



July 6, 2016

The Honorable Diane Black
1131 Longworth House Office Building
Washington, DC 20515

The Honorable Earl Blumenauer
1111 Longworth House Office Building
Washington, DC 20515

Dear Representatives Black and Blumenauer:

The [Gary and Mary West Health Institute](#) applauds the introduction of the *Access to Better Care Act of 2016*. This legislation will help to ensure that patients with chronic illness have access to high-value care services and medicines which lead to better outcomes and improved overall well-being.

Today, almost half of all Americans have at least one chronic condition and millions struggle to afford appropriate care due to the burden of cost. According to current studies, chronic conditions account for 86 cents of every dollar spent on healthcare, which is why better management of these chronic conditions and preventing the progression of these conditions is essential to better outcomes *and* a sustainable healthcare system.

Currently, chronically-ill populations face challenges when enrolled in high deductible plans. For example, a person living with diabetes enrolled in a high-deductible plan must pay out-of-pocket for medically necessary treatment such as blood pressure and cholesterol checks, certain medications, eye and foot exams, and glucose monitoring supplies until the deductible is reached and insurance coverage begins. Modifying a high deductible plan to lower the patient's out-of-pocket cost for clinically recommended diabetes treatment services has the potential to reduce health complications and overall spending. Maintaining the deductible structure for medical goods and services not affiliated with diabetes management will continue to motivate employees and their families to research and seek high-quality, necessary care

Specifically, when a health savings account (HSA) is paired with a high-deductible health plan (HDHP), these plans are generally prohibited from offering services and medications to manage chronic conditions on a pre-deductible basis. This problem is exacerbated by the fact that the HSA-HDHP marketplace is expanding rapidly. Studies show that the percentage of employees working for employers offering HSAs grew tenfold – from 2 percent in 2005 to nearly 22 percent in 2012; and, the use of HSAs themselves increased by 29 percent between 2013 and 2014 with nearly 14 million HSAs opened by the end of 2014. In 2014, the Gary and Mary West Health Policy Center provided a research grant to the University of Michigan Center for Value-Based Insurance design to better understand the likely impact of HDHP coverage for secondary prevention services. Specifically, the project aimed to:

1. Determine changes in utilization of, and spending on, targeted secondary prevention services that result from a reduction in consumer out-of-pocket spending for these services
2. Estimate the impact of increased utilization of the targeted services on aggregate spending and HDHP premiums
3. Approximate the uptake of the expanded HDHP plan in commercial markets



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The *Access to Better Care Act of 2016* addresses this problem by allowing HSA-HDHP paired plans to provide plan members access to healthcare services and medications that manage chronic conditions on a pre-deductible basis. Doing so will yield enormous benefits to consumers, employers, and payers alike, including better health, enhanced workplace productivity, and the avoidance of unnecessary emergency care visits and hospitalizations to the benefit of patients and our healthcare system overall.

The Gary and Mary West Health Institute is a 501(c)(3) medical research organization that focuses on enabling successful aging through advancing home- and community-based healthcare delivery, services and supports that preserve and protect seniors' dignity, quality of life and independence. Solely funded by [Gary and Mary West](#), the Institute collaborates with the [Gary and Mary West Foundation](#) and nonprofit, nonpartisan [Gary and Mary West Health Policy Center](#) in Washington D.C. on senior-centered healthcare policy and payment reform.

Once again, thank you for introducing this important legislation. We look forward to working with you.

Sincerely,

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