American Cancer Society Cancer Action Network

Phone: 401-259-1052 Email: ryan.strik@cancer.org www.fightcancer.org/Rl



House Health & Human Services Committee Testimony in Support of H7091

TO:

Rep. Susan R. Donovan, Chair

Rep. Joshua J. Giraldo, First Vice Chair Rep. Brandon C. Potter, Second Vice Chair

Members of the House Health & Human Services Committee

FROM:

American Cancer Society Cancer Action Network (ACS CAN)

DATE:

February 15, 2024

RE:

Support for H7091

The American Cancer Society Cancer Action network (ACS CAN) is the non-partisan, non-profit advocacy affiliate of the American Cancer Society. We advocate for evidence-based public policies to reduce the cancer burden for everyone.

On behalf of ACS CAN, I would like to thank the Committee for the opportunity to provide testimony in support of H7091. This bill will safeguard into state law the Affordable Care Act's protection which ensures individuals will not suddenly lose health coverage if they have a particularly expensive health event.

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. A little over 2.0 million new cancer cases are expected to be diagnosed in the United States in 2024. An additional 18 million Americans are living with a history of cancer. In Rhode Island, an estimated 7,201 residents are expected to be diagnosed with cancer this year. Another 65,630 are cancer survivors. For these Rhode Islanders, access to affordable, comprehensive health insurance is a matter of life or death.

ACS CAN believes that the patient protections provided by the Patient Protection & Affordable Care Act (PPACA) – like the prohibition on pre-existing condition exclusions and lifetime and annual limits – are crucial to making the healthcare system work for cancer patients and survivors. A prohibition on lifetime and annual limits is a critical element of these protections. Current federal requirements prohibit most insurance plans from limiting both the lifetime and annual dollar value of benefits. 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

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plans would impose caps on certain services (like radiology) and/or limit the number of doctor's visits that were covered each year. 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. In the limit will be a lifetime limit.

Cancer patients and survivors often have high treatment costs. 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.^{vii}

ACS CAN urges passage of H7091 to further codify the PPACA's prohibition on lifetime and annual limits into state law, protect against actions that may weaken PPACA in the future, and further strengthen the foundation for Rhode Islanders to have the most adequate, affordable, and accessible health care that we can provide through state action.

Please feel free to contact ACS CAN's Rhode Island Government Relations Director, Ryan T. Strik, at ryan.strik@cancer.org or at (401) 259-1052 for any additional questions or information.

Thank you for your consideration.

Ryan T. Strik

Rhode Island Government Relations Director, ACS CAN

American Cancer Society, Cancer Facts & Figures: 2024. Atlanta: American Cancer Society, 2024.

[&]quot;American Cancer Society. Cancer Treatment & Survivorship Facts & Figures 2022-2024. Atlanta: American Cancer Society; 2022

iii 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.

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

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

vi 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*. https://aspe.hhs.gov/basic-report/under-affordable-care-act-105-million-americans-no-longer-face-lifetime-limits-healthbenefits.

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