

# U.S. Rep. Grothman: Supports coverage for people with pre-existing conditions

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(Washington, D.C.) – This week, at a House Education and Labor Committee hearing, Congressman Glenn Grothman (R-Glenbeulah) reaffirmed his support for retaining coverage for people with pre-existing conditions, and questioned experts on ways we can lower health care costs by the use of company-operated association health plans.

Witnesses included:

- Ms. Sabrina Corlette, Research Professor for the Center on Health Insurance Reforms at Georgetown University's Health Policy Institute
- Dr. Rahul Gupta, Senior Vice President and Chief Medical and Health Officer of the March of Dimes
- Mr. Chad Riedy, an adult with Cystic Fibrosis
- Ms. Grace-Marie Turner, President of the Galen Institute

## **Excerpts of Grothman's questioning**

**Congressman Grothman:** "It seems to me that the Republicans and Democrats are all in favor of protecting coverage for preexisting conditions. Could you just one more time tell us, under current law are workers with preexisting conditions allowed to be charged more or be denied coverage based on their condition?"

**Ms. Grace-Marie Turner:** "*No Congressman.*"

**Grothman:** “So that’s the current law right now. Good. We’ll give you some other general questions. I am from Wisconsin. In 2018, last year, Scott Walker worked with the Trump Administration and CMS to approve a 1332 state innovation waiver which caused our premiums to drop. Are you familiar with that situation?”

**Turner:** “Yes, I am sir.”

**Grothman:** “Could you talk about what we did in Wisconsin?”

**Turner:** *“I mentioned, actually, in my testimony some of the impact that these plans have had. They have been able to basically repurpose existing ACA money to help increase and improve access to coverage for people with chronic, preexisting conditions, and therefore lower premiums in their general market. Wisconsin is often taking the lead in health policy innovations and waivers. I think this is important one to move forward with.”*

**Grothman:** “At least I am told that premiums dropped a little over four percent?”

**Turner:** *“Premiums dropped and enrollment increased as a direct consequence.”*

**Grothman:** “Good, and in the past, we saw incredible increases in premiums and open enrollment falling. We saw that in Wisconsin. Is that true nationwide?”

**Turner:** *“Because the premiums were so much higher, people just can’t afford it, and we talk about high deductibles, they are so high in the ACA plans that if people are not eligible for cautionary reduction subsidies they basically say that might as well not be insured because they can’t afford to pay the first \$10,000 every year out of pocket before coverage kicks in.”*

**Grothman:** “I’m glad you mentioned association plans. My experience with health care in general, is when you take a group, not a statewide group because it’s hard for the state to duplicate it. But when you take a business with 1,000 employees or something, a lot of these innovative businesses were doing a very good job. One of the things they did was employer based clinics, which saved a tremendous amount of money for a variety of reasons. Is there any way you could see this sort of thing duplicated through something like Obamacare or is this the type of innovation that is why we want the vast majority of Americans still insured through their employer?”

**Turner:** *“Well the ACA did allow for some innovation incentives for people to do not*

*association health plans, but creative coordinated plans within Medicare and because the rules that were written around the ACA were so strict, even plans like the Mayo Clinic and Cleveland Clinic and others that had been very successful in managed coordinated care couldn't make it work, so I do think that flexibility is really important and trusting employers. Some employers have said for example that they feel it's worth flying their employee to another state to get care at a center of excellence, cardiac care or cancer care, so they really do try to innovate to get the best value and best quality care."*

**Grothman:** "That's another thing. I did mention employer based clinics but these centers of innovation, flying people to other states, because an employer has the ability to hire somebody, and do a good job. Now I know there are a lot of people who will always feel that setting up another big federal bureaucracy is going to work after that seems to have failed like 120,000 times in a row, but what you're telling me is the way the private insurance plans, even for individual companies and hopefully to be duplicated by association plans, they are able to find ways to reduce premiums and reduce costs that really as a practical matter are not being duplicated by a government bureaucracy?"

**Turner:** "That's correct"

[Click here](#) to view Grothman's full remarks.

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