From: Congressman Mike Rogers
Sent: Friday, March 05, 2010 4:18 PM
To: EMAILUPDATE-MI08@LS1.HOUSE.GOV
Subject: Legislative Email Update - Health Insurance Industry Must Be Reformed

As Congress continues to debate health reform legislation, there is one area where Democrats, Republicans and Independents all agree - American needs to reform the health insurance industry. The status quo is unacceptable. I have proposed several bipartisan solutions which would improve access and choice, lower health insurance premiums for millions of Americans, and hold insurance companies accountable.

Force Insurance Companies to Compete Across State Lines

Every night on television we see dozens of commercials from Geico, Progressive, Allstate and other companies offering us better auto or home insurance at lower costs. But there are virtually no commercials for health insurance. This is because the federal government protects health insurance companies from real competition.

Many states, including Michigan, are subject to near-monopolies where a single health insurer dominates the market. This leads to fewer choices for families, and fewer choices means higher prices and worse care. That's why I am fighting for health insurance reform.

One reform which would give Michigan families more options is to force insurance companies to compete across state lines. Today, if a Michigan family or job provider finds a cheaper plan in Indiana, the law currently prohibits them from buying that plan. If you are able to shop around for your

auto, home or life insurance, why shouldn't you be able to the same for health insurance?

I have introduced legislation (H.R. 3713) which would force insurance companies to compete across state lines. This one reform would give you more choices in health coverage and lower your premiums.

End Discrimination Based on Pre-Existing Conditions

Too many Americans are denied health insurance coverage because they have a "pre-existing condition." For example, I talked with a mother who lost her job and also her health insurance. When she tried to find coverage on her own, insurance companies turned her down because she had a history of breast cancer. She and her family had to go without coverage, paying thousands in out-of-pocket costs for routine medical care.

My plan would give all families, regardless of their medical history, access to affordable, quality coverage. My legislation would expand federal support for high-risk pools to ensure no one falls through the cracks. And because some illnesses - like cancer or heart disease - can be costly and complex, my plan would prohibit insurance companies from placing an arbitrary cap on the amount of treatment patients can receive. This would protect patients who have a disease from financial ruin.

Allow Small Businesses to Join Together to Purchase Insurance

Many small businesses cannot afford health insurance for their employees. They are facing skyrocketing premiums, forcing many to scale back benefits or lay off workers all together. In fact, almost half of the 46 million uninsured Americans work for small businesses.

Under federal law, small businesses are not allowed to join together to purchase insurance. For example, in a small business with just 15 workers, getting coverage on their own means that one sick worker can result in higher premiums for everyone else. That is why I have proposed legislation (H.R. 3713) to allow small businesses to band together and purchase insurance as a big group, just like corporations and unions can do.

My plan would give small employers and membership associations (like chambers of commerce or Rotary Clubs) greater leverage to bargain with insurance companies for better prices and quality coverage. It would force health insurers to give better rates and more benefits to small businesses. Insurance companies hate this idea - but why should they be protected from more competition?

Prohibit Insurance Companies from Cancelling Coverage After You Get Sick

One important reform that Congress must take action on is the insurance practice of "rescission." This happens when an insurance company cancels a patient's coverage after they become sick. These cancelations should only happen when someone deliberately lies about a disease or condition they have.

Unfortunately, some insurance companies have abused this practice. I have heard many heartbreaking stories about patients being denied care after they get sick. For example, one insurance company cancelled a patient's coverage as he was on his way to the emergency room - simply because he did not report his weight correctly on an insurance form. In another case, a woman was about to get treatment for breast cancer when her insurance company terminated her policy because she forgot to declare a case of acne. One patient had her coverage cancelled for a disease she didn't even know she had.

This practice is wrong, and it must be stopped. Patients deserve the peace of mind that their health insurance coverage will be there when they need it the most. No one should have their benefits cancelled because of a typo on an insurance form.

Again, I appreciate the opportunity to contact you. You can read more about my ideas for reforming the insurance industry on my website. You can also keep up with me on YouTube (RepMikeRogers) and Facebook (Mike J. Rogers). Should you have any questions or concerns, please do not hesitate to call on me.

Sincerely,

Mike Rogers
Member of Congress

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