

Roll Call

By Rep. Joe Courtney

June 18, 2010, 12:41 p.m.

I met Gloria Bitner of Marlborough, Conn., at a town hall last year. Now 63 years old, she suffered a heart attack at age 54 and fortunately was covered under her husband's health plan at the time.

In 2008, however, he was laid off from his job at a car dealership, and their COBRA was close to the end. When I met her, Bitner described in excruciating detail how her heart attack made her family uninsurable on the individual market. After being rejected by a number of insurance providers because of her pre-existing health condition, she turned to Connecticut's high-risk

pool program. For a basic policy for her and her husband, she was quoted an annual premium in excess of \$30,000, which would have obliterated the couple's middle-class budget.

As the Bitners quickly discovered, in the individual insurance market — where most unemployed and self-employed people and small businesses go for insurance — a heart attack is a common reason for insurance denial.

Another common reason for denial is diabetes. Since their son was diagnosed with Type 1 diabetes, the Crowley family of North Stonington, Conn., has lived in fear of the unforeseen. Although the son is covered through his parent's employer health plan, the Crowleys worry that if they lose their coverage because of a layoff or job change, his chronic condition will trigger waiting periods or outright exclusion from a new plan. Long term, they worry that he won't be able to obtain coverage on his own after he ages out of their coverage unless he is lucky enough to find employment with a large firm. Without coverage, they fear he won't have access to the daily insulin shots and costly glucose monitoring systems he needs to stay alive.

The Crowleys were worried because without a larger employer-sponsored plan, securing insurance coverage on the individual market is almost impossible and prohibitively expensive.

These families are not alone. According to a report released by Families USA, more than 57 million Americans younger than 65 have a pre-existing health condition that leaves them susceptible to insurance denials. For those directly affected by pre-existing condition exclusions, there are clear health and financial consequences. And for families like the Crowleys who are lucky enough to still have coverage, the fear of losing or changing plans takes a toll as well.

An insurance system that excludes people from coverage based on pre-existing conditions functions on the "actuarial rules of risk avoidance." These rules have an internal logic, but they fail on a societal level by creating a health care system with haves and have-nots. To put it bluntly, it is medical apartheid.

The fact that Type 1 diabetes, a heart attack, high blood pressure, cancer or any other ailment caused by internal biology is used to discriminate in the insurance marketplace is fundamentally unfair.

Now consider a system in which the Crowleys wouldn't have to think about their son's employment prospects as a life-or-death situation. Consider a system that ensures access to affordable, meaningful coverage to millions who are susceptible to pre-existing health condition exclusions. Following passage of health care reform legislation, that is the new reality. Jim Crow laws were declared illegal and inherently unfair a generation ago, and denying insurance coverage based on an individual's internal biology will follow them into oblivion.

Since being elected to Congress nearly four years ago, I have worked to achieve these protections for the Crowley family and for the 57 million Americans who face the crippling effects of pre-existing condition exclusions. In the 110th Congress, I introduced legislation to reduce the practice of denying coverage based on pre-existing health conditions. Then in the 111th Congress, I introduced a bill to eliminate the practice altogether. These protections were included in both the House and Senate health care reform bills and are now the law of the land.

While the new health care reform law will solidify critical insurance reforms to limit and eventually abolish pre-existing condition exclusions, it is not a silver bullet. Protections will be phased in over time. Beginning this year, a new temporary high-risk pool program with subsidized premiums will provide insurance options for those who have been denied coverage based on a pre-existing health condition. Also beginning this year, the legislation will prohibit insurance providers from denying children coverage based on pre-existing health conditions. By 2014, the health care reform package will end pre-existing condition exclusions for everyone.

Over time, these insurance protections will offer sustainable, long-term relief for families like the Crowleys and Bitners. They will eliminate unfair practices and ensure that no one is discriminated against based on his or her internal biology. These protections will put to rest the fear of the unknown. Employment decisions shouldn't be about life or death, and no family should exhaust its savings paying for insurance. What for so long was a pipe dream is now a reality. It's the realization of one of President Franklin Roosevelt's four freedoms, the freedom from fear.

[http://www.rollcall.com/features/Health-Care-Next-Steps\\_2010/health\\_care/-47487-1.html](http://www.rollcall.com/features/Health-Care-Next-Steps_2010/health_care/-47487-1.html)