

## **Pervasive Ableism and the Adverse Impact on being allowed to buy Medigap Insurance**

Steroids are amazing drugs. I am able to walk today because of multiple years of treatments to quell many MS (multiple sclerosis) exacerbations. Unfortunately, steroids can also cause osteoporosis and brittle bones making me vulnerable to broken bones from a fall. Does that mean a broken hip actually results from a preexisting condition? Maybe indirectly but who can determine that the tipping point came the day before I bought a Medigap plan or 6 months before or after I bought the plan?

Could my recent trip and fall on the unexpected double curb at the DMV office have been the result of balance problems due to the MS that was diagnosed in 1994 or my recent worsening double vision of undetermined causation by Mayo Clinic doctors?

### **Should insurance company staff be allowed to decide if a medical problem is caused by preexisting condition when even doctors do not know?**

**MYTH:** Medigap premiums must cost health and able bodied people more if people with disabilities or preexisting conditions are mandated to be covered.

This unexamined “truth” has been the frame by which the insurance companies have justified discrimination for decades. The concept of a conflict of interests never seems to be brought up as a possible problem. Just because it has been said as if it is true for decades doesn’t make it true.

This “all or nothing” thinking is a logical fallacy. Coverage or no coverage are not the only choices. The way insurance works means that the bigger the pool of enrollees the lower the costs regardless of who is included or excluded. But the fact that older and disabled people are more likely to need Medigap insurance and will cost more to pay out in claims does not justify discrimination based on medical status. Not when health insurance is a matter of life or death.

Reducing billions of dollars in profits by even a billion dollars to save lives and prevent miserable and painful deaths must be included in the cost / benefit equation.

### **No civilized society can exist based on profit over people.**

#### **Arbitrary and Capricious Time Limits**

There is no justifiable reason to make obtaining any health insurance more complicated to buy that time limits, open enrollment periods, or other conditions. It makes no sense at all to push all the paperwork processing into a few months instead of leveling the workload out over the entire year.

Due to semantic confusion, the “open enrollment” period for Medigap policy purchases gets confused with the ridiculous “open enrollment” period for other types of health insurance. For example, you become eligible for Medicare based on your retirement age birthday. You don’t have to wait for the other kinds of insurance to be eligible for regular Medicare automatic enrollment in Part A included in your Social Security deferred income contributions.

**Automatic Enrollment in a Medigap plan should be the default, not “open enrollment.”**

There are two ways enrollment in employee benefit programs can be initiated: opt in or opt out. People who mistakenly check the wrong box on employment forms and opt out who later get diagnosed with cancer, are prohibited from obtaining employee based guarantee issued health insurance after either 30 or maybe 90 days. There are no appeals, no grace periods, no options other than cash out of pocket to pay the medical bills. You also probably just lost your job too.

The same black and white thinking applies to Medigap policies, failure to check the box metaphorically can cause you permanent banning from eligibility for Medigap insurance, possibly for the rest of your life. Some Medigap policies might sell you a limited benefits policy, or a high deductible policy that would cost your entire SSDI benefit, or exclude any preexisting conditions however direct or indirect the illness or disability has been diagnosed or has become disabling.

To give a simple example of why time limits or “open enrollment” periods are incompatible with the purpose and necessity of being allowed to buy Medigap plans when you are disabled or have other preexisting conditions becomes apparent with a little thought experiment.

What if such limits are passed while you are in a coma for 7 months from a car accident either the day after you turn 65 or in the previous 6 months? You become unemployed and medically bankrupt without even knowing it?

Open enrollment does not help consumers, it actively harms them. It doesn't even help reduce costs for insurance companies because jamming all applications into a few months of the year when the work could be spread out more evenly throughout the year makes more sense.

**ALLOWING INSURANCE COMPANIES TO DENY THE PURCHASE OF THE PRODUCT THEY ARE SELLING BASED ON ANY CONDITIONS IS DISCRIMINATION.**

Why should insurance companies earning multiple billions of dollars in profits be allowed to refuse to sell their Medigap product? The business itself exists to provide medical insurance to cover seniors and people with disabilities! Yet insurance companies assert that they would have to increase premiums if they had to cover all seniors and people with disabilities.

Bill IHF 1790 stops some of the worst discrimination against people with disabilities or elderly people with preexisting conditions.

Guaranteed issue at community based pricing is an essential provision of all health insurance products, Medigap policies in particular require this since these insurance plans were created to cover the gap between non covered Medicare medical expenses that many people with disabilities and seniors living on low fixed incomes cannot otherwise buy to cover medically necessary care.