

The Consumer Health Insurance Protection Act – Senator Elizabeth Warren

The Affordable Care Act put an end to some of the most egregious practices that insurance companies used to shift costs onto patients, including annual and lifetime coverage limits and discrimination against people with pre-existing conditions. But today, too many patients still have to battle with their insurance companies just to see a doctor or get a prescription filled. Insurance companies draw networks so narrow that patients struggle to find a doctor or get an appointment.ⁱ Patients find out when they get a bill in the mail that they unwittingly relied on an outdated provider directory and now owe hundreds of dollars in unexpected costs for out-of-network care.ⁱⁱ Insurance companies can drop doctors from their network in the middle of the plan year with no notice, suddenly jack up out-of-pocket costs for a cancer or MS drug,ⁱⁱⁱ or rip up a plan at the end of the year and leave new mothers or patients dealing with a serious health condition scrambling to maintain access to their doctor.^{iv}

Also thanks to the Affordable Care Act, an historic number of Americans now have affordable health insurance coverage. But the 217 million individuals who rely on private insurance^v are facing rising out-of-pocket costs. Between 2005 and 2015, out-of-pocket costs for workers with employer coverage rose over twice as fast as wages,^{vi} and the percent of adults with employer coverage who are underinsured has continued to grow.^{vii} Three out of every ten American adults *with health insurance* say they're having a hard time paying their medical bills.^{viii} Meanwhile, thanks to revenue from taxpayer-funded programs, insurance company profits are booming. The top insurers in the U.S. pull in nearly 60% of their revenue – more than \$200 billion in 2016 – from Medicare and Medicaid, even as some of these same insurers claim they can't afford to participate in the ACA exchanges.^{ix}

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We must do more to hold insurance companies accountable by requiring them to provide coverage that is just as affordable and high-quality as coverage in public programs like Medicare and Medicaid. The *Consumer Health Insurance Protection Act* calls insurance companies' bluff by putting an end to abuses that hurt patients and by requiring insurers making money off Medicare and Medicaid to step up to the plate in the ACA markets. The Act's provisions include:

- Setting limits on insurance company profits to match those private insurers can earn in Medicare and Medicaid
- Instituting new protections to ensure all patients are notified when doctors are dropped from the network and are protected if they rely on an inaccurate provider directory or have a plan discontinued while in an active course of treatment
- Prohibiting surprise bills for emergency care, including ground and air ambulances
- Requiring insurers generating revenues from Medicare Advantage or Medicaid managed care plans to offer coverage on the exchanges in areas with limited insurer competition
- Guaranteeing that every individual on the ACA exchanges has access to a plan that covers 80% of out-of-pocket costs and costs no more than 8.5% of income in premiums
- Protecting against unreasonable premium increases with stronger rate review standards
- Requiring employer plans to cover certain services before the deductible is met
- Requiring the tracking and analysis of consumer complaint data
- Strengthening enrollment and outreach programs

**The *Consumer Health Insurance Protection Act* is endorsed by:
Families USA, Public Citizen and Community Catalyst.**

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- ⁱ The Washington Post, “How a Narrow Network Can Really Mess with Your Choice of Doctors,” Lena H. Sun, June 24, 2015, https://www.washingtonpost.com/news/to-your-health/wp/2015/06/24/how-a-narrow-network-can-really-mess-with-your-choice-of-doctors/?utm_term=.a2d02bb0c63f. Forbes, “Employer Plans Join Obamacare in Narrowing Doctor Networks for 2018,” Bruce Japsen, August 27, 2017, <https://www.forbes.com/sites/brucejapsen/2017/08/27/employer-plans-join-obamacare-in-narrowing-doctor-networks-for-2018/#6c253b333de4>. The New York Times, “Savings? Yes. But Narrow Health Networks Also Show Troubling Signs,” Austin Frakt, October 17, 2016, <https://www.nytimes.com/2016/10/18/upshot/savings-yes-but-narrow-health-networks-also-show-troubling-signs.html>.
- ⁱⁱ Families USA, “How Inaccurate Health Plan Provider Directories Block Access to Health Care,” Jenna Temkin, May 24, 2016, <http://familiesusa.org/blog/2016/05/how-inaccurate-health-plan-provider-directories-block-access-health-care>. The New York Times, “Insurers’ Flawed Directories Leave Patients Scrambling for In-Network Doctors,” Jay Hancock, December 3, 2016, <https://www.nytimes.com/2016/12/03/us/inaccurate-doctor-directories-insurance-enrollment.html>.
- ⁱⁱⁱ Pew Charitable Trusts, “New Rules Aim to Keep Patients on Medications That Work,” February 2, 2017, <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2017/02/02/new-rules-aim-to-keep-patients-on-medications-that-work>.
- ^{iv} Kaiser Health News, “Churning, Confusion, and Disruption – The Dark Side of Marketplace Coverage,” Jay Hancock, December 7, 2017, <https://khn.org/news/churning-confusion-and-disruption-the-dark-side-of-marketplace-coverage/>.
- ^v United States Census Bureau, “Health Insurance Coverage in the United States: 2017,” September 12, 2018, <https://www.census.gov/library/publications/2018/demo/p60-264.html>.
- ^{vi} Kaiser Family Foundation, “Payments for Cost Sharing Increasing Rapidly over Time,” October 5, 2017, <https://www.kff.org/health-costs/issue-brief/payments-for-cost-sharing-increasing-rapidly-over-time/>.
- ^{vii} The Commonwealth Fund, “Health Insurance Coverage Eight Years After the ACA,” Sara R. Collins, Herman K. Bhupal, and Michelle M. Doty, February 7, 2019, <https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage-eight-years-after-aca>.
- ^{viii} Kaiser Family Foundation, “Data Note: Americans’ Challenges with Health Care Costs,” Bianca DiJulio, Ashley Kirzinger, Bryan Wu, and Mollyann Brodie, March 2, 2017, <https://www.kff.org/health-costs/poll-finding/data-note-americans-challenges-with-health-care-costs/>.
- ^{ix} Health Affairs, “The Big Five Insurers’ Membership and Revenue Trends: Implications for Public Policy,” Cathy Schoen and Sara R. Collins, December 2017, <http://www.commonwealthfund.org/publications/in-the-literature/2017/dec/five-health-insurers-membership-and-revenue-trends>.