrollment.² Historically, patients with pre-existing conditions have faced higher premiums or exclusion from the healthcare marketplace without significant safeguards to prevent these outcomes. These safeguards are not present in this proposed rule. Nurse practitioners provide extensive treatment to patients with pre-existing conditions and are acutely aware of the negative impact that lack of coverage can have on these patients. It is imperative that strong protections are in place to ensure that patients with pre-existing conditions are not excluded from coverage options. While we disagree with this proposed rule, we look forward to continuing to work with this administration on initiatives that lower healthcare costs while also maintaining robust protections for patients with pre-existing conditions and other vulnerable populations.

We thank you for the opportunity to comment on these proposed regulations. We look forward to discussing these issues with you, and should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,

David Hebert
Chief Executive Officer

² *ibid.*