



The Affordable Care Act and *Autism*

The Affordable Care Act – also known as health reform or “Obamacare” – was signed into law on March 23, 2010. The health reform law has affected millions of Americans, including the autism community. Autism Speaks knows that health insurance is complicated but we want to help you make sense of these changes so you can make the best choice for your family. We have developed this series of fact sheets to provide factual information about some of the law’s most significant reforms and how they might affect you.

Pre-existing Conditions

One of the most significant changes under the Affordable Care Act is that insurers can no longer deny coverage for pre-existing conditions. This is true even if you have been refused coverage in the past because of a pre-existing condition. What do you need to know about this new requirement? Here are a few questions that Autism Speaks has identified.

What is a pre-existing condition?

A pre-existing condition is a medical condition or other health problem that existed before an individual enrolled in a health insurance plan. Pre-existing conditions can include cancer, asthma, high blood pressure, back injuries, and even pregnancy. Nearly half of all Americans – up to 122 million adults – are affected by a pre-existing condition. Hypertension is the most commonly reported medical condition among adults that results in an insurer’s refusal to provide coverage.

Is autism spectrum disorder a preexisting condition?

Yes, a diagnosis of autism spectrum disorder has been treated as a pre-existing condition in many states. This means that, prior to the Affordable Care Act, insurers were able to exclude or deny coverage for treatment.

Weren’t pre-existing conditions always covered by insurance companies?

No, insurers in most states did not have to cover pre-existing conditions before the Affordable Care Act. In fact, before health reform, most insurers could deny coverage entirely, charge a higher premium, or exclude benefits for pre-existing conditions. As a result, those with a pre-existing condition often spent thousands of dollars more each year than those without such conditions.

Does this provision apply to children?

Yes, insurers cannot deny or limit coverage to children under age 21 because of a pre-existing condition. This protection applies to the coverage that a child would obtain as a dependent (such as on a parent’s policy) as well as a “child-only” policy

(an individual health plan made available to children under age 21 with no parent or guardian covered on the same policy). In 2008, over 20,000 children were denied a child-only policy based on a pre-existing condition and over 18,000 additional children faced coverage restrictions because of pre-existing conditions.

Do all types of coverage have to cover pre-existing conditions?

It depends on what type of coverage you have. Under the Affordable Care Act, insurers that offer [“self-insured”](#) or [“fully insured”](#) health insurance to individuals, small businesses, or large businesses must comply with this requirement. This is also true of coverage that you get through Medicaid and the Children’s Health Insurance Program.

The only plans that do not have to cover pre-existing conditions are [“grandfathered health plans”](#) that you buy yourself (not from your employer). These are plans that were purchased on or before March 23, 2010. Your plan materials will say whether you are enrolled in this type of plan or not. If you have a grandfathered health plan, you can switch to a plan through the new [Health Insurance Marketplace](#) in your state and get the coverage you need for your pre-existing condition.