

What Are Farm Bureau Health Plans?

Some states have enacted – or are considering enacting – legislation that would exempt health plans offered by the state’s Farm Bureau from both federal and state insurance regulations. Because these plans are exempt from both federal and state laws, they do not comply with Affordable Care Act (ACA) consumer protections –allowing them to deny coverage for pre-existing conditions, exclude certain medical expenses, and impose caps on coverage – and do not have to comply with state mandated benefits – like certain cancer screenings.

Where are these plans sold?

Farm Bureau Health Plans are available in certain states. As of August 2024, — [Arkansas](#), [Indiana](#), [Iowa](#), [Kansas](#), [Mississippi](#), [Nebraska](#), [North Dakota](#), [South Dakota](#), [Tennessee](#), and [Texas](#) —have enacted laws allowing their Farm Bureau to sponsor health benefits coverage that is not defined as insurance and is not subject to insurance laws. In 2024, [Wisconsin](#) and [Missouri](#) considered legislation to allow their Farm Bureau organizations to offer health plans exempt from state insurance regulations, but ultimately, the bills failed to pass.

Do Farm Bureau Health Plans Discriminate on the Basis of Pre-existing Conditions?

Yes, these plans can discriminate against individuals with pre-existing conditions. Since they do not comply with ACA protections, Farm Bureau Health Plans can refuse coverage for services related to pre-existing conditions, exclude individuals with chronic conditions like cancer, or charge them much higher rates. These plans may also impose "pre-existing condition waiting periods," meaning individuals may not receive coverage for services related to their pre-existing conditions for the first 6-12 months after enrollment. This lack of comprehensive coverage makes them less protective than ACA-compliant plans.

Plan design	Farm Bureau Plans
Must provide coverage regardless of pre-existing conditions	X
Must cover Essential Health Benefits (like cancer screenings, prescription drugs, doctor's visits)	X
Prohibition against lifetime caps in coverage	X
Prohibition against annual caps in coverage	X

How Does This Impact Cancer Patients?

Cancer patients may be denied coverage entirely if their condition is deemed a pre-existing condition, leaving them without essential insurance. Even when coverage is available, it may not include necessary treatments, medications, and follow-up care, leading to significant out-of-pocket expenses and financial hardship. Some Farm Bureau Health Plans include lifetime caps on coverage, jeopardizing access to care for cancer patients undergoing expensive treatments. The lack of comprehensive coverage can disrupt ongoing cancer treatments, which are vital for effective cancer management. Additionally, regular screenings and follow-up care might not be covered, increasing the risk of undetected recurrences and

complications. The uncertainty and financial strain associated with inadequate coverage can cause stress and anxiety for cancer patients and their families.

How Does This Impact the State Insurance Market?

Farm Bureau Health Plans often attract young and healthy individuals due to their lower premiums, which can destabilize the individual marketplace. By removing these healthy individuals from the insurance pool, the risk is concentrated in state individual marketplaces, potentially driving up premiums. This destabilization makes it harder for cancer patients and others with pre-existing conditions to afford health insurance, further exacerbating their difficulties in securing adequate coverage.

ACS CAN Position

The American Cancer Society Cancer Action Network (ACS CAN) opposes state legislation that would allow certain types of health insurance products to be exempt from state insurance law and avoid the patient protections afforded by the ACA. This includes Farm Bureau health plans and other ACA non-compliant insurance products.

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