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## Struggling Georgians deserve better health-care options

**BY CINDY ZELDIN**

In these difficult economic times, the loss of a job is usually compounded by the loss of the health insurance. With unemployment rates hovering near 10 percent, more and more Georgians without job-based health insurance are finding out how bleak their health insurance options are.

For many recently unemployed Georgians, a popular program known as the COBRA subsidy has been a lifeline as it helped fund the continuation of their employer-sponsored coverage following the loss of their job. Under this program, which was enacted into law in early 2009, most workers laid off between Sept. 1, 2008 and Dec. 31, 2009, were eligible for a 9-month subsidy to ease the financial load of paying full freight to stay on their old plan. In normal times, Georgians losing their jobs can remain on their former employer's plan for 18 months by paying the entire premium, including the amount their former employer had contributed. For someone who has just lost his or her job, however, paying the entire premium can be cost prohibitive.

To address this challenge, the subsidy puts COBRA coverage in reach for many Georgians. According to a study recently released by Families USA, monthly premiums for subsidized COBRA coverage average \$369 in Georgia, while the average monthly premium without the subsidy is \$1,053.

Dec. 1, however, this program began expiring for the first group of Georgians who utilized it to obtain health insurance. While the program was just extended for an additional six months, its initial expiration earlier this month drew attention to how few affordable and meaningful health insurance options are available to Georgians who don't have coverage through their employer.

Changes in the labor market and rapidly rising health-care costs have eroded the reach of employment-based health insurance. In Georgia today, about 60 percent of the non-elderly have insurance through an employer plan. For many, this still works pretty well, as shown by the desire for many recently unemployed workers to utilize the COBRA subsidy rather than take their chances in the individual health insurance market or become uninsured.

But for the roughly 3.5 million and growing Georgians under age 65 without a job-based health insurance option at all, the choices are grim. Unless you meet the strict eligibility requirements for a public program such as Medicaid, the individual market is currently your only option. Unfortunately, in Georgia, this marketplace functions poorly and unfairly.

First, Georgia is not a "guaranteed issue" state. This means insurers are not required to sell you a policy, and you can be turned down if you are considered to be too risky. Insurers can also exclude pre-existing conditions, meaning they can sell you a policy that does not cover a health condition you already have.

Second, insurers can vary premiums based on your health status, gender and other characteristics.

Once you have an individual policy, it doesn't always cover what you think it does. In addition to premiums, deductibles and out-of-pocket expenses can also be quite expensive. Further, insurers routinely engage in "post claims underwriting," the practice of investigating a consumer's medical history and canceling a policy after the covered consumer incurs a claim.

We need to change the rules of the road.

While the health reform legislation moving through Congress right now features an array of provisions, among the less noted features of the proposal are strong consumer protections for private health insurance policies and a reorganization of the individual and small group health insurance marketplace. Enforced properly, these elements could transform a broken market into a level playing field.

While there are substantial differences between the House and Senate bills, they both feature the consumer protections: insurers would be required to sell health insurance to everyone who wanted to purchase a policy, and the price will not vary based on the health status of the person purchasing it. Pre-existing conditions cannot be excluded from coverage, insurers cannot engage in post-claims underwriting and hard caps will be placed on out-of-pocket expenses.

Insurance plans will be standardized so insurers can compete for business within defined tiers, and low-to-middle income individuals and families purchasing insurance would be eligible for a credit to make the premium affordable.

These changes not only reflect basic fairness, but would also be a benefit to Georgia's consumers. In these tough economic times, consumers deserve real choices and a health system that works for us, not against us.

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