

# The Graham-Cassidy Bill would be Harmful to Cancer Patients and Survivors



On September 13, 2017, Senators Lindsay Graham (R-SC), Bill Cassidy (R-LA), Dean Heller (R-NV), and Ron Johnson (R-WI) introduced legislation to repeal and replace the Affordable Care Act (ACA). The legislation would replace current subsidies for health insurance coverage and Medicaid expansions with a combined state block grant – directly affecting cancer patients’ and survivors access to health insurance coverage.

## **Graham-Cassidy Shifts Significant Responsibility to the States**

The bill requires states to create their own marketplaces and subsidy programs by 2020 to qualify for federal funds. The amount of federal funds provided to the states would be significantly less (according to [one estimate](#) \$239 billion less between 2020 and 2026) – potentially putting significant strain on state budgets. Further, the bill’s subsidies would be less generous than the ACA’s advance premium tax credits, leaving individuals – particularly those who are older and/or have lower incomes – with higher costs.

## **Pre-Existing Condition Protections Could Be Eliminated**

The legislation would continue to prohibit pre-existing condition exclusions. However, the bill would allow states to apply for a waiver to permit health plans to charge different premiums based on a variety of factors (including health status and age). This means that while a health plan would be prohibited from denying a cancer patient a health insurance policy, the plan could charge the patient an unaffordable premium essentially denying coverage. In addition, allowing states to waive the current age rating provisions could result in even higher premiums for older Americans. The incidence of cancer increases with age, so higher premiums will impact cancer patients and survivors.

## **Essential Health Benefits Could be Waived**

The legislation would also allow states to waive minimum essential health benefits (EHBs) which insurers must currently provide to ensure patients receive a core set of benefits. This means that health plans would no longer have to cover things like prescription drugs and hospitalization – things that cancer patients need for their treatment. Because current law prohibits plans from imposing lifetime and annual limits on EHBs, if states can waive EHBs many cancer patients could be left with unaffordable health care costs.

## **Medicaid Funding Jeopardized**

The legislation would end the expansion of Medicaid and reduce funding for the traditional Medicaid population – including seniors, people with disabilities, and low-income families with children – by imposing a per capita cap. Medicaid provides important prevention screenings and treatment services for cancer patients and survivors. Medicaid also provides coverage for children – with approximately one-third of pediatric cancer patients enrolled in Medicaid at the point of diagnosis. Reduced federal funding combined with state-specific eligibility and enrollment restrictions will likely result in fewer cancer patients and survivors accessing needed health care.

## **ACS CAN POSITION:**

ACS CAN opposes the Graham-Cassidy legislation because it would limit funding for the Medicaid program, roll back important essential health benefit protections, and potentially open the door to annual and lifetime caps on coverage, endangering access to critical care for cancer patients.