



CONTINUOUS COVERAGE PROTECTION



THE GOALS:

- ✓ Preserve important patient protections
- ✓ Improve Health Insurance Markets by Encouraging Patients to Get and Keep Health Care Coverage

Our plan proposes a new patient protection for patients who maintain continuous coverage. Similar continuous coverage protections have already existed for the vast majority of Americans who get their insurance through their employer. In our plan, this protection would apply to patients in the individual and small group market as well. Extending these protections to the individual and small group market is a simple but important reform that will encourage patients to enroll in coverage and stay enrolled.

Some may suggest continuous coverage would lead to higher premiums based off health status and pre-existing conditions. ***This is false.*** Our plan would guarantee access to coverage, prohibit pre-existing condition exclusions, and ban premium rating based solely off of health status, as well as other important patient protections.

Here is how it works: This new safeguard applies to everyone who remains enrolled in a health insurance plan, whether the individual is switching from employer-based health care to the individual market, or within the individual market.

The employer market already has a definition of continuous coverage and allows for gaps in coverage for up to 63 days. Right now, plans share information to certify and disclose if an applicant has maintained continuous coverage. We would bring this same standard to the individual market.

Medicare Parts B and D have similar basic continuous coverage frameworks. To prevent individuals from gaming the system and lower premiums for everyone, our plan allows for a flat surcharge on top of patients' base premium until they reach continuous coverage status. Our plan would protect patients living paycheck-to-paycheck, giving them a hardship exemption if they are unable to pay one-month's premium. As long as patients catch up on their payments, they would not lose this important continuous coverage safeguard.

We envision one open door, open enrollment so patients without continuous coverage status are not treated unfairly for something that has previously not been law. To attract younger enrollees, individuals coming off dependent coverage are allowed a one-year grace period since it would be their first year as an active purchaser. And if an individual experiences a qualifying life event, he or she would not be charged more than standard rates – even if they are dealing with a serious medical issue.

We all want a market that works. We all want patients to have access to high-quality, affordably-priced health coverage. To achieve this shared goal, patients need a well-functioning and stable marketplace that encourages and incentivizes patients to get covered and stay covered. When patients wait until they are sick to seek coverage, it disrupts the entire marketplace – it is unfair to everyone else. Continuous coverage protections incentivize patients to get – *and keep* – health care coverage.

Protections for Pre-Existing Conditions

- + Guarantee access to coverage
- + Prohibit benefit exclusions
- + Ban premium rating based off of health status

The Bottom Line:



Continuous Coverage Protections will protect those with pre-existing conditions and encourage patients to enroll in coverage and stay enrolled.