



Written by [Michael Tennant](#) on February 18, 2016

Cancer and ObamaCare: a Double Whammy

Being diagnosed with cancer is scary enough. Having cancer and ObamaCare can be a nightmare.

According to the [Associated Press](#), “Hundreds of thousands of people lose subsidies under the health law, or even their policies, when they get tangled in a web of paperwork problems involving income, citizenship and taxes. Some are dealing with serious illnesses like cancer.”



It hardly comes as a surprise that deeper government involvement in health insurance has led to increased red tape for patients. The [American Action Forum](#) estimates that the regulations issued under the Affordable Care Act (ACA) “will cost businesses and individuals more than \$45 billion and will require approximately 165 million hours of paperwork in order to comply.”

Now imagine you’re a cancer patient of modest means trying to figure out which ObamaCare policy to buy that will both cover your treatment, preferably at the provider of your choice, and be, as the law’s moniker suggests, affordable. Then imagine that you get churned about in the wheels of bureaucracy and end up with either no coverage or coverage you can’t afford.

Walt Whitlow, a self-employed remodeling contractor from Volente, Texas, who suffers from throat cancer, told the AP his subsidy was revoked without his knowledge, causing his premium to quadruple and his deductible to more than quintuple — a state of affairs he discovered only when his doctor’s office called.

“I was really impressed with the quality of care, but the paperwork was just unbelievable,” said Whitlow, who told the news agency he had submitted bank statements to Healthcare.gov to prove his income. He appealed his case and eventually won, but only with the assistance of Foundation Communities, a nonprofit in Austin.

Ana Granado, a legal immigrant from Brazil who lives with her daughter in Charlotte, North Carolina, obtained coverage under the ACA despite already having been diagnosed with cancer, exactly as the law is ostensibly designed to work. But when it came time for her reconstructive surgery, “she was notified that her coverage would be canceled because of questions about her immigration status,” wrote the AP. That issue was resolved quickly, but then her subsidy was suspended over income questions. Although she also won that battle — both wins courtesy of assistance from Charlotte-based Legal Services of Southern Piedmont — she said the fight had been “a huge stress,” something a cancer patient hardly needs.

Those subsidies, by the way, are a big deal; without them, plans offered under the ACA are rarely affordable.

“When people get that bill for a full-price plan, they panic and they cancel the insurance,” Foundation Communities’ Elizabeth Colvin told the AP.

That is exactly what Lynn Herrin of Wimberley, Texas, did. Herrin, a widow who had sold a family



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business, bought ObamaCare exchange coverage in 2014, receiving a subsidy based on her projected income. Come tax time, however, she learned that she owed the government \$700. Between that unwelcome surprise and the fact that, as is typical with exchange plans, Herrin had trouble finding a doctor who would take hers, she canceled her policy — only to be diagnosed with oral and neck cancer just months later, the treatment for which cost her about \$70,000. She got a new policy this year.

“I ended up getting mad about it and just canceling, but I’m the one who screwed up,” Herrin told the AP. “It did make me mad that they quoted me an amount, and then I filled out my taxes and I owed. I don’t think it is fair.”

Fair or not, such paperwork issues plague a large number of Americans, reported the AP:

The government says about 470,000 people had coverage terminated through Sept. 30 last year because of unresolved documentation issues involving citizenship and immigration. During the same time, more than 1 million households had their financial assistance “adjusted” because of income discrepancies. Advocates say “adjusted” usually means the subsidies get eliminated.

Much of this is the result of provisions of the ACA and subsequent regulations designed to ensure that only those eligible for subsidies receive them. “But,” noted the AP, “Health and Human Services Secretary Sylvia M. Burwell recently acknowledged the paperwork tangle is more likely to trap the innocent than fraudsters.” Healthcare.gov has also purportedly been upgraded to reduce these types of bureaucratic bugaboos.

Other cancer patients have suffered less from paperwork than from the collapse of the ObamaCare co-ops.

In New York, for instance, 250 cancer patients who were receiving treatment at Memorial Sloan Kettering Cancer Center nearly lost both their coverage and their provider when the Empire State’s co-op, Health Republic, [announced](#) last year it was shutting down after losing \$130 million, stranding 100,000 New Yorkers without coverage. Of those 250 cancer patients, 114 — supposedly those undergoing active treatment at the time — were rescued by New York City taxpayers when the city’s public health system agreed to [cover them](#) through 2016.

The Tennessee co-op, Community Health Alliance, shut its door at the end of 2015, leaving about 27,000 Volunteer Staters without coverage and causing more red tape and anxiety for those in the midst of treatment. John Vickers of Knoxville, who was diagnosed with stage three colon cancer last year, told [WATE-TV](#) that the change of insurers has wreaked havoc on his course of treatment. Vickers said the co-op paid for his surgery in November, and he bought exchange coverage through United Healthcare because it seemed the best fit for his treatment and had Fort Sanders Regional Medical Center in its network. But after he ended up hospitalized in early January, he found out Fort Sanders wasn’t in his plan’s network after all.

“I’m sure that three day stay in the hospital is going to be expensive,” Vickers said. “I’ve got a \$50,000 copay to meet.”

Vickers was later treated at his previous medical center under a special waiver, only to be told once again he wouldn’t be covered, costing him about \$25,000 more. That’s “affordable” healthcare for you, courtesy of Uncle Sam.

Such troubles for patients do not bode well for the future of ObamaCare, which has some ACA advocates worried.



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“These problems can grow, and they can contribute to undermining consumer faith in the system, and that could lead to attrition,” Rachel Klein of the pro-ObamaCare organization Families USA told the AP.

The alternative, however, is for people to remain in the system and keep dealing with the stress and uncertainty of red tape and coverage changes; and few are likely to want to do that, particularly if they are healthy. Besides, the more people suffer under ObamaCare, the more urgent the push for repeal will become.

In other words, whether the exchanges limp along or go belly up, pro-ObamaCare forces stand to lose — which makes for a favorable prognosis for Americans’ health and liberty.





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