

Out Of Reach: Too Many Can't Buy Health Insurance

It took me a year of searching to find a medical neurologist in Tom Green County that would agree to see my uninsured 45-year-old daughter.

She had her first epileptic seizure while working in the kitchen of a public school north of San Antonio, Texas. She badly sprained her wrist as she fell to the floor that day. Her school health insurance paid for that emergency hospital visit. When it was evident doctors would not release her to return to work, she was given sick leave and had insurance for three months before it was dropped.

There were other seizures, and the bills and pills increased. She was recently widowed and had a 10-year-old boy in special education; the darkness made its home in her house.

We were 200 miles away in San Angelo and not able to be much help. Our daughter moved here, and the search was on for medical help. We finally found a San Angelo neurologist that would take on the challenge, but only after I assured his office we would pay cash as long as we had it. Had they inspected my bank account, they might have had second thoughts.

A recent national survey estimates that 12.6 million non-elderly adults have tried to purchase health insurance but it was out of the question because of a pre-existing condition or dropped coverage due to illness. Without reform, projections suggest the 12.6 million will rise to about 72 million in 2040.

Besides these problems, Americans are paying more for health coverage due to health insurance premiums nearly doubling since 2000 - a rate three times faster than wages. It does not take a math wizard to figure out that health insurance is out of reach for individuals with a full-time minimum wage job.

The national press informs us that half of all personal bankruptcies are partly due to rising medical expenses. The average small businessman or woman finds it more and more difficult to meet payrolls because of the health coverage policy increase. In the last nine years, small businesses offering insurance coverage dropped to 59 percent from 68 percent.

Myths abound about healthcare reform, including the notion that doctor-patient-family consultation encourages early death for old folks. Consultation with a dying patient or the family is something every doctor probably is already doing without being paid extra for it. And it certainly does not encourage “euthanasia,” as Iowa Sen. Chuck Grassley has said. Many families need to face the reality of death. Who better to know the situation than the patient and doctor?

Medicare is safe and sound and will not die because of reforms. Another myth has health insurance reform affecting veterans’ access to care. Not so. Veterans’ care is increased in the reforms.

Reform will make prescription drugs more affordable for seniors. If you have insurance, you are not forced to drop it. Reform will expand choices, not eliminate them.

The government will not touch your bank account. That absurd myth must have come from offices high up in some profit-making health care facility.

Reforms will not allow insurance companies to refuse renewal because someone gets sick. Plus, they cannot raise the policy cost when they learn of your illness.

A friend in the business of processing insurance claims said how amazed he was in the many and varied excuses insurance companies have for not paying a claim. This is a personal call for fairness and honesty. Reform brings us part-way toward humane treatment for all.

“Health reform is a test of whether this country can function once again as a civil society - whether we can trust ourselves to embrace the big, important changes that require everyone to give up something in order to make everyone better off,” according to The Washington Post.

We will not have health reform until health care is a not-for-profit undertaking again. It worked years ago and can work again.

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