

House Committee on Ways and Means
Protecting Americans with Pre-Existing Conditions
January 29, 2019
10:00 AM, 1100 Longworth

Purpose

The purpose of today's hearing is to provide members of the House Committee on Ways and Means with the opportunity to hear expert testimony regarding protections for patients with pre-existing conditions. Much of today's discussion focused on the impact that the Affordable Care Act (ACA) has had on covering such individuals and the ramifications of recent changes to the ACA.

Members Present

Chairman Neal, Ranking Member Brady, Representatives Lewis, Doggett, Thompson, Larson, Blumenauer, Kind, Pascrell, Davis, Sanchez, Higgins, Sewell, DelBene, Chu, Moore, Kildee, Boyle, Beyer, Evans, Schneider, Suozzi, Panetta, Murphy, Gomez, Horsford, Nunes, Buchanan, Smith, Marchant, Kelly, Holding, Smith, Rice, Schweikert, Walorski, LaHood, Wenstrup

Witnesses

Ms. Karen Pollitz

Senior Fellow, Kaiser Family Foundation

Mr. Andrew Stolfi

Insurance Commissioner, Oregon Division of Finance Regulation

Ms. Keysha Brooks-Coley

Vice President, Federal Advocacy & Strategic Alliances at the American Cancer Society Cancer Action Network

Mr. Andrew Blackshear

Volunteer, American Heart Association and one of 133 million Americans living with a pre-existing condition

Mr. Rob Robertson

Chief Administrator and Secretary-Treasurer, Nebraska Farm Bureau

Opening Statements

Chairman Neal stated that 133 million Americans have preexisting conditions. Insurance companies could charge excessive amounts and place dollar limits on the amount of for various pre-existing conditions such as pregnancy, diabetes and high blood pressure. The Affordable Care Act (ACA) went into law to implement safe guards for such patients. As one of the first actions of the committee, the Chairman intends to intervene in the GOP trials and prevent the loss of pre-existing condition protections. Four million Americans lost health insurance since the Trump Administration took office. The Chairman shared a story about a constituent who is living with a pre-existing condition and is directly affected by the ACA and how critical the protections for patients living with a pre-existing condition are.

Ranking Member Brady said that the healthcare field faces many challenges, with cost being one of the most significant. The financial pressure patients feel is great, with one in five Americans stating that the cost of health insurance is too high. It has been 10 years since the ACA has passed, and yet healthcare worries are in the forefront of the minds of many Americans. Ranking Member Brady stated that Republicans do support the protections for patients with pre-existing conditions and that there is support for no life-time limits, with the guarantee no American can be denied coverage, renewal, or charged higher premiums. While protecting healthcare is important, it is time to address creating truly affordable healthcare focused on patients and not Washington. Price transparency, addressing surprise billings, and improving patient care should be the direction of the healthcare system in America. What Republicans do not support is the status quo, it is time to focus on the future, working together to make healthcare less expensive and easier to use.

Testimony

Ms. Karen Pollitz said that while many Americans are healthy most of the time. However, when a patient is in need of healthcare, it is dire. Health insurance is bought in case people get sick, not to be used while they continued to be healthy. Making large claims, people could find it hard to stay covered. Premiums were less expensive prior to the ACA, but only for young people who were healthy. Last year more than 9 million people bought health insurance with a subsidy. Enrollment for those with unsubsidized premiums have been decreasing as they become harder to afford. Premiums this year are higher because of the repeal of the individual mandate and competition from short term policies. Short term policies are exempt from ACA policy rules; they cover fewer benefits, will deny coverage to people with pre-existing conditions, and terminate coverage if someone gets sick. Competition from short term plans threatens stability to the ACA risk pool and increase ACA premiums. Most Americans want health insurance to work for people, not create more barriers to care.

Mr. Andrew Stolfi described the impact of the ACA in Oregon. Millions of Oregonians have gained coverage, and the uninsured rate has dropped from a high of 17% to 6%. The goal is for all Oregonians to have quality, affordable healthcare. Oregon's health insurance market is a leader in implementing progressive, consumer focused health reforms. 1.6 million Oregonians were protected from pre-existing condition exclusions after the implementation of the ACA. However, federal rule changes to short term limited duration plans and association health plans have raised 2019 individual health insurance rates by between 7% and 14% because of avoidable and unnecessary federal uncertainty. Protections for pre-existing conditions ensures patients can get the coverage they need, preventative health coverage ensures that conditions do not get worse, and bans on life-time caps ensures that patients are able to use their essential health benefits without crippling medical debts. The ACA has greatly reduced uninsured rates, created millions of jobs, and saved hospitals hundreds of millions in uncompensated care. Access to affordable healthcare is essential for everyone. It is time to focus on making insurance affordable instead of attempting to tear apart protections in the ACA.

Mr. Rob Robertson has dedicated to protecting farmers and ranchers throughout his career. He stated that farm and ranch families are greatly affected by the high costs of health insurance and premiums. This sector is more greatly affected by health insurance because many farmers and ranchers are self-employed. The Nebraska farm bureau established an association health plan in

2017, offering a more affordable health insurance product, which was 25% less expensive than marketplace plans. The plan protected all pre-existing conditions and was ACA compliant. 700 members enrolled in the first year. One of the best ways to protect patients with pre-existing conditions is to grant them the ability to band together and spread the risk out. The association health plan saved its enrollees thousands of dollars per year in healthcare costs.

Ms. Keysha Brooks-Coley said that nearly 16 million Americans have a history of cancer. Access to affordable health insurance is the difference between life and death. According to the American Cancer Society Cancer Action Network (ACS CAN), uninsured individuals are less likely to be screened for cancer, possibly leading to delays in treatment. Prior to the enactment of the ACA, the ACS CAN heard from cancer patients daily who had lost coverage. Passage of the ACA significantly benefited those living with cancer. Recent policy changes are putting essential patient protections at risk, specifically to the expansion of short term health plans and the reduction in navigator funding. Short term limited duration plans can discriminate based on pre-existing conditions, exclude benefits from patients, and charge higher premiums for people who are sick. Patients do not benefit from these plans, it puts people at an increased risk. While these plans are advertised as less expensive, they are only less expensive upfront as they do not cover many health benefits. Additionally, decreased funding for navigator funding significantly reduces enrollment. Fixing the family glitch and eliminating the subsidy cliff would improve access and affordability of health insurance.

Mr. Andrew Blackshear shared his story of living with a pre-existing condition. At 27, contracted valley fever, an infection in his lungs and heart. He was on a short-term health insurance plan during his treatment. He was continually pursued by his health insurance plan, who said they would not pay his \$200,000 medical bills until Mr. Blackshear was able to show them that his heart problems were not a result of a pre-existing condition. His health plan eventually paid his medical bills after he looked into filing charges against the insurance company in California. That November, he enrolled in an ACA insurance plan. Again, Mr. Blackshear got sick and after having an additional open heart surgery, he was no longer worried about his health insurance because of his comprehensive coverage. As a heart disease patient, protections for patients with pre-existing conditions is essential to his continued health.

Questions and Answers

Representative Moore shared her story of living with cancer, a cancer that is manageable with proper surveillance and treatment. Prior to the implementation of the ACA, she would have been subject to medical underwriting and excessive community rating making treatment unaffordable. Her treatment would not have been possible if there were life-time limits and no cap on out-of-pocket costs.

Chairman Neal said that it is essential to consider the problem of pre-existing conditions from the perspective of those living with such conditions. Referring to the family who with pre-existing conditions, Chairman Neal asked Ms. Pollitz what would have happened to the family prior to the enactment of the ACA and what obstacles would the family face. **Ms. Pollitz** said that diabetes is a condition that prior to the ACA insurance companies could deny coverage for, with the exception of a few states, so the family would not be able to obtain insurance in the individual market. If the family were to gain insurance through an employment there might be a

waiting period of up to one year before the individual with diabetes was covered through the employer insurance.

Chairman Neal asked Ms. Coley what her experience has been with patients in high risk pools. **Ms. Coley** stated that having access to actual services and coverage that they need is essential. High risk pools are not always the most comprehensive.

Ranking Member Brady said that we need to do more than protect pre-existing conditions, but that we must address high costs and access issues. He said that key moves have been made in the past year leading to the average health insurance rates have decreased. One of the biggest challenges we face is the cost of health insurance and the rising cost of health care. **Ranking Member Brady** addressed **Mr. Robertson** asking about his association health plan and whether the plan met the needs of the enrollees or not. **Mr. Robertson** said that the plan greatly meets the needs of their members. Association health plans grant the farmers to create groups and spread the risk among them. He stated that in the individual market costs can be much higher when enrolling as individuals. **Ranking Member Brady** asked about the failure of co-ops, which were created in Nebraska at an attempt to reduce costs, and whether that was a catalyst in trying to find an alternative for affordable healthcare insurance. **Mr. Robertson** said that as the co-ops failed there were many people that needed insurance, especially farmers and ranchers. These series of events led to the establishment of the association health plans.

Rep. Lewis said that healthcare is a right, and all Americans have a right to quality healthcare. He addressed **Mr. Blackshear**, stating that he is very brave for sharing his story living with a pre-existing condition. **Rep. Lewis** asked **Mr. Blackshear** to expand on how he felt when he learned that his short term health plan would not cover his medical bills. **Mr. Blackshear** said that he was very worried. He and his family knew that he never had a heart problem, and the attacks from the insurance company were unwarranted. Through it all, he said that he never gave up, continuing to jump through hoops. **Rep. Lewis** asked **Mr. Blackshear** to share advice to others who are living with pre-existing conditions. **Mr. Blackshear** said that he would encourage people to keep fighting for what they deserve and that people shouldn't even be in the position where patients have to fight for lifesaving care.

Rep. Nunes emphasized that the entire committee agrees that patients for pre-existing conditions should be protected. He addressed **Mr. Robertson** asking if he has any examples of people who are enrolled in his association health plan who were not able to get coverage under the ACA. **Mr. Robertson** said people who are enrolled in the association health plan, rather than gaining health insurance through the individual market, are saving more money and have more benefits. **Rep. Nunes** asked if **Mr. Robertson** could reiterate the average age of people on their plan. **Mr. Robertson** stated that, because of HIPAA regulations, they do not have the exact age, but it is estimated to be in the low 50's. **Rep. Nunes** asked what the average cost of the plans are. **Mr. Robertson** said that prices vary for age and geography. Average prices are \$18,000 - \$26,000 a year. While the costs seem high, they are lower than what enrollees would pay in the individual market for health insurance.

Rep. Doggett said that in understanding where to go from here moving forward, it is important to understand what led to today. While, for eight years, Republicans have attempted to repeal and

replace the ACA, there hasn't been any action in replacing the ACA and providing an alternative. There has been a lot of contest over protection for pre-existing conditions. He stated that the ACA is far from perfect, his hope for the committee is to address the need for price negotiation. Rep. Doggett asked Ms. Coley to address whether or not it is still true that Americans without health insurance are 60% more likely to die from cancer than without. **Ms. Coley** said that the statistic is from the American Cancer Society 2017 journal, and having health insurance is indicative of stage at which cancer is diagnosed, the quality of treatment, and survival rates.

Rep. Buchanan said that he supports protections for patients for pre-existing conditions. But what concerns him the most is the cost of healthcare. He cited a statistic that 62% of Americans do not have \$1,000 in the bank, these Americans are living paycheck to paycheck. Costs are continuing to rise and bankrupting the middle class. Rep. Buchanan asked Ms. Pollitz if she has any suggestions on lowering to cost of healthcare. **Ms. Pollitz** said that with the Kaiser Family Foundation (KFF), they do not provide health policy recommendations. But there are numerous resources available through the KFF to look at trends in costs to begin addressing the issue.

Rep. Buchanan asked Mr. Robertson whether he believes that through the association health plan, the 20% savings in healthcare costs will continue. **Mr. Robertson** said that they do anticipate to continue having similar savings. And as the group continues to grow, costs will continue to go down for the group. **Rep. Buchanan** clarified that everyone in the association health plan continues to have protection for pre-existing conditions. **Mr. Robertson** affirmed that they do not exclude people for having pre-existing conditions, and that they continue to have savings even with the protective provisions.

Rep. Thompson said that he voted for the ACA, because he believes that all Americans should have healthcare coverage, even if they have a pre-existing condition. He addressed Mr. Robertson's association health plan and emphasizes the importance that the plans were ACA compliant and offered the same protections. Rep. Thompson asked Mr. Blackshear to describe the shift he experienced after he bought a health insurance plan through Covered California. **Mr. Blackshear** explained the biggest shift was in the reduction of the anxiety he felt. He no longer worried if his medical bills were going to be covered. **Rep. Thompson** asked what he paid for his premiums in his short term health plan versus what he pays for his current insurance. **Mr. Blackshear** stated that his short term plan was \$160-180 a month. His new health insurance plan went down to \$70 a month. **Rep. Thompson** emphasized that he obtained his new health insurance with a pre-existing condition.

Rep. Thompson said that California recently prohibited short term health plans. He asked Mr. Stolfi if Oregon has done something similar. **Mr. Stolfi** stated that in 2017, the state legislature passed a law limiting short term plans to three months. **Rep. Thompson** asked if all the insurance plans the state sells are compliant with the ACA. **Mr. Stolfi** said that the short term plans are not required to be compliant with the ACA, and that is the problem with them.

Rep. Smith said that it is concerning to see premiums rise to levels that are unimaginable. He asks Ms. Coley to give an example of what she considers to be an exorbitant premium. **Ms. Coley** said that from the cancer perspective, patients often had to pay more to access lifesaving

care that was not covered. With the essential health benefits and patient protections in the ACA, cancer patients no longer had to have concern about possible exorbitant medical bills. **Rep. Smith** said that costs are still high, referencing the \$18,000 a year premiums Mr. Robertson mentioned. As costs continue to rise, access declines.

Rep. Larson stated that the committee will be committed to public hearings during which debate can continue. He addressed the entire committee and panel, asking if anyone disagreed that no one should be denied coverage based on a pre-existing condition. No one disagreed. He said that the problems in healthcare is an infrastructure problem. While Congress may agree on the need for coverage and protections, they all come at a cost. Rep. Larson said that pooling resources reduces costs. He asked if Mr. Robertson would agree with granting younger people the ability to buy into Medicare. **Mr. Robertson** said that there is a lot of value pooling individuals together. But that cost must be a consideration. **Rep. Larson** said that allowing 50 year olds the ability to buy access to Medicare would be budget neutral, and then the individual market would serve those age 26-49, and costs for this group would be lower. **Mr. Robertson** said that the cost of providing healthcare must be addressed first. There are market innovation programs that can be looked at to make health insurance systems work.

Rep. Marchant, again, echoed previous statements that it is necessary to protect individuals with pre-existing conditions. Sadly, current law is riddled with problems that make engaging with the healthcare system a nightmare. He asked the panel what law or laws would you propose Congress pass that would give individuals with pre-existing conditions the certainty they need utilize their coverage. **Ms. Pollitz** said that under the ACA, insurance providers must provide coverage for those with pre-existing conditions. She stated that there is still an issue for individuals without subsidies to obtain coverage. **Mr. Stolfi** said that there are coverage protections, but that helping individuals at or above 400% of the FPL would increase coverage. **Mr. Robertson** said that more laws and regulations to improve and improve and reform association health plans would be beneficial. **Ms. Coley** said that the ACS CAN supported the ACA because it protects those with pre-existing conditions. **Mr. Blackshear** stated that he had no policy recommendations.

Rep. Marchant described children with pre-existing conditions under 26, when they must switch from parental insurance to Medicaid will not be adequate to what would be available under the private insurance.

Rep. Blumenauer said that something that is important, is that we have legislation now that reaches the requirement for pre-existing condition protections. There is a lack in the number of subsidies that are available. Working together to refine and enhance the ACA, costs would be lower and quality and access would be better. Rep. Blumenauer asked Mr. Stolfi to reiterate what changes the Republican government had enacted that negatively affected his state. **Mr. Stolfi** said that the changes in short term limited duration plans, association health plans, the court decision in Texas, and the reduced funding for advertising for open enrollment have all negatively affected the availability of affordable, quality health insurance. **Rep. Blumenauer** said that while working to replace the ACA, the Republican administration placed healthcare in America in a state of uncertainty, as different pieces of the healthcare puzzle were chipped away.

Rep. Kelly emphasized the affordable aspect of the ACA. Addressing Mr. Robertson, Rep. Kelly asked how else a small employer would obtain similar benefits as large employers, while remaining competitive in their market, without association health plans. **Mr. Robertson** said that it is difficult for individuals and small businesses. Increasing the size of the risk pool lowers costs. Large employers do it today, with larger employee groups. **Rep. Kelly** asked why association health plans are currently under fire. **Mr. Robertson** stated that he does not know. That using association health plans are important in spreading the risk among individuals.

Rep. Kind said he is encouraged that there is bipartisan support for pre-existing condition protections. He asked Mr. Robertson if there is concern about the aging population with the health plan. **Mr. Robertson** said that he is not worried about the aging of the group. As the association health plan continues to grow, the possibility of higher costs will be more greatly spread. **Rep. Kind** asked how to move forward to protect the individuals who do not qualify for tax subsidies for premiums, but cannot afford premiums in the individual market. He asked Mr. Robertson if beneficiaries transition from the association health plan into Medicare at age 65. **Mr. Robertson** responded that they do. **Rep. Kind** asked if the beneficiaries enrolled in the health plan would be interested in buying into Medicare at a younger age. **Mr. Robertson** said he does not believe would buy in.

Rep. Smith said he looks forward to establishing certainty for those most vulnerable. He said that there is a dramatic lack of choice in the insurance market. To create a competitive marketplace there is a need to decrease cost and increase insurance options that fit the needs of individuals. He emphasized that while people shouldn't go bankrupt from medical bills, they absolutely should not go bankrupt from rising deductibles.

Rep. Pascrell said that the ACA has substantially improved access to care and reduced financial pressure. Before the ACA, women could be charged more because they could possibly become pregnant, mental health was not covered. Insurance companies had no oversight. Addressing Republicans on the committee, he said that they had voted more than 70 times to repeal and sabotage the ACA, taking healthcare back to what it was in 2010. He asked Ms. Pollitz to describe the shortcomings and problems with high risk pools and short term limited duration plans. **Ms. Pollitz** stated that high risk pools were created when insurance plans denied coverage for those with pre-existing conditions. It would be a very expensive program, states with these programs lost money for every enrollee in these pools. Premiums in the high risk pool were higher. Short term plans are for individuals who are healthy; insurance that essential stops when someone gets sick.

Rep. Davis stated that he wants to emphasize the impact on children, especially children with disabilities. Under the ACA, necessary medications and therapies for children are not always covered by insurance companies. He asked Ms. Pollitz how well children are covered. **Ms. Pollitz** stated that he is correct in stating that children cannot be discriminated against. The ACA does require an acute care coverage benefit, and there might be limits. People might turn to Medicaid, and with the ESDPT, all essential benefits are covered. There is a standard for essential health benefits for children, without a specific definition as to what is covered.

Rep. Davis said that parents will often spend thousands of dollars in diagnostic assessment for children. If insurance companies are required to cover the treatment of such pre-existing conditions, he asks Ms. Pollitz if insurance companies should similarly cover the diagnosis of such conditions. **Ms. Pollitz** said that insurance companies have discretion as to what diagnostic services are covered. They vary by state, and possible requirements by states do not reach large employer insurance plans.

Rep. Rice said that before the ACA, 85% of Americans were covered by some type of health insurance, after the ACA was passed, 91% of Americans are now covered. During the same time period, premiums almost doubled. He said that most of the increase in coverage came from Medicaid expansion. He asked Mr. Stolfi what Oregon's strategy in covering those with pre-existing conditions. **Mr. Stolfi** said that Oregon had a high risk pool. **Rep. Rice** asked if there were exclusions. **Mr. Stolfi** stated that there were waiting periods for many people. And there were pre-existing condition exclusions for the first 6 months. **Rep. Rice** asked how much higher premiums were for individuals in the high risk pools. **Mr. Stolfi** responded that it is 25% higher. **Rep. Rice** said that before the ACA, individuals had lower premiums, lower deductibles, and greater access to coverage. He asked Mr. Stolfi if people are better off now than they were before the implementation of the ACA. **Mr. Stolfi** stated that people are better off now than they were before. He said that there are different ways to look at affordability. He said that there are price differences.

Rep. Sanchez cited a study from 2009, that said women were charged more, but still without maternity care coverage. With the ACA, women were no longer charged more, and have increased access to maternity services. More than 130 million Americans have a pre-existing condition, and now have care when they need it. She asked Ms. Pollitz if she thought refusing to use appropriated money to advertise for open enrollment would create more certainty and reduce overall costs. **Ms. Pollitz** responded that it makes it more difficult for people to understand the ACA and as a result the healthiest people, who would drive down the costs, are not enrolling in health plans. **Rep. Sanchez** asked Ms. Coley the same question. **Ms. Coley** said that transparency and education about plans is extremely important.

Rep. Sanchez asked if allowing substandard junk plans increase certainty and lower costs. **Ms. Pollitz** says that allowing short term limited duration plans increase costs and cause adverse selection. **Mr. Blackshear** says that it dramatically increases uncertainty.

Rep. Sanchez asked the panel if challenging in court, critical provisions of the ACA creates more uncertainty. **Ms. Pollitz** and **Mr. Stolfi** both agreed that this creates more uncertainty surrounding the ACA.

Rep. Sanchez asked Ms. Pollitz to explain what the consequences would be if the pre-existing conditions provisions were rolled back. **Ms. Pollitz** responded that those with pre-existing conditions would have increased difficulty finding coverage in the non-group market.

Rep. Higgins said that those with pre-existing conditions are treated differently because they were born with genetic differences that led to or increased the risk of diseases. The ACA removed provisions that would treat these patients differently. He cited the 70 attempts of

Republicans to repeal the ACA, stating that not everyone on the committee supports the protections of pre-existing conditions. People should be able to buy into Medicare at a younger age in order to have pre-existing conditions.

Rep. Reed said that as a member of Congress, and a member of the Republican Party, he supports the protections of pre-existing conditions. The reform will stay, and protect those who have pre-existing conditions. But that progress can be made and the answer is not in Medicare for All, or a single-payer system, or any sort of government run health insurance. The Republican alternative is based on market pressure that brings healthcare costs down and premiums down. He emphasized that there is a difference between the rising healthcare costs and the cost of health insurance. Rep. Reed addressed Mr. Robertson, stating that he was attempting to reconcile the high costs of healthcare with rising insurance costs. **Mr. Roberson** stated that he is able to do this by pooling the individual small markets bigger through association health plans. **Rep. Reed** emphasized that no one on the panel offered testimony as to how to bring down medical costs.

Rep. Sewell said that the ACA helped make sure that insurance companies cannot discriminate against those with pre-existing conditions. She asked Ms. Pollitz to address access to healthcare and how the ACA has affected it. **Ms. Pollitz** responded that reducing subsidies will save the federal government \$1 billion a year. And 100,000 people would lose coverage. **Rep. Sewell** said that many low-income families continue to struggle with access to healthcare. She asked Mr. Stolfi how Oregon has decreased the cost and increased coverage. **Mr. Stolfi** stated that there are major drivers of cost: prescription drug prices, uncoordinated care, utilization, and unhealthy behaviors.

Rep. DelBene asked Ms. Pollitz to describe the differences in coverage one with hemophilia might experience in a plan through the individual market versus a short term limited plan. **Ms. Pollitz** said that someone would be qualified for special enrollment and with entire coverage. In a short term limited plan, such a person would be denied coverage. **Rep. DelBene** asked for another comparison for someone with diabetes who turns 27 and it no longer eligible to be covered under his parent's health insurance. **Ms. Pollitz** responded that he would be eligible for health insurance on the ACA exchange, but would not be able to get coverage by a short term limited duration plan. **Rep. DelBene** said that if a plan spends less than 80 cents per dollar on health care, the insurance company must return money to beneficiaries. She asked if this is true for short term limited duration plans as well. **Ms. Pollitz** responded that such plans do not have the same financial protections and they tend to have much lower medical loss ratios.

Rep. Schweikert said that there should be a new focus on reducing the cost curve. He insisted that crashing the cost of healthcare is possible with discussion across the aisle and new technology.

Rep. Chu stated that since the ACA went into effect, 63 million women have gained access to coverage contraception coverage. She asked Ms. Pollitz if there were groups of women who disproportionately did not have access to contraceptive coverage prior to the ACA. **Ms. Pollitz** stated that with the no cost coverage of contraceptives has greatly increased access among women.

Rep. Chu asked Ms. Coley to describe the provisions in the ACA that grant women the coverage to detect breast cancer early and what would happen to women if the ACA were repealed. **Ms. Coley** responded that the ACA ensured that preventative services are available to beneficiaries for little to cost. Having early diagnosis of diseases such as breast cancer significantly increase survival rate.

Rep. Chu stated that she is concerned about Medicaid funding, especially as Medicaid provides payment for 70% of all family planning services and half of all births. She asked Ms. Pollitz what the implications would be for women on Medicaid were the ACA to be struck down in its entirety. **Ms. Pollitz** responded that millions of low-income women would lose coverage.

Rep. Chu stated that California banned junk plans, such as short term limited duration plans, and while they may appear to have low premiums often do not cover some of the most expensive medical conditions. She asked Mr. Stolfi what other possible protections states can implement to protect women from such plans. **Mr. Stolfi** stated that states can prohibit these plans, or restrict the time they could be sold. These plans create more uncertainty and increase costs.

Rep. Moore asked how does cutting advertising money to increase awareness about ACA enrollment, cutting subsidies, and allowing short term limited duration plans to continue impact those looking for healthcare. **Ms. Pollitz** responded that these actions drive up marketplace premiums.

Rep. Wenstrup said that all Americans want better access to healthcare. The ACA has helped some people, but it also did not help everyone. There are flaws in the ACA that make it more difficult for patients to get care. Looking ahead, a greater emphasis must be placed on prevention. Incentivizing health in America is where costs will go down.

Rep. Boyle expressed his concern about the shift on legislation from the legislative branch into the judicial branch. He asked Ms. Pollitz the potential ramifications if higher courts struck down the ACA. **Ms. Pollitz** responded that the pre-existing conditions wouldn't be protected, covering kids until 26, and the Medicaid expansion. **Rep. Boyle** stated that the Medicaid expansion expanded coverage. He asks Ms. Pollitz what would happen to those who gained coverage under the Medicaid expansion if the ACA was no longer enacted. **Ms. Pollitz** stated that states would lose federal funding for the expansion. Millions of people would lose coverage. **Rep. Boyle** stated that those at risk for losing coverage would be the working poor.

Rep. Kildee said that anytime there is a threat to the protection of those with pre-existing conditions is a threat to America. He asked Ms. Pollitz what options would be available if the administration succeeds in undermining the ACA. **Ms. Pollitz** responded that there was job lock in order to retain health benefits. Young adults with pre-existing conditions would be uninsurable. **Rep. Kildee** asked Mr. Stolfi to comment. **Mr. Stolfi** stated that those with pre-existing conditions would have higher costs and fewer covered benefits. Additionally, with more people not covered, there would be an increase in the amount of uncompensated costs for hospitals.

Rep. Arrington asked Ms. Pollitz if costs have gone up during the implementation of the ACA. **Ms. Pollitz** stated that they had. **Rep. Arrington** asked if choice being covered with a certain plan been reduced during the implementation of the ACA. **Ms. Pollitz** responded that she does not believe so. **Rep. Arrington** asked if she was aware that there was a provision in the Republican reform bill that protected those with pre-existing conditions. **Ms. Pollitz** was aware of the provision. **Rep. Arrington** addressed the rest of the panel, asking if they were all aware of the provision. All were. He asked Mr. Stolfi if there was a difference between having health insurance and having access to healthcare. **Mr. Stolfi** stated that there is a difference. **Rep. Arrington** stated that the focus of the committee should be on determining how healthcare can be made more affordable for Americans.

Rep. Beyer said that every time another aspect of the ACA is repealed, uncertainty in healthcare increases. He asked Ms. Pollitz that while there was a provision to protect those with pre-existing conditions, there is also a provision in the Republican reform bill that would grant states the ability to obtain a waiver for that provision. **Ms. Pollitz** stated that there is a waiver that would allow insurance companies to charge more for those with pre-existing conditions. **Rep. Beyer** asked if it is akin to denying coverage for those with pre-existing conditions if it is unaffordable. **Ms. Pollitz** agrees that it is. The law also substantially changed subsidies that would drive up premiums and tax credits would not protect people from premium increases.

Rep. Beyer asked what the implications are on women's health since the implementation of the ACA. **Ms. Pollitz** stated that access to contraceptive coverage has helped. Only about 2% of young women pay out-of-pocket for contraceptives.

Rep. Beyer asked Ms. Coley if she has seen any differences in cancer survival rates since the implementation of the ACA. **Ms. Coley** said that cancer is being detected earlier and more patients have access to care after the passing of the ACA.

Rep. Evans asked if Ms. Pollitz or Mr. Stolfi have any additional comments about protecting people with pre-existing conditions. **Ms. Pollitz** said that healthcare costs have risen by a lower rate per capita since the passage of the ACA. **Mr. Stolfi** said that costs rising is not a new phenomenon. And additionally, the coverage and the protections that beneficiaries experience now, are worth more than they were prior to the passage of the ACA.

Rep. Evans asked the panel to address the linkage between risk pools, outreach, and disparities. **Ms. Pollitz** agreed that there is a continuing disparities, but extending coverage helps the initial barrier of gaining access. **Mr. Stolfi** said that every individual patient has different needs, educating consumers is essential, and there are losses when cuts to education occur. **Ms. Coley** stated that racial and ethnic minorities continue to have higher cancer rates and are less likely to be diagnosed early.

Rep. Evans asked Ms. Pollitz how premium tax credits continue to keep healthcare affordable and stabilize the insurance risk pool. **Ms. Pollitz** explained that premium tax credits are calculated such that each individual only pays a certain amount toward the entire cost of the benchmark plan. The difference between what the individual pays and the total cost of the premium for the plan is the premium tax credit.

Rep. Ferguson stated there is a consensus that Americans should have health insurance coverage. The main discussion is how that is achieved. He described how there are Americans who still cannot afford care, even with an insurance plans.

Rep. Schneider stated that in America we should strive toward affordable healthcare for all. Healthcare isn't a long-term problem, but a lifetime problem for everybody. He asked Ms. Pollitz what the impact on individuals and the community would be if protections were lost for those with pre-existing conditions. **Ms. Pollitz** stated that it would be harder for people to receive treatment.

Rep. Panetta asked about the connections between pre-existing conditions and the ACA, and what are people doing to support the protections. He specifically highlighted discrepancies in support of the Texas v. Azar court case. **Mr. Stolfi** said that it would be inconsistent to stand in support of protections for pre-existing conditions and also the court case because the court case is dismantling the ACA and such protections. **Rep. Panetta** asked how it would be possible to continue to protect those with pre-existing conditions without the ACA. **Mr. Stolfi** responded that it is difficult because it would remove necessary subsidies, reduce risk pools, and remove lifetime limits and payment caps.

Rep. Suozzi stated that short term limited duration plans are cheaper, but those with pre-existing conditions are seriously hurt by those plans as they do not have coverage for essential health benefits. He asked Ms. Pollitz about decreases in insurance premiums. **Ms. Pollitz** said that in 2019, insurance premiums decreased 1%, and had it not been for the repeal of the individual mandate and the expansion of short term plans, premiums would have decreased by an additional 6%.

Rep. Murphy said that 3 in 10 non-elderly adults in Orlando have a pre-existing condition. It would have been almost impossible for these constituents to obtain coverage prior to the ACA. Robust protections were created with the passage of the ACA. Florida has greatly benefited by the implementation of the ACA, even without Medicaid expansion. She asked Ms. Pollitz to explain how the weakening of the ACA would impact those with pre-existing conditions. **Ms. Pollitz** responded that as a result, premiums are increasing and cost will be driven up more as more healthy people drop out of the market.

Rep. Gomez stated that healthcare is a personal issue. Pre-existing conditions are not reserved for those over 65, but impacting children as well. Every piece of the ACA works in union to protect those with pre-existing conditions.

Rep. Horsford stated that because of the ACA, millions more of Nevadans have access to care. He said that strengthening the ACA is essential. He asked Ms. Pollitz what Congress should consider to improve affordability and access. **Ms. Pollitz** responded that there have been numerous proposal discussed during the committee hearing. **Rep. Horsford** asked about the impact of ending lifetime and annual limits. **Ms. Pollitz** stated that there are not that many people that reach the lifetime limit. Protections are in place for the most extreme conditions.



Chairman Neal said he welcomes this as an opportunity to continue discussions on how to best protect those with pre-existing conditions.