



# American Health Care Act (AHCA) Facts: Preexisting Conditions

**The Affordable Care Act (ACA) includes many protections for people with preexisting conditions. These include:**

**A ban on insurance companies denying people coverage based on having preexisting conditions.**

**Insurance companies can't charge people with preexisting conditions higher premiums based on their health status.**

**Essential Health Benefits. Before the ACA, insurance plans often didn't cover services that people needed. The ACA changed this and requires insurance companies to cover the EHBs, a set of 10 health care services, including prescription drugs, maternity care, preventive care, and mental health treatment.**

**The American Health Care Act (AHCA) would effectively eliminate current protections for people with preexisting medical conditions.**

**The AHCA does not offer any real protections for people with preexisting conditions. People with preexisting conditions could face weaker benefits, higher costs, and even be “priced out” of the market by their insurance becoming too expensive to afford. *How might this happen?***

- Even though the AHCA bars insurers from denying people coverage because of a preexisting condition, in practice, people with preexisting conditions could end up losing coverage because states can “waive” the ACA's protections.
- In other words, it's up to each state to decide whether insurance companies can charge people with preexisting conditions higher premiums. Depending on where a person lives, they could get charged more because they're sick or have been sick in the past.
- States could also decide whether to keep the EHBs or create their own standard benefits package. People with preexisting conditions often need the benefits included in the EHBs, but if they live in a state that weakens benefits, they would be out of luck.
- This could all result in insurance companies charging people with preexisting conditions more, while at the same time offering weaker coverage. Because insurance companies may not be required to cover benefits like maternity care, prescription drugs, or mental health treatment, people who need them may be forced to buy more expensive plans to get them, pay thousands of dollars more out of pocket, or go without insurance altogether if plans become too expensive.

**High risk pools don't offer protections for people with preexisting conditions.**

- The AHCA specifies that states can only waive the ACA's protections if they have other “protections” in place, like what is known as a “high risk pool.”
- But, the AHCA makes it pretty easy for states to waive ACA protections, and high risk pools don't offer real protections for people with preexisting conditions.
- High risk pools are when the government offers subsidized insurance to sicker or more expensive customers. This is done by separating off these customers into their own insurance group. While this may lower premiums in the regular insurance market, it can leave people with preexisting conditions with low-quality or very expensive coverage.
- Many states had high risk pools before the ACA, and they often charged higher premiums, had waiting periods before coverage would kick in for preexisting conditions, or limited enrollment. They didn't work very well.
- High risk pools are extremely expensive to operate. Many health policy experts question whether the AHCA sets aside even close to enough money to states to run high risk pools.

**Ultimately, the AHCA is a huge step backwards in terms of health care protections and insurance affordability for people who have preexisting health conditions.**

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