

# Does the Senate Bill Really Protect People with Pre-existing Conditions?

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As many as 1 in 2 people in this country have at least one pre-existing health condition. Prior to the Affordable Care Act (ACA), these individuals were routinely discriminated against by insurers. Today, several policies ensure that everyone with chronic or life-threatening conditions can afford the coverage and care they need, far beyond the simple requirement that insurers cover everyone regardless of their health status. Yet every Republican proposal to date, including the House Repeal Bill (the American Health Care Act), would gut key protections of importance to people with serious health conditions.

This checklist provides a guide to whether new legislation truly maintains the ACA's protections for people with pre-existing conditions.

## Does the Senate Bill...

	HOUSE BILL	SENATE BILL
<p><b>Forbid insurers from charging higher premiums or limiting benefits to anyone with pre-existing conditions?</b></p> <p>If the bill does not expressly forbid insurers from altering premiums or denying coverage for specific treatments based on people's health status, medical history, or whether they previously were uninsured, it does not protect people with pre-existing conditions.</p>	NO	?
<p><b>Preserve Medicaid funding and support Medicaid expansion?</b></p> <p>Medicaid covers tens of millions of people with pre-existing conditions. If the bill caps Medicaid funding—per capita caps or block grants—it hurts people with pre-existing conditions. If the bill winds down Medicaid expansion, people with pre-existing conditions will lose their only source of insurance, regardless of phase out time frame. Medicaid caps would weaken benefits and consumer protections for everyone on the program, making it harder for people with pre-existing conditions to afford coverage.</p>	NO	?
<p><b>Maintain current provisions that protect older adults from being charged more for coverage?</b></p> <p>As many as 84 percent of adults between the ages of 55 and 64 have at least one pre-existing condition. The ACA currently allows seniors to only be charged three times more for coverage than younger people. If the bill increases this limit, it means seniors will be charged more, hurting those with pre-existing conditions.</p>	NO	?

	HOUSE BILL	SENATE BILL
<p><b>Retain Essential Health Benefits?</b></p> <p>If the bill eliminates or weakens Essential Health Benefits, insurers could stop covering essential services, making care for people with pre-existing conditions like mental health and substance use issues much more expensive. They could even stop covering maternity care, essentially making pregnancy a pre-existing condition.</p>	NO	?
<p><b>Maintain the ban on annual and lifetime limits?</b></p> <p>Before the ACA, annual limits were used by insurers to strip coverage from the sick and severely limit coverage for essential types of care, like maternity benefits and mental health benefits. If the bill restores the ability of insurers to impose these limits once again, people with pre-existing conditions that require extensive treatment will be at risk.</p>	NO	?
<p><b>Preserve limits on families' out-of-pocket costs?</b></p> <p>Without robust coverage, the cost of care related to many chronic conditions and life-threatening illnesses can be a huge financial strain for many working families. The ACA caps the amount people will have to spend out-of-pocket in a year and assists with out-of-pocket costs for lower-income families. If the bill lifts those caps or cuts financial assistance, it will drive up costs for families and harm those with pre-existing conditions the most.</p>	NO	?
<p><b>Avoid expensive High-Risk Pools for people with pre-existing conditions?</b></p> <p>Traditional high risk pools or limited state funding pools to “help” people with pre-existing conditions are no substitute for current protections for people with pre-existing conditions. High risk pools were tried before the ACA and they were more expensive, and covered only a tiny fraction of people with health conditions. Providing limited funding to states can’t make up for the drastic increase in costs millions of people with pre-existing conditions will face without lifelong nondiscrimination protections.</p>	NO	?

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