

May 23, 2017

The Honorable Orrin Hatch
Chairman, Committee on Finance
United States Senate
Washington, DC 20510

Dear Chairman Hatch:

Prevent Blindness is the nation's leading nonprofit, voluntary organization committed to preventing blindness and preserving sight. Prevent Blindness represents millions of people of all ages across the country who live with low vision and vision-related eye diseases. We strive to improve our nation's vision and eye health by enhancing state and community capacities through our core competencies of early detection, patient support, care coordination, public policy, research, public awareness, and health education.

As the United States Senate begins the process of creating legislation that will have a significant impact on the American healthcare system and how Americans access care, it is imperative that all stakeholders provide expertise, feedback, and the patient's perspective. We are therefore appreciative of the opportunity to respond to your Request for Information, and we hope to continue working with you and your colleagues on this very important matter.

After reviewing H.R. 1628, the American Healthcare Act (AHCA) as passed by the United States House of Representatives, we have very serious concerns with the precedent this legislation establishes. Understanding that the Congressional Budget Office (CBO) has not released a score for this version of the bill, we are nonetheless troubled by prior estimates of significant loss of coverage for over 24 million Americans and especially for those who rely on Medicaid and would start losing coverage just over 6 months from now.

In addition to maintaining coverage for all Americans, Prevent Blindness is requesting that any health care reform effort must maintain essential health benefits as defined under the Affordable Care Act, including preventive services for chronic disease management, vision screenings, and eye examinations for children, maintain Medicaid as expanded to ensure a vital lifeline for our nation's most vulnerable, and implement tax credits based on income and geography- not age.

Maintain Essential Health Benefits as defined under the ACA

Under the AHCA, beginning in 2020, states would be provided waiver authority for the option of re-defining what essential health benefits (EHBs) are offered in the health insurance coverage options for individual or small group markets. As written, we believe this bill will have a particularly detrimental impact on people with chronic conditions, such as diabetes, as the legislation would significantly weaken EHBs for both adults and children.

Chronic Disease Management: Eye disorders rank 5th among the top 8 chronic conditions in the United States, with the overall cost of vision problems calculated at \$145 billion annually. Eye health problems have a strong correlation to many chronic health conditions such as smoking, depression, and falls. Diabetes, one of the most common chronic diseases among adults, can lead to vision loss through diabetic retinopathy, diabetic macular edema, cataracts, and glaucoma. Without intervention, inflation-adjusted costs could rise to \$717 billion by 2050 as our population continues to age.

Children's Vision and Eye Exams: Vision impairments and eye disorders are the 3rd leading chronic condition among children with costs for direct medical care, vision aids and devices, and caregivers amounting to \$10 billion per year. Our nation's families are already shouldering 45% of these costs. Common childhood eye disorders and vision impairments are easily treatable if caught early; however, as written, the AHCA jeopardizes early detection and cost-effective treatments that could prevent lifelong vision impairment or permanent loss of vision.

We know that prevention works. Ensuring that Americans of all ages have access to the most basic and preventive services will only contribute to healthy development in young children, successful school performance, and the long-term health of our nation.

Maintain Medicaid as expanded to ensure a vital lifeline for our nation's most vulnerable

In some states, Medicaid is often the only source of vision and eye care for many adults and children. As such, we are very concerned with the Medicaid provisions under the AHCA, specifically as it would deny access to necessary medicine and services by ending the Medicaid expansion and implementing a per capita system as a method of reducing federal spending. As set up, these per capita costs are designed to grow more slowly than current Medicaid costs. As the difference between federal funding and the cost of Medicaid programs increase, states will have no choice but to decide between increasing their contributions or cutting them by restricting access and benefits, including services for vision and eye health. Should Congress move forward with a proposal that incorporates federal caps on Medicaid, we recommend that federal caps grow with actual Medicaid spending as opposed to utilizing the methodology under the AHCA that strictly utilizes 2016 as a base year.

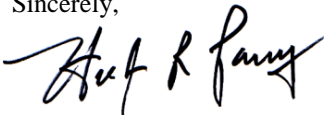
Implement tax credits for premiums based on income, not age

While we are appreciative that the AHCA maintains a method of assistance for those who purchase insurance, we are concerned with the level and structure of the tax credits. The financial assistance offered under the ACA has been one of the most beneficial provisions to help people, who were previously unable to afford insurance, to access the insurance marketplace. In fact, many studies indicate that subsidies have been a greater driver of enrollment than the individual and employer mandates.

Under the AHCA, tax credits are not based on income levels and do not take into consideration the cost of insurance in geographic areas; therefore, poorer, rural Americans will face significantly higher premiums than they would under the ACA. When combined with the provision that broadens the age-rating band from 3 to 1 to 5 to 1 or wider if a state applies for an age-rating waiver, older Americans will also pay significantly more for their insurance. Given that older Americans face risk of vision loss and blindness due to aging at a higher rate than younger Americans, we are highly concerned that age-based tax credits may cause aging Americans to not place a priority on maintaining eye health as they age or experience chronic conditions. We strongly urge the Senate to continue considering income and geography when determining the amount of tax credits that enrollees receive.

As you draft new legislation, Prevent Blindness strongly urges the Senate to reconsider many of the problematic provisions of the AHCA that would jeopardize cost-effective, preventive interventions to avoidable vision loss. Thank you for consideration of our position. If you should have any questions, please reach out to Sara D. Brown, Director of Government Affairs at (312) 363-6031 or sbrown@preventblindness.org.

Sincerely,



Hugh R. Parry
President and Chief Executive Officer