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Patient Groups Urge U.S. District Court to Preserve Preventive Services Coverage Requirement

Repealing No-Cost Prevention Would Harm Public Health

Washington, D.C.—November 30, 2022— Patient groups representing millions of people with serious health conditions submitted an [amicus brief](#) today urging the U.S. District Court in the Northern District of Texas to preserve the requirement that private health insurers cover U.S. Preventive Services Task Force (USPSTF) recommended preventive services without cost sharing as required under the Affordable Care Act.

In September, District Court Judge Reed O'Connor ruled that the process used for requiring this coverage was constitutionally flawed, and he is now considering potential remedies as a result. The services at issue include proven screenings for breast, colorectal, cervical, and lung cancers, as well as cholesterol testing for cardiovascular conditions, and other services.

The 16 patient groups filing the brief include, the American Cancer Society Cancer Action Network, Arthritis Foundation, American Kidney Fund, American Lung Association, Cystic Fibrosis Foundation, The Leukemia & Lymphoma Society, The National Multiple Sclerosis Society, and The AIDS Institute.

A statement from the groups follows:

“Ending no-cost access to proven preventive services nationwide would have a profoundly negative effect on the ability of millions of patients to get the care they need in a timely and effective manner.

“Numerous research studies have proven the benefits of these services. They ensure people can prevent, detect and treat their conditions as early as possible, improving health outcomes and saving patients and the health care system money. Whether it’s a doctor-recommended colonoscopy that finds a polyp before it becomes cancer, a low dose CT scan that identifies early stage lung cancer, a screening for diabetes that saves someone from developing potentially life-threatening kidney disease, a blood pressure test that alerts someone to their increased risk for a heart attack, smoking cessation services that help someone end a tobacco addiction, or medication that prevents the acquisition of HIV, these services are critical to people’s health.

“We cannot risk returning to a system wherein every individual has to decipher whether their insurance plan covers a recommended screening, and if so, what their out-of-pocket costs may be and whether they can afford it.

“On behalf the millions of patients we represent, we urge the Court to uphold current coverage requirements of these critical preventive services.”

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Groups signing the brief: The American Cancer Society, American Cancer Society Cancer Action Network, American Kidney Fund, American Lung Association, Arthritis Foundation, CancerCare, Cancer Support Community, Cystic Fibrosis Foundation, Epilepsy Foundation, Hemophilia Federation of America, The Leukemia and Lymphoma Society, National Minority Quality Forum, National Multiple Sclerosis Society, National Patient Advocate Foundation, The Aids Institute and WomenHeart.