

plan, it was noted that the so-called insurance reforms could have been written by the health insurers themselves. Chafee did receive over \$359,884 in contributions from pharmaceutical, health, and insurance political action committees in the last 19 months. And so, Chafee's plan not only allows the insurers to impose those infamous six-month waiting periods for pre-existing medical conditions, but also allows a family to be clobbered with a new six-month waiting period *every time* it suffers a three-month lapse in insurance coverage.

How likely is it that you might lose coverage for three months? And, how many Americans would be affected by this single provision? In a March 1994 release of its study, the U.S. Department of Commerce reports that *25% or about 60 million Americans* had a lapse in their health insurance coverage during a 32-month period between 1990 and 1992: The likelihood of a lapse in coverage increases dramatically under certain conditions: Up to 38% of those who were jobless for one month or more had lapses in coverage, as did 52% of those whose income fell below the poverty line for one month, and 47% of those who participated at some point in major assistance programs, such as Social Security Income, food stamps, or housing assistance.

Another report by Families U.S.A. estimates that some 2.25 million Americans lose their health coverage every month. Some are later able to recover, but not without facing increased economic hurdles. The Clinton administration cites 1 million Americans as losing their insurance monthly.

What about those pre-existing conditions? According to a 1992 Citizen Fund report (based on a 1989 federal survey), one in three Americans, or an estimated 81 million people, have at least one pre-existing condition. Currently, they face a series of predicaments, including paying as much as 50-70% more in health insurance than those with no known medical problem. Insurers often drop such enrollees outright or force them off a plan by rapidly escalating the cost of premiums. If uninsured, those with a pre-existing condition face a daunting task of finding a new insurer. Bare-bones policies offer low premiums, but families must pay as much as \$10,000 in deductibles, and the benefits are often capped annually and carry extremely low lifetime limits. Frequently, only the costliest plan provides the medical coverage they need. And, anyone seeking treatment for the pre-existing condition may be forced to wait from six months to two years before being eligible for coverage.

The Chafee proposal would not allow insurers to deny coverage because of a pre-existing condition, but there's another snag. Chafee's plan preempts most state laws restricting health maintenance organizations (HMOs) or insurance companies. This means HMOs and insurers can restrict the number or type of physicians they'll allow to practice in their plans. An insurance plan may "cover" a service, just as it may "cover" a preexisting condition, but it doesn't have to provide the specialist capable of treating the problem in your area. You may need a cardiologist, but if your plan refuses to sign one up in your geographical area (even though there may be many willing to

participate in the plan), either you travel at some inconvenience and cost to be treated by your plan's physician; or, you are treated at significant additional cost by a local cardiologist outside your plan. Or, you go untreated.

Under Chafee's original plan, HMOs can dictate if and when a patient is allowed to see a specialist. His Federal Health Commission is prohibited from specifying what provider types (doctors, nurses, aides) will deliver services, a provision which destroys the most fundamental national medical standards.

This nation deserves better. Americans can produce a better universal health care system, using the principles behind Hill-Burton Act to guide us.

The minority had a veto

From Senate Majority Leader George J. Mitchell's Sept. 26 statement regarding health care legislation in the 103rd Congress. Emphasis is his.

President Clinton and the Democratic Congress . . . [have] made a strong effort to reform the existing health insurance system so that every American could afford private health coverage as good as that which covers Senators and Members of Congress.

The President made this effort a high priority. First Lady Hillary Rodham Clinton devoted thousands of hours to it. Many members of Congress, mostly Democrats, but including some courageous Republicans, worked to develop reforms in our health care system. We welcomed a President who supported our work on health reform.

Most Americans like our health care system, but they know the health *insurance* system needs fixing. Too many families have lost insurance because a child got cancer or a father lost his job. Too many families can't afford to pay \$300 or \$400 a month if the place they work doesn't provide insurance. I believe all Americans have a right to affordable, high-quality health care.

Unfortunately, the overwhelming majority of our Republican colleagues do not agree. Under the rules of the Senate, a minority can obstruct the majority. This is what happened to comprehensive health insurance reform. . . .

Although the Republicans are in the minority in the Congress, in the Senate, they're a minority with a veto. Therefore, it is clear that health insurance reform can not be enacted this year.