Consensus Healthcare Reform Principles

Today, millions of individuals, including many with preexisting health conditions, can obtain affordable health care coverage. Any changes to current law should preserve coverage for these individuals, extend coverage to those who remain uninsured, and lower costs and improve quality for all.

In addition, any reform measure must support a health care system that provides affordable, accessible and adequate health care coverage and preserves the coverage provided to millions through Medicare and Medicaid. The basic elements of meaningful coverage are described below.

**Health Insurance Must be Affordable** – Affordable plans ensure patients are able to access needed care in a timely manner from an experienced provider without undue financial burden. Affordable coverage includes reasonable premiums and cost sharing (such as deductibles, copays and coinsurance) and limits on out-of-pocket expenses. Adequate financial assistance must be available for low-income Americans and individuals with preexisting conditions should not be subject to increased premium costs based on their disease or health status.
Health Insurance Must be Accessible – All people, regardless of employment status or geographic location, should be able to gain coverage without waiting periods through adequate open and special enrollment periods. Patient protections in current law should be retained, including prohibitions on preexisting condition exclusions, annual and lifetime limits, insurance policy rescissions, gender pricing and excessive premiums for older adults. Children should be allowed to remain on their parents’ health plans until age 26 and coverage through Medicare and Medicaid should not be jeopardized through excessive cost-shifting, funding cuts, or per capita caps or block granting.

Health Insurance Must be Adequate and Understandable – All plans should be required to cover a full range of needed health benefits with a comprehensive and stable network of providers and plan features. Guaranteed access to and prioritization of preventive services without cost-sharing should be preserved. Information regarding costs and coverage must be available, transparent, and understandable to the consumer prior to purchasing the plan.

Alpha-1 Foundation  The Leukemia & Lymphoma Society
ALS Association  Lutheran Services in America
American Cancer Society Cancer Action Network  March of Dimes
American Diabetes Association  Muscular Dystrophy Association
American Heart Association  National Alliance on Mental Illness
American Kidney Fund  National Coalition for Cancer Survivorship
American Liver Foundation  National Eczema Association
American Lung Association  National Health Council
Arthritis Foundation  National Hemophilia Foundation
Asthma and Allergy Foundation  National Kidney Foundation
Autism Speaks  National Multiple Sclerosis Society
Cancer Support Community  National Organization for Rare Disorders
CancerCare  National Patient Advocate Foundation
Chronic Disease Coalition  National Psoriasis Foundation
Crohn’s & Colitis Foundation  Pulmonary Hypertension Association
Cystic Fibrosis Foundation  Susan G. Komen
Epilepsy Foundation  The AIDS Institute
Family Voices  United Way Worldwide
Hemophilia Federation of America  Volunteers of America
Immune Deficiency Foundation  WomenHeart: The National Coalition for Women with Heart Disease
Juvenile Diabetes Research Foundation