



November 26, 2018

The Honorable Paul Ryan
Speaker
United States House of Representatives
H-232 U.S. Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
United States Senate
S-230 U.S. Capitol
Washington, DC 20510

The Honorable Nancy Pelosi
Democratic Leader
United States House of Representatives
H-204 U.S. Capitol
Washington, DC 20515

The Honorable Charles Schumer
Democratic Leader
United States Senate
S-221 U.S. Capitol
Washington, DC 20510

Dear Speaker Ryan, Leader Pelosi, Leader McConnell and Leader Schumer:

Access to affordable health care was at the center of debate for Americans as they voted in the 2018 midterm elections. As both chambers consider lame duck legislation to close out the 115th Congress, the [member organizations of the Alliance of Community Health Plans \(ACHP\)](#) wish to highlight several priorities which will provide relief from the high cost of vital medications, ensure seniors in Medicare Advantage receive the highest quality care and protect and heal Americans struggling to recover from opioid addiction.

Members of ACHP are nonprofit, provider-aligned, regional health plans that cover and care for more than 21 million Americans in 32 states and the District of Columbia. For over 30 years, ACHP has led the way towards a patient-centered health care system built on value, quality, integration and efficiency. ACHP plans were key in developing the HEDIS measurements and the Medicare star ratings. Half of the 5-star contracts nationwide belong to ACHP member plans and 34 of our plan's MA offerings are 4-stars and above. Most importantly, ACHP's member organizations reinvest in their local communities.

Reducing the Cost of Prescription Drugs

ACHP urges Congress to pass the [CREATES Act](#) in the lame duck session. This bipartisan legislation would eliminate drug company tactics that delay market entry of generic competition, such as preventing access to samples necessary to demonstrate a generic product in development is equivalent to a branded drug. According to the Congressional Budget Office, the [CREATES Act](#) reduces direct spending by \$3.3 billion.

ACHP also urges Congress to hold firm on action it took in early 2018 to close the Medicare prescription drug donut hole. As part of the comprehensive budget deal, brand-name drug makers are required to provide larger discounts on their products to help close the donut hole more rapidly.

MAKING HEALTH CARE BETTER

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This provision provides meaningful financial relief to Medicare beneficiaries who shoulder significant costs for their prescription drugs. Congress must resist lobbying efforts by Big Pharma aimed at reversing the budget deal.

Strengthening the Medicare Advantage Program For Seniors

Congress created “Quality Incentive Payments (QIPs)” in Medicare Advantage to reward and incentivize private health insurers to provide the highest levels of care to America’s seniors. The law requires every dollar rewarded via a QIP to be returned to beneficiaries in the form of reduced premiums or expanded services. Unfortunately, interpretation of the “benchmark cap” provision prevents high-quality MA plans with 4+ Star ratings from receiving full QIPs in many parts of the United States including your states of California, Kentucky, New York and Wisconsin. As a result, ACHP estimates 11.3 million seniors missed out on reduced premiums or increased services this year alone. If corrected, ACHP member plans would be able to offer additional or enhanced benefits such as dental, hearing and vision services and even potentially \$0 premiums.

Bipartisan legislation has been introduced in both houses of Congress that would remedy the problem. [H.R. 908](#) is sponsored by Reps. Mike Kelly (R-PA) and Ron Kind (D-WI) and [S.3497](#) is championed by Senators Steve Daines (R-MT) and Angus King (I-ME).

Increasing Access to Mental and Behavioral Health Treatment Records

As integrated health plans, ACHP members are in a unique position to ensure each end of the delivery system is communicating with the other. When a primary care doctor communicates with addiction specialists, pharmacists and other clinicians, those afflicted by the opioid epidemic receive better care. Clinicians treating patients for any condition need access to their complete medical histories, including information related to substance abuse. Unfortunately, 42 CFR Part 2 requires this part of the record be kept secret from certain treating physicians, leading well-intentioned emergency room physicians or other clinicians to prescribe opioids to addicted or previously addicted patients. Passed by the House with overwhelming bipartisan support, the [Overdose Prevention and Patient Safety \(OPPS\) Act](#) would correct this problem by providing a narrow exception to facilitate care coordination via appropriate access to a patient’s electronic behavioral health records. We urge the Senate to pass this bill.

As we always have, ACHP and its members stand ready to work with you and members of both parties to develop policies that improve the health of communities across the nation. If you or your staff have any questions or would like to discuss these issues further, please do not hesitate to contact me at cconnolly@achp.org or 202-785-2247.

Sincerely,



Ceci Connolly
President & CEO

Cc: Honorable Members of the House Committee on Energy & Commerce
Honorable Members of the House Committee on Ways & Means
Honorable Members of the Senate Committee on Finance
Honorable Members of the Senate Committee on Health, Education, Labor & Pensions