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Our nonpartisan, nonprofit patient advocacy organizations are committed to helping Wisconsinites get the comprehensive, affordable health coverage they need to live healthy, productive lives. Together, representing millions of Americans who live with serious or chronic disease, we support policies and legislation that achieve these goals without excluding the 25 percent of Wisconsin adults under age 65 who live with pre-existing conditions.¹

Agriculture is the backbone of Wisconsin, and we share farmers' concerns about finding affordable, comprehensive healthcare coverage. Unfortunately, the product proposed in this legislation will not deliver that kind of coverage for Wisconsin farmers. Senate Bill 450/Assembly Bill 448 authorizes the sale of unregulated health products that could discriminate against Wisconsin residents with pre-existing conditions. This bill would leave Wisconsinites exposed to medical and financial harm.

We urge lawmakers to reject Senate Bill 450/Assembly Bill 448

Senate Bill 450/Assembly Bill 448 plans are not legally health insurance and offer no safeguards for Wisconsinites.

- While plans sold through the state's individual insurance marketplace are required to cover essential health benefits
 including prescription medications, preventative services and hospitalizations, these plans lack the requirements for
 robust and comprehensive coverage including essential health benefits.
- SB 450/AB 448 plans may look into your medical history when you get ill and deny coverage for treatment of diseases like cancer and heart disease, legally failing consumers when they most need coverage.
- SB 450/AB 448 plans won't have to follow consumer protection laws other insurers have to follow.
- The Wisconsin Office of the Commissioner of Insurance will have no power to help consumers with complaints and Wisconsinites will have no meaningful appeals process.

Wisconsinites may be left without coverage, face significant costs, or be denied coverage.

- SB 450/AB 448 plans will not have to comply with requirements that limit out-of-pocket costs for patients, could impose caps on coverage, or could exclude coverage of certain benefits, leaving Wisconsinites with potentially catastrophic costs if they get sick.
- Individuals with pre-existing conditions who obtain coverage may be subject to unspecified waiting periods resulting in unplanned and unexpected out-of-pocket health care costs. In other states, similar products require a 6-month waiting periods for all contracts and a 9-month waiting period for maternity on family contracts. In some cases, the waiting period may extend up to 12 months.²
- Individuals with pre-existing conditions who are denied benefits may be unable to access benefits under the Affordable Care Act (ACA) because of the limited enrollment window leaving them uninsured and vulnerable.

Senate Bill 450/Assembly Bill 448 plans don't provide affordable options for many Wisconsinites.

• SB 450/AB 448 plans may cherry-pick healthy customers and reject people with histories of illness (something that other Wisconsin insurers can't do). This could drive up costs for other privately insured consumers.

¹ Pre-Existing Condition Prevalence for Individuals and Families | KFF

² https://fbhealthplans.com/plans/individual-family-plans/core-choice/

We respectfully request you vote no on Senate Bill 450/Assembly Bill 448:

ALS Association
American Cancer Society Cancer Action Network
American Diabetes Association
American Heart Association
American Lung Association
Association for Clinical Oncology
Blood Cancer United
Coalition of WI Aging & Health Groups
Cystic Fibrosis Foundation
Lupus Foundation of America, Wisconsin Chapter
National Multiple Sclerosis Society
Spondylitis Association of America
Susan G. Komen

Wisconsin Association of Hematology and Oncology

Wisconsin Asthma Coalition