



Partnership to Protect Coverage (PPC) 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. This is particularly important for populations that have been marginalized or underserved based on their race, ethnicity, geography, gender identity, sexual orientation, disability status, country of origin, and socioeconomic status.

In addition, any reform measure must support a health care system that addresses persisting inequities, provides affordable, accessible and adequate health care coverage to all, 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 have equitable access to 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 people with low incomes 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 socioeconomic status, 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 in a culturally competent manner prior to purchasing the plan.

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