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Marc Boutin, JD

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National Health Council

January 29, 2020

The Honorable Seema Verma

Administrator

Centers for Medicare & Medicaid Services

7500 Security Blvd

Baltimore, MD 21244-8013

Re: CMS-9915-P | Transparency in Coverage

Dear Administrator Verma:

The National Health Council (NHC) appreciates the opportunity to comment on the Department of Health and Human Services' (HHS) Transparency in Coverage proposed rule.

Founded in 1920, the National Health Council (NHC) brings diverse organizations together to forge consensus and drive patient-centered health policy. The NHC provides a united voice for the more than 160 million people with chronic diseases and disabilities and their family caregivers. Made up of more than 140 national health-related organizations and businesses, the NHC's core membership includes the nation's leading patient advocacy organizations, which control its governance and policy-making process. Other members include health-related associations and nonprofit organizations including the provider, research, and family caregiver communities; and businesses representing biopharmaceutical, device, diagnostic, generic, and payer organizations.

The NHC has long advocated for increased access to out-of-pocket cost information for patients beginning at the plan selection process. As costs continue to rise for patients with chronic conditions, and payers enter the market with a variety of plans, we believe that greater transparency of both the cost of care and available options to patients is more imperative now than ever. Providing patients with clear options for comprehensive, appropriate coverage and care is imperative to the

promotion of high-value care, as outlined in our [domains and values](#) on reducing costs for patients.

As we stated in our response¹ to earlier proposed rulemaking, within the context of the Administration's efforts to promote transparency in the health care system, the most pressing need for people with chronic conditions is information about the cost-sharing requirements for specific products and services. Thus, the NHC commends the Administration on the recent proposed rule to require group and individual market plan sponsors to disclose cost-sharing liability information directly to enrollees. This proposal will help patients be more informed health care consumers. This proposed rule also requires plans to release negotiated rates and historical out-of-network rates. In our previous response, we also noted that public disclosure of negotiated rates could have unintended consequences that may in fact increase – not decrease – the cost of care. Such impacts must be closely monitored and addressed.

The NHC also notes that previous CMS transparency initiatives² have limited disclosures to subsets of items and services to limit administrative burden and decrease consumer confusion. We think that such an approach may make sense for the launch of this proposal, with the goal of regularly updating and expanding the numbers and types of services that are searchable. In order to ensure that the information provided to patients is the most pertinent to - and useful for - them, we recommend that CMS issue sub-regulatory guidance that prioritizes beginning the process of building cost calculators with the most used and “shoppable” services and equipment. This prioritization should include patient input into which services and equipment are most critical to include in the initial cost calculators.

We recognize that increasing transparency in our complicated health care system -- in a manner that is easy for patients to navigate -- is challenging. The NHC is committed to working with policymakers in the Administration and Congress to create policies that will better inform patients of the costs associated with the services they need. In doing so, this can provide patients with a full view of the financial implications they may face across a range of health care options. Consistency in transparency across payers is a critical aspect of this proposed rule, and we believe it is imperative for the rule's success. We ask the Administration to incorporate input from and engage with stakeholders, especially people with chronic conditions and their families/caregivers, to ensure that this rule leads to a comprehensive, accessible and sought-out resource for

¹ National Health Council [Comments](#) in response to CMS-1717-P - “Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges”

² DEPARTMENT OF HEALTH AND HUMAN SERVICES 45 CFR Part 180 [CMS-1717-F2] RIN: 0938-AU22 Medicare and Medicaid Programs: CY 2020 Hospital Outpatient PPS Policy Changes and Payment Rates and Ambulatory Surgical Center Payment System Policy Changes and Payment Rates. Price Transparency Requirements for Hospitals to Make Standard Charges Public

beneficiaries. For example, working with patient advocates to co-develop templates for disclosures of consumer testing.

If you or your staff would like to discuss parameters of this proposed rule further, please contact Eric Gascho, our Vice President of Policy and Government Affairs, at (202) 973-0545 or egascho@nhcouncil.org. Thank you for the opportunity to provide feedback on this proposed rule.

Sincerely,

A handwritten signature in black ink, appearing to read "MBoutin", with a long, sweeping horizontal line extending to the right.

Marc Boutin, J.D.

Chief Executive Officer