

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

ASSOCIATION FOR COMMUNITY
AFFILIATED PLANS, et al.,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF
TREASURY, et al.,

Defendants.

Civil Action No. 18-cv-2133

DECLARATION OF HARRY A. BRANDT, MD

I, Harry A. Brandt, MD, declare and state as follows:

1. I am a board-certified psychiatrist practicing in Maryland and specializing in the treatment of eating disorders. I received my medical degree from the University of Maryland School of Medicine in 1983. I am the Co-Director of The Center for Eating Disorders at Sheppard Pratt, Chief of Psychiatry at University of Maryland-St. Joseph Medical Center, and a Distinguished Fellow of the American Psychiatric Association (APA), where I have been an elected member of the Assembly, President of the Maryland District Branch and a member for 33 years.

2. Eating disorders are serious illnesses which are usually accompanied by other serious mental and physical illnesses. Patients with eating disorders have a very high death rate from starvation or medical comorbidities, and the highest suicide rates of all psychiatric

illnesses. Treatment is often long term and it is not unusual to have patients in treatment for ten years or more with periodic exacerbations and remissions. Regular appointments are critical to my patients' success.

3. I participate in insurance plans and in insurance plans sold in the Affordable Care Act (ACA) marketplace. Many of my patients have individual insurance policies and have been able to acquire them because of the Affordable Care Act's prohibition of discrimination against persons with preexisting conditions and requirement that mental health be covered and covered in parity with all other medical care.

4. The rates I charge are comparable to the rates of other psychiatrists in my area. After passage of the ACA, there was a significant increase in the number of patients who were able to receive life changing treatment because they were able to finally obtain health insurance coverage. Prior to the ACA, many of these patients fell into a "grey zone" where their income level was too high for federal and state assistance, but too low to afford the level of insurance needed to treat their illnesses. While my patients may be able to afford cheaper short-term limited duration plans, these plans will not cover my services.

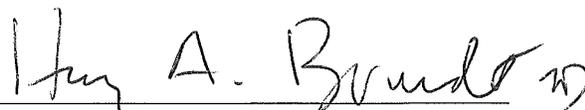
5. The number of persons receiving quality treatment for eating disorders will decline if ACA marketplace plans are no longer available at a reasonable cost.

6. If healthier individuals leave the exchange markets in favor of short-term plans, the cost of insurance under the ACA will render it unattainable for many of my patients. If these patients purchase short-term limited duration plans that exclude pre-existing conditions and/or charge significantly higher rates for those patients, they will not be able to find a psychiatrist to whom they can transition their care. Many will be unable to afford care again, and the reality for them is that they will be back in the "grey zone" where insurance is not attainable for them. In

that case, ethics rules require that I continue providing essential health care for patients who cannot afford to pay without charge, which is not economically feasible for a sustained period, and the patients will only be able to obtain emergency care in an emergency room. They will not have access to the consistent care needed for their recovery. Given the seriousness of their illness, continued coverage under the ACA may be a life or death situation for these patients.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed on September 28th, 2018 at Towson, MD



Harry A. Brandt, MD