



Advocacy Department

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August 3, 2018

The Honorable Alex Azar, Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Honorable Steven Mnuchin, Secretary
Department of the Treasury
1500 Pennsylvania Avenue, NW
Washington, DC 20220

Dear Secretary Azar and Secretary Mnuchin:

On behalf of the American Heart Association and the American Stroke Association (AHA/ASA), we would like to thank you for the opportunity to provide written comments on the New Jersey Section 1332 State Innovation Waiver application.

As the nation's oldest and largest voluntary organization dedicated to building healthier lives free from heart disease and stroke, our nonprofit and nonpartisan organization represents over 100 million patients with cardiovascular disease (CVD) and includes over 40 million volunteers and supporters committed to our goal of improving the cardiovascular health of all Americans. AHA has worked diligently for many years to support and advance strong public health policies in addition to providing critical tools and information to providers, patients, and families in order to prevent and treat these deadly diseases.

The AHA believes everyone should have quality and affordable healthcare coverage and a strong, robust marketplace is essential for people with CVD to access the coverage that they need. To that end, a well-designed reinsurance program can help offset the costs of enrollees with expensive health care needs. Additionally, implementing a reinsurance program could also help to alleviate other systemic problems within the state insurance exchange including smaller provider networks and low issuer participation. The AHA would like to express our support for the proposal.

As you are aware, reinsurance programs have been used to stabilize premiums in a number of healthcare programs, such as Medicare Part D. A temporary reinsurance fund for the individual market was also

"Building healthier lives, free of cardiovascular diseases and stroke."

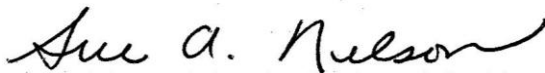
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established under the Affordable Care Act and reduced premiums by an estimated 10 to 14 percent in its first year.¹ In Minnesota, a state already implementing a reinsurance program through a 1332 waiver approved last year, insurers recently filed proposed rates for 2019 that were between 3 and 12.4 percent below 2018 premiums.² We are pleased to see that the state estimates that the program will reduce premiums by approximately 15 percent and increase the number of people able to obtain coverage through the individual market by approximately 2.7 percent in 2019.

The AHA is also pleased that the state acknowledges that the comprehensiveness and affordability of coverage offered on the individual markets will not be altered by the 1332 waiver proposal. The patient protections extended to individuals with pre-existing conditions under the Affordable Care Act (ACA) including the ten essential health benefit categories, guaranteed issue, out of pocket maximums and many other critical consumer protections are the bedrock of care for our patients. These guarantees make our healthcare system navigable for CVD patients and we commend the state for ensuring that the waiver proposal does not alter the integrity of these requirements.

On behalf of the American Heart Association and American Stroke Association, thank you for reviewing our comments. We appreciate the opportunity to provide feedback on this application. If you have any questions, please contact Katie Berge, Government Relations Manager at katie.berge@heart.org.

Sincerely,

A handwritten signature in black ink that reads "Sue A. Nelson". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Sue Nelson
Vice President of Federal Advocacy

¹ American Academy of Actuaries, Individual and Small Group Markets Committee. *An Evaluation of the Individual Health Insurance Market and Implications of Potential Changes*. January 2017. Retrieved from https://www.actuary.org/files/publications/Acad_eval_indiv_mkt_011817.pdf.

² Minnesota Department of Commerce. *Insurers' 2019 Proposed Health Insurance Rates*. Retrieved from <https://mn.gov/commerce/consumers/your-insurance/health-insurance/rates/rate-filings/2019/>.

July 18, 2018

DEPT. OF HEALTH & HUMAN SERVICES/Centers Medicare & Medicaid Services
Center for Consumer Information and Insurance Oversight
200 Independence Avenue SW
Washington, DC 20201
Attn: Randy Pate/Director, Center for Consumer Information & Insurance Oversight

Re: July 13, 2018 VIA ELECTRONIC MAIL: marlene.caride@dobi.nj.gov Marlene Caricle
Commissioner New Jersey Department of Banking and Insurance 20 West State Street
Trenton, NJ 08625 New Jersey's application for a State Innovation Waiver under Section
1332 of the Patient Protection and Affordable Care Act (PPACA).

Dear Mr. Pate,

I would hope that you would attach an addendum to your department's sanction of the NJ's ability to waive certain PPACA requirements and implement a reinsurance program called the New Jersey Reinsurance Program for 2019 through 2023 by dictating that they eliminate the mandate/fine.

Firstly: the Tax Cut and Jobs bill eliminated the fine by changing the mandate to be \$-0-. You are aware that NJ has indicated to its citizens that they do not know the cost of ACA insurance and that they plan on adding more "essentials", which will further increase costs. **IT IS UNCONSCIENTABLE THAT YOU WOULD cause citizens IN THE HIGHEST TAXED STATE to struggle to pay fines or pay for insurance that contains little or no option for medical care with high deductibles. NJ has not been fiscally responsible with any tax monies, why would they be responsible with ACA?**

Secondly: Why would you allow them to implement a reinsurance program for 4 years? That is an awful long time and you are setting precedent. If their program is wrought with fraud and abuse how will you protect NJ's residents?

The people who will be hurt the most by this are some seniors, who are close to Medicare age and the middle class who are already struggling in the highest taxed state in the nation. You will be assisting in placing a burden on those of us who will not have a choice. You also are aware that while I chose insurance for last year, there were only **TWO choices**. I chose the least inexpensive which provided me with a \$3,000.00 deductible and because of the expense, no option for health care.

I hope the federal government can do better than this and you will challenge the state of NJ to not abuse their citizens and mandate that they purchase an insurance that they clearly do not want, or can afford.

Sincerely,
Shirley Lake



Cc: President Trump/Dir of Health and Human Services/Alex Azar/DOJ/Jeff Sessions

July 18, 2018

President Donald J. Trump
1600 Pennsylvania Ave.
Washington, DC

Re: NJ ACA mandate/NJ application for Waiver under Section 1332

Dear President Trump,

As you are by now aware, NJ is implementing an ACA mandate/fine for not purchasing health insurance 2019. I have written to Dept of Health and Human Services (please note letter enclosed).

We are taxed heavily in this state and find it unconscionable that our tax dollars will assist NJ in their endeavors to force NJ citizens to purchase a product that is expensive and unusable.

I am hoping that the Federal government can force an addendum to the 1332 Waiver and prevent New Jersey from enforcing this mandate/fine by withholding the funds/waiver they are requesting.

Thank you for all that you do. It is appreciated.

Sincerely,


Shirley Lake

CC: Steven Mnuchin



via electronic submission

August 2, 2018

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: ACS CAN's Comments on Proposed New Jersey 1332 Waiver

Dear Administrator Verma:

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to comment on the New Jersey Department of Banking and Insurance's 1332 waiver application. ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

ACS CAN supports a robust marketplace from which consumers can choose a health plan that best meets their needs. Access to health care is paramount for persons with cancer as well as survivors. More than 1.7 million Americans will be diagnosed with cancer this year.¹ An additional 15.5 million Americans are living with a history of cancer.² In New Jersey, an estimated 53,260 residents are expected to be diagnosed with cancer this year³ and another 504,050 are cancer survivors.⁴ For these Americans access to affordable health insurance is a matter of life or death. Research from the American Cancer Society has shown that uninsured Americans are less likely to get screened for cancer and thus are more likely to have their cancer diagnosed at an advanced stage when survival is less likely and the cost of care more expensive.⁵

¹ American Cancer Society. Cancer Facts & Figures: 2018. Atlanta: American Cancer Society, 2018.

² Id.

³ Id.

⁴ American Cancer Society. Cancer Treatment & Survivorship: Facts & Figures 2016-2017. Atlanta: American Cancer Society, 2016.

⁵ E Ward et al, "Association of Insurance with Cancer Care Utilization and Outcomes, CA: A Cancer Journal for Clinicians 58:1 (Jan./Feb. 2008), <http://www.cancer.org/cancer/news/report-links-health-insurance-status-with-cancer-care>.

ACS CAN supports the state's application for a 1332 waiver which would implement a state reinsurance program. A well-designed reinsurance program can help to lower premiums and mitigate plan risk associated with high-cost enrollees. We note that the New Jersey Insurance Commissioner estimates that the proposed reinsurance program will reduce premiums by 15 percent in 2019 and a similar rate in 2020.⁶ These savings will not only benefit the federal government through reduced subsidy payments (an estimated \$218 million in 2019, with projected savings increasing in subsequent years), but will also benefit consumers not eligible for subsidies who enroll in coverage through the exchange.

A reinsurance program may also encourage insurance carriers to continue offering plans through the exchange, or begin to offer plans as applicable. This maintenance or increase in plan competition also may help to keep premiums from rising. These premium savings could help cancer patients and survivors afford health insurance coverage, and may allow some individuals to enroll who previously could not afford coverage. The Exchange estimates that enrollment in the individual insurance market will rise 2.7 percent in 2019 and 2.6 percent in 2020 and 2021 if this waiver is implemented.

ACS CAN believes that patient protections in current law – like the prohibition on pre-existing condition exclusions, lifetime and annual limits, and Essential Health Benefits requirements – are crucial to making the healthcare system work for cancer patients and survivors. We are pleased that New Jersey's 1332 waiver application does not propose to alter any key patient protections, and specifically states that the waiver "will not impact the comprehensiveness of coverage in New Jersey in any way."⁷

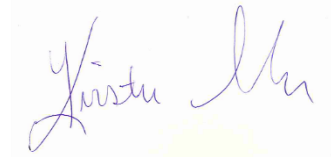
⁶ New Jersey Department of Banking and Insurance. New Jersey 1332 Waiver Application. July 2, 2018. https://www.state.nj.us/dobi/division_insurance/section1332/180702finalwaiverapplication.pdf

⁷ *Ibid.*

Conclusion

On behalf of the American Cancer Society Cancer Action Network we thank you for the opportunity to comment on the proposed section 1332 waiver, which we believe will provide long-term viability of the individual market while not eroding important consumer protections. We strongly encourage CMS to approve this waiver in a timely fashion so the state can implement the program in time for the 2019 plan year. If you have any questions, please feel free to contact me at Kirsten.Sloan@cancer.org or 202-585-3240.

Sincerely,

A handwritten signature in blue ink that reads "Kirsten Sloan". The signature is written in a cursive style and is positioned above a light yellow rectangular highlight.

Kirsten Sloan
Vice President, Public Policy
American Cancer Society Cancer Action Network



August 10, 2018

Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Honorable Steven Mnuchin
Secretary
U.S. Department of the Treasury
1500 Pennsylvania Avenue, NW
Washington, DC 20220

Re: New Jersey Section 1332 State Innovation Waiver Application

Dear Secretary Azar and Secretary Mnuchin:

On behalf of people with cystic fibrosis, the Cystic Fibrosis Foundation appreciates the opportunity to support New Jersey's 1332 State Innovation Waiver application to operate a reinsurance program. Given the documented success of existing reinsurance programs, we urge the Departments to approve this application.

Cystic fibrosis (CF) is a life-threatening genetic disease that affects 697 people in New Jersey and 35,000 children and adults in the United States. CF causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. As a complex, multi-system condition, CF requires targeted, specialized treatment and medications.

We appreciate the state's efforts to improve coverage and affordability without compromising critical patient protections that individuals with cystic fibrosis rely on. People with CF benefit from insurance marketplaces that offer affordable health plans that cover their complex health needs. The Cystic Fibrosis Foundation supports New Jersey's creation of a reinsurance program that will make coverage more affordable and encourage insurer participation in the marketplace.

Reinsurance has been an effective measure to slow premium growth and protect against adverse selection at the federal level, as well as in states. The American Academy of Actuaries estimated that the federal reinsurance program reduced premiums by 10 to 14 percent in the individual market in 2014.¹ In Alaska, the state's lone marketplace insurer reduced its 2017 requested premium increase from over 40

¹ American Academy of Actuaries. *Drivers of 2015 Health Insurance Premium Changes*. (Online). June 2014. Available: https://www.actuary.org/files/2015_Premiums_Drivers_Updated_060414.pdf

percent to just under 10 percent after the state announced its reinsurance program.² Additionally, after Minnesota received approval to implement its reinsurance program, insurers proposed rates for 2019 that were between 3 and 12.4 percent below 2018 premiums.³

The Cystic Fibrosis Foundation appreciates the opportunity to provide input on these important policy changes. As the health care landscape continues to evolve, we look forward to working with the state of New Jersey to ensure high quality, specialized CF care and improve the lives of all with cystic fibrosis. Please consider us a resource moving forward.

Sincerely,



Mary B. Dwight
Senior VP of Policy & Advocacy
Cystic Fibrosis Foundation



Lisa Feng, DrPH
Senior Director of Policy & Advocacy
Cystic Fibrosis Foundation

² Premera Blue Cross Blue Shield of Alaska, *Premera Blue Cross Files 2017 Individual Health Plan Rates* (Online). July 18, 2016. Available: https://www.premera.com/ak/visitor/about-premera/press-releases/2016_07_18/

³ Minnesota Department of Commerce. *Insurers' 2019 Proposed Health Insurance Rate*. (Online). June 2018. Available: <https://mn.gov/commerce/consumers/your-insurance/health-insurance/rates/rate-filings/2019/>.



August 9, 2018

Honorable Alex Azar
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC

Honorable Steven Mnuchin
Secretary
Department of the Treasury
1500 Pennsylvania Avenue, NW
Washington, DC 20220

Re: New Jersey Section 1332 State Innovation Waiver Application

Dear Secretary Azar and Secretary Mnuchin:

Thank you for the opportunity to submit comments on New Jersey's Section 1332 State Innovation Waiver Application.

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions across the country. Our organizations have a unique perspective on what patients need to prevent disease, cure illness and manage chronic health conditions. The diversity of our groups and the patients and consumers we represent enables us to draw upon a wealth of knowledge and expertise and serve as an invaluable resource regarding any decisions affecting state health insurance marketplaces and the patients that they serve. We urge the Departments to make the best use of the recommendations, knowledge and experience our organizations offer here.

Our organizations are committed to ensuring that any changes to the healthcare system achieve coverage that is adequate, affordable and accessible for patients. A strong, robust marketplace is essential for people with serious, acute and chronic health conditions to access comprehensive coverage that includes all of the treatments and services that they need to stay healthy at an affordable cost. Our organizations support New Jersey's efforts to strengthen its marketplace by submitting this 1332 State

Innovation Waiver to implement a reinsurance program, and we urge the Departments to approve the application.

Reinsurance is an important tool to help stabilize health insurance markets. Reinsurance programs help insurance companies cover the claims of very high cost enrollees, which in turn keeps premiums affordable for other individuals buying insurance on the individual market. Reinsurance programs have been used to stabilize premiums in a number of healthcare programs, such as Medicare Part D. A temporary reinsurance fund for the individual market was also established under the Affordable Care Act and reduced premiums by an estimated 10 to 14 percent in its first year.ⁱ In Minnesota, a state already implementing a reinsurance program through a 1332 waiver approved last year, insurers recently filed proposed rates for 2019 that were between 3 and 12.4 percent below 2018 premiums.ⁱⁱ

New Jersey's proposal would create a reinsurance program starting for the 2019 plan year and continuing for five years. The state estimates that the program will reduce premiums by approximately 15 percent and increase the number of individuals obtaining health insurance through the individual market by an estimated 2.7 percent in 2019. A reinsurance program would therefore help patients with pre-existing conditions obtain affordable, comprehensive coverage.

As states consider different ways to stabilize their marketplaces, our organizations are pleased that New Jersey has submitted an application that is projected to improve coverage and affordability without compromising access to essential health benefits or jeopardizing other important protections that our patients rely on. Our organizations believe that this Section 1332 State Innovation Waiver will help stabilize the individual market in New Jersey and help patients and consumers, and we urge the Departments to quickly approve the application. Thank you for the opportunity to provide comments.

Sincerely,

American Diabetes Association
American Heart Association
American Lung Association
Arthritis Foundation
Cystic Fibrosis Foundation
Epilepsy Foundation
Hemophilia Federation of America
Leukemia & Lymphoma Society
Lutheran Services in America
March of Dimes
NAMI, National Alliance on Mental Illness
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Psoriasis Foundation

ⁱ American Academy of Actuaries, Individual and Small Group Markets Committee. *An Evaluation of the Individual Health Insurance Market and Implications of Potential Changes*. January 2017. Retrieved from https://www.actuary.org/files/publications/Acad_eval_indiv_mkt_011817.pdf.

ⁱⁱ Minnesota Department of Commerce. *Insurers' 2019 Proposed Health Insurance Rates*. Retrieved from <https://mn.gov/commerce/consumers/your-insurance/health-insurance/rates/rate-filings/2019/>.

From: Shirley Lake
To: [CMS StateInnovationWaivers](#)
Subject: NJ section 1332 Waiver comments
Date: Sunday, July 29, 2018 7:50:40 PM

Firstly, the above I.T. address and the information about providing a comment was NOT CIRCULATED or distributed by the state of NJ. Most do not know about this process. I can tell you that many if not most who will be mandated or fined in the highest taxed state in the nation are disgusted with the mandate. If NJ is allowed to mandate/fine New Jerseyans that in itself will place an additional burden on them.

Also, section v.b of the mandate states that according to the waiver, there are no carrier services out of NJ. Millennials at college or grad school will not be able to seek treatment while out of the state of NJ. If you are on vacation or working out of the state you will have a heck of time getting NJ ACA to pay for that treatment. If you are camping out of state and have chest pains, do you drag yourself back to NJ and take a risk? What if it is not diagnosed as a heart attack and you seek treatment at an out of state facility...your NJ insurance will not consider it as necessary and you get to pay the bill. THE COSTS ARE ASTRONOMICAL; deductibles, monthly payments and out of state HOSPITAL/DOCTOR BILLS.

NJ politicians are insisting they are going to add MORE "ESSENTIALS" , which will make insurance more expensive. The ACA policies already have too many UNNECESSARY ESSENTIALS and is not geared to the patient. One size fits all...

NJ has not been fiscally responsible and will undoubtedly be the source of fraud and waste. It is guaranteed that the monies raised from the fines will not make it into NJ healthcare. Why allow NJ to mandate/fine it's citizens while using federal tax dollars to boost or propagate a health insurance that causes healthcare to be out of reach for many.

Thank you,
Shirley Lake
shirleyannlake@hotmail.com

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