

Republican health care bill targets millions with preexisting conditions

Kate Randall**6 May 2017**

In a White House Rose Garden victory rally Thursday following the House of Representatives' passage of the Republicans' American Health Care Act (AHCA), President Donald Trump called the measure "a great plan" and declared, "Yes, premiums will be coming down; yes, deductibles will be coming down."

Such shameless lies are being used to promote a thoroughly regressive bill that builds on the pro-corporate framework of Barack Obama's Affordable Care Act and sharply expands the assault on health care initiated by the previous administration.

Obamacare is based on compelling people who are not covered by health insurance to purchase coverage from the for-profit insurance industry or pay a tax penalty. It has left 28 million people uninsured and burdened millions of others with rising health care premiums and massive deductibles, while enriching the insurance companies and cutting costs for the government and corporations.

The AHCA solves none of these problems. Instead, the bill slashes taxes for corporations and the wealthy, ends the Medicaid program for the poor as a guaranteed entitlement based on need, and disproportionately targets health coverage for the poor, older Americans and those with preexisting conditions.

The legislation now moves from the House to the Senate, with no clear indication as to how long it will take to emerge as a bill that can be signed into law by Trump. What is clear, however, is that most of its more reactionary features will be retained in some form. Of particular concern to millions of Americans is the fate of people with preexisting conditions.

Under Obamacare, people with preexisting conditions cannot be denied health insurance and insurance companies cannot charge them more for coverage. Of course, this has not stopped the insurers from hiking

premiums and out-of-pocket costs across the board.

Under the AHCA, however, states can obtain waivers allowing carriers to set premiums based on enrollees' medical backgrounds, i.e., their preexisting conditions, for people whose insurance payments lapse for more than 63 days.

Appearing on Friday morning on MSNBC, House Majority Whip Steve Scalise, Republican of Louisiana, was asked whether everyone with a preexisting condition who currently has affordable health care coverage would continue to be covered affordably if the AHCA becomes law.

"Absolutely," he said. "Their rates will remain affordable. If somebody just drops out of the insurance market and then wants to come back and get in, we put extra money in place." Scalise was referring to the "high-risk pools" that the AHCA would direct states to establish for this purpose, but which critics have denounced as being woefully underfunded.

Scalise's claims are contradicted by the very language of the AHCA itself, which was altered last week by an amendment backed by the ultraconservative House Freedom Caucus that would allow states to apply for waivers from Obamacare mandates to cover both preexisting conditions and essential benefits.

Below is a list of examples compiled by the Kaiser Family Foundation of preexisting conditions that could have made people uninsurable in the pre-Obamacare individual insurance market.

A raft of patient advocacy groups, as well as physicians' and nurses' associations, have warned that the AHCA will result in denials of coverage for people with preexisting conditions such as those listed above, as well as many more.

"The various patchwork solutions offered by lawmakers would still leave the millions of patients we

represent, who have serious and chronic health conditions, at risk of not being able to access life-saving treatments and care,” reads a statement by patient advocacy groups. “There is no substitute for fundamental, unequivocal protections for people with preexisting conditions.”

The statement was signed by the American Cancer Society Cancer Action Network, the American Heart Association, the American Lung Association, the American Diabetes Association, the Cystic Fibrosis Foundation, March of Dimes, the National Organization for Rare Disorders, the National MS Society, and WomenHeart: The National Coalition for Women with Heart Disease.

An estimated 27 percent of Americans under age 65 have health conditions that could leave them uninsurable, according to the Kaiser Family Foundation. Other conditions not listed above that could make it harder to purchase insurance include common maladies such as acne, allergies, anxiety, depression, asthma, ear infections, fractures, high cholesterol, hypertension, migraine headaches, varicose veins and vertigo. People would be hard-pressed to find someone in their family or circle of friends who does not suffer from one or more of these ailments.

There is another section of the population that stands to face disproportionate discrimination under the AHCA: women. Before the Affordable Care Act, it was legal for insurance companies to charge women on the individual market more for their health insurance, or even deny them coverage outright, for a “preexisting condition” such as pregnancy.

Other conditions that could allow insurers to charge women more include “preexisting conditions” such as high-risk pregnancy, Caesarean delivery, breast cancer, menstrual irregularities and endometriosis.

Women, and men for that matter, who are victims of domestic violence and allowed their coverage to lapse might be charged more for insurance if states are allowed to charge higher premiums based on health status. While the AHCA says that everyone is entitled to “access” to health insurance, this does not mean it has to be affordable.

The authors of the House bill counter that the AHCA provides funding for a separate “high-risk pool,” where people with preexisting conditions and others who are unable to afford insurance can try to obtain coverage.

An analysis by the Center for American Progress estimates that, at the current level of funding, the average premium in the high-risk pool would be \$31,000 per year. To reduce this to a relatively affordable \$10,000 yearly premium cost, the AHCA would have to provide about \$33 billion in subsidies annually. The current bill provides just \$13 billion in subsidies, leaving a \$20 billion yearly shortfall.

An estimate released Thursday by the health consultancy firm Avalere shows that the funding allocated to the “high-risk pools” would pay for only 110,000 of the approximately 2.2 million enrollees in the individual market today who have some form of preexisting chronic condition.

As under Obamacare, the rationing of health care due to lack of access or unaffordability—caused by skyrocketing premiums and large out-of-pocket costs—is a life-and-death question. The lack of protection for those with preexisting conditions under the Republican legislation would serve only to exacerbate this crisis, spelling catastrophe for millions.

Dr. Leana Wen, Baltimore city health commissioner and former emergency room doctor, related to NBC News the case of a young lawyer who died after a prolonged seizure. This was pre-ACA, and the victim could not afford his insurance due to his preexisting condition. “He would have had to pay like \$8,000 a month for health insurance,” she said.

Without insurance, this young father could not get the medications to control his seizures. “He ended up in the ER one day after having a seizure for an hour. We couldn’t stop the seizure for another hour,” Wen recalled. He never came out of his coma and eventually died.



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