



American Cancer Society
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House Committee on Finance

July 15, 2020

TO: Rep. Marvin L. Abney, Chairman
Rep. Scott Slater, First Vice Chairman
Rep. Alex Marszalkowski, Second Vice Chairman
Members of the House Committee on Finance

FROM: American Cancer Society Cancer Action Network

DATE: July 15, 2020

SUBJECT: H 7171 Article 20 Sections 8-12

The American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. ACS CAN advocates at all levels of government for evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

On behalf of ACS CAN, I would like to thank the Committee for the opportunity to provide testimony on Article 20 of the budget (H 7171). We are pleased that Rhode Island is taking steps to ensure that we continue to be a leader in protecting and expanding access to care in our state. Increasing access to health insurance coverage has a direct bearing on our ability to reduce the cancer burden here in Rhode Island. However, there is more work that needs to be done to ensure that Rhode Islanders have affordable, accessible and adequate insurance coverage.

ACS CAN supports a robust marketplace from which consumers can choose a health plan that best meets their needs. Access to health care is paramount for cancer patients as well as survivors. An estimated 1.8 million Americans will be diagnosed with cancer this year.¹ An additional 16.9 million Americans are living with a history of cancer.² In Rhode Island, an estimated 5,930 residents are expected to be diagnosed with cancer this year³ and another 67,900 are cancer survivors.⁴ For these Rhode Islanders, access to affordable health insurance is a matter of life or death.

ACS CAN believes that the patient protections provided by the Patient Protection and Affordable Care Act of 2010 – like the prohibition on pre-existing condition exclusions and lifetime and annual limits,

¹ American Cancer Society. Cancer Facts & Figures: 2019. Atlanta: American Cancer Society, 2020.

² American Cancer Society. Cancer Treatment & Survivorship: Facts & Figures 2019-2021. Atlanta: American Cancer Society, 2019.

³ American Cancer Society. Cancer Facts & Figures: 2019. Atlanta: American Cancer Society, 2020.

⁴ American Cancer Society. Cancer Treatment & Survivorship: Facts & Figures 2019-2021. Atlanta: American Cancer Society, 2019.

and coverage of Essential Health Benefits requirements – are crucial to making the healthcare system work for cancer patients and survivors. If the law were to be struck down, it would likely have a debilitating impact on the health care system as we know it. While H7171 takes promising steps toward codifying several aspects that are fundamental to PPACA, including protections for pre-existing conditions, coverage without cost sharing for preventive services and coverage of the 10 essential health benefits, Rhode Island should move to take a comprehensive approach to ensuring that Rhode Island cancer patients are protected.

Prohibition on Lifetime and Annual Limits

One critical element missing from H7171 Article 20 is a prohibition on lifetime and annual limits. Current federal requirements prohibit most insurance plans from limiting both the lifetime and annual dollar value of benefits.^{5,6} Prior to the current requirements imposed by PPACA, health insurance plans could set a limit on the annual amount they would spend on an enrollee's health benefits. Once the enrollee hit this cap, the health plan would stop paying for any covered products or services, leaving the enrollee to pay for the full cost of treatments for the rest of the year. Some health care plans would impose annual caps as low as \$2,000 per year. Other health plans would impose caps on certain services (like radiology) and/or limit the number of doctor's visits that were covered each year.⁷ Similarly, for lifetime limits, insurers could place a limit on the lifetime amount they would spend on an enrollee's health benefits. According to one estimate, prior to 2014, 105 million Americans were enrolled in health plans that imposed a lifetime limit.⁸

Cancer patients and survivors often have high treatment costs and hit their annual and/or lifetime caps on health services. According to one study, prior to the enactment of this protection by PPACA, one in ten cancer patients responding to the survey reached the limit of what their insurance plan would pay for their current treatment.⁹ Many of the protections proposed by H7171 Article 20 are rendered meaningless if an insured patient reaches a lifetime or annual limit.

The need for access to health care is more critical now than ever. The COVID-19 pandemic is putting unprecedented pressure on our nation's health care system and the people who rely on that system for life-saving care. A recent study suggests that cancer patients are more susceptible to the virus, and that the course of the infection and outcomes are worse.¹⁰ The pandemic has also resulted in record unemployment, meaning many individuals are losing employer-sponsored health insurance. Particularly in this environment, patients with pre-existing conditions must have comprehensive health insurance in order to access medical services that are truly a matter of life and death. While the protections for pre-existing conditions, coverage without cost sharing for preventive services and

⁵ Unlike many other consumer protections, the annual and lifetime limit protection apply to grandfathered plans. Note that the prohibition on annual limits does not apply to grandfathered health plans sold in the individual market.

⁶ Current law permits these health plans from imposing annual and lifetime limits for health care services that are not essential health benefits.

⁷ American Cancer Society and Kaiser Family Foundation, *Spending to Survive: Cancer Patients Confront Holes in the Health Insurance System*, Feb. 2009, available at <http://www.cancer.org/acs/groups/content/@corporatecommunications/documents/document/acsq-017518.pdf>.

⁸ Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services, *Under the Affordable Care Act, 105 Million Americans No Longer Face Lifetime Limits on Health Benefits*, available at <https://aspe.hhs.gov/basic-report/under-affordable-care-act-105-million-americans-no-longer-face-lifetime-limits-healthbenefits>.

⁹ USA Today/Kaiser Family Foundation/Harvard School of Public Health. *National Survey of Households Affected by Cancer*. November 2006.

¹⁰ Vikas Mehta et al., *Case Fatality Rate of Cancer Patients with COVID-19 in a New York Hospital System*, *CANCER DISCOVERY* (May 1, 2020), <https://cancerdiscovery.aacrjournals.org/content/early/9/2020/04/29/2159-8290.CD-20-0516>.

coverage of the 10 essential health benefits that are included in H7171 Article 20 are good first steps, a more comprehensive approach should be taken to ensure that Rhode Islanders have adequate, affordable and accessible health care.

Please contact ACS CAN's Rhode Island Grassroots Manager, Cori Chandler, at Cori.Chandler@cancer.org or at 401-243-2622 if any additional information is needed or if you have any questions.

Thank you for your consideration.

A handwritten signature in cursive script that reads "Cori Chandler".

Cori Chandler
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Rhode Island