

February 6, 2019

The Honorable Anna G. Eshoo  
Chairwoman  
Energy and Commerce Health Subcommittee  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Michael C. Burgess  
Ranking Member  
Energy and Commerce Health Subcommittee  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Subcommittee Chairwoman Eshoo and Ranking Member Burgess:

Our organizations write collectively in advance of your upcoming hearing regarding the Texas v. United States litigation, currently pending before the Fifth Circuit, which has the potential to strike down all or some of the patient protections provided under the Affordable Care Act (ACA).

On June 18, 2018, a subset of our groups filed an *amicus curiae* brief before the United States District Court for the Northern District of Texas to assist the court in understanding the importance of the ACA's protections to millions of patients and consumers. A copy of the brief is attached<sup>1</sup> and we respectfully request the brief be included as part of the Subcommittee's record.

This brief makes clear that the ACA contained critical protections that provide an essential lifeline for millions of Americans who experience serious illnesses and conditions, like cancer, pregnancy, lung and heart disease, diabetes, cystic fibrosis, neurological and chronic respiratory conditions. Absent affordable health insurance, people with the diseases and conditions represented by our groups have poorer health outcomes and require more costly care.

Prior to the ACA, individuals who were in the most need of health insurance coverage – including older and sicker Americans – often found it difficult, if not impossible, to obtain health insurance that provided the coverage they needed. Many individuals were denied coverage due to their pre-existing conditions or were charged outrageous premiums and/or were left with inadequate benefit packages. A survey conducted before passage of the ACA found that 36 percent of those who tried to purchase health insurance directly from an insurance company in the individual insurance market were turned down, charged more, or had a specific health problem excluded from their coverage.<sup>2</sup>

Without access to comprehensive health coverage they could afford, many patients with serious and chronic conditions were often forced to delay or forego necessary health care. Before the patient protections provided under the ACA, more than half of heart patients reported difficulty paying for their care and of those patients more than 40 percent said they had delayed care or had not filled prescriptions.<sup>3</sup> Uninsured patients with diabetes were six times as likely to forgo necessary medical care

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<sup>1</sup> The *amicus brief* is also available at [https://secure.fightcancer.org/site/DocServer/Texas v. USA - Amici Curiae.pdf;jsessionid=00000000.app30130a?docID=25871&NONCE\\_TOKEN=4867AF11E80E82BBD3F7FB0B4A272AF0](https://secure.fightcancer.org/site/DocServer/Texas_v_USA_-_Amici_Curiae.pdf;jsessionid=00000000.app30130a?docID=25871&NONCE_TOKEN=4867AF11E80E82BBD3F7FB0B4A272AF0).

<sup>2</sup> Doty MM, Collins SR, Nicholson JL et al. *Failure to Protect: Why the Individual Insurance Market is not a Viable Option for Most US Families*. The Commonwealth Fund, July 2009.

<sup>3</sup> *Affordable Access to Health Care: Top Priorities of Heart Disease and Stroke Patients: Results from an American Heart Association Patient Survey*, Am. Heart. Ass'n (2010). Available at [https://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm\\_432322.pdf](https://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_432322.pdf).

than those with coverage.<sup>4</sup> Uninsured patients were less likely to be screened for cancer and more likely to be diagnosed with later stage disease which is harder to survive and more costly to treat.<sup>5</sup>

Since the law went into effect, individuals with pre-existing conditions have been able to access comprehensive health insurance. The uninsured rate among nonelderly patients with newly diagnosed cancer declined substantially, particularly among low-income people who resided in Medicaid expansion states – where it decreased six percent.<sup>6</sup> In addition, there is already a small but statistically significant shift that has been found toward early-state diagnosis for colorectal, lung, breast, and pancreatic cancer in states that have increased access to health care through Medicaid because of the ACA.<sup>7</sup> Access to health insurance improves numerous health outcomes for children with asthma, including reductions in the number of asthma-related attacks and hospitalizations.<sup>8</sup> Furthermore, provisions of the ACA have increased access to care, decreased the number of costly hospitalizations, and improved outcomes of individuals with mental health and substance use disorders.<sup>9</sup>

We look forward to working with members of the committee to ensure that individuals with pre-existing conditions continue to enjoy the protections provided under the ACA.

If you have any questions, please contact Keysha Brooks-Coley, Vice President of Federal Advocacy for the American Cancer Society Cancer Action Network, at 202-661-5720 or [Keysha.Brooks-Coley@cancer.org](mailto:Keysha.Brooks-Coley@cancer.org).

Sincerely,

Adult Congenital Heart Association  
Alpha-1 Foundation  
American Cancer Society Cancer Action Network, Inc.  
American Diabetes Association  
American Heart Association  
American Liver Foundation  
American Lung Association  
Cancer Support Community  
Chronic Disease Coalition  
COPD Foundation  
Crohn's and Colitis Foundation  
Cystic Fibrosis Foundation  
Epilepsy Foundation  
Family Voices

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<sup>4</sup> J.B. Fox et al., *Vital Signs: Health Insurance Coverage and Health Care Utilization—United States, 2006-2009 and January-March 2010*, 59 *Morbidity & Mortality Wkly. Rep.* 1448, 1448 (2010).

<sup>5</sup> E Ward et al., "Association of Insurance with Cancer Care Utilization and Outcomes, CA: A Cancer Journal for Clinicians 58:1 (Jan./Feb. 2008), <http://www.cancer.org/cancer/news/report-links-health-insurance-status-withcancer-care>.

<sup>6</sup> Ahmedin Jemal et al., *Changes in Insurance Coverage and State at Diagnosis Among Nonelderly Patients With Cancer After the Affordable Care Act*, 35 *J. Clinical Oncology* 3906 (2017).

<sup>7</sup> *Id.*

<sup>8</sup> Szilagyi PG et al., *Improved Asthma Care After Enrollment in the State Children's Health Insurance Program in New York*. *Pediatrics*, 2006. 117(2): 486-496.

<sup>9</sup> <https://aspe.hhs.gov/system/files/pdf/255456/ACAOpoid.pdf>

Global Healthy Living Foundation  
Hemophilia Federation of America  
Leukemia & Lymphoma Society  
March of Dimes  
Mended Little Hearts  
Muscular Dystrophy Association  
National Alliance on Mental Illness  
National Coalition for Cancer Survivorship  
National Health Council  
National Hemophilia Foundation  
National Kidney Foundation  
National Multiple Sclerosis Society  
National Organization for Rare Disorders  
National Patient Advocate Foundation  
Susan G. Komen Breast Cancer Foundation, Inc.  
The Kennedy Forum  
United Ostomy Associations of America  
United Way Worldwide  
WomenHeart