Testimony Presented to the Division of Health Care Finance and Policy

Proposed Regulations to the Student Health Insurance Program

April 28, 2009

By Dena Greenblum, Student Health Organizing Coalition

Thank you very much for the opportunity to submit testimony on this important matter.

My name is Dena Greenblum and I am a college student in Massachusetts and a member of the Student Health Organizing Coalition, known as SHOC. The Student Health Organizing Coalition is a community organizing initiative that seeks to improve student health insurance throughout the Commonwealth by unifying students who have experienced problems with their QSHIP plans and all those who sympathize with the cause. This organization was founded in the summer of 2008 and has become effective in outreach to universities, state agencies, and students themselves.

Until this point, students have had little input in the rules and policies that govern student health insurance. We feel it is very important that students have the opportunity to have our voices heard today and to build power for the representation of the student voice in future decision-making.

I am adamant that current QSHIP plans available need to be more affordable, more comprehensive and demand higher standards from insurance companies. SHOC members certainly appreciate that the Division of Health Care Finance and Policy seeks to take steps to collect more information about the current state of student health insurance (as in section 3.07) and to enhance education of students in regard to the specificities of their plans (as in section 3.04.06). However, we feel that it is clear right now that QSHIP plans are not quality insurance products. We want to find out more about exactly how the DHCFP plans to respond to the new information they collect as well as what we already know in these areas.

Personally, I am also troubled by the proposed regulation change that removes the requirement for students to submit documentation of their insurance in order to obtain a waiver from the

insurance mandate. When I started college in Massachusetts, I had a chronic disease that required prescription medications and the possibility of acute care treatment. Knowing the limits of the student health insurance coverage, I chose to waive it and stay on an HMO plan in Maryland through my father's job. However, my HMO did not cover me for any non-emergency care in Massachusetts. This means it does not technically meet the requirements of the insurance mandate, but I had no trouble waiving coverage. However, when I arrived at school in the Fall of 2005, I was taking a new medication that should have required follow-up blood tests to ensure there were no side effects. Because these tests would not have been covered in MA, I chose not to seek care. Then, in December 2005, I became very ill with consistently high fevers for two weeks. Upon a trip to the doctor, it was determined that my immune system was very dangerously low—called leucopenia, and likely due to a medication side-effect combined with mononucleosis infection. I ended up enduring a two-week hospital stay with many expensive imaging tests, intravenous antibiotics, and multiple blood transfusions. I do not know for sure if my condition could have been prevented with better preventative monitoring, but the possibility is troubling. For the best health outcomes, it should be imperative that all students have health care coverage. Furthermore, my hospital stay was very revealing to me about the inadequacy of student health insurance. If I had been on my school's plan in 2005, I would likely still be paying off the debt.

Today, SHOC members have shared personal stories as well as their implications for changes in regulation and policy. Our first panel demonstrated the way that caps and exclusions make student health insurance unaffordable for those who need it most. Our second panel demonstrated the need for improvement in the education of students about their plans as well as enforcement of stricter standards of insurance company practices.

I very much appreciate your attention and consideration of our input. We sincerely hope to work with you in the future to make sure the student voice is valued in decision-making on student health insurance, and that plans are substantively improved as soon as possible.

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April 28,2009

By Vivian Haime

My name is Vivian Haime and I am a college student in MA and a member of SHOC. I am here because the proposed changes to QSHIP regulations are inadequate.

These regulations before us today are focused on reporting and transparency so we can collect information to improve these plans. While it is important to collect more information, as you've heard from my peers this morning we are well aware that problems are prevalent for current students in the Commonwealth. We already know what is wrong with these plans, and cannot continue to wait for change.

Since QSHIP legislation was implemented in 1989, countless students have incurred tens of thousands of dollars in medical debt, and have often been forced to forgo treatment in order to avoid medical costs. This program is twenty years old, and it is time to make real change.

Even after the health care reform in MA through Chapter 58, the standard of student health insurance remains inadequate. QSHIP plans should be required to include the same comprehensive benefits and affordability measures as the rest of the health insurance plans in the Commonwealth. Moreover, students have a right to be aware of the full benefits covered by their plans so they may avoid added costs.

Plans will continue to have low annual caps, per service caps, and exclusions that cause the problems we've discussed today unless the Division takes action.

It is crucial that the division implement the necessary changes by the Fall of 2009 in order to improve student health insurance by the next school year.

Otherwise, how many students like heather, must be forced to risk infertility and forgo treatment?
How many students, like Bethany, should have to live with crippling debt?
How many students, like Amir, must fight wrongfully denied claims?

Any other Massachusetts resident would be penalized if they had a plan that was as bare-boned and inadequate as student plans are.

How much longer do students have to wait for truly affordable coverage that we can trust?

Thank you for your time. We look forward to continuing to work with you in reforming student health insurance.

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April 28,2009

By Andres Lessing

In June 2007, as an MBA student at Boston College, I was diagnosed with cancer. While I had purchased the Mega Life QSHIP plan offered by my school, I later found it to be extremely insufficient. While $100,000 of coverage was promised, in reality it was an illusion. High cost procedures, among many other services, were heavily capped. The cost of the recommended treatment – radiation, a second surgery and chemotherapy with related MRI, CT Scans and lab work – far exceeded the ceilings by around $40,000. I underwent tremendous amounts of stress negotiating with insurance companies, hospitals, and State Agencies. My debt would have been $250,000 if it weren't for the Health Safety Net and Health Reform (I bought a Commonwealth Choice Plan, which cost close to 3 times as much as the school's plan). This is not what one should go through while battling illness or injury.

I therefore ask that the commission refine the definition of minimum coverage to ensure proper coverage. Qualified Student Health Insurance Plans should not be capped and must provide full coverage for catastrophic illnesses and accidents.

Today, Boston College is offering a top of the line PPO plan for less than what Mega Life was charging for its deficient plan. This PPO plan is not capped and would have provided me with the coverage and peace of mind I needed. To me this means that proper quality coverage can be provided to students without added cost. Please consider modifying existing regulations to mandate appropriate coverage. No student should have to go through what I went through on top of battling cancer or any illness/injury.

Thank you very much

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Proposed Regulations to the Student Health Insurance Program

April 28,2009

By Shanna Rifkin

My name is Shanna Rifkin and I am student health organizer. I am here today because I believe that the proposed regulations to the Student Health Insurance Program are inadequate.

The stories of Heather, Bethany, and Marie illustrate what happens when health insurance plans are inadequate. As a student health organizer who has met with several students I have seen the consequences of foregoing benefits to preserve this idea of "affordable" student health insurance. In some cases it has led to medical debt and in others it has led to an avoidance of care.

Low annual caps, low outpatient and prescription drug caps, and the exclusions of preventative care are simply not affordable. QSHIP regulations must recognize that affordability is not just the premium of the plan but also the benefits, and until regulations mirror that ideal, students with QSHIP plans across the Commonwealth will continue to have problems.

Massachusetts has already recognized this issue and addressed it with Mass Health Reform. The recently enforced mandate not only requires residents of Massachusetts to have health insurance, but requires these health insurance plans to meet minimum creditable coverage (MCC) standards. These standards include benefits such as preventative care and prescription drugs, and prohibit annual caps and low internal caps.

As we have seen, the choice to be students in Massachusetts has meant that these individuals had to give up their eligibility for Commonwealth Care. The caps and exclusions in plans are so harmful that dropping out of school may be a financially appealing option.

Should students really be forced to choose between their health or their education?

Lastly who is benefiting from these caps and exclusions that harm students? It is not the providers, hospitals, or the state, who often are forced to pick up the cost. Even schools can lose out too when their students are unhealthy and burdened with debt. The only group benefitting are the insurance companies.

While I am not here to ask you to that QSHIP plans meet every principle outlined by MCC standards. I urge the Division to re-consider the proposed regulations to include regulations that address the woefully inadequate benefits that plague many student health plans.

Hi my name is Heather Knauer, I am a member of SHOC. The proposed changes to the QSHIP regulation are inadequate, and I'm here to tell my story about internal caps on prescription drugs.

I have endometriosis, a chronic and progressive disease. I do not qualify for my parent's health insurance and am left to depend on student health insurance that is inadequate. Because of my insurance, I am unable to receive the treatment that my physician wants for me. My prescription cap of $1,500 a year falls well below the cost of treatment for this disease. At approximately $400 a month, the plan covers less than four months of the 9- month treatment course.

This has forced me into a position to make a difficult decision about my health care and my education. I could receive treatment and end up with $2,000 in debt for this treatment, in addition to debt that I will incur for my allergy and asthma medications. I could also work full time and potentially have to drop out of school to get adequate coverage, or I could avoid getting care.

I have taken the gamble, and chosen to pursue my education, with the hopes that in the future when the time comes, I will be able to have children. Endometriosis is the leading cause of infertility in women, and living in chronic pain is a daily reminder of the risk that I am taking. But what other choice do I really have? Prescription caps make my health care unaffordable, and I do not want to sacrifice my education.

The state endorses internal and aggregate caps in order to make plans affordable. They argue that eliminating caps would raise insurance premiums so high that students would be unable to afford them. However, health insurance that I pay for, and that I cannot use because it will put me in debt is not affordable in my opinion. I challenge the state to be creative and to look at the numbers and understand what affordability really means. It does not just mean low premiums, it means insurance plans that adequately cover students and allows them to pursue a higher education unhindered by the cost of treatment for acute or chronic illnesses.

The state and insurance companies look to balance the price of insurance with the services provided, but I ask you this, what price do you put on the ability to bear children?

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April 28,2009

By Lisnerva Nuez

My name is Lisnerva Nuez and I am a member of SHOC. I am here today because the proposed changes to the student health insurance regulations are inadequate.

Before I started college, I lived in New York City, and was fully covered under Medicaid. However, my plan only covers me in the city, so I purchased student health insurance this year.

I became sick on October 23, 2008. I was having sharp pains on my right abdomen area. I went to health services and they told me that it might be appendicitis. Since it was very painful for me to move, health services sent me to the emergency room in an ambulance. At the hospital I received a cat scan. The most ironic thing about this whole situation is that I still do not know what was wrong with me. I was given two diagnosis, and two prescriptions. I either had a kidney stone or a bladder infection, and I had to pay for my own prescriptions.

I was under the impression that I would be covered by my health insurance plan for all of these treatments. However, I received a stack of bills throughout the course of the following month, and didn't finish paying my medical bills until the beginning of March.

I spoke to my insurance company several times to figure out how much I had to pay, and what they did and did not cover. In then end, I had to pay $300, which for me is a lot of money. Since I did not want to financially burden my parents, I took a part time job as a full-time student to pay the bills on my own.

I just wish that I was better informed, that I knew what I was paying for and what services are covered by my insurance. I am sure that like myself, many other students are under the impression that they are fully covered when in reality they are not. If we are mandated as students to have health insurance, I think that it should at least cover our medical costs.

Thank you.

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Proposed Regulations to the Student Health Insurance Program

April 28,2009

By Adnan Alam

My name is Adnan Alam and I am a member of SHOC and a student at Tufts University on my school's health insurance plan. I am here because the proposed changes to QSHIP regulations are inadequate.

I have recently experienced a great difficulty involving a lack of information and transparency regarding the true costs of the medical procedures that I received.

Between December 12 and December 15, 2008, I went through a sigmoidoscopy and a colonoscopy under the recommendation of Dr. Matthew Lowenstein, a gastroenterologist at Mt. Auburn Hospital. I consented to both procedures because I thought the insurance policy provided to me by my school would fully cover the charges I would incur since I had been referred by Dr. Carolyn Schwartz, a nurse practitioner at Tufts Health Services. I did not realize until much later that my plan would cover only 80% of the expenses and that there would be an additional $50.00 copay for the hospital bills. In addition, I was billed by Dr. Lowenstein's office and I am still unclear about the breakdown of original charges, the amount paid by Aetna and the amount I owed.

Over the months following my procedure, I was in contact with multiple customer service representatives from Aetna trying figure out my entitlements and what benefits I was receiving. The complexity of the setup left me baffled and I believe that insurance companies should have policies mandating a complete explanation of the coverage that students receive as part of their plan. Had I fully understood the extent of my coverage, I would have chosen to forgo the sigmoidoscopy and colonscopy, or at least I would have gotten a second opinion.

I feel that I am part of a vulnerable population that is not fully informed about their rights and would like to see policies enacted that would prevent other students from experiencing something similar.

Thank you.

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Proposed Regulations to the Student Health Insurance Program

April 28, 2009

By Yael Stern

My name is Yael Stern. I am a member of SHOC. I am here because the proposed changes to the QSHIP regulation are inadequate.

I represent Mary, who is currently a graduate student at a small private school, pursuing her PhD. She did her undergraduate and masters work in MA, and since 2001, has been working full-time and going to school full-time. Mary is not her real name- she wishes her identity to be kept anonymous. Her story illustrates the problem of internal caps on prescription drugs and exclusions in essential medical care. This is her story:

I have a lifelong mental illness and the medication for my illness has saved my life. However, the illness and the medications have caused me to develop Type Two Diabetes and to gain weight.

When I developed Type Two Diabetes five years ago, gastric bypass surgery was recommended. However, my health care policy purchased through my university does not cover this surgery. This exclusion, along with caps on medications, medical equipment and testing, caused me to have to take out over $100,000 in student loans for medical expenses. The policy's exclusions also forced me to suffer the bodily consequences of diabetes for four years before I could get the surgical treatment I needed. As a result, my vision and circulation have been impaired- damage that is not recoverable.

Now, my body permanently damaged, and my level of debt beyond what I can ever expect to repay, I am still not relieved of the burden placed on me by my inadequate insurance plan. Under my policy, the cap for prescription coverage is $1500. Since the cost of my monthly medications is around $700 per month, the $1500 coverage was exhausted in just two months. To obtain the medication that I need in order to live I am forced to take extreme measures.

Even after going to great lengths, I am still paying $300 out of pocket per month for medication. Additionally, I still do not have access to the medical equipment and coverage that I need in order to stay healthy.

I am the first in my family to attend college. To quit and not get my degree would leave me in $250,000 in student loan debt, without the credentials I need to pay it off. And should I be forced to give up the opportunity to complete my education because of a disability? Is that the kind of practice we want in MA?

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April 28, 2009

By Amir Meiri

Hello, my name is Amir Meiri and I am a senior at Tufts University. I am currently on the Student Health Plan at Tufts, through Aetna Chickering. I am a member of SHOC and the proposed changes to QSHIP regulations are inadequate. My experience on this plan has not been the most positive. I am a victim of poor insurance company practices as I have recently experienced a great difficulty involving a medical claim with Aetna Student Health.

Over the summer I interned at a private medical practice. During my time there, the doctor with whom I worked diagnosed me with an inguinal hernia and recommended that I receive surgery to repair it. He recommended a surgeon in his building. I scheduled an appointment with the surgeon for a month later (for 8-6-2008). I immediately on that day contacted the insurance company, calling the number provided on my insurance card (1-800-954-5797) to determine what protocol needs to be followed. I spoke with a female representative and I explained to her my situation that I needed surgery and wanted to know if I needed to obtain a referral. She explained to me that I do not need to go to my university's Health Service when it is closed, such as during a school break or if I was 50 miles or more away from the clinic. Considering the timing of our conversation (the middle of my summer break), I assumed that she meant I did not need a referral, since I was on break. She did not specifically clarify that I would need to obtain a referral. I had my appointment, where the surgeon confirmed that I should get my hernia repaired, and that he could do it whenever I would like.

I received a few weeks later 8/27/2008 an "Explanation of Benefits" from Aetna, indicating that I would not be covered for that office visit ($204.00). I immediately called the company, that same day, using the same number on the back of my card. I tried to appeal it over the phone, saying that Health Service was closed on the day of my appointment, because I didn't know what else to do. They called me back, denying my phone appeal. The representative advised that I send a written appeal, which I sent to Aetna's Boston office on 8/29/08. I am waiting for their response to the appeal, which can take up to six months (it has been about 7 so far.) I explained that the original representative was not clear in our conversation, prior to my original office visit with the surgeon. It would not have been a problem to get a referral from my Health Service.

I believe that my claim was wrongfully denied as I was given very unclear information. There was no problem for me to obtain a referral, making this situation even more bothersome. I followed the protocol that was described to me by the insurance representative, and their mistake should not prevent me from being covered. As a student, I cannot afford this expense, and am outraged at my insurance company for taking advantage of me.

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April 28, 2009

By Stephanie Calnan

My name is Stephanie Calnan, and I am a member of SHOC. I am here because the proposed changes to QSHIP regulations are inadequate. I will be representing Bethany Ferland this morning and will recount her story about how the internal caps in her student health insurance led her to incur medical debt. Bethany Ferland is a recent graduate of a private college in Massachusetts, and this is her story:

In the fall of 2006, my senior year, I started experiencing convulsions regularly. On November 15, a tumor was found in my brain. At the time, I had student health insurance through my college.

Throughout my senior year, I had to take three ambulance rides. The limits in my health insurance didn't even cover one ride. On the day that my tumor was discovered, I had 3 ER visits and 4 ER doctors, including a specialist. The total cost for this day was staggering and my student health insurance covered less than 20% of my bills.

I then needed a MRI every few months, and sometimes I had two MRIs in the same visit because my neurologist needed to see different views of my brain. An internal cap in my insurance for imaging covers less than one MRI, leaving ALL of the rest completely uncovered.

During the 5 months after my tumor was discovered, I would have as many as 6 seizures a day. One medicine that my neurologist recommended was not covered at all by my health insurance. If I listened to my doctor's recommendations, it would have cost me over $1,000 dollars a month. Because I could not afford this, I had to try a medicine that did not work as well and almost put me in the emergency room. I tried this medicine only because I felt like I had no other option since my health insurance didn't cover the more effective medication.

Even after finding a drug that did work to control my episodes, my student health insurance stopped covering it with no explanation after a few months.

By the time I graduated college I had already incurred more than $60,000 dollars in medical debt in less than six months time, even though I paid to be on "affordable" health insurance. Although the monthly premiums may have been affordable, my health insurance was ineffective because it didn't cover me when I became sick.

Even after college, these old medical bills and student loans have severely hampered my ability to start a new life with my husband.