There is a clear choice between Democrat Gina Ortiz Jones and Republican Tony Gonzales, especially on health care.

Gina Ortiz Jones Promised To Make Lower-Cost, Accessible And Quality Health Care For Every American A Top Priority. “In Congress, Gina will make lower-cost, accessible, quality health care for every American -- regardless of sex, age, income, or employment status -- a top priority. Gina supports universal health care and believes a public option is the best way to help achieve that.” [Gina Ortiz Jones for Congress – Issues: Health Care, accessed 8/22/20]

Gina Ortiz Jones Said She Wanted To Lower Prescription Drug Costs In DC. “I’m honored by the groundswell of support we’ve received and together we’re building a grassroots campaign to stand up to the corporate special interests and bring commonsense priorities like quality, affordable health care and lower prescription drug costs to Washington, D.C.,” Jones said in a statement.” [Texas Tribune, 10/1/19]


Gina Ortiz Jones Promised To Protect Texans With Pre-Existing Conditions. “In a statement, a Jones spokesperson said both candidates in the runoff are ‘Trump-style Republicans who have pledged to strip away health care while San Antonio native and Iraq War veteran Gina Ortiz Jones will protect it for Texans with pre-existing conditions.’ ‘She is well-equipped to defeat either of them in a district President Trump lost and will lose again,’ said the spokesperson, Sharon Yang.” [Texas Tribune, 7/13/20]

Gonzales Wanted To Eliminate The Affordable Care Act. Q: “How would you promote healthcare coverage that is adequate, affordable and accessible for all?” GONZALES: “By eliminating Obama Care (ACA) we need to move back towards a free market system that allows health care companies to properly compete against each other for free enterprise and competitive rates. The exponential rise in healthcare costs for citizens is unacceptable and we need to return back to free enterprise. Pre existing conditions will be covered to ensure that citizens are covered and not left between the cracks.” [iVoterGuide – Candidate Questionnaire: Tony Gonzales, accessed 8/22/20]

The Affordable Care Act Prevented Insurers From Denying Coverage Or Charging More If An Individual Had A Pre-Existing Condition. “In the old days, insurance companies had ways to avoid selling policies to people who were likely to cost more than insurers wanted to spend. They might deny them coverage outright, or exclude coverage for a known condition, or charge so much that insurance became unaffordable. The Affordable Care Act boxes out the old insurance practices with a package of legal moves. First, it says point-blank that carriers ‘may not impose any preexisting condition exclusion.’ It backs that up with another section that says they ‘may not establish rules for eligibility’ based on health status, medical condition, claims experience or medical history.” [Politifact, 10/17/18]

2017: Repeal Could Have Denied Coverage To As Many As 133 Million Americans. “This analysis updates that earlier study. It confirms that a large fraction of non-elderly Americans have pre-existing health conditions: at least 23 percent of Americans (61 million people) using a narrow definition based on eligibility criteria for pre-ACA state high-risk pools, or as many as 51 percent (133 million people) using a broader definition closer to the underwriting criteria used by insurers prior to the ACA. Any of these 133 million Americans could have been denied coverage, or offered coverage only at an exorbitant price, had they needed individual market health insurance before 2014.” [HHS.gov, Issue Brief, 1/5/17]

The ACA Prohibited Insurers From Denying Or Charging More For Coverage Due To Pregnancy Or Previous Cesarean Section, Which Were Previously Considered Pre-existing Conditions. “Before Obamacare made coverage guaranteed issue, pregnancy itself was also considered a pre-existing condition that would prevent
an expectant parent — male or female — from obtaining coverage in all but five states. And many individual health insurance carriers considered a previous cesarean section to be a reason to decline an application or charge a higher initial premium. (in Maine, Massachusetts, New Jersey, New York, and Vermont, state regulations prevented carriers from using medical underwriting to determine eligibility for coverage, long before this became the norm under the ACA). [HealthInsurance.org, 10/16/18]

Asthma, Diabetes And Cancer Were Considered Pre-Existing Conditions. “Health insurers can no longer charge more or deny coverage to you or your child because of a pre-existing health condition like asthma, diabetes, or cancer.” [HHS.gov, Pre-Existing Conditions, 1/31/17]

COVID-19 Could Be Considered A Pre-Existing Condition Without The Affordable Care Act, Stamping Individuals Who Contracted The Virus As “Uninsurable.” “COVID-19 could have stamped a person ‘uninsurable’ if not for the Affordable Care Act. The ban on insurers using preexisting conditions to deny coverage is a key part of the Obama-era law that the Trump administration still seeks to overturn. Without the law, people who recovered from COVID-19 and tried to purchase an individual health insurance policy could be turned down, charged higher premiums or have follow-up care excluded from coverage. Those considered vulnerable because of conditions such as respiratory problems or early-stage diabetes would have run into a wall of insurer suspicion.” [Associated Press, 5/3/20]