

Insurance issues complicate life for survivors of breast cancer

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Breast cancer survivor Karen Rubin, 37, wants to remind folks that battling cancer can be an ugly, arduous affair. / Special to the Democrat

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As Karen Rubin battled breast cancer, she lost a job, a husband and some of the most active years of her life as a young mother.

After bouts of treatment, multiple reconstructive surgeries and months of healing, she's found a new job and regained enough strength to take her second 200-mile bike ride with fellow survivors.

One thing she has not been able to get back is health insurance. Her children are still covered under her ex-husband's plan, but she has not been able to get coverage with a new job.

It's not for lack of trying. Under a federal program for people who change jobs, she was able to keep coverage for a few months, but when that started running out, she applied to one company after another, but could not get coverage at any price, thanks to the hundreds of thousands of dollars of therapies and reconstructive surgery that showed up in her medical history.

"I kept hoping that they were just kidding — that one plan had stricter guidelines than the other, or that one set of underwriters were just crankier than the others," she said.

She applied for five different policies from three different companies. No luck.

"That's what's most demoralizing for me," she said. "I'm not not trying to get anything for free. I want to pay the premiums. I'm trying to buy a product."

Pre-existing condition

Millions of Americans have struggled to gain access to health care because of pre-existing conditions. Millions more are at risk of having the same problem.

A 2011 analysis by the U.S. Department of Health and Human Services found at least 50 million Americans have a pre-existing condition that could qualify them for a “high-risk pool” designed to make coverage available to people whose medical histories prevent them from buying health insurance on the private market.

By the end of August, 8,145 Floridians had already signed up for a new high-risk pool created by the Patient Protection and Affordable Care Act, more than any other state besides California.

To be eligible, individuals must be denied coverage multiple times and be uninsured for at least six months.

Eventually, the high-risk pools will become obsolete. By 2014, insurance companies will be barred from denying coverage, or charging exorbitant rates, based on people’s medical histories.

“If, and as the Affordable Care act is fully implemented, the urgency of high risk pools will decline,” Paul Duncan, a professor at the University of Florida College of Public Health and Health Professions, said in an email, because fewer people will rack up costly bills that cause their insurance companies to bar them from future treatments, or get denied coverage.

The changes won’t just affect people like Rubin, who is relatively young and active and now cancer-free, but also people with chronic conditions ranging from arthritis to heart conditions, who face a lifetime of high medical bills and difficulty in the insurance marketplace.

“This is a group of people who have been disadvantaged by every piece of legislation you can imagine,” said Les Beitsch, the associate dean for health affairs at the Florida State University College of Medicine. “It’s time to level the playing field in some way.”

Help for the uninsured

Rubin’s six-month eligibility gap expires Nov. 1. With any luck, she will be able to get insured by Dec. 1.

She wound up paying for that coverage gap recently, when she started experiencing symptoms that required a CT scan.

Some of the uninsured have charities they can turn to. Through the We Care Network, local medical specialists provide treatments to people referred by Tallahassee-area community health centers.

The network has been able to help people like Debra Everington, who was diagnosed with a tumor in her breast last year, shortly after losing her job.

Doctors with the network provided a lumpectomy, and months of radiation, chemotherapy and follow-up treatments, while she covered the cost of her medication.

“If it wasn’t for We Care, I would not have gotten treatment,” Everington said.

But the network only helps people below 150 percent of the poverty level. To qualify, Rubin would have had to quit her job. So instead, she wound up in the emergency room at Capital Regional Medical Center, and found herself haggling over thousands of dollars in medical bills — something she had never imagined would happen to her.

Beitsch said one goal of the new health care law, and one of the key measures of its success once it gets fully implemented, will be if fewer people wind up in that situation, and emergency rooms are reserved for genuine emergencies, rather than a way to fill gaps in the health care system.