



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

Statement of the Consortium for Citizens with Disabilities Health Task Force on
the Short-Term, Limited Duration Insurance Final Rule

August 2, 2018

The Consortium for Citizens with Disabilities (CCD) Health Task Force is disappointed that the Administration finalized rules increasing the availability of short-term limited duration (STLD) health plans that do not provide protections for people with pre-existing conditions and opposes the Administration's ongoing efforts to undermine implementation of the Affordable Care Act. CCD is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society. The Health Task Force analyzes the impact of changes in health care policy on people with disabilities and advocates for proposals to address their needs.

The Health Task Force is particularly alarmed that the final rule expands availability of a group of products that may implement discriminatory practices. This will likely siphon healthier individuals off the marketplace by offering them skinnier, medically-underwritten products, which will inflate prices and out-of-pocket costs on the marketplace. We strongly oppose these changes because we believe that insurance coverage must ensure access to timely, affordable, high quality, and comprehensive health care that meets the needs of individuals with disabilities and chronic conditions. Expanding access to short-term plans will move us even further away from achieving these goals.

Short-term plans are not subject to consumer protections that have immense value for individuals with disabilities and chronic conditions, such as mandated essential health benefits, protections for people with pre-existing conditions, prohibitions on use of lifetime or annual caps, and other non-discrimination provisions. The Final Rule will both disproportionately harm the populations we represent and limit access to quality and affordable coverage for all Americans.

The benefit packages provided by these plans will likely be more restrictive than plans in the marketplaces, not covering basic services such as prescription drugs, rehabilitation and habilitation services, mental health and substance use disorder services, and other essential health services. Those individuals who knowingly choose such plans tend to be younger and “healthier,” resulting in adverse selection that will place even more inflationary pressure on marketplace plans, with the net effect of driving up premiums and cost sharing for plans required to comply with the Affordable Care Act’s consumer protections and essential health benefits. But the movement to STLD plans will not necessarily exclude all people with disabilities. An [April 6, 2018 analysis put out by the CMS Chief Actuary](#) after the proposed rule was published estimated that 1.9 million would take up the new STLD plans by 2022. Approximately .8 million of this group previously would have been in the marketplace, and within this group, “a large number are healthy, unsubsidized individuals moving to STLD policies, but a small number are unsubsidized and unhealthy people who are dropping coverage as a result of the higher premiums.”

The benefits commonly excluded from STLD plans are usually the same services and protections that people with disabilities and chronic, often pre-existing conditions rely on. The Final Rule, by allowing STLD plans to be renewed for **up to 36 months**, and placing the primary onus for understanding limitations on the consumer rather than obligating issuers to explicitly detail limitation (the final notice advises consumers to “make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services”), means that some STLD plans will leave short-term plan enrollees with non-covered services and high out-of-pocket costs at the very time they need health care benefits the most. This will occur when younger or inexperienced enrollees have an accident or unexpected health event, up to three years after they thought they had major medical coverage, and it will be the case when enrollees with any kind of health condition for the first time discover that their STLD plan may contain extremely broad language that allows the issuer to determine when a pre-existing condition exists.

CCD remains very concerned about the Final Rule and the ongoing efforts to undermine the Affordable Care Act. For those state advocates who are similarly concerned and posed to take action, we note that the final rule is at least clear that states are free to develop more stringent standards for STLD plans that can set shorter periods for such plans, establish stricter consumer disclosure requirements, and otherwise establish consumer protections that apply to STLD plans sold within the state. For more information please contact Julie Ward ward@thearc.org.

Sincerely

The CCD Health Task Force Co-chairs:

Bethany Lilly, Bazelon Center for Mental Health Law

Julie Ward, The Arc of the United States