

Congress of the United States
Washington, DC 20515

May 13, 2014

Honorable Marilyn Tavenner
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9943-IFC
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Patient Protection and Affordable Care Act; Third Party Payment of Qualified Health Plan Premiums; CMS-9943-IFC

Dear Administrator Tavenner:

We write to express concerns over Obamacare and the negative impact it has inflicted on some of the most vulnerable patients in Louisiana. As with many Obamacare policies the interim rule has created uncertainty for patients who rely on private sector, non-profit charities to help afford their health care.

The interim rule states, “our new standard does not prevent qualified health plans (QHPs) and stand-alone dental plans (SADPs) from having contractual prohibitions on accepting payments and cost sharing from third party payers other than those specified in this interim final regulation.” This statement seems to contradict the previous policy and is being interpreted by Obamacare plans as allowing them to implement policies prohibiting acceptance of third party private charity payments. This policy directly contradicts the treatment of financial assistance in Medicare, and is exacerbating affordability challenges for enrollees with expensive and chronic conditions, especially in our state of Louisiana.

We request that the same standard for third party non-profit, charitable organizations used in Medicare also be applied to Obamacare. This will require immediate and explicit clarification of the interim rule and the earlier comments posted on the U.S. Department of Health and Human Services (HHS) website from a November 4th, 2013, Question and Answer document regarding third party payers who make premium payments to health insurers for qualified plans on behalf of enrollees. The requested clarification should simply extend the existing OIG opinion for Medicare to patient assistance programs that help patients in Obamacare, thereby eliminating this ongoing confusion among patients and payers.

Experience with the rollout of Obamacare is just one example showing how the government-centered approach in health care does not work. As a nation we should encourage private charities and non-profits to be part of the health care solution as opposed to simply relying on more government intervention. Here is a specific case where more government regulation

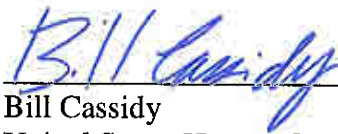
directly stemming from Obamacare caused disruption where charities were filling a key role to fill a void.

This ongoing issue has already had dire consequences for the lives of patients in Louisiana who are being denied the ability to utilize financial assistance from non-profit third party payers, in direct contradiction to the treatment of charitable organizations under Medicare. We urge you to amend the final rule to protect patients and eliminate the confusion caused by the consistent mixed messages in the implementation of Obamacare.

Sincerely,



David Vitter
United States Senate



Bill Cassidy
United States House of Representatives