HOW STATE HEALTH INSURANCE POOLS ARE HELPING AMERICANS

An Important Safety Net for Persons with Chronic Medical Conditions

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UNSUSTAINABLE HEALTH CARE SYSTEM

America's current health care system is a ticking time bomb. The skyrocketing costs of health care for Americans who are uninsured, underinsured, or paying ever increasing insurance premiums place a huge economic and psychological burden on struggling families.

In mid 2008, *The Denver Post* reported that health insurance costs for employer sponsored health plans might rise 10.6 percent in the coming 12 months. That is the smallest increase since at least 2001, but also more than double the rate of inflation, according to a survey by Aon Consulting Worldwide Inc. The expected cost

increase for employer health coverage reflects the rising price of services and increased utilization by an aging population.

As the population ages and employer coverage dwindles, those numbers and the percentage of GDP spent on health care may continue to escalate until the system is no longer sustainable. As it stands, healthcare spending makes up about 16 percent of the U.S. economy, or \$2.2 trillion a year. These numbers are only going to rise, forces many

employers to limit or drop coverage and add many to the categories of un-insured or under insured.

Enter High Risk Insurance Pools. These pools play a crucial role for many Americans. They can make the difference between coverage and no coverage, treatment or no treatment and even life and death. Organizations such as the National Association of State Comprehensive Health Insurance Plans (NASCHIP) believe that adequately funded high risk insurance pools can provide affordable coverage for persons with serious, chronic conditions or with short-term acute illnesses more effectively and at a lower cost than programs such as guaranteed issue and community rating. This article examines what a high risk insurance pool is, which states have them, and the role they play in the insurance market. The article also offers facts to debunk some myths surrounding high risk insurance pools.

CHANGE IS COMING TO THE AMERICAN HEALTH CARE SYSTEM

The harsh reality that confronts the new Presidential Administration and Congress this January is that significant change is needed in our health care system. It is important that legislators, their staffs and the public understand the function high risk insurance pools play in the current system and what role, if any, they might have as America looks to improve its health care system.

WHAT ARE HIGH RISK INSURANCE POOLS?

While most health care policy experts have some understanding of high risk insurance pools, many

misconceptions remain. Understanding exactly what high risk insurance pools are and the role the play in the health care system is essential if we are going to examine their role as part of any health care reform proposal.

> High risk insurance pools are health insurance plans created by state legislatures as non-profit organization or state/governmental agencies with their own benefit plans, premium rates, administration, and management.

These high risk insurance pools are commonly called health insurance associations or comprehensive health insurance associations. State law dictates eligibility rules, ranges for premium rates, and funding mechanisms to cover expenses not paid for by premium revenue. Funding mechanisms include assessments on health insurers and state appropriations from a state's general fund.

Typically, three groups of people are eligible for high risk insurance pool coverage:

"Adequately funded high-risk insurance pools can provide affordable coverage for persons with serious, chronic conditions or with acute illnesses of shorter duration more effectively and at lower costs than do requirements for guaranteed issue and community rating." – Lanny Craft, Chair, NASCHIP

- Persons rejected for individual health insurance in the commercial market;
- Persons eligible for individual market portability under the Health Insurance Portability and Accountability Act (HIPAA); and
- Persons who are qualified for the federal Health Care Tax Credit (HCTC) program due to job displacement related to foreign trade.

There are 35 operational state high risk pools: Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Florida, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin, and Wyoming.

The majority of high risk insurance pools across the United States set premiums at about 150% of premium rates for a comparable individual policy sold in the commercial market. A few state high risk pools such as: Minnesota, New Mexico, Oregon, Washington, West

Virginia, and Wisconsin have established lower premium rates than the average high risk insurance pool rates. They range from 110% to 134%.

It is important to understand that high risk insurance pools are intended to make coverage available. High risk insurance pools were not created to address the issue of affordability. Some states address this issue by seeking state and federal funds for premium assistance programs.

Affordability of health care coverage is the over-arching issue for all forms of private market health insurance and is a challenging issue for high risk insurance pools.

HIGH RISK INSURANCE POOLS SERVE AN IMPORTANT SAFETY NET ROLE IN THE INDIVIDUAL INSURANCE MARKET

Despite the fact that high risk insurance pools differ from one another in size, scope and eligibility, it is crucial to understand that they all play an important role as a "safety net" in the individual insurance market. High risk insurance pools offer an option for the selfemployed, college students, workers with no access to employer based group health coverage, and early retirees.

While the current number of Americans insured by high risk insurance pools is about 200,000, that number is not

static. Since the inception of high risk insurance pools in 1975, the total number of Americans who have been insured by high risk insurance pools is probably at least 1,000,000. This is because, based upon data from several high risk insurance pools, about 20% to 25% of enrollees in high risk insurance pools leave each year. In other words, about a quarter of enrollees in a high risk insurance pool use it for one year or less and move on to group coverage through a new employer, individual coverage, Medicare, and Medicaid.

Of the 200,000 Americans served by the high risk insurance pools, most have pre-existing health conditions and/or chronic diseases such as cancer, diabetes, hypertension, heart disease, and obesity.

Without high risk insurance pools many of the chronically ill people would be denied coverage and face financial and health catastrophes. Or they would drive up insurance premiums in the individual market. This could have the potential consequence of making insurance less affordable for millions more Americans.

> High risk insurance pools charge premiums that are above commercial insurance rates because of the high cost associated with so many Americans high risk concentrated in one plan. The existence of high risk insurance pools allows providers of individual coverage in the private market to offer more affordable rates to nonhigh risk individuals.

FEDERAL AND STATE GRANTS OFFER PREMIUM SUBSIDIES

Since 2002, the National Association of State Comprehensive Health Insurance Plans (NASCHIP) has successfully supported congressional efforts to provide high risk insurance pools funding to conduct outreach and marketing efforts, subsidize enrollee premiums, implement disease management programs, and help reduce pool operating costs.

HIGH RISK INSURANCE POOLS SERVE AS STATE "GUARANTEED ISSUE" HEALTH INSURANCE

Many of the high risk insurance pools serve as state "guaranteed issue" mechanisms under (HIPPA). That is, when an individual leaves employment and exhausts any extension of benefits that is available, he or she is usually eligible for high risk insurance pool enrollment that provides full coverage for preexisting conditions.

FACT: Studies show that maintaining insurance coverage improves both access to health care and health care status. For high-risk individuals access to health care and monitoring is even more important if they are to avoid costly complications associated with their conditions. Source: NASCHIP Study

WAITING PERIODS NECESSARY

When individuals who are ineligible for HIPPA coverage enroll in a high risk insurance pool they are usually subject to a pre-existing condition exclusionary period. Without such a period there would be an incentive for people to enroll in a high risk insurance pool after they develop serious health conditions.

High risk insurance pools are sometimes criticized for imposing pre-existing condition exclusionary periods, but the necessity for fiscal soundness dictates that they do so. Just imagine the result if you could buy auto insurance for your car after an accident or homeowner's insurance after a fire. Auto and fire insurance would become cost prohibitive.

The fact is that most existing high risk insurance pools require pre-existing condition waiting periods of no more than six to twelve months.

FEATURES OF SUCCESSFUL HIGH RISK INSURANCE POOLS

Each high risk insurance pool has unique characteristics, but there are certain key elements that serve as a model for a successful high risk insurance pool. These characteristics include:

Non-Profit Corporation —

Some high risk insurance pools are organized as non-profit organization. These pools are

typically governed by a board of directors that includes health insurance industry representatives, enrollees, insurance agents, and small business. The health insurance board members tend to be from companies responsible for paying a significant portion of the pool's assessments that subsidize the plan costs not covered by enrollee premiums.

State Agency — Some high risk insurance pools are organized as state agency programs.

Affordable Premium Rates — Rates for most high risk insurance pools range between 110% and 150% of average commercial and individual policy rates in the state. Some state pools' current rates are as low as 110% of market rates. In the Minnesota high risk insurance pool, for example, the current premium for an enrollee who has a \$2,000 deductible and is between 45-49 years old is \$250.20 a month. An enrollee in the same age group with a \$1,000 deductible plan pays \$304.87 a

"All state high risk pools serve to ensure that people with chronic illnesses have health insurance. The existence of the high risk insurance pools has helped some pool enrollees avoid bankruptcy. <u>In 2006, the cost</u> of claims paid by the pools, <u>collectively, was \$1.6 billion.</u>"
– Lynn R. Gruber, President, Minnesota Comprehensive Health Association

month. No rate difference exists for gender. This example demonstrates that states offer a range of deductible plans to fit individual needs.

Wide choice of deductible plans — Policy deductibles typically range from \$500 to \$10,000. The wide range of deductible plans helps individuals choose a policy with a monthly premium that they can afford. Some states also offer a federally qualified, High Deductible Health Plan (HDHP) for use with a Health Savings Account (HSA).

Comprehensive benefits — Health benefits provided include: wellness, out-patient, in-hospital, prescription drugs, x-rays and laboratory services, organ transplants and after care, cancer screens, mental health and chemical dependency treatment, children's preventive services, services for autism spectrum disorders, chemotherapy, home health care, maternity, and hospice (this is not an exhaustive list of benefits).

> High Lifetime Maximum Benefit — Many high risk insurance pools provide a high maximum lifetime benefit, some as much as \$3 million or more.

> Plan Commitment to Care Management Resources — Many enrollees are offered disease management services to help them manage their chronic diseases. Chronic diseases include: diabetes, congestive heart failure, hypertension, rheumatoid arthritis, multiple sclerosis, and lupus. Similar programs are also offered to enrollees with

complicated cases that have the potential for catastrophic claims costs. Tobacco cessation programs are also available.

Promotion of On-Line Health and Wellness Resources — Some state high risk health insurance pools currently provide on-line information and resources as an effective and cost-saving measure. These resources offer on-line and off-line healthy living activities and information.

Premium Subsidy Program for Low Income Enrollees — High risk insurance pools have used federal funding, when available, to help offset operational expenses and to offer enrollees added benefits and premium subsidy programs. Many high risk insurance pools offer a premium subsidy program for enrollees at 150% to 300% of the federal poverty guidelines.

REASON FOR DIFFERENCES

As mentioned previously, high risk insurance pools are not all alike. State politics dictate wide differences in policy relating to funding of pools. This has a direct effect on premium rates, benefits offered, and limits on enrollment. Furthermore, bigger is not always better. Small high risk insurance pools can offer more personal services, case management, and disease management on a much smaller manager-to-patient ratio.

NAIC MODEL ACT

In the late 1990's, the National Association of Insurance Commissioners (NAIC) developed model legislation for states to consider when establishing high risk insurance pools. A copy of that legislation may be obtained from the NAIC.

CRITICS OF HIGH RISK INSURANCE POOLS

Could state high risk pools be improved? Certainly. Every state could serve more people, offer better rates,

provide added benefits and resources to produce more personal responsibility, and improve chronic disease management.

Improvements to many high risk insurance pools are currently being discussed and considered by lawmakers, and available state and federal funding will likely determine actions.

Some health policy and research groups are critical of high risk

insurance pools. They point to what they claim to be "unaffordable premiums," "long waiting periods," and lack of coverage of conditions such as maternity care. Unfortunately, this is a myopic point of view and ignores the reality that high risk insurance pools are working well for so many Americans.

Many of the critics support universal coverage or a single payer national health care system. As a result, they fault high risk insurance pools in order to further an agenda. While NASCHIP shares the desire to see access to health coverage for all Americans, we are dealing with realities of the current system. In the current health care system high risk insurance pools are necessary to provide coverage to a vulnerable and uninsurable population.

CRITICS OF HIGH RISK INSURANCE POOLS FAIL TO SEE THE WEAKNESS IN GUARANTEED ISSUE MANDATES

Some high risk insurance pool critics complain that pool premiums are unaffordable for many potential enrollees. The irony of this complaint is that residents of states that have adopted "guaranteed issue" of individual health insurance policies (i.e., MA, NJ, NY, WA) have experienced extremely high premiums for the guaranteed issue policies. In the case of the State of Washington, all but one seller of individual health insurance policies left the state after guaranteed issue was mandated because the companies did not want to offer health policies in a state that lacked competition. Washington policymakers ultimately found it necessary to re-institute a high risk insurance pool, which is operating well today. Further, a number of high risk insurance pools have premium subsidy programs for those who need financial Currently, we are not aware of any assistance. guaranteed issue state that has established a premium subsidy program to help people afford those policies.

NASCHIP also strongly supports the model legislation for state high risk insurance pools developed by the National Association of Insurance Commissioners (NAIC). - <u>www.naic.org</u> When critics talk about waiting periods they often point to extreme examples of a person diagnosed with cancer being forced to wait for enrollment in a high risk insurance pool. What critics ignore is that these individuals were often without insurance by choice. Health insurance only became a priority for them after a severe health condition manifested itself. Without waiting periods, the incentive for buying health insurance responsibly is eliminated.

INDIVIDUAL CASE STUDIES

Now that we have taken a broad look at high risk insurance pools, it is important to take a personal look at the individuals and families that are served by them. Below are a few real examples of high risk insurance pool assistance to Americans.

Joanne's Story

Joanne is a Redmond, Oregon resident and leukemia patient. Joanne faced an uncertain future when she learned last April that she would no longer have health insurance available to her. Her health coverage was going to end the day before she was to enter the hospital for treatment.

Representatives from the Oregon Medical Insurance Pool (OMIP) enrolled her in the state's high risk insurance pool. OMIP, which became operational in 1990, was designed for residents turned down for insurance because of pre-existing conditions. Joanne pays a monthly \$577 insurance premium for a \$500 annual deductible plan that has a \$1,000 annual out of pocket expense maximum, after payment of the deductible.

Currently Joanne is waiting for a donor for a stem cell transplant. Without Oregon's high risk insurance pool, she would not be able to pay for the \$250,000 transplant procedure.

Betty's Story

After being employed for 15 years in various companies that provided health insurance benefits, Betty became self-employed and was no longer covered. She applied for an individual health insurance policy and was turned down because she had diabetes.

Fortunately, Betty lives in Minnesota where there is a high risk insurance pool – the Minnesota Comprehensive Health Association (MCHA), which was established in 1976. Betty secured coverage through MCHA and has been insured since 1988. Betty has MCHA's federallyqualified, High Deductible Health Plan — which is a qualified plan for a Health Savings Account. Her premium payment is \$447.31 a month and she pays a \$3,000 annual deductible before the plan offers 100% coverage.

"Without MCHA, I am not sure what I would have done," said Betty. "By having MCHA, I have been able to have peace of mind that I will not be financially ruined and have therefore been able to work, pay taxes, and in those 20+ years have only missed a few days of work. The high risk insurance pool insurance has permitted me to keep my diabetes under control."

Patty and Courtney's Story

Patty and her husband lived with their three children in Las Cruces, New Mexico. In 1982, they started their own business and found health insurance unaffordable. The premium was more than their house and car payments combined.

Patty's first child, Courtney, was born with Down Syndrome. Despite Courtney's good physical health, no health insurance company would cover her. Patty talked with her state senator about this dilemma. At the time, the senator was aware of several existing high risk insurance pools in other states. Patty then contacted over 20 chronic disease organizations asking for their support for a bill to establish a high risk insurance pool in New Mexico. She worked with the senator's staff to draft legislation. The senator persuaded 40 of 41 senators to sponsor the bill and it passed in January 1987. After more than twenty years in existence, the program has proven to be an overwhelming success, serving thousands of New Mexico residents who would not otherwise qualify for health insurance.

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These are the stories of just three of the nearly 200,000 Americans who turn to high risk insurance pools to provide quality health care, which is life-saving in some instances.

CONCLUSION

High risk insurance pools in 35 states across the country play an essential role in today's health insurance system.

With the decline of employer-based health insurance coverage and the rise of an individual health insurance coverage market, it is important that policymakers, academics, consumers, and insurers have current and accurate information on high risk insurance pools.

As health care reform is debated in the new Congress, policymakers need to have an understanding of high risk insurance pools and the role that they currently play.

For now, state high risk insurance pools ensure that thousands of Americans are safe with health insurance coverage that protects them until health policymakers in each state and the federal government agree on a better way.

ABOUT NASCHIP

The National Association of State Comprehensive Health Insurance Plans (NASCHIP) was created in 1993 to provide educational opportunities and information sharing among state high risk pools, policymakers and the public.

Since the first high risk insurance pools were established in Connecticut and Minnesota, they have grown in number and evolved to help address access to health insurance for Americans with chronic health conditions. High risk insurance pools are accepted, proven programs that serve a specific need. They contribute an important element of stability in this country's health insurance system.

For more information visit www.NASCHIP.org.

STATE HEALTH INSURANCE HIGH RISK POOL WEBSITES AND PHONE NUMBERS NASCHIP Pool Directory 2008 – 2009

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