

## Preserving the Affordable Care Act is Crucial to People with Diabetes

In 2010, Congress passed landmark legislation – the Patient Protection and Affordable Care Act (ACA) – that vastly improved health care coverage and quality for millions of Americans, particularly those otherwise uninsured. As the Supreme Court yet again takes up an existential question about the constitutionality of the ACA, its future is at best uncertain. This threat is grave for people with diabetes.

Currently, 23 million Americans, nearly 2 million of whom have diabetes, rely on the ACA for health insurance, and millions more people with diabetes derive vital benefits from ACA directives that govern Medicare, Medicaid and commercial plans.<sup>1</sup> Thus, if the ACA were repealed or scaled back, the impact on the diabetes community would be devastating. Here’s why:

### **Coverage for preexisting conditions would no longer be guaranteed.**

The ACA made it illegal for insurers to deny coverage or charge higher premiums to individuals with preexisting conditions like diabetes, paving the way for millions of Americans to gain coverage free from discrimination based on health status.

Diabetes is the most common underlying chronic condition in the U.S., with more than 122 million Americans living with diabetes and prediabetes today.<sup>2</sup> If the ACA were repealed, millions of people with diabetes and many millions more with other preexisting conditions could be denied coverage once again. Given that the unemployment rate for the diabetes community stands at one and a half times the national rate<sup>3</sup>, with many losing their jobs and health insurance in tandem during the COVID-19 pandemic, these protections are more important now than ever before.

### **Coverage for “Essential Health Benefits” would be eliminated.**

The ACA created minimum federal standards known as “Essential Health Benefits” that require insurance plans to cover certain critical services, including preventive services like gestational and type 2 diabetes screenings, chronic disease management, and coverage for prescription drugs.

Preventive health care does not just save money for our health care system, but it also saves lives. With 1.5 million Americans newly diagnosed with diabetes every year, it’s more important than

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<sup>1</sup> Rebecca Myerson et al., “The Affordable Care Act and Health Insurance Coverage Among People With Diagnosed and Undiagnosed Diabetes: Data From the National Health and Nutrition Examination Survey,” *Diabetes Care* 42, no. 11 (2019), <https://care.diabetesjournals.org/content/42/11/e179>.

<sup>2</sup> “National Diabetes Statistics Report 2020,” Centers for Disease Control and Prevention, <https://www.cdc.gov/diabetes/data/statistics-report/>.

<sup>3</sup> “Diabetes and COVID-19: New Data Quantifies Extraordinary Challenges Faced by Americans with Diabetes During Pandemic,” American Diabetes Association and dQ&A, [https://www.diabetes.org/sites/default/files/2020-07/7.29.2020\\_dQA-ADA%20Data%20Release.pdf](https://www.diabetes.org/sites/default/files/2020-07/7.29.2020_dQA-ADA%20Data%20Release.pdf)

ever that people get the care they need sooner rather than later to prevent prediabetes from becoming diabetes, as well as to catch and manage diabetes early.<sup>4</sup> Absent the ACA, insurers would no longer be required to cover benefits necessary for people with diabetes to safely, effectively, and affordably manage their care.

**Individual marketplace and premium subsidies based on income would be eliminated.**

The ACA offers financial assistance to reduce monthly premiums and out-of-pocket costs to expand access to affordable health insurance for individuals with moderate and low-incomes – particularly those without access to coverage. Given the disproportionately high incidence of diabetes among low-income and historically underserved populations, this is critical. Diabetes rates are inversely related to income, and poverty correlates with increased incidence of diabetes and inequity of care.<sup>5,6</sup> The ACA has helped many of those who stand to benefit most from gaining access to health insurance to do so. If it were repealed, the most vulnerable among us would be once again left without the support they need to stay healthy.

**Medicaid eligibility expansion and federal funding for Medicaid expansion would end.**

Under the ACA, Medicaid eligibility was expanded for low-income adults, and states that opted to expand the program were provided federal funding to do so. Medicaid expansion removed barriers to care and improved health outcomes, financial security, and economic mobility for low-income Americans.<sup>7</sup>

More than a quarter of all Americans with diabetes are insured under Medicaid or the Children’s Health Insurance Plan (CHIP) program, and uninsured rates among people with diabetes have come down significantly since the ACA was implemented.<sup>8</sup> Prior to the ACA, 17% of American adults with diabetes were uninsured. Since the law took effect, that number declined by 12%, and among low-income Americans with diabetes, the decline was 27%.<sup>9</sup> If the ACA were struck down, these gains would be erased, leaving fewer Americans with or at high risk for diabetes without access to health insurance.

**Annual and lifetime caps on coverage could be reinstated.**

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<sup>4</sup> “Statistics About Diabetes,” American Diabetes Association, <https://www.diabetes.org/resources/statistics/statistics-about-diabetes>.

<sup>5</sup> Darrell J. Gaskin et al., “Disparities in Diabetes: The Nexus of Race, Poverty, and Place,” *American Journal of Public Health* 104, no. 11 (2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4021012/>.

<sup>6</sup> Chih-Cheng Hsu et al., “Poverty increases type 2 diabetes incidence and inequality of care despite universal health coverage,” *Diabetes Care* 35, no. 11 (2012), <https://care.diabetesjournals.org/content/35/11/2286>.

<sup>7</sup> “The Far-Reaching Benefits of the Affordable Care Act’s Medicaid Expansion,” Center for Budget and Policy Priorities, <https://www.cbpp.org/research/health/chart-book-the-far-reaching-benefits-of-the-affordable-care-acts-medicaid>.

<sup>8</sup> “MACStats: Medicaid and CHIP Data Book,” Medicaid and CHIP Payment and Access Commission, <https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf>.

<sup>9</sup> Myerson et al., “The Affordable Care Act and Health Insurance Coverage,” *Diabetes Care*.

Prior to 2010, insurers could limit how much they would pay for any individual's medical bills over their lifetime. Under the ACA, lifetime coverage limits were banned. This is especially important because diabetes is the most expensive chronic condition in the U.S.<sup>10</sup> Americans with diabetes not only spend 2.5 times more on health care than those without the condition, but they also account for \$1 in every \$4 spent on health care in America today.<sup>11, 12</sup> Diabetes is already a financial burden; if the ACA were repealed, for many, it could lead to financial ruin.

**Young adults would no longer have coverage under their parents' health insurance plans until age 26.**

The ACA allows young adults to stay on their parents' health care plans until age 26. Before the ACA was signed into law, many health plans and issuers could and did remove young adults from their parents' policies because of their age, leaving many just starting their careers uninsured.

More than 200,000 of the newly diagnosed people with diabetes each year are children and adolescents.<sup>13</sup> Young adults already see the highest uninsured rate of any age group. Limiting their access to health insurance and care as they're just learning to manage their diabetes would be a perilous consequence of ACA repeal.<sup>14</sup>

**Discrimination protections would be rolled back or eliminated.**

In addition to its critical expansion of health insurance benefits, the ACA prohibits discrimination by health care programs and activities.<sup>15</sup> This provision builds on existing federal civil rights laws protecting people with diabetes and the communities of color disproportionately affected by diabetes. The law prohibits discrimination in plan benefit design.<sup>16</sup> Health care programs cannot deny medical treatment based on diagnosis; instead they must individually assess the patient. The ACA provides important tools to ensure the fair and equal treatment of patients with diabetes.<sup>17</sup>

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<sup>10</sup> "Economic costs of diabetes in the US in 2017," *Diabetes Care* 41, no. 5 (2018), <https://care.diabetesjournals.org/content/41/5/917>.

<sup>11</sup> Sarah Stark Casagrande and Catherine C. Cowie, "Health Insurance Coverage Among People With and Without Diabetes in the U.S. Adult Population," *Diabetes Care* 35, no. 11 (2012), <https://care.diabetesjournals.org/content/35/11/2243>.

<sup>12</sup> "The Cost of Diabetes," American Diabetes Association, <https://www.diabetes.org/resources/statistics/cost-diabetes>.

<sup>13</sup> "Diabetes Statistics," Diabetes Research Institute Foundation, <https://www.diabetesresearch.org/diabetes-statistics>.

<sup>14</sup> "Young Adults and the Affordable Care Act," Centers for Medicare & Medicaid Services, [https://www.cms.gov/CCIIO/Resources/Files/adult\\_child\\_fact\\_sheet](https://www.cms.gov/CCIIO/Resources/Files/adult_child_fact_sheet).

<sup>15</sup> 42 U.S.C. § 18116.

<sup>16</sup> *Schmitt v. Kaiser Found. Health Plan of Wash.*, 965 F.3d 945 (9th Cir. 2020).

<sup>17</sup> Blake, Valarie K. "An Opening for Civil Rights in Health Insurance After the Affordable Care Act," 36 *Boston College Journal of Law and Social Justice* 235 (2016).