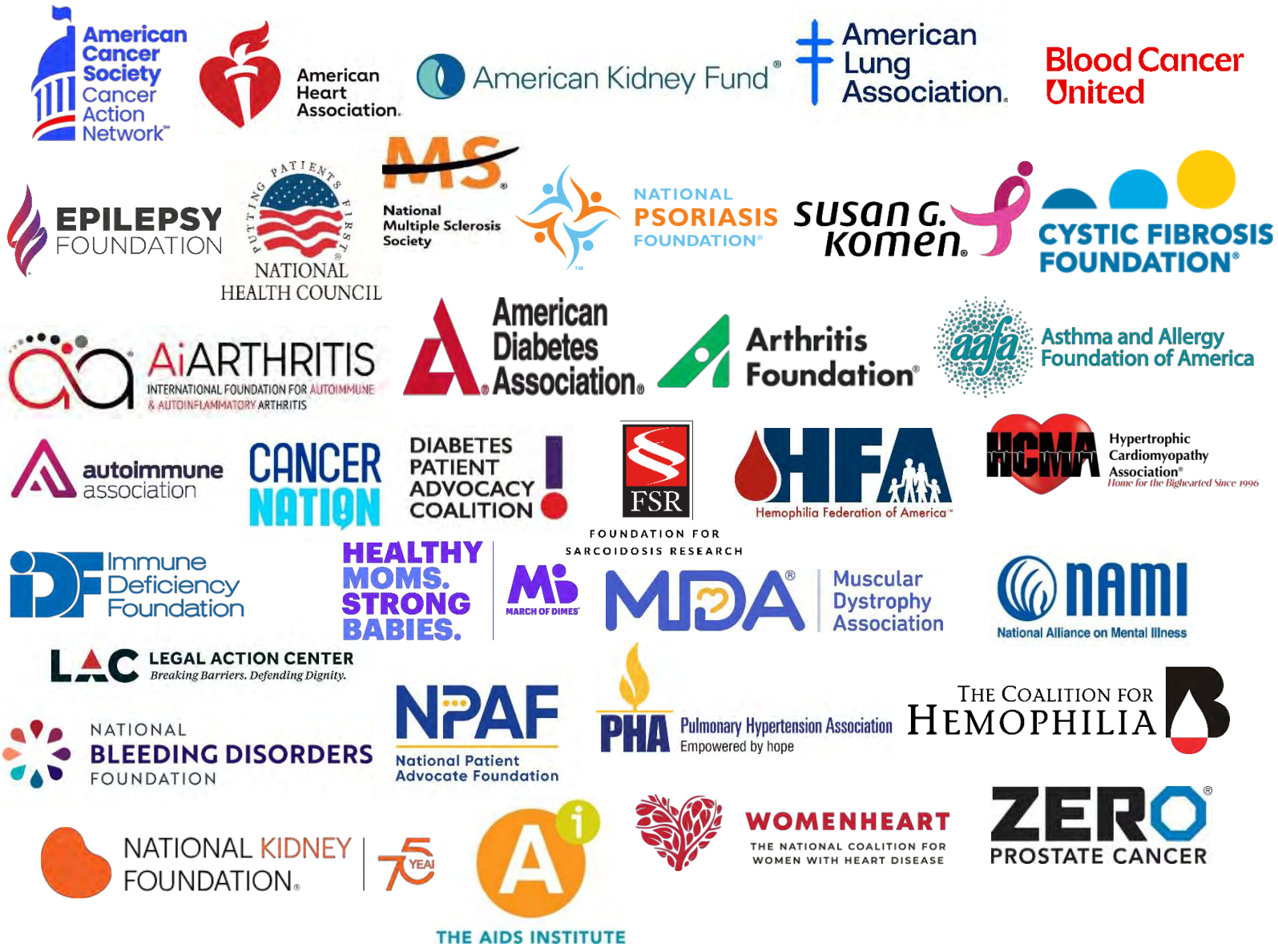

Statement for the Record
Undersigned Members of the Partnership to Protect Coverage Coalition
United States Committee on Ways and Means
Full Committee Hearing with Health Insurance CEOs
Thursday, January 22, 2026

Dear Chairs Smith and Buchanan, Ranking Members Neal and Doggett, and Members of the Committee,

On behalf of 34 nonpartisan, nonprofit organizations representing millions of patients living with serious and chronic health conditions, we appreciate the opportunity to submit this statement for the record for your full Committee hearing with health insurance CEOs. Together, our organizations offer unique and important perspectives on what individuals and families need to prevent disease, cure illness, and manage their health. The diversity of our organizations and the populations we serve enable us to draw upon extensive knowledge and expertise that can be an invaluable resource as Congress considers policies that would reform our healthcare system.

In March of 2017, our organizations came together to form the Partnership to Protect Coverage (PPC). Together, we agreed upon three overarching principles to guide any work to reform and improve the

nation's healthcare system. These principles state that: (1) healthcare should be accessible, meaning that coverage should be easy to understand and not pose a barrier to care; (2) healthcare should be affordable, enabling patients to access the treatments they need to live healthy and productive lives; and (3) healthcare must be adequate, meaning healthcare coverage should cover treatments patients need.

Access to high-quality, affordable health insurance is essential to maintaining and improving the health of everyone living in the United States. Our organizations stress that any changes to existing law must not jeopardize the healthcare coverage that Americans currently have through employers, the private market, Medicare, or Medicaid. Further, patients and consumers should be able to keep their existing high-quality coverage, and any policy should not undermine quality or affordability.

As the Subcommittee considers the cost of health insurance, it is essential to ground this discussion in the lived experience of patients and families.

Before the ACA, discrimination was the norm—not the exception.
Prior to the ACA's passage, people with serious and chronic conditions routinely faced denial of coverage, exclusions of needed benefits, annual and lifetime limits, and unaffordable premiums based solely on their health status. Women were regularly charged more than men for the same coverage, and maternity care was often excluded entirely. Patients who had done everything "right"—maintained continuous coverage, worked full time, or purchased insurance on their own—could still find themselves locked out of coverage when they became sick.

The ACA fundamentally reshaped the American health care system.
The Affordable Care Act was revolutionary in its scope and intent. By prohibiting discrimination based on preexisting conditions, ending gender rating, establishing essential health benefits, eliminating lifetime and annual limits, and creating financial assistance to make coverage affordable, the ACA transformed health insurance into something that works for people who actually need healthcare, which, we should not forget, is ultimately everyone.

For patients with serious and chronic conditions, these protections are not abstract policy concepts. They are the foundation that allows people to seek care earlier, adhere to treatment, manage ongoing illness, and remain active in their families, workplaces, and communities. The ACA's coverage expansions have improved access to care, reduced medical debt, and provided stability for millions of Americans who would otherwise be uninsured or underinsured.

Affordability gains have been real—and fragile.
The enhanced advance premium tax credits (APTCs) represent one of the most significant affordability improvements since the ACA's enactment. These enhancements lowered premiums, expanded eligibility for middle-income families, and helped ensure that coverage costs better reflect what households can realistically afford, particularly for those facing high ongoing medical needs. However, those enhanced tax credits expired at the end of December 2025, after Congress failed to act in a timely manner. As a result, millions of Americans who recently completed open enrollment are now facing higher premiums, massive deductibles, and out-of-pocket costs, or becoming under or uninsured. For patients managing cancer, autoimmune diseases, neurological conditions, and other serious illnesses, these increases are not theoretical: they force real tradeoffs between maintaining coverage, affording care, and meeting basic household needs.

The ACA's challenges did not arise in a vacuum.
While the ACA is not without flaws, it is important to acknowledge that many of the law's cost-containment mechanisms were weakened or repealed by Congress or disrupted through administrative action. Provisions designed to stabilize markets, encourage participation, and moderate long-term costs, including cost sharing reductions and the individual mandate requirements, were eliminated or undercut through legislative or regulatory action. Continued efforts to destabilize the marketplaces and "poke holes" in the law have contributed to challenges that are now cited as evidence of its failure.

Further undermining the ACA will not make coverage more affordable. Policies such as expanding substandard and non-compliant insurance plans that lack meaningful benefits, ending silver loading without a consumer-protective alternative, or promoting health savings accounts as a substitute for comprehensive coverage may shift costs on paper, but they do so by exposing patients to greater financial risk, skimpier benefits, and higher out-of-pocket spending when care is needed most.

For people with serious and chronic conditions, these approaches do not reduce costs; they simply move them—often to the moment of diagnosis or crisis, when patients are least able to absorb them.

There is a better path forward.
Our organizations stand ready to work with Congress to strengthen and improve the Affordable Care Act. Protecting patients and reducing costs are not mutually exclusive goals. Policies that stabilize coverage, invest in affordability, promote competition based on value—not risk selection—and address the underlying drivers of healthcare costs can deliver meaningful savings for consumers, the federal government, and our healthcare system as a whole.

A serious discussion about the cost of health insurance should begin with preserving what works, fixing what does not, and centering the needs of patients who rely on the system every day. The ACA remains the most significant and successful health reform in modern American history for people who need healthcare—which is, again, ultimately, all of us.

We urge the Subcommittee to reject efforts to undermine the ACA and instead commit to bipartisan solutions that protect patients, strengthen coverage, and make health insurance more affordable for American families.

Thank you for the opportunity to submit this statement for the record.

AiArthritis
American Cancer Society Cancer Action Network
American Diabetes Association
American Heart Association
American Kidney Fund
American Lung Association
Arthritis Foundation
Asthma and Allergy Foundation of America
Autoimmune Association
Blood Cancer United (formerly The Leukemia & Lymphoma Society)
Cancer Nation
Cystic Fibrosis Foundation
Diabetes Patient Advocacy Coalition

Epilepsy Foundation of America
Foundation for Sarcoidosis Research
Hemophilia Federation of America
Hypertrophic Cardiomyopathy Association
Immune Deficiency Foundation
Legal Action Center
March of Dimes
Muscular Dystrophy Association
National Alliance on Mental Illness
National Bleeding Disorders Foundation
National Health Council
National Kidney Foundation
National Multiple Sclerosis Society
National Patient Advocate Foundation
National Psoriasis Foundation
Pulmonary Hypertension Association
Susan G. Komen
The AIDS Institute
The Coalition for Hemophilia B
WomenHeart: The National Coalition for Women with Heart Disease
ZERO Prostate Cancer