



**National
Multiple Sclerosis
Society**

The Honorable Steven Johnson
Chair, Kansas House Committee on Insurance and Pensions
Re: SB 199 Opponent

Chair Johnson and Committee Members:

Thank you for this opportunity to comment on SB 199 regarding Short Term Limited Duration Health Plans (STLDPs). The National Multiple Sclerosis Society (the Society) opposes this proposed legislation and instead urges the committee to focus its efforts on protecting people living with chronic illnesses or disabilities to ensure their continued access to more affordable, adequate, and understandable health care coverage.

Like all organizations representing the interests of people with special health needs, we have a unique perspective on what individuals and families need to manage their conditions and live their best lives. Multiple sclerosis (MS) is an unpredictable, often disabling disease of the central nervous system that disrupts the flow of information within the brain, and between the brain and body. Symptoms vary from person to person and range from numbness and tingling to walking difficulties, fatigue, dizziness, pain, depression, blindness and paralysis. The progress, severity, and specific symptoms of MS in any one person cannot yet be predicted. It is the most common disabling neurological disorder for young adults, with nearly 1 million Americans living with MS. Most people with MS are diagnosed between the ages of 20 and 50, with at least two to three times more women than men being diagnosed with the disease.

We are deeply concerned about the impact SB 199 will have on individuals living with MS and their families. While STLDPs can offer less costly coverage, they frequently do not adhere to important standards, including coverage for pre-existing conditions, financial protections, and coverage for commonly used health benefits. We are extremely concerned that the proposal will leave Kansas families in the lurch with insufficient coverage, unpaid medical bills, and lifelong health implications.

Short-term plans do not provide critical patient protections such as caps on annual out-of-pocket costs for enrollees and can institute lifetime limits on coverage. Between regular visits to various specialists, MRIs, prescription drugs, rehab or other needs, a person living with MS could quickly hit their limit and be left without meaningful coverage.

An important consumer protection that does not apply to short-term plans is the adequacy of provider networks, based on standards for the time it takes enrollees to travel to needed providers and their distance from home or workplace. Network inadequacy is a particular concern for people living with MS and others with specialized and complex healthcare needs. People living with MS may require care from neurology, rehabilitation, radiology, mental health and other specialists, as well as treatments, services and products from pharmacies, durable medical equipment providers, home care agencies and more to live their best lives.

Short-term plans put consumers at risk of incurring huge amounts of medical debt. Most people with MS are diagnosed between the ages of 20 and 50. There are little to no predictors for MS, meaning young individuals who are seemingly healthy could agree to STLPs and quickly develop MS. Should an individual with a short-term plan be diagnosed with MS, not only will the policy not offer much coverage of critical health care, but it is also

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possible for coverage to be retroactively canceled. This can leave consumers responsible for all costs of treating the disease and any care they received leading up to the diagnosis.

If a person is diagnosed with MS while on a short-term plan and their policy is either canceled or not renewed, that individual would be unable to sign up for quality, affordable coverage unless their loss of coverage happens to fall during an open enrollment period. Short-term plans are not included as “minimum essential coverage” under the ACA, therefore when one ends or is cancelled, it does not trigger a special enrollment period.

Expanding access to these policies will likely cause premiums in the individual insurance marketplace to increase dramatically, as younger and healthier individuals choose to enroll in cheaper short-term plans. Allowing short-term plans to proliferate would force individuals, including those with serious or chronic diseases and disabilities, into a smaller, sicker market to obtain the coverage they need to manage their health. Premiums for comprehensive plans that meet federal standards would likely skyrocket, and health insurance providers would likely exit the market. This will make insurance either unavailable or unaffordable for those who rely on the marketplace to get coverage.

To summarize, given the history of STLDPs, we are deeply concerned that SB 199 could seriously undermine the key principles of access, adequacy, and affordability that are the underpinnings of current law and will potentially put people living with MS at risk. Thank you for this opportunity to submit comments on this bill. If you have any questions or would like to discuss these comments further, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisbet Finseth". The signature is fluid and cursive, with a long horizontal stroke at the end.

Lisbet Finseth
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