Are pre-existing conditions a constitutional issue?

A new federal lawsuit argues that the Affordable Care Act’s (ACA) protections for people with pre-existing conditions are unconstitutional. The lawsuit argues that Congress intended for the pre-existing condition protections to work in tandem with the law’s individual mandate, which dictates that people have insurance or pay a penalty. Plaintiffs argue that since the individual mandate has been removed, so should the pre-existing condition protections.

Congress does have the right to change laws and in this case, Congress intentionally left pre-existing protections in place even as it reduced the individual mandate penalty to zero. So, contrary to what the lawsuit suggests, the individual mandate in the ACA has not been repealed—only the penalty was changed—yet the rest of the law continues to function as before. There are over 130 million people in the United States with pre-existing conditions.

TAKE ACTION: Support patient groups like American Diabetes Association and the American Lung Association. These groups and others are filing briefs opposing the lawsuit.

4 million people lost healthcare coverage in 2017

The Commonwealth Fund, a nonprofit foundation focused on healthcare issues, announced in May, 2018 that the rate of working-age Americans without health insurance in the group’s annual survey rose to 15.5 percent, up about three percentage points since 2016. This means an estimated 4 million people lost coverage. Also, rates were up significantly compared with 2016 among adults with lower incomes — those living in households earning less than 250 percent of poverty (that is about $30,000 for an individual and $61,000 for a family of four).

TAKE ACTION: Tag your Senators in a tweet or on Facebook asking them to protect the health coverage of their constituents.
Expanding Short-Term Plans Is BAD For Cancer Patients And Survivors

From cancer screenings like mammograms and colonoscopies to the latest breakthroughs in treatment, everyone should have access to the care that could prevent cancer and save their life. In addition, ensuring that low-income working families have access to affordable health insurance is proven to reduce overall health care costs.

People without health insurance are more likely to be diagnosed with cancer at a late stage when the disease is harder to treat, more costly and more difficult to survive.

The current administration has issued a proposed regulation that would expand the availability of short-term healthcare plans. Currently, these plans are limited to three months in duration, and are meant to be a temporary bridge until a person can get more comprehensive coverage. Under the new proposed rule, these short-term plans could be utilized for a full year, and could be renewed indefinitely.

Expanding plans that don’t have to cover essential health benefits could allow for backdoor discrimination against cancer patients. If these plans don’t cover benefits like prescription drugs, cancer patients and survivors would be discouraged from enrolling in them. Older and ailing people, and those with pre-existing conditions like cancer, will probably make up a higher proportion of participants in the exchange plans causing market instability and skyrocketing premiums.

Additionally, young and healthy people may be drawn to these short-term plans because of the lower premiums. But if they get ill with cancer or another serious illness, they could find that their plan is inadequate for their needs.

**TAKE ACTION:** Send a letter to your state representative in Congress to urge Health and Human Services Secretary Azar to address the patient community concerns in the proposed rule concerning Short Term Limited Duration Plans.
Healthcare Options: Immigrant Health Care Under A Cloud Of Uncertainty

Undocumented immigrants have limited access to health insurance and medical care. The Affordable Care Act did little to change this. Although it does increase general access to Medicaid and private health insurance, the law bars millions of undocumented immigrants, including an estimated million Californians, from these programs.

**Despite the barriers, there are options for immigrants to find health insurance and medical treatment.**

**TAKE ACTION:** Share this information with anyone you know who might benefit. Post this at your church and other community boards where you know someone might see and benefit from the information below:

- **Student health plans.** Many colleges and universities require students to either buy their school’s health insurance policy or show proof of other coverage. Immigration status is generally not questioned when students apply, and the plans are affordable.

- **Private health insurance.** Although this is an expensive option for many people, undocumented immigrants are also allowed to purchase private health coverage as long as they do so directly from an insurance carrier or through a broker.

- **Medi-Cal coverage.** The state provides a full range of low-cost healthcare options for poor Californians, and some of those Medi-Cal benefits are available regardless of a person’s immigration status. For instance, emergency care, pregnancy related services and, when needed, state-funded long-term care can be obtained. Also, children may qualify for comprehensive Medi-Cal benefits even if they don’t have permanent legal status.

- **Community health centers.** Funded in part by federal grant money, roughly 1,200 health centers operate around the country. These federally qualified centers provide primary healthcare, dental, mental health and pharmacy services. They treat all comers without concern for immigration status or ability to pay for care. You can find a Federally Qualified Health Center by searching the U.S. Health Resources and Services Administration website: findahealthcenter.hrsa.gov/help.

- **State-based health programs.** Unlike most states, California makes a number of health programs available to low-income residents regardless of immigration status. Services vary by county.
Everyone has an important role to play in this issue. Whether you’re an experienced community leader or brand new, your voice matters—and you can have an impact on access to healthcare in your own community. Change depends on people like you stepping up, speaking out, and taking action.

We know the work is hard. We won’t see success overnight. We’re here to build a better future for all children. We have faith that with persistence comes success.

How much time do you have?

Five minutes?

Respond to a post on the Sisters’ Facebook page or make our own post on social media.

Sign up for a health care justice email list in your community of faith to stay current with the action opportunities.

Check out Action Network and learn more at Actionnetwork.org.

A couple of hours?

Learn more: look at Families USA www.familiesusa.org and the Kaiser Family Foundation: www.kff.org

Make a trip or call to connect with your members of Congress during town halls, listening sessions, and office hours.

Write and share your story in a way that’s clear, concise, and respectful.

Use that story as a letter to the editor, or as a posting on your social media, or share on the Sisters’ Facebook page.

More time?

Volunteer at a place that directly increases and eases access to healthcare, like Drivers for Survivors at www.driversforsurvivors.org.

The National Association of Free and Charitable Clinics depends on volunteers, both medical and non-medical, to be able to provide much needed medical care to uninsured people. Check out www.nafccclinics.org/find-clinic and find a clinic near you to support.

Sources:
- Health Care for America Now: healthcare-foramericanow.org/category/resources/factsheets
- American Cancer Society www.acscan.org
- Hastings Center on Undocumented Immigrants and Health Care Access in the United States http://undocumentedpatients.org/
- OFA.org
- Faith in Action: www.piconetwork.org