Cancer Legal Resource Center
A DRLC PROGRAM

DIRECT LINE: 866-THE-CLRC (866-843-2572)
ONLINE INTAKE FORM : www.CLRCintake.org
EMAIL: CLRC@DRLCenter.org
Fax : 213-736-1428
Video Relay Phone : 213-908-1079
www.CancerLegalResourceCenter.org

How Does Healthcare Reform Affect Me?

There has been a lot of talk and a great deal of debate about the effects of healthcare reform. Unfortunately, there has also been a lot of misinformation about the law. It is important to understand what protections are in place, how the provisions of the reform will affect you, and how the law can help you be proactive with your health.

Congress passed the Patient Protection and Affordable Care Act (ACA) on March 23, 2010. The ACA has many important consumer protections. Many of these protections have already gone into effect and others are still coming. Although the law created many positive consumer protections, there are still some gaps in the system. Below is a summary of the most important consumer reforms, the gaps still left in the system, and some tips to navigate these gaps.

What are some of the overall consumer benefits of the ACA?

Many Preventive Services are Covered Free of Cost to Patients:

The ACA mandates that many health insurers cover many preventive services and routine vaccinations free of cost to the patient. This means that the patient will not have to pay copays, deductibles, or any other form of cost sharing for the service. Included are cancer screenings, vaccinations, and counseling.

> Gaps: The law only applies to preventive services, not diagnostic services. Therefore, not all screenings will fall under the list. For example, if a person is in remission for colon cancer and gets a colonoscopy, it may not be covered because it may be coded as diagnostic rather than preventive. Some preventive services on the list have age limits, such as mammograms for women over 40. Health insurance plans begun prior to March 2010 ("grandfathered plans") are exempt from this provision. Therefore, many group health plans can still charge these services because the entire plan was started by the employer prior to 2010 – even if an employee started on the health plan later. Insurance plans are required to notify plan members to let them know whether their policies are grandfathered or not.
>
> Recourse: Even if a service does not fall under this list, it does not mean that the insurance company does not have to cover for the procedure. It just means that a copay or deductible may apply. If a health insurer refuses to pay, an individual can appeal the decision.

Health Insurance Companies Can No Longer Rescind an Insurance Policy:

Cancer Legal Resource Center
A DRLC PROGRAM

DIRECT LINE: 866-THE-CLRC (866-843-2572)
ONLINE INTAKE FORM : www.CLRCintake.org
EMAIL: CLRC@DRLCenter.org
Fax : 213-736-1428
Video Relay Phone : 213-908-1079
www.CancerLegalResourceCenter.org

Prior to the ACA, health insurance companies would sometimes retroactively cancel insurance policies based on mistakes made on the original application. Now, health insurance companies can only rescind a policy if they discover fraud or intentional misrepresentation on an application or if an individual fails to pay premiums. For example, if an insurance company asks whether a person has ever had cancer and a cancer survivor lies and says that they have not, this could be grounds for rescission.

Lifetime Limits are Not Allowed and Annual Limits are Restricted:

Health insurers prior to the ACA would impose annual and lifetime limits on their plans. This meant that once an individual reached these limits – a common occurrence for somebody with advanced or relapsing cancer– they effectively became uninsured.

Post ACA, there can no longer be lifetime limits on a plan and annual limits in plans for essential health benefits. As plans are renewed in 2014, any annual limits previous imposed will be d phased out. By the end of 2014, there should be no plans with lifetime or annual limits for covered benefits.

> Gap: Some plans may have applied for a waiver on the annual limit rules. Those plans that were granted a waiver allowed them to have lower annual limits than the $2 million cap. Such waivers are no longer given.
>
> Recourse: If your plan has a waiver and you reach an annual limit, you can purchase insurance through your state health insurance marketplace.

Consumers Have Greater Insurance Appeals Rights at the Federal Level:

If your insurance company denies coverage for a procedure, you can appeal that decision. The ACA gives stronger appeal rights to consumers. For example, your plan is required to notify you of the reason for denial and your right to file both an internal and external appeal. The law sets specific deadlines for insurance company decisions. The law also gives individuals the right to an external review, sometimes called an independent medical review. An external review is an examination conducted by an impartial expert, or group of experts, who has no relation your health insurer. The decision of this impartial group is binding on the insurance company.

> Gaps: These rules only apply to plans that began on or after March 23, 2010. Therefore, any group plans that were established, or any individual plans that were purchased, before this date do not have to comply with the new appeal rules.

DIRECT LINE: 866-THE-CLRC (866-843-2572)
ONLINE INTAKE FORM : www.CLRCintake.org
EMAIL: CLRC@DRLCenter.org
Fax : 213-736-1428
Video Relay Phone : 213-908-1079
www.CancerLegalResourceCenter.org

Recourse: Check with your state's insurance department to see if you have appeal rights through your state law that would apply to your health insurance company.

Medicaid Will Be Expanded to Include All Low-Income Adults:

Previously to qualify for Medicaid an individual had to meet income and asset requirements, but also had to fit into a program category – such as having breast or cervical cancer, being aged, blind, or disabled, or having young children. This left gaps in the system. For example, if an individual received Medicaid due to having leukemia, she could have lost the benefit when she entered remission and no longer had a disability, even though her income remained the same. Thus, she might make too little to afford insurance, but still be ineligible for Medicaid. Under the ACA, all adults under certain income limits will theoretically be eligible without meeting any program category.

Gaps: The Supreme Court ruled that states can decide whether or not to expand Medicaid to all low-income adults. Individuals in those states that do not opt in to Medicaid expansion will have to continue to meet a program category requirement or will not be eligible for Medicaid

Recourse: Groups in many states that are not expanding Medicaid are trying to lobby their governors and legislatures to expand the Medicaid program. Speak to local advocates in your area to share your story and participate in the call for Medicaid expansion.

How does the ACA benefit women?

Health Insurers Will No Longer Be Able to Charge Women More Than Men:

Prior to the ACA, women were charged more for health insurance than men – even when maternity benefits are taken out of the equation. Now, health insurance companies are only able to consider four things when setting premium rates: age, geographic location, number of people insured, tobacco use.

Additional Free Preventive Services Specific For Women:

Additional free preventive services were established for women starting in August 2012. These include well-woman visits, human papillomavirus testing, counseling for sexually transmitted infections, breast feeding support and services, and screening and counseling for domestic violence. The same gaps in the system apply to these services as the general preventive services listed above.

Cancer Legal Resource Center
A DRLC PROGRAM

DIRECT LINE: 866-THE-CLRC (866-843-2572)
ONLINE INTAKE FORM : www.CLRCintake.org
EMAIL: CLRC@DRLCenter.org
Fax : 213-736-1428
Video Relay Phone : 213-908-1079
www.CancerLegalResourceCenter.org

How does the ACA benefit Older Adults?

Health Insurers Will Have Limits on How Much They Can Charge Based on Age:

Prreviously, older people paid far more for health insurance than younger people. Now, health insurance companies will only be able to charge the oldest enrollees up to three times more than the youngest enrollees. (The ACA also made a number of changes to Medicare to lower costs and add services.)

What are some of the ACA benefits for Young Adults?

Young Adults Can Access Health Insurance Up To Age 26:

Now children can stay on their parents' health insurance plan up to age 26. It does not matter if the young adult is in school, a dependent of his or her parents for IRS purposes, married, or has children. However, the adult child's spouse and any children cannot get health insurance through the parent.

Provisions Important for Individuals with Cancer (or other pre-existing conditions)

No More Pre-existing Condition Insurance Denials Beginning in 2014:

Health insurance companies are no longer be able to look at a person's medical status when determining whether to insure a person and how much to charge. Individuals with pre-existing conditions will be able to access health insurance on the individual market.

Coverage for Individuals Participating in Clinical Trials

As of 2014, insurance plans cannot prohibit participation of qualified patients in trials nor can they discriminate against an individual because they are enrolled in a trial. Plans are also required to cover any routine costs that would be part of standard treatment for patients regardless of participation in a clinical trial. This can include lab tests, blood work and doctor visits but do not include any procedures or research used solely for the research portion of the clinical trial.

Gaps: This provision does not apply to plans that were in existence on March 23, 2010 ("grandfathered" plans) so long as they have bnot been substantially changed.

Recourse: If you have a grandfathered plan and are unsatisfied with its coverage of clinical trial treatments, you can enroll in new coverage through the Marketplace in your state.

Cancer Legal Resource Center
A DRLC PROGRAM

DIRECT LINE: 866-THE-CLRC (866-843-2572)
ONLINE INTAKE FORM : www.CLRCintake.org
EMAIL: CLRC@DRLCenter.org
Fax : 213-736-1428
Video Relay Phone : 213-908-1079
www.CancerLegalResourceCenter.org

What Should I Keep In Mind About the ACA as a High-Risk Individual?

Gaps in Preventive Services:

Many of the provisions of health care reform focus on those individuals who have pre-existing conditions. The free preventive services can also be beneficial for the high-risk community. Many of the preventive services listed under the ACA do have age limits – such as mammograms at age 40 or older. Insurance companies may still cover these services, but a copay or deductible may apply – and in some circumstances the services will still be denied. However, don't forget to check state law. For example, Illinois has a law that requires insurance companies to cover mammograms for high-risk women under 40. For more information about your state's specific laws, contact the CLRC.

One of the preventive services that is covered is BRCA counseling for women at high-risk. Although gaps remain, because men and women who have already been diagnosed with cancer are not covered under this provision, there is not an age limit for this coverage.

Helpful Resources:

A Step by Step Guide to Insurance Appeals:
www.disabilityrightslegalcenter.org/about/documents/AStepbyStepConsumerGuidetoHealthInsuranceAppealsFinal.pdf