

RESEARCH LETTER

Prevalence of Pre-existing Conditions Among Community Health Center Patients With COVID-19: Implications for the Patient Protection and Affordable Care Act

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Background: Short- and long-term effects of COVID-19 will likely be designated pre-existing conditions. We describe the prevalence of pre-existing conditions among community health center patients overall and those with COVID-19 by race/ethnicity.

Materials and Methods: This cross-sectional study used electronic health record data from OCHIN, a network of 396 community health centers across 14 states.

Results: Among all patients with COVID-19, 33% did not have a pre-existing condition before the pandemic. Up to half of COVID-19-positive non-Hispanic Asians (51%), Hispanic (36%), and non-Hispanic black (28%) patients did not have a pre-existing condition before the pandemic.

Conclusions: The future of the Patient Protection and Affordable Care Act is uncertain, and the long-term health effects of COVID-19 are largely unknown; therefore, ensuring people with pre-existing conditions can acquire health insurance is essential to achieving health equity. (J Am Board Fam Med 2021;34:S247–S249.)

Keywords: Affordable Care Act, Chronic Disease, Community Health Centers, COVID-19, Cross-Sectional Studies, Ethnic Groups, Health Equity, Health Policy, Pandemics, Pre-Existing Condition

Introduction

Pre-existing conditions are health conditions an individual has before health insurance enrollment.¹ The Patient Protection and Affordable Care Act (ACA) prohibits health insurance companies from denying coverage or charging higher premiums to patients with pre-existing conditions.² It is unclear if this provision will be upheld² as the ACA continues to face

the possibility of being dismantled. In March 2020, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes COVID-19, started spreading across the United States. As of November 2020, the United States reported >12 million cases.³ COVID-19 is associated with short- and long-term effects, therefore it will likely fit the definition of a pre-existing condition.⁴ Some populations, such as medically underserved and racial/ethnic minorities, are at increased risk for COVID-19.⁵ Many of the populations at increased risk receive care in community health centers (CHCs), which serve 29 million US patients.⁶ We describe the prevalence of pre-existing conditions among CHC patients overall and among those with COVID-19 by race/ethnicity.

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Methods

This cross-sectional study used electronic health record data from OCHIN, a network of 396 CHCs across 14 states. We assessed active patients aged 19 to 64 with ≥ 1 in-person visit between January 1, 2019 and February 29, 2020 (termed overall), and those with COVID-19 defined as patients with ≥ 1 positive test result or diagnosis code between March 1, 2020 and October 10, 2020. The outcome of interest was any pre-existing condition as of February 29, 2020. Pre-existing conditions¹ were based on a modified version of the Kaiser Family Foundation list of common “declinable medical conditions” maintained by more than half of insurers (see Table 1) and were identified by International Classification of Diseases, Ninth or Tenth Revision codes. We conducted descriptive statistics to estimate the prevalence of pre-existing conditions overall and among those with COVID-19 by race/ethnicity (Hispanic, non-Hispanic white, non-Hispanic black, non-Hispanic Asian, non-Hispanic other, and unknown). This study was approved by our Institutional Review Board.

Results

Among 784,332 adult CHC patients, 61% had at least 1 pre-existing condition as of February 29, 2020. A greater percentage of non-Hispanic white

patients had a pre-existing condition compared with patients of other racial/ethnic categories (Table 1). Among patients with COVID-19 (n = 7532), 33% did not have a pre-existing condition at the time of infection, and we observed variability between race/ethnicity groups. Specifically, among patients with COVID-19, 51% non-Hispanic Asian, 36% Hispanic, and 28% non-Hispanic black did not have a pre-existing condition.

Discussion

One in 3 CHC patients with COVID-19 did not have a pre-existing condition before March 2020. We found a greater percentage of non-Hispanic Asian, Hispanic, and non-Hispanic black patients with COVID-19 had no prior pre-existing conditions. Non-Hispanic Asian, Hispanic, and non-Hispanic black adults are facing the largest increases in unemployment,⁷ which also puts them at increased risk for losing employer-sponsored health insurance. Our findings highlight that minority patients would be most impacted if the ACA mandate differentiating coverage based on pre-existing conditions was altered or revoked and COVID-19 was designated a pre-existing condition. Dismantling other provisions of the ACA (such as Medicaid expansion) could also lead to reduced access to health

Table 1. Prevalence of One or More Pre-existing Conditions Among Community Health Center Patients Aged 19 to 64 and Among Those Positive for COVID-19 by Race/Ethnicity

	Patients with a visit between January 1, 2019 and February 29, 2020		Patients with COVID-19 ^b (March 1, 2020 to October 10, 2020)	
	No. patients	% patients <i>with</i> pre-existing conditions ^a by February 29, 2020	No. patients	% patients <i>with</i> pre-existing conditions ^a by October 10, 2020
All patients	784,332	61%	7532	67%
Hispanic	248,942	55%	4391	64%
Non-Hispanic Asian	30,684	44%	244	49%
Non-Hispanic black	138,875	60%	1474	72%
Non-Hispanic other	13,466	68%	72	79%
Non-Hispanic white	285,175	71%	1004	78%
Unknown	67,190	55%	347	63%

^aPre-existing conditions include HIV/AIDS; lupus; alcohol and drug abuse (excludes tobacco use); mental disorders (eg, depression, bipolar disorder); Alzheimer’s/dementia; multiple sclerosis; rheumatoid arthritis, fibromyalgia and other inflammatory joint diseases; muscular dystrophy; cancer other than skin; severe obesity; cerebral palsy; congestive heart failure; paraplegia and paralysis; coronary artery disease; Crohn’s disease and ulcerative colitis; Parkinson’s disease; chronic obstructive pulmonary disease, emphysema, and asthma; diabetes mellitus; pneumocystic pneumonia; epilepsy; hemophilia; sleep apnea; hepatitis; stroke; and kidney disease/renal failure. Pre-existing conditions identified among patient with an in-person office visit between January 1, 2019 and February 29, 2020.

^bPatients with COVID-19 are those with a positive laboratory result in their electronic health record or a COVID-19 diagnosis code.

insurance and chronic disease management. These reductions will likely be worse for minority patients, especially those suffering from long-term COVID-19 effects. Although 61% of all CHC patients had at least 1 pre-existing condition before March 2020, nearly 65% of patients with COVID-19 had prior pre-existing conditions, supporting reports that patients with existing health problems are at increased risk for COVID-19.⁸ Our numbers could be underestimated because some patients may have undocumented chronic conditions or may have received a positive result for COVID-19 outside the OCHIN network. Although the future of the ACA is uncertain,² it is clear that ensuring protection for patients with pre-existing conditions is essential to achieving health equity.

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To see this article online, please go to: <http://jabfm.org/content/34/Supplement/S247.full>.

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