

Committee on Education and Labor

Hearing on H.R. 2833

Testimony of Rita D. Gould

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I contacted newly elected Congressman, Joseph Courtney in February 2007 after being refused solo medical insurance for a six-month period (March 1, 1007 – September 1, 2007). Up until that time, I was covered under COBRA for the maximum time allowed on my husband's United Technology Corp. insurance. I was allowed to remain on his insurance for five years after his retirement at 65 and then on COBRA. However, there were no company options to cover me for that six-month period until I turned 65.

I contacted AARP and completed a very lengthy, detailed application for their solo plan. After a month, I received a letter telling me that my application was refused because I had Type II diabetes and that my medication was too costly. Panicked, I looked into other health plans and found that solo plans either didn't exist or had similar pre-existing stipulations. I have a friend who sells health insurance, but she could not find any company to insure me. She confirmed that insurance companies reject many people with less complicated medical issues than diabetes.

My only option was going without insurance or being placed in a pool of "Uninsurables" through the Connecticut Reinsurance Program. I chose the latter; even though the monthly cost of this insurance was \$1242.21 per month—more than my mortgage and more than twice what I had been paying monthly on COBRA, which was already a financial strain. In addition to the premium, I had \$30 office visit co-pays and prescription co-pays. At this time, my husband was retired and I was an adjunct professor in the teacher education department at Central Connecticut State University. Could I afford this? Not really. Was I angry? To say the least. I appreciated Congressman Courtney's office staff, namely Dorothy Grady, listening to my plea and subsequently organizing a neighborhood meeting at my home with the congressman and some neighbors to discuss healthcare concerns.

Type II diabetes, also called non-insulin dependent diabetes, is the most common form of diabetes, affecting 90% - 95% of the **21 million people with diabetes**—and we are not all fat couch potatoes. I have been affected by this disease for 15 years and have never missed work because of it nor have I been

hospitalized. However, that didn't matter to AARP. In 2007, the cost of my insurance premiums and prescription drugs was \$10,872! By the way, when it came time for me to select a Medicare supplement, AARP and others wouldn't stop soliciting me. My diabetes hadn't disappeared.

In all 45 years of my professional working life, I have willingly paid my fair share toward caring for the less fortunate, believing that it is my moral and Christian obligation to do so. But being denied insurance because of having a bad gene, made it quite evident that welfare recipients aren't the only ones discriminated against. The government is not doing enough to extend medical coverage to **hard-working** citizens like me at a reasonable cost or from preventing people from going bankrupt because of an uninsurable pre-existing condition.

As an educator, I have witnessed what the Department of Education did to dilute the American educational system, so it is not surprising that I am **NOT** a proponent of universal healthcare and believe that if medical care is expensive now, wait until it is "free." However, I applaud Congressman Joe Courtney for tackling the difficult subject of insurance companies' right to deny coverage to consumers regarding pre-existing medical conditions. He is enthusiastic and sincere about helping his constituents in what can constitute a fight for their lives, and I sincerely hope that his bill is passed.

While passage of this bill will help many people, in order to make a real difference in healthcare, you need to address the Employee Retirement Income Security Act of 1974 —ERISA—in its entirety. This act allows insurance companies to do basically whatever they wish. Perhaps the standards for these voluntarily established health plans in private industry should be more stringent in order to protect employees. The COBRA amendment was necessary, but when people lose their jobs, they usually don't have enough money to pay the COBRA premiums. Further, HIPPA is a noble effort but it isn't working. If the idea of HIPPA is privacy, why am continually inundated with diabetes newsletters and information about purchasing diabetic supplies from sources I've never contacted? Let's face it; once your name is in a computer, anyone in the world can access it

easily. And when will there ever be parity for mental health coverage?
Discrimination is alive and well in healthcare.

Even as a diabetic, I am still a productive member of society. As much as I believe Medicare might like it, I am not dead yet, nor am I here to make Congress's job easy. I should be home today making ravioli and Easter bread, but I believe wholeheartedly that Congressman Courtney's bill must be passed and will do whatever I can to see that it does. This bill won't help me, but it may help at least 21 million others. I truly believe that it is high time the inequities and discrimination within the medical coverage system cease. If Congressman Charlie Wilson single-handedly can wage a war with the Mujhardeen against the USSR, just think what 100 congressional representatives working **together** for the welfare of Americans' health can do. I sincerely hope they are up for the challenge?