

Health Insurers: The Need for Leadership

The market for individual health insurance is often the worst place to buy health insurance – more expensive, more exclusions, the fastest rising rates, and usually fewer benefits.

Identifying the problems with the insurance market can strengthen the argument for health system reform. Voters hold a strong belief that insurers are not working in the interest of consumers. The practices of health insurers infuriate most voters. Identifying these problems so they resonate with voters helps strengthen the argument for reform.

- There is a lot of anger and that anger needs to be channeled toward changes that both resolve system problems and provide a stepping-stone to health reform.
- The greatest benefit people see from reform is the elimination of pre-existing condition exclusions.
- People worry about bureaucracy in a reformed system, but recognize the similar bureaucracy with paperwork and red tape in insurance companies.
- The majority of voters express the need for the government to have a role in advocating for them by overseeing and guaranteeing insurers are treating us fairly.
- Voters have an ambivalent relationship with insurers. They often don't trust their insurer and they hate the bureaucratic nature of insurers, rate-hikes with little notice, denials of coverage and exclusions for pre-existing conditions. They feel insurance companies need oversight to ensure fairness and affordability.

Example:

Every time the market fails to solve a problem, we hear, "Just eliminate regulations and the market will correct itself." That's what we heard with the mortgage industry, the oil companies, and the big corporations that are outsourcing American jobs. Just look at what the "free market" has brought us on health care: Millions of people can't get insurance or are afraid to change jobs because they have some "pre-existing condition"—which we all have if we just live long enough—and millions of parents who work full-time have no insurance for their kids. Insurance companies have complete control over the size of premiums, deductibles, co-pays, and how much they'll pay, and the rest of us have no choice but to take what they offer. They spend a fortune on "administrative costs", wasting doctors' time filling out paperwork and denying people coverage for tests or procedures their doctors say they need. We don't need more of the same; we need leadership (better than 'government') to solve this problem.

This attack animates anger at insurance companies, reminds people of their own experiences with a broken system, and connects health care with other economic problems. It emphasizes the pervasive market failures and giveaways to special interests that have affected working Americans and their families over the last seven years and emphasizes that a free market in health care gives freedom only to insurance companies to call all the shots. In recent years, voters have consistently identified health care costs as a key factor in their own pocketbook and in the country's economic struggles, and this message capitalizes on their existing attitudes.