



THE AFFORDABLE CARE ACT AND COLORECTAL CANCER

In March 2010, the President signed into law the biggest transformation of our health care system in decades. Whether you favored or opposed the enactment of the Patient Protection and Affordable Care Act (PL 111-148, PL 111-152) (the Affordable Care Act), a full understanding of the new law is essential.

The Affordable Care Act changes many areas of health care, and will significantly impact cancer care....

BENEFITS IF YOU HAVE BEEN DIAGNOSED WITH COLORECTAL CANCER:

- Beginning immediately, health insurance plans cannot drop you or reduce your benefits just because you become sick.
- Starting in September 2010, insurance companies can no longer place lifetime limits on health care coverage, nor can they impose restrictive annual limits. In 2014, all group and individual plans must eliminate all annual limits. Even if you need expensive cancer care, you will no longer need to worry about your insurance refusing to meet those costs.
- Depending on your income, there will be limits on the amount of money you need to pay out-of-pocket for health care for you and for your family each year.
- After January 1, 2014, insurance plans will not be able to deny coverage or charge higher premiums if you have a pre-existing condition. Until that time, people with pre-existing conditions will be able to find affordable insurance in special high-risk pools supported with federal funds. For people with inherited colorectal cancer who worry about testing for a genetic condition, the law specifically includes *genetic information* among the health conditions for which there cannot be discrimination.
- In 2014, uninsured people will have access to several new options including higher income limits for Medicaid and participation in an American Health Benefit Exchange. The exchanges will clearly outline costs and benefits of each health care policy so consumers can make informed choices about care. Subsidies will be available to keep costs affordable.

BENEFITS IF YOU WANT TO PREVENT COLORECTAL CANCER:

- If you are privately insured through your employer or the insurance exchanges, preventive services are covered fully without your having to meet a deductible or pay a co-pay.
- If you are on Medicare, most cost-sharing for preventive screenings will end on January 1, 2011 (NOTE: Due to a loophole in the law, if a polyp is discovered and has to be removed during the exam (i.e., the screening procedure becomes therapeutic a deductible will apply).
- Medicare will also pay for an annual check-up.
- If you are on Medicaid preventive services will be provided at no cost.