

[REDACTED]
Hudson, OH 44236
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C-Span
400 N. Capitol St. NW
Washington, DC 20001

Dear Sir or Madam,

When I hear people calling in to your program saying we don't need health care or that having health care is an example of "socialism," I start yelling at the t.v. set. I studied the question of the need for health care for my local League of Women Voters before the presidential campaign, and I was shocked with the way health care benefits had diminished over the years since my husband and I first became part of the work force.

At this time, I am a fifty-four year old teacher with health benefits on an 80/20 basis which will probably be renegotiated in the next contract. For the last contract, teachers in my district agreed to less money to continue to have the health care fringe. It is particularly important to me because my husband is a partner in a small business and cannot afford to buy coverage.

I am very concerned that we find a fair way to handle two health care issues, and I hope you will address them on your program. The first one is reasonably defining "pre-existing conditions." I think there should be a way to determine the costs and risks of **particular** pre-existing conditions. For example, my married twenty-eight year old son was treated for drug addiction. He received help through Glenbeigh Hospital and a follow-up twelve

step program. At present, he is recovering and drug free. My husband and I paid for his treatment because he and his wife had no insurance coverage at the time. Subsequently, my daughter-in-law got a job which has health coverage, but my son was rejected by her insurer because of his "pre-existing condition" even though he has been drug free for three years. I told my son he was too honest. Frankly, he should have lied on the application form. I think there is less risk of a claim from a recovering person than there is from someone who has an incurable disease or just doesn't admit to substance use. It would have been reasonable for the company to have asked for drug testing, but to deny coverage to a recovering person because of his/her former drug use (or honesty on an application !) is unconscionable.

The second issue I would like to see studied and publicized is a cost breakdown for some typical medical procedures. Again, I have another example from my family. My thirty-year-old daughter just had a baby. It was a normal delivery, and she spent only three days in the hospital. She works full-time as a Documentation Specialist at [REDACTED] in Twinsburg, OH. and has family coverage. She would prefer to switch to part-time work in order to spend more time with the baby. Unfortunately, she would lose her insurance coverage. Her husband is a salesman who has no health benefits from his company, but can purchase family coverage for \$300.00 per month. These two are healthy people who really can't afford almost \$4000.00 per year. It was laughable that they are the people to whom our former president was offering a \$1200.00 tax credit.

Why can't pool be expanded so that costs come down ? What actually makes the cost so high ? I thought the terms "reasonable and customary" were the insurer's way of controlling cost. How did the cost of having a baby rise from \$500.00 twenty-one years ago when I had my last child to \$3000.00 today ? Granted, I had "natural" childbirth, and my daughter had an epidural anesthetic, but I stayed in the hospital for five full days whereas she and the newborn babe were discharged in just short of three days. We both had "normal" deliveries. It is hard to imagine that her obstetrician's insurance premiums would account for the six fold increase in costs.

I had emergency gall bladder surgery with pancreatitis two year ago and was forced to stay home for six weeks recovering. (I won't go into the costs of that.) Fortunately, I found your program before I went crazy with boredom. I literally became a "C-Span junkie" and have watched every day since then. Thanks.

Yours truly,

