

The Affordable Care Act: How It Helps People With Cancer and Their Families



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The **Affordable Care Act** will save lives from cancer. Learn how the new law could help you and the people you love.

We have some of the best health care in the world, but for many years that care has gone to fewer and fewer people who can afford it. Cancer patients and survivors are denied coverage because of pre-existing conditions. They have to pay more than they can afford for the care they need. And they pay for health insurance that does not cover lifesaving cancer screenings, treatments, or follow-up care.

Many people with cancer live in fear of losing their health coverage if they lose their job. They worry about having their coverage canceled because they got sick, or they face limits on the amount of care their health plan will cover. Many other people who are happy with their coverage would face these same problems if they were diagnosed with cancer.

The Affordable Care Act is improving the quality and cost of health care in the United States for people with cancer and those at risk for cancer. The law is not perfect, but it will make health care more adequate, affordable, and available. And it will be easier to administer for cancer patients, survivors, and their families.



Providing quality care

The new law allows more cancer patients and survivors to get the health care they need by:

- Doing away with co-pays for proven preventive services in new plans (starting on or after September 23, 2010, and starting in January 2011 for those in Medicare)
- Requiring all health plans sold in new health benefit exchanges to cover essential benefits, such as coverage for cancer screening, treatment, and follow-up care
- Making sure all people with Medicare get a yearly check-up to discuss disease prevention and other services they need to stay healthy
- Focusing on treating pain and helping to improve a patient's quality of life
- Closing the Medicare “doughnut hole” so seniors don't face a costly gap in prescription drug coverage
- Making coverage available for patients who take part in clinical trials



Patient profile: **Kathi Hansen**

Kathi Hansen of Wrightstown, Wisconsin, was diagnosed with stage IIB breast cancer in 2003 at age 48. It was found during a routine mammogram that was covered by the health insurance she had through her job. After her diagnosis, Kathi had eight rounds of chemo, a double mastectomy, and ongoing hormonal therapy. She has been cancer-free since. She credits early detection with finding her breast cancer.

◆ *The Affordable Care Act guarantees coverage of preventive care, such as mammograms and colonoscopies, and eliminates the costs to patients for these proven services in all new health plans. Starting in January 2011, there will be no co-pays or deductibles for preventive services under Medicare.*



Making health care more affordable

The new law makes health care more affordable by:

- Ending limits on care and benefits. Beginning on or after September 23, 2010, insurance companies cannot impose lifetime limits on benefits. Yearly limits are restricted and will end in 2014.
- Ending higher charges for people who are sick. Health plans cannot charge people more for coverage based on their health status (starting in 2014).
- Limiting the amount patients must pay in out-of-pocket costs and deductibles (starting in 2014)
- Helping people and families with low to moderate incomes buy health insurance (starting in 2014)
- Offering tax credits to small businesses that provide affordable coverage to their employees



Patient profile: **Taylor Wilhite**

Taylor Wilhite of Marblehead, Ohio, was diagnosed with acute myeloid leukemia in 2007 at the age of 8. She received three rounds of chemotherapy, had a bone marrow transplant, and at one point was taking 23 pills a day along with many IV medicines. Now age 12, Taylor is in remission. But the costs of her treatment quickly reached her insurance plan's lifetime benefits cap, leaving her family struggling to pay for the care she needed for the side effects of her treatment.

◆ *The Affordable Care Act will not allow health plans to place lifetime caps on coverage. The law restricts and soon will ban yearly limits. This will give people like Taylor and her family peace of mind that coverage will not suddenly end because of caps on benefits.*



Making health care more easily available

The new law makes health care more easily available by:

- Covering children. Insurance companies cannot deny coverage for pre-existing conditions (such as diabetes or cancer) in children starting in September 2010 and in adults starting in 2014.
- Ending rescissions. Insurance plans cannot rescind, or stop, coverage when a patient gets sick (starting in September 2010).
- Creating health benefit exchanges in every state. These exchanges will let people shop for insurance and compare health plans by quality and price.
- Creating a health plan in every state to cover people with pre-existing conditions. These plans apply to people with cancer or another pre-existing condition who have not had insurance for 6 months or more (starting in July 2010).
- Guaranteeing coverage. No one will be denied coverage because of his or her medical history, a guarantee that is backed by the requirement that all Americans buy insurance.



Patient profile: **Dan Brodrick**

When Dan Brodrick of Gainesboro, Tennessee, lost his job, he and his wife, Sharon, lost their health insurance. Sharon applied for coverage but was denied repeatedly because of a pre-existing condition. Then she was diagnosed with stage IV cancer of the small intestine. The Brodricks spent their life savings on what treatment they could afford, but Sharon didn't get all the care she needed and she died of the disease. Cancer took Dan's wife and left him with more than \$80,000 in medical bills, a debt that Dan will be paying for the rest of his life.

◆ *The Affordable Care Act prohibits insurance companies from denying coverage to people with pre-existing conditions. People like Dan won't lose loved ones because they couldn't get the care they needed.*



Making health care more simple

The new law makes health care easier to administer and easier to understand by:

- Making more information available. Insurance companies will be required to share more information about their plans
- Grouping health plans based on level of coverage. Plans offered in the health benefit exchanges will be grouped based on their level of coverage – platinum, gold, silver, and bronze.
- Setting standard rules. These rules will simplify the way consumers verify eligibility, check claims status, and make payments.
- Giving patients new rights to appeal denied claims with their insurer

Myth and reality

Myth: The new law is government-run health care that takes away patient choice.

Reality: The law builds on the existing system by requiring private health plans to make more information available to consumers, and strengthens it by fostering competition among insurance companies. This will help consumers make informed choices about the plan that is best for them.

Myth: The new law lowers the quality of care.

Reality: The law will make sure that all plans sold in the health benefit exchanges cover needed benefits, and that consumers can compare plans by quality and price.

Myth: The new law increases costs to consumers.

Reality: The law will reduce consumer costs by:

- Doing away with out-of-pocket costs for preventive services
- Getting rid of yearly and lifetime coverage limits
- Encouraging more competition among plans
- Offering help to low- and middle-income people



For your information ...

Like most laws, the Affordable Care Act is complicated and can be hard to understand. Here's more information that may help you. If you have questions, call your health plan, contact your state insurance commissioner, or call us at 1-800-227-2345. You can also visit the US Department of Health and Human Services Web site at www.healthcare.gov.

- **New plan years** – Some of the new law's changes take effect when a new "plan year" begins. The earliest date that certain changes went into effect was September 23, 2010. Some people may have to wait weeks or months before their plan year begins to benefit from the changes. For people who get their insurance through work, the new plan year can begin when the policy renews (usually a few weeks after the open enrollment period ends) or when an employer buys a new plan. For those with their own plan, the start of the plan year varies by plan. Contact your plan administrator for details.

If you have questions, call your health plan, contact your state insurance commissioner, or call your American Cancer Society at **1-800-227-2345**.

You can also visit the US Department of Health and Human Services Web site at **www.healthcare.gov**.

- **“Grandfathered” vs. “new” plans** – The new law gives special treatment to health plans that existed when the law was signed on March 23, 2010 (so-called “grandfathered” plans). Plans can retain their “grandfathered” status if they do not make major changes that would reduce benefits to patients. In exchange for maintaining or improving patient benefits, “grandfathered” plans do not need to offer all of the patient protections included in the new law. It may be hard to tell if a plan is “grandfathered” or “new,” so check with your plan administrator if you have questions.

Notes

Notes

Questions?

Call your American Cancer Society 24
hours a day, 7 days a week at 1-800-227-2345
or visit us at www.cancer.org.



We **save lives** and create more birthdays
by helping you stay well, helping you get well,
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The American Cancer Society's non-profit, non-partisan
advocacy affiliate, the American Cancer Society Cancer
Action Network (ACS CAN), is working to make certain
the Affordable Care Act helps people with cancer and their
families. For more information, visit www.acscan.org.