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YOUR VIEW: JENNIFER C. JAFF

## HEALTH REFORM LAW PRODUCES BENEFITS

**S**ix months after the signing of the federal health reform law, it is making a positive difference in our lives, and those benefits will continue to grow until it is fully implemented in 2014.

Much has been said, and will be said, about the shortcomings of this legislation. Even those of us who support the new law recognize that it is not a complete answer. For example, only last week, the Connecticut Insurance Department did not accept the invitation of the federal government to exercise greater scrutiny over premium increases, allowing Anthem to raise rates by another 20 percent. Far more change is needed on the state and federal levels, in government and the private sector, before affordable health care for all becomes reality.

Nonetheless real progress has been made. Now, for example, there is an insurance plan in which people with pre-existing conditions and who've been uninsured for at least six months can enroll at rates similar to those for other individual policies — at less than half the cost of Connecticut's old high risk pool. Now, or at the

beginning of the next plan year:

- ▶ Children under age 19 cannot be excluded from coverage due to pre-existing conditions.
- ▶ Children may stay on their parents' policies to age 26.
- ▶ Preventive care must be provided without co-pays or co-insurance.
- ▶ Lifetime limits on benefits are eliminated, and annual limits cannot be lower than \$750,000 this year, phasing out entirely over the next couple of years.
- ▶ Health plans no longer can retroactively cancel a policy unless you commit fraud on your application.
- ▶ Women have direct access to OB-GYNs, and there is no prior authorization required for emergency care.

These changes are important, but nothing in the health reform law is more exciting than the changes to the appeals process that took effect this week. I have filed health insurance appeals for consumers for about 15 years. During that time, most states, including Connecticut, initiated external appeals — a procedure through which consumers obtain independent

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reviews of health insurers' decisions to deny coverage. Through these external appeals, independent reviewers can overrule an insurer's denial of coverage. This has been the most important consumer advance in health insurance until now. It was limited, however, to plans that are subject to state law. So, so-called self-funded plans — usually, plans sponsored by large employers — were exempt from these requirements. This was a huge gap.

No more. Starting now, no matter who pays for your health care, you are entitled to an independent review of any adverse determination. This includes a denial of coverage because your insurance company doesn't believe that a treatment is medically necessary, or because it believes that a treatment is experimental or inves-

tigational because it is not FDA approved for the specific use for which it is prescribed. Based on our successes in external appeals, I know this is going to make a difference for consumers. The outside reviewers truly are independent; they are not afraid to overturn a denial of coverage. If the new law did nothing else, this would be a tremendously important advance for consumers.

But the new law does much more. Yes, costs are still too high, and we need to work on that. But the law does not amount to a government takeover of insurance; most of us will still get our insurance through our jobs or an insurance company. There are no "death panels." The Medicare cuts are to Medicare Advantage plans that have exorbitant administrative costs as compared to traditional Medicare. There's nothing sinister happening here. It's simply a necessary first step toward our shared goal of health care for all.

▶ Jennifer C. Jaff is executive director of Advocacy for Patients with Chronic Illness Inc. in Farmington.