19th House District
Parts of NE Franklin County
Including Gahanna, New Albany,
Westerville, Minerva Park, and area
townships

134th General Assembly Committees
Technology and Innovation, Ranking Member
Higher Education and Career Readiness
Primary & Secondary Education
Energy and Natural Resources

Representative Mary Lightbody
19th House District

Testimony to the House Insurance Committee
House Bill 125 <> February 24, 2021
Mary Lightbody, Ph.D.

Chairman Brinkman, Vice Chair Lampton, Ranking Member Miranda, and fellow members of the House Insurance Committee, thank you for allowing me to testify in support of House Bill 125.

Access to affordable care is crucial for all Ohioans. House Bill 125 would protect coverage for those with pre-existing conditions, limit health insurance premium hikes, ban annual and life-time limits, and protect coverage of essential health benefits, like preventative, maternal and emergency care. I have personal experience with how important health care coverage for pre-existing conditions can be.

In 1988 my late husband and I, along with our three children, moved back to Ohio because he had accepted a new position as a consulting environmental engineer with a small engineering firm in Columbus. He made careful negotiations with the new firm that his health care coverage would continue without interruption, and that it would include every member of our family. What the firm may not have realized, because he was not required to divulge the information, was that he had been on hemodialysis for eight years at that point. We did his treatments at home but we scheduled them three times a week, five hours a time. He was otherwise very healthy and missed only a few days at work his entire working career. Our out of pocket expenses were very high, even though Medicare picked up the bulk of the costs. We were fortunate that end stage renal failure had been included when Medicare was revised in 1972 to include people with disabilities. At that time end stage renal failure was judged to be a disability, so hemodialysis was an option to keep my husband alive and Medicare allowed us to carry a much smaller, and manageable, share of the financial burden.

We were even able to buy a house. We moved in and were very happy for many years. However the inspector who inspected the house before the sale failed to see two pre-existing conditions in the house. One was that the foundation in the living room did not extend below the frost line, so we started to see cracks in the walls and uplift in the floor. The other was that the fill that was used to level the floor in the garage addition put up 10 years previously had not been sorted, so there were larger rocks and smaller ones, which settled over time, causing the entire concrete block wall to buckle outwards and threatened to collapse. Neither of these two very expensive pre-existing conditions was evident when we bought the house, and neither was covered by our home-owners insurance.

But Rick's health care coverage did cover his pre-existing condition through five more years of hemodialysis, a transplant operation, and 13 years of immun0-suppressive drug therapies until his death in 2009 from opportunistic infections he could not fight off.

There are many families like ours which have pre-existing conditions that were the result of genetic conditions that lay dormant and were unbeknownst to them or the families until the cumulative effects of the error in the DNA code created symptoms that required medical attention. In my husband's case the error that caused his kidneys to fail was in one amino acid in one place on the X chromosome. *Sickle cell anemia is another example of a medical condition that is caused by an error of one amino acid. In other families heart attacks or cancers occur at a higher than statistical averages would predict, perhaps due to a genetic anomaly we have not yet identified. If we are honest, the human body is a miracle, and most of us have slight imperfections that so far, by the grace of God, have not slowed us down much.*

This bill will protect those individuals and their families from some of the catastrophic medical costs that can accrue if you have certain medical problems which are treatable but debilitating and costly. The Kaiser Family Foundation estimated in 2018 that approximately 54 million non-elderly adults in the United States had pre-existing conditions that would have made them "uninsurable" prior to the Affordable Care Act. [1] Many pre-existing conditions include conditions that people have at birth and do not discover until later in life. The range of these conditions can begin with mild conditions such as seasonal allergies to serious conditions such as diabetes, heart disease or cancer. These conditions bring with them high treatment costs, significant strain on our bodies, as well as impact on our loved ones. By maintaining the ability for all Ohioans to have access to health care coverage allows us to remain health and contribute to others through our work and volunteer activities.

By incorporating these patient protections included in the Affordable Care Act into Ohio law, we are taking a crucial step to ensure Ohioans do not lose healthcare during the critical times in their lives. Doctors and health care professionals can diagnose many conditions early enough to provide care, interventions, and treatments that can prevent deterioration of the condition for increasingly long periods of time. We all know that protecting our workforce will keep people healthy and reporting to work every day, contributing to the economy of Ohio as we recover from the pandemic.

Thank you for the opportunity to testify today in support of this important legislation. Like Representative Crossman, I would be happy to answer any questions the committee members may have.

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[1]"Pre-existing Conditions: What Are They and How Many People Have Them?" Pollitz, Karen, https://www.kff.org/policy-watch/pre-existing-conditions-what-are-they-and-how-many-people-have-them/