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Submitted via www.federalregister.gov

Re: Request for comment on CMS-9929-P, Patient Protection and Affordable Care Act; Market Stabilization

To Whom It May Concern:

On behalf of the National Nurse-Led Care Consortium (NNCC), I thank you for the opportunity to comment on the proposed rule implementing changes to the individual and small group markets. The proposed rule attempts to amend standards relating to special enrollment periods, guaranteed availability, and timing of the annual open enrollment period in the individual market for the 2018 plan year. NNCC supports nurse-led care and nurses at the front lines of care. The organization's mission is to advance nurse-led healthcare through policy, consultation, and programs to reduce health disparities and meet people's primary care needs. Because of their education and community connections, advanced practice nurses today are able to deliver high quality and cost-effective services to our most vulnerable populations, the poor and the uninsured. The health centers and practices NNCC represents are primarily run by nurse practitioners. Nurse practitioners and other advanced practice nurses offer patient-centered care that is sensitive to patient needs and concerns. NNCC assists these nurses by advocating for policy reforms that increase access to nurse-led care, designing community-based programs that address public health needs, and offering expert technical assistance that enhances the sustainability of innovative nurse-led practice models.

One program NNCC administers in partnership with its parent organization, Public Health Management Corporation (PHMC), is the Pennsylvania Partnership for Medical & Financial Health Project (PA PMFHP). PA PMFHP integrates and co-locates financial and health insurance enrollment services to help people navigate the Marketplace and obtain insurance coverage. In particular, PA PMFHP provides comprehensive and accessible health insurance education and enrollment support to a number of consumer groups. These groups include: those with limited literacy or English proficiency; those who are low income; and those with behavioral health issues or physical/cognitive disabilities. PA PMFHP's services are provided through a consortium of financial, health, and other service providers spanning ten Pennsylvania counties. **Since the project began in September 2015, PA PMFHP has helped more than 12,800 Pennsylvanians with general inquiries about health coverage and more than 3,600 have been provided enrollment assistance with 1,231 enrolling in health insurance plans through the Marketplace (QHPs), medical assistance (Medicaid, CHIP, etc.), or Small Business Health Options Program (SHOP). The program has been so successful that it was awarded a second year of funding for 2016-2017.**

The PA PMFHP focuses on assisting consumers with health insurance literacy, enrollment and finding low-cost, affordable coverage for their health needs. Assistors are certified through the Centers for Medicare and Medicaid Services (CMS) and licensed through the state of Pennsylvania to assist consumers with their health literacy, health insurance application, and health plan enrollment. Assistors attend local community events and provide outreach and

education about health insurance options, such as Medicaid and CHIP or through the Health Insurance Marketplace. Assistors also help those in small businesses who are looking for health coverage through the SHOP Marketplace. Assistors provide free assistance services in health insurance enrollment and terminology to help people find the coverage that best fits their needs and budget. Consumers are very grateful for the one-on-one assistance that Navigators provide throughout the application process. They often acknowledge that they would not understand the application and would not enroll in health coverage without the guidance of an Assister.

The comments below discuss how the Patient Protection and Affordable Care Act; Market Stabilization proposed rule (CMS-9929-P) will impact the nurse-led practices NNCC represents, as well as the organization's work with PA PMFHP.

Comments

I. *Changes to the Open Enrollment Period* - The proposed rule would shorten the length of the open enrollment. NNCC is concerned that this change could cause instability in the individual market by creating additional barriers to enrolling in coverage. These barriers virtually guarantee that fewer people will enroll. The rule change would be particularly detrimental for younger, healthier individuals, whose participation is critical to maintaining the balanced risk pool necessary to ensure a stable market. Younger, healthier individuals are often the last to enroll in health coverage, because they are not thinking about the need for health care and simply want to avoid the tax penalty. According to data from Open Enrollment 4, which ran from November 1, 2016 through January 31, 2017, PA PMFHP had almost half of its Qualified Health Plan (QHP) enrollments in the second half of that period. During the first six weeks, there were 113 enrollments, and during the second half, another 89 enrollments took place for Assistors. Had the new rule been effect during this period, it is highly likely that many of the 89 enrollees from the second half of the enrollment period would not have enrolled.

Further, ending the open enrollment period in December is problematic, because consumers often have heightened financial constraints and are distracted by the holiday season.¹ As Florida Blue Cross Blue Shield noted, ending open enrollment in December “forces consumers to make financial decisions when their debt is at its highest levels and their interest in their health is at the lowest.”² The December deadline would prevent many consumers from enrolling, particularly those with monetary constraints who do not prioritize health care needs and who are not yet thinking about paying the tax penalty for the following year.

II. *Restrictions for Special Enrollment Periods (SEP)* - NNCC is also concerned about the proposed changes to SEPs. To ensure that healthy people enroll in coverage, thus bringing down the cost of coverage overall, enrollment rules and procedures should strive to make it *easier*, not *harder*, to enroll in coverage. Many consumers have varying circumstances that cause them to lose health coverage, so PA PMFHP's Assistors are there to support them in that confusing process. However, during Open Enrollment and Special Enrollment Periods, verifying identities and uploading forms of identification on the healthcare.gov site have been very difficult. Several consumers have not been able to enroll in coverage due to lack of coordination and failure to confirm their ID. A stricter Special Enrollment Period, with more barriers for consumers, would prevent many qualified consumers from enrolling in Marketplace health coverage and would leave them uninsured for longer periods of time. Consumers would then

¹ Stan Dorn, *Enrollment Periods in 2015 and Beyond: Potential Effects on Enrollment and Program Administration* (Washington DC: Urban Institute, February 2015), available online at: <http://www.urban.org/sites/default/files/publication/41616/2000104-Enrollment-Periods-in-2015-and-Beyond.pdf>.

² See Florida Blue Cross Blue Shield's comments on the Benefit and Payment Parameter Rule for 2018, here: <https://www.regulations.gov/document?D=CMS-2016-0148-0492>

have to pay the penalty for more months out of the year, limiting their ability to pay for their health care and reducing discretionary spending.

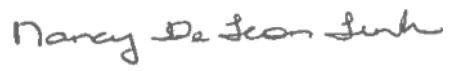
III. Change in Levels of Coverage – NNCC urges that the proposal to broaden the allowed *de minimis* variation in actuarial value (AV) for each plan metal level to -4/+2 percent be eliminated. This policy would open the door for insurers to sell plans with even higher deductibles and other cost-sharing and effectively reduce the amount of financial assistance that millions of low income consumers receive to help purchase marketplace coverage. In total, the proposed policy shifts significant costs to the consumers helped by PA PMFHP, either through higher premiums or higher cost-sharing, and reduces enrollment due to cuts in financial assistance. It is difficult to see how this policy will increase enrollment and decrease premiums among consumers eligible for financial assistance. Instead, it will likely lead to fewer people enrolling in coverage as their costs increase.

IV. The Proposed Rule's Impact on Consumers Using Nurse-Led Care Settings - As part of its mission to support nurse-led care, NNCC represents nonprofit, nurse-managed health clinics (sometimes called nurse-managed health centers or NMHCs). Section 254c-1a of the Public Health Service Act defines the term 'nurse-managed health clinic' as a "nurse-practice arrangement, managed by advanced practice nurses, that provides primary care or wellness services to underserved or vulnerable populations and that is associated with a school, college, university or department of nursing, federally qualified health center (FQHC), or independent nonprofit health or social services agency." Recent estimates indicate that there are approximately 500 nurse-managed clinics nationwide, including birthing centers and school-based clinics, and 250 of these NMHCs deliver primary and preventive care. These primary and preventive care NMHCs provide a full range of health services, including health promotion and disease prevention, to low-income, underinsured, and uninsured clients. Approximately 58% of NMHC patients are either uninsured, Medicaid recipients, or self-pay. Because many NMHCs are affiliated with schools of nursing, NMHCs also help to build the capacity of the community-based health care workforce by acting as teaching and practice sites for nursing students and other health professionals. Also, several NMHCs are FQHCs.

Since the ACA's passage, NMHCs around the country have seen dramatic decreases in the number of uninsured patients. For example, before the ACA, a Philadelphia NMHC that records over 20,000 patients per year had an uninsured rate of 25%; after implementation of the ACA, the uninsured rate dropped to 9%. Another NMHC in Tennessee sees approximately 8,000 patients per year. Prior to the ACA, the uninsured rate in this clinic was 79%; the uninsured rate is now around 35%. As described above, the proposed rule would restrict those who are able to enroll in the Marketplace and create additional barriers preventing the low-income patients served by NMHCs from accessing coverage. As a result, NNCC expects to see the uninsured rate in NMHCs across the country rise. As the uninsured rate rises, so will costs for NMHCs and their patients. Uninsured patients tend to be sicker and require most costly care, and because NMHCs provide care regardless of a person's ability to pay, these costs are absorbed by the clinics and healthcare system at large. Therefore, NNCC believes that if the proposed rule is implemented in its current form it will raise healthcare costs, not reduce them.

NNCC appreciates the opportunity to comment on the proposed rule. If you have any questions I can be reached at (267) 765-2363 or ndlink@nncc.us.

Very truly yours,

A handwritten signature in black ink that reads "Nancy De Leon Link". The signature is written in a cursive style with a large, stylized initial 'N'.

Nancy De Leon Link
Chief Executive Officer
National Nurse-Led Care Consortium