



FOR IMMEDIATE RELEASE
July 23, 2008

Contact: Mike Nowlin
Phone: (517) 485-6600

Appeal to Michigan Legislature: Don't Let Conference Committee on Blues' Bills Ignore Concerns of Senior Advocates, Consumers and Disability Rights' Groups
New podcast outlines support for compromise on key issues

LANSING — In a new podcast presented to the Michigan Legislature, the Put Michigan People First coalition has identified six significant issues within House Bills 5282-83 — the so-called “Blues bills” that seek to reform the individual health insurance market — on which there is widespread agreement among those who advocate for the ill, the elderly, low-wage workers, people with disabilities, and those who do not have access to employer-sponsored health insurance or other means of coverage.

The podcast posted on the coalition website www.putMIpeoplefirst.com as well as a compact disc delivered today to state legislators comes as House Speaker Andy Dillon and Senate Majority Leader Mike Bishop are considering appointments to a conference committee that will determine the controversial legislation's outcome.

“We appreciate the House-Senate work group's effort to proceed with careful deliberation on these bills, as the issues are extremely complex and have far reaching implications for the health and welfare of millions of Michigan citizens,” said Mary Ablan, executive director of Area Agencies on Aging Associations in Michigan and a coalition member who is recorded on the podcast and CD.

“We believe the Legislature and members appointed to the conference committee share our commitment to public policy that ensures adequate healthcare is accessible and affordable, protects consumers and improves access to coverage for the uninsured,” Ablan said.

The Put Michigan People First coalition said those objectives can be achieved by promoting legislation that:

1. Continues the non-profit status of Blue Cross Blue Shield of Michigan and its social mission as Michigan's insurer of last resort, accepting all who apply. This system has worked well for decades and there is no reason to change it.
2. Retains the six-month waiting period before insurance benefits begin for people with existing conditions and extends this concept for all carriers. Policies that would extend the wait to 12 months would only hurt the very people who need health insurance coverage the most.

MORE

3. Excludes the creation of a “high-risk” pool that would result in increased health insurance premium costs for those who are older and sicker. This is not the time to increase health care costs for those who are most vulnerable.
4. Protects consumers with appropriate regulatory oversight by the attorney general and the Office of Financial and Insurance Regulation (OFIR).
5. Implements no significant changes to Blue Cross’ rating methodology that would include the consideration of health status. In addition, further changes to the individual market should be made based on the results of an independent study of the market.
6. Employs the common definition of “individual” that is already available, and is the standard used in the federal Health Insurance Portability and Accountability Act (HIPAA), in any individual market reform legislation.

In addition to the Area Agencies on Aging Association, the coalition partners include AARP, Consumers Union, The Michigan Association of Retarded Citizens, Michigan Coalition of Deaf and Hard of Hearing People, Alzheimer’s Association of Michigan, Michigan Disability Rights Coalition, Elder Law and Disability Rights Section of the State Bar of Michigan, Michigan Paralyzed Veterans of America, Paraprofessional Healthcare Institute (PHI), and the Michigan Chapter of the National Multiple Sclerosis Society, among others.

“We have called for a comprehensive independent study of the individual market that should assess the degree of accessibility to affordable options for the individual market population” before any type of high-risk pool is established, Ablan said.

Ablan added that the issues the evaluation should assess include, but are not limited to: determine the size and anticipated growth of the market; document the number of insurance carriers serving the individual market and their respective membership and market share; document the number of, and pricing of, the individual plan options, including: conversion, and non-group membership; document the various rating methodologies for all carrier types; document the financial results (market loss ratio) by carrier/plan of the options available; confirm actuarial soundness of existing rates in the market place; review of OFIR complaints, appeals, and grievances; thorough review with pro’s and con’s of various models to serve the individual and high risk “residual” individual market.

“We believe the best public policy will result from the information and data that is expected to be the result of such a study and the Legislature can then make an informed decision,” Ablan said. “The Put Michigan People First coalition will continue to advocate for this approach as we believe it represents a compromise under which all interested parties would gain.”

###