Coverage

March 10, 2015 By Rick Nash

Last year I signed up for Covered California. It was the first year it was offered, and it has been a lifesaver....literally.

I have come to know healthcare insurance policy and the laws regarding it very well, but not by choice.

Before the Affordable Care Act (Obamacara) things were difficult regarding healthcare matters. When I was in my last year of college I was insured under my mother and I was looking at another round of treatment, I only had one problem.

When I graduated I'd lose insurance, if I lost insurance my disease was a pre-existing condition and would require months to a year to appeal and fight simply to obtain health insurance. And if I did manage to get the insurance after having lost it, I'd still have to pay for the months that I retroactively had coverage.

So I stayed in school while working a 40 hour work week, but not being able to claim benefits due to a policy where I would take every 18th day off to ensure that payroll wouldn't yell at my boss. And I would be exempt from benefits.

This is what allowed me to afford my second round of treatment. School and full time work, while on Interferon/Ribavirin is not something I'd recommend. As I've stated, my second treatment failed, it took some time to find a benefited position. But once I was able to secure a benefited contract and avoid the 18 day rule, trying to figure out when and how I'd be able to jump on the next treatment was the next hurdle. During this time, I found myself roughing through five days of internal bleeding due to esophageal varicies, a sign of my decaying state. Insurance became a hectic issue near the end of my time at the school district, ultimately I was issued three pink slips and two of them were redacted.

With my third treatment hanging in the balance I sought employment elsewhere. I was 25 at the time, and luckily the ACA had just allowed sons/daughters to be on their parent's healthcare until 26. But the pre-existing condition situation was still pretty shitty. And with all the hubbub about gutting the law I began my testing for my third treatment before I could lose coverage.

I found myself turning 26 and scurrying for options. Thanks to my mom's knowledge of healthcare law, I made sure I had my ducks in a row. With my HIPPA Certificate of Creditable Coverage (which allows an individual to avoid the pre-existing exclusion) in hand I bounced from insurance to COBRA for the two month gap between insurance plans. A car accident delayed things, but after a few months of recovery, I began and failed my third treatment. This would once again, bring me

into the new year, keeping an eye out for new treatments.

My doc at the time was opposed to new treatments.

Not because of the new treatments' efficacy, but as I would find out, because of a vested interest he had in the Interferon/Ribavirin he'd prescribed me twice before. As 2013 came to a close I started a new job, and switched healthcare to a far better program. Before the year ended I returned to a position where healthcare was not affordable as an option. So as the year ended, I found myself in need of healthcare once again.

I quickly signed up for Covered CA, and found a nearly identical plan for slightly less than I was paying previously. Covered CA was a pain to get into, but ultimately all of the tests, doctors visits, one treatment, alongside the first half of a second treatment, and a week+ hospital stay hit the max out of pocket of $4,000.00. In combination with my insurance of around 250 a month (after the subsidy) It cost me around $7-8,000.00 for the year. My year total billed was for over a quarter million dollars.

Over my life, my healthcare needs have racked up total billed of over 2 million. Keep in mind, that up until a year ago, I was on private insurance. And I worked my ass off just to make sure I could have it, or afford it.

Without the ACA, I would be in massive debt, or about to be in massive debt due to transplant on MediCal.

The most prominent points against Obamacare have drawn weight from it being unconstitutional. Having read both the ACA and the constitution several times, as well as several briefs related to healthcare, government spending and the subsidy, I have yet to see anything which would indicate the case. If you know of something, I'd love to see some legal standing.

To those of you who aren't aware of the present court case King v. Burwell (and the related cases) began oral arguments on March 4. Essentially the lynchpin in the case boils down to the ACA's wording "through exchanges established by the state" The question becomes to what are they referring?

The State: The Government (be it federal or state)
The State: The Federal Government.
The State: Referring to the individual states.

The argument is that this definition of "The State" will determine federal subsidy eligibility. In the first scenario nothing changes.
If it's the individual states (as King presents) then let's look at Georgia, since Georgia has no exchange set up, they could still use the federal exchange however they would be unable to obtain the subsidy.

To those of you not from the US reading this…Yes. The case is that absurd. It's about four people

who apparently have losses due the subsidy. Two of which have shown that they're eligible for an exemption and the other two were bankrupt, and would have paid less for healthcare through the exchange because of the subsidy.

It won't directly affect California, because Covered CA was created under those provisions. If King wins, it's not some death spiral as pundits keep shouting. But it is a serious problem for those people who need those subsidies to help cut down on healthcare costs.

There is an odd belief in our country that only the sickest seek insurance. If this were 1960, you'd be right, purely because clinics and pharmacies were not yet massive centralized agencies who bargain on larger scale.

Those who will hurt the most are simply those who can barely afford it. Those who are on the edge of their paycheck will find a broken arm, a bad flu season or any number of ordinary things, pushing them lower financially until they eventually do qualify for insurance through MediCal/Medicaid and/or end up in serious debt.

Healthcare Insurance as we know it has become access to healthcare providers, the reason it is in a nation's interest to ensure access to it, is to ensure the health and well-being of its people. It is unfortunate that many must find themselves fighting for health insurance, just so they can fight illness and/or injury.

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