Non-Exclusion of Preexisting Conditions

National Academies of Sciences, Engineering, and Medicine

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Interlocking ACA Reforms

Insurers **cannot**:

- Consider someone's personal or family medical history or health status in rates, benefits, or coverage determinations

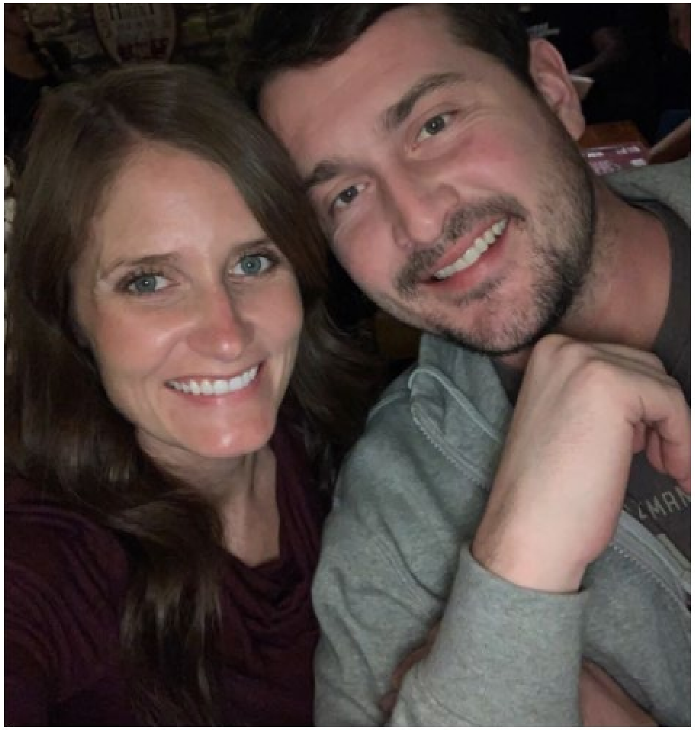
Insurers **must**:

- Cover a comprehensive set of benefits (such as prescription drugs)
- Cap annual out-of-pocket costs for patients
- Cover preventive services such as cancer screening without cost-sharing
- Cover young adults up to age 26 on a parent's plan

Each reform is needed to expand access and promote affordability for cancer patients and survivors

Without ACA Reforms

- Plans can leave enrollees with denied coverage, benefit gaps, and high out-of-pocket costs
- Raises premiums for ACA coverage, especially middle-income families with health conditions



When Sam Bloechl was diagnosed with stage 4 non-Hodgkin's lymphoma, he and his wife, Megan Bloechl, learned his insurance plan wouldn't pay for treatment. Instead of a comprehensive plan that complied with the ACA, he had purchased a bundle of four short-term plans with three-month terms that provided only limited benefits and didn't cover preexisting conditions. (MEGAN BLOECHL)

Source: https://khn.org/news/junk-insurance-plans-health-consumers-beware/

Key Issues to Address for Cancer Patients and Survivors

- **Affordability.** Premiums remain too high for both lower- and middle-income consumers, and deductibles are rising for all plans meaning higher out-of-pocket costs.
- **Benefit Design.** Concerns remain about discriminatory benefit design, such as the design of prescription drug formularies, and coverage of care for participating in clinical trials.
- **Access to Providers.** Not all networks may include certain cancer centers or specialists needed to treat all types of cancer, with network adequacy varying by insurer and state.

Thank you!

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More resources available at: healthaffairs.org/blog