



uniting consumers to achieve affordable,  
high quality health care for all

2008- 5

June, 2008

### **Ohio Gets a Failing Grade in Providing Consumer Protections in the Individual Health Insurance Market**



Christine Conrad knows all too well that Ohio gets a failing grade when it comes to protecting the consumer in the Individual Health Insurance Market. A Columbus-area nurse who suffers from fibromyalgia, Christine was denied insurance in the individual market and struggled to pay for treatment that was excluded when she did secure coverage under her employer's policy. "I wasn't able to see a specialist to treat my fibromyalgia," said Conrad. "I had health insurance but it still left me without the care I needed the most."

"Failing Grades," a report by Families USA released in Ohio June 12<sup>th</sup> by the Ohio Consumers for Health Coverage, reviews whether key protections are provided to consumers. Based on the criteria in the Families USA report, Ohio earns a failing grade by getting no credit for eight of 14 consumer protections.

Insurance companies can deny health coverage to people with pre-existing health conditions, refuse to pay for services needed to treat people with common ailments, and yank policies and deny payments when a consumer faces a rash of medical bills, and Ohio offers few protections to consumers from such abuses.

"Ohio is doing very little to provide basic protections for health care consumers. As a result, many consumers are turned down for coverage, are charged unaffordable premiums, or have their health claims wrongfully denied. Too many Ohioans have to think twice before switching jobs or starting a business because they worry they cannot get insurance," said Cathy Levine, co-chair of OCHC.

The findings in the Families USA report show that most

(See **Failing Grade**, page 2)

### **Coming Events**

#### **Tuesday, July 8, 2008**

Monthly meeting Southwest Ohio Consumers for Health Coverage

New Vision United Methodist Church,  
4400 Reading Road

**2:30 - 4:30 PM**

For more information contact Janice Alvarado at (513) 321-2518 or [AlvaradoJG@aol.com](mailto:AlvaradoJG@aol.com)

#### **Wednesday, July 9, 2008**

Meeting for Small Business Owners--by invitation, Columbus

Please contact Kathleen Gmeiner if you are interested in attending.

[kgmeiner@columbus.rr.com](mailto:kgmeiner@columbus.rr.com)

#### **Tuesday, July 15, 2008**

Southeast Ohio Consumers for Health Coverage

Athens Public Library  
30 Home St., Athens

**12:15 - 1:30 PM**

Please feel free to bring a brown-bag lunch.

#### **Thursday, July 17, 2008**

Central Ohio Consumers for Health Coverage

Trinity Lutheran Church 404 S. Third Street, Columbus 43215

**7:00 - 8:30 PM**

For information contact Audra Teague,

[ateague@uhcanohio.org](mailto:ateague@uhcanohio.org)

(See **Events**, page 2)

**(Failing Grade, continued from page 1)**

states fail to ensure affordable, adequate health care for consumers.

- Only five states prohibit all insurance companies from cherry-picking the healthiest consumers and excluding everyone else. Ohio is not one of the five.
- In 35 states and the District of Columbia, there are no limits on how much insurers can increase premiums based on an individual's health status. An additional six states have limits that still allow dramatic variations in premiums. Ohio has no limit on how much insurers can charge based on health status.
- In Ohio and 26 other states, insurers can exclude coverage for pre-existing conditions for up to one year. In addition, Ohio has no objective standards for defining pre-existing conditions.
- In 44 states, including Ohio and the District of Columbia, insurers can revoke an individual's health insurance policy without advance review by the state.

The full report can be found at

[www.familiesusa.org/resources/publications/reports/failing-grades.html](http://www.familiesusa.org/resources/publications/reports/failing-grades.html).

**(Events, cont'd from page 1)**

**Friday, July 18, 2008**

Northeast Ohio Consumers for Health Coverage  
Trinity Cathedral  
2230 Euclid Avenue,  
Cleveland 44115

**9:30 - 11:00 AM**

For more information contact Gary Benjamin at [gbenjamin@uhcanohio.org](mailto:gbenjamin@uhcanohio.org)

**HOLD THESE DATES!**

**Wednesday, July 23rd**

Ohio: A Critical Moment for Health Care Reform

**7:00 - 8:30 PM**

Ernest J. Bever Center  
210 S. Second Street  
Hamilton, Ohio

**Wednesday, August 13th**

OCHC Statewide Quarterly Meeting

**1:00 - 3:00 PM**

Place to be announced.  
For more information contact the UHCAN Ohio office at (614) 456-0060

### **SCI Recommendations Nearly Ready; Ball Will Be in Governor Strickland's Court**

The Governor's State Coverage Initiative (SCI) team is putting final touches on its recommendations to the Governor to achieve health coverage for 500,000 of Ohio's uninsured.

OCHC is working hard to make sure that the coverage will be truly affordable and comprehensive.

Access to coverage for nearly half of Ohio's

(See **SCI**, page 3)



### **80 Percent of Ohio ChoiceDialogue Participants Support Tax-Financed Public Health Coverage**

**76% willing to pay higher taxes so that everyone is covered**

On June 5, 2008 UHCAN Ohio and the Health Policy Institute of Ohio co-sponsored a briefing for health care stakeholders about the results of their work with Viewpoint Learning Inc. We explored what happens when a group of adults selected to reflect the diversity of the population spend 8 hours grappling with the most troublesome health care questions of the day. Three groups of (See **ChoiceDialogue**, page 3)

(Continued from **SCI**, page 2)

uninsured is a huge step forward to achieve health care reform. The recommendations will likely contain a proposal to expand Medicaid for parents up to 200% of the federal poverty level and to allow for coverage of non-Medicaid eligible adults below 100% of the federal poverty level. There has never been a formal recommendation by an officially appointed committee to expand Medicaid to this extent.

These and other recommendations are costly, but are also cost-effective ways to make our state healthy. Adequate revenues need to be identified to pay for these expansions.

OCHC supports proposals that expand Medicaid to 200% of the poverty level for parents and that create subsidies to make coverage more affordable. But OCHC opposes high cost-sharing for this population. We also support narrowing the gap between what people pay for insurance based on health status, age, and other factors. We support requiring insurers to spend a minimum of 85 percent of premiums on providing health care.

We also know that there are many Ohioans living under the poverty level who are technically Medicaid eligible, but their high “spend-downs” keep them from accessing health care. We are optimistic that the recommendations will propose a higher income level for “spend-down.”

In our communications with the SCI team we have emphasized these points:

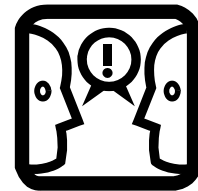
**Health insurance must be adequate.** The benefit package must be designed to meet a variety of health needs and should emphasize prevention as well as disease

(See **SCI**, page 4)

(Continued from **ChoiceDialogue**, page 2)

forty adults did this in Cincinnati, Akron and Columbus on March 15, April 19, and April 26<sup>th</sup>, respectively.

The group was initially asked to share their individual concerns about the health care system. Then they twice broke into four small groups to wrestle with a vision of what the health care system should look like, and to figure out how to pay for it. At the end of the day they were asked what had been surprising and what message they had for legislators.



***Their top concerns at the outset?***

- The large number of uninsured
- Growing insecurity of health coverage
- High – and rising – costs for coverage, care, and prescription drugs.
- Anger at excess profits being reaped by insurance companies, drug companies and hospitals, and at insurers’ willingness to turn away people in need.

***By the end of the day***

- 88% agreed that covering everyone in the state was ‘absolutely essential’ or ‘very important’.
- 80% of Ohio participants supported switching to a publicly run health insurance program paid for by taxes. Only 18% preferred staying with the present employer-based system.

**There was a strong emphasis on preventive care and choice.**

- **Preventive care** like screenings, vaccinations, and disease management—98% of participants supported putting more
- (See **ChoiceDialogue**, page 4)

(Continued from **SCI**, page 3)

management. OCHC recommends:

- ▶ A continuum of care including prevention and wellness, primary care, chronic care coordination services, emergency services, hospitalization benefits, prescription drugs, mental health services, vision and dental coverage, rehabilitation services, end-of-life care, home care and long term care.
- ▶ No annual or per illness benefit maximums.
- ▶ A benefit structure that promotes wellness and preventive care with incentives not punishments.
- ▶ An upper limit on out-of-pocket costs.

**Health insurance must be available to all.** Insurance rules need to be updated to eliminate discrimination in obtaining and paying for coverage based on age, health status, or other factors. Providers need to be available to serve consumers. OCHC recommends:

- ▶ Prohibiting exclusion based on pre-existing conditions.
- ▶ Increasing targeted provider reimbursement rates, as necessary, to ensure access to providers.
- ▶ Create a task force to create short and long term strategies for increasing the pool of primary care providers.

OCHC supports the guaranteed issuing of health insurance that does not allow for exclusion of pre-existing conditions and we support increasing the eligibility for dependent coverage to age 29. We also

(See **SCI**, page 5)

(Continued from **ChoiceDialogue**, page 3)

resources into preventive care, and 71% supported it strongly.

- **Comprehensive Care for Children**--77% rated this as "absolutely essential."
- **Better health education**
- **Encourage healthy behavior**--84% of participants supported encouraging healthy behaviors like quitting smoking, exercising, and getting screenings
- **Get employers into the game**—such as getting time off work for check-ups.

### **Paying for the Care**

Participants preferred that

- Employers pay through a corporate tax
- That everyone pay something, but co-pays, etc. be scaled to income
- 76% of Ohio participants said they would be willing to pay higher taxes so that everyone can have health insurance. □

### **Join the Community Conversation**

Want to help bring to your community a structured conversation where diverse people seek common ground on how to reform health care? Twenty-five facilitators were trained on June 4<sup>th</sup> to lead these community conversations. We now have facilitators in Athens, Cincinnati, Columbus, Northeast Ohio, and Toledo. Contact Audra Teague at 614-456-0060.

### **State of Economy and Need for Health Care Reform Closely Linked**

*Robert Wood Johnson Foundation Releases National Poll Results*

Although jobs and the economy have replaced access to health care as the top (See **Economy and Health**, page 5)

(Continued from **SCI** page 4)

support reforms that will ensure an adequate number of providers, particularly primary care physicians. We recognize the need for continued work on reshaping the delivery system in a way that will maximize access and reduce costs.

**Health insurance must allow continuity of coverage.** Reforms should allow people with inadequate or unaffordable coverage to gain assistance or enroll in programs without having to go without insurance for a certain time period. OCHC recommends:

- ▶ Public and private coverage options should be available to any uninsured or underinsured person with no waiting period upon showing that previous coverage was unaffordable or inadequate to cover medical needs.

Right now, there is a window of opportunity to make great strides in improving our state's health care system. Our elected officials can now demonstrate true leadership by expanding health care access and improving the health of Ohioans and our state's economy. As proposals are debated in Ohio and in our nation—in the legislature and in campaigns--you will be hearing from us. All of us need to help ensure that the consumer voice is heard.□

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### **Contact Ohio Consumers for Health Coverage**

Kathleen Gmeiner, Project Director, UHCAN  
OHIO, 404 S. Third Street, Columbus, Ohio  
43215

614-456-0060

(Continued from **Economy and Health**,  
page 4)

domestic issue, Americans see a direct connection between reforming health care and economic improvement. According to a poll released by the Robert Wood Johnson Foundation, Americans say that "making health care more affordable" should be the top priority to help improve the current economic situation for the average American.

On behalf of the Robert Wood Johnson Foundation, Public Opinion Strategies conducted a national survey April 8-13, 2008. The survey sampled 800 registered voters and has a margin of error of +/- 3.5%. Among key findings of the poll include:

- Respondents said that making health care more affordable and providing health care coverage for all Americans were the top two things that could be done to improve the current economic situation for the average American.
- 67% of Americans believe the number of uninsured Americans in this country will increase in the next 6 months to a year.

More than one-third of voters (36%) say the major reason more Americans are becoming uninsured is because "fewer employers offering health coverage to their employees because of rising costs."

There is a realization today that uninsured Americans are in working families. For roughly a decade, a majority of Americans believed the uninsured to be unemployed people. In contrast, the past two years a majority or plurality of Americans believe the uninsured are employed people.□