



July 12, 2017

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Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services

**Re: CMS 9928-NC: Reducing Regulatory Burdens Imposed by the Patient Protection and Affordable Care Act and Improving Healthcare Choices to Empower Patients**

Dear Ms. Verma:

The American College of Allergy, Asthma and Immunology (ACAAI) and its Advocacy Council are pleased to comment on this Request for Information on the lessening of regulatory burdens under the Affordable Care Act. The ACAAI and its Advocacy Council represent the interests of over 6,000 allergists-immunologists and allied health professionals. Their members provide patient services across a variety of settings ranging from small or solo physician offices to large academic medical centers. Our suggestions for reduction of regulatory burdens are set forth below.

**1. Empowering Patients and Promoting Consumer Choice**

- **Network Adequacy:** We are concerned that ACA regulation of qualified health plans (QHPs) do not ensure network adequacy. Under regulations proposed earlier this year, changes would be made to 45 CFR § 156.30 that would weaken network adequacy and decrease patient access to specialty care. The proposed regulation, if adopted, would be a burden to patients and to specialty providers who are often denied access to plan networks. Broader networks for plans offered under the ACA exchanges would clearly improve health outcomes, promote consumer choice and empower patients to take better control of their health care. We urge that the proposed regulations weakening network adequacy *not* be adopted.
- **High-Deductible Plans:** Many plans offered through the exchanges have very high deductibles which, in our experience, limits access to care. Many patients are forced to choose these plans to afford their policy. Because of the unexpected or misunderstood burden, patients reduce or entirely skip their medical services. We also find that very often the patient does not know or understand what their deductible is or how close they are to meeting it; nor is this information available on the patient's insurance card. The physician's office often finds out, weeks later, after submitting a claim to the insurer, that the patient has not met their deductible. At this point we must try to collect from the patient. The high deductible plans result in unexpected financial burdens for the patient and administrative burdens for the physician's office that must now try to get payment from the patient. Some of these burdens could be reduced if insurers were required to provide physicians and enrollees with ready access to this



information. This would also help patients be more informed and responsible consumers of healthcare.

- **Informed Consumers:** The RFI asks: *“what activities would best inform consumers and help them choose a plan that best meets their needs?”* One way to promote patient understanding is to ensure patients can understand, up front, before they sign-up, exactly what is covered. Often this information is not readily available until after they sign-up – at which point it is too late. For example, a patient with asthma or allergic rhinitis would want to know whether the plan will cover allergy shots and their specific allergy medications. However, it is often difficult to determine this in advance. State and federal governments need to facilitate more community-based programs to educate patients on which plans are best for their specific health needs. There should be an easy way for individuals shopping for a QHP to look up - on the Plan’s website - their specific medications and treatments and determine whether and the extent to which they are covered. This should include precise information about what their out of pocket costs would be. This could be done through examples of the interplay of the deductible and co-payments and would be very helpful to patients.

One way to encourage more education is the use of “health fairs” or other types of community outreach where consumers could meet with an Exchange Representative that is educated and informed about all the plan choices. It is important that such representatives be independent and neutral with no ties to any specific plan.

## **2. Stabilizing the individual, small group, and non-traditional health insurance markets**

The RFI asks *“what changes would bring stability to the risk pool, promote continuous coverage, increase the number of younger and healthier consumers purchasing plans, reduce uncertainty and volatility, and encourage uninsured individuals to buy coverage?”*

We believe more community-based outreach is needed through, for example, community centers or public community colleges, targeted particularly at younger people.

An additional suggestion to promote preventive care and identify problems before they become difficult to manage, would be to offer patients some type of incentive for seeing their physician at least once a year. Volatility and uncertainty can also be reduced by limiting QHP network turnover and preventing plans from arbitrarily dropping providers from their networks.

## **3. Other Issues**

### **Requirement that Physicians Provide and Pay for Interpreters**

An area of concern is the regulation implementing section 1557 of the ACA on non-discrimination. CMS regulation at 45 C.F.R. § 92.201 interprets this to require providers, including physicians, to provide and pay for interpreters and translation services for individuals



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with limited English proficiency. While we share the underlying goal of ensuring that all patients, including those with limited English proficiency, have access to health care, this requirement imposes a significant financial burden on physician practices especially smaller practices with more limited resources. We believe this burden could be substantially reduced by creating an automatic hardship exception for small practices. We would also encourage CMS to review whether there are other ways that the financial burden of this regulation could be reduced to all providers while, at the same time, protect access.

We appreciate the opportunity to provide views on this Request for Information. Please do not hesitate to contact us if you have any questions.

Sincerely,

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American College of Allergy,  
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