

**ILLINOIS STATE MEDICAL SOCIETY**

**Resolution 12.2019-17  
(A-20)**

Introduced by: Harry Goldin, MD, ISMS Member

Subject: Protection of Medicare Enrollees from Pre-Existing Condition Exclusions

Referred to: Council on Economics

---

1           Whereas, pre-existing conditions are medical conditions for which a health  
2 insurance enrollee has been diagnosed, treated, or should have sought care prior to  
3 enrolling in a health insurance plan; and

4  
5           Whereas, patients with pre-existing conditions can be denied health insurance  
6 coverage, have increased costs for policies, have claims denied and/or have coverage  
7 waiting periods imposed on their policies; and

8  
9           Whereas, the *Patient Protection and Affordable Care Act* (Obamacare) bans  
10 exclusions based on pre-existing conditions for many policies; and

11  
12           Whereas, Medicare is a federal government insurance plan that covers 80% of  
13 the costs of approved care and Medigap policies are commercial insurance plans sold to  
14 cover the “gaps” in Medicare coverage such as the remaining 20% of medical costs; and

15  
16           Whereas, federal law provides only a six-month “guaranteed issue” open  
17 enrollment period for Medigap policies during which insurers cannot refuse to sell a  
18 policy and cannot charge higher rates due to pre-existing conditions; and

19  
20           Whereas, after the six-month “guaranteed issue” open enrollment period,  
21 commercial Medigap insurance companies can charge more for a Medigap policy and/or  
22 refuse to cover Medicare enrollees due to pre-existing conditions; and

23  
24           Whereas, states have the flexibility to add stronger consumer protections for  
25 Medigap insurance policies that go beyond the minimum federal standards; and

26  
27           Whereas, and the states of Connecticut, Massachusetts, Maine and New York ban  
28 discrimination based on pre-existing conditions and provide enrollees continuous  
29 “guaranteed issue” protections beyond the six-month enrollment period; and

1           Whereas, most Medicare enrollees have a pre-existing condition; therefore, be it

2

3           RESOLVED, that the Illinois State Medical Society advocate to eliminate all pre-  
4 existing insurance exclusions or penalties in the State of Illinois; and be it further

5

6           RESOLVED, that the Illinois State Medical Society advocate for continuous  
7 “guaranteed issue” protections for Medigap insurance policies in the State of Illinois.

**Fiscal Note:**

N/A

**Existing ISMS policy related to this issue:**

ISMS supports prohibiting any organization which issues health insurance policies in the state of Illinois from denying health insurance policies on the basis of pre-existing medical conditions. (HOD 1994; Reaffirmed 2010; Reaffirmed 2015-JAN; Reaffirmed 2018; Last BOT Review 2015)

ISMS supports eliminating the waiting period for Illinois Comprehensive Health Insurance Plan (ICHIP) coverage, reducing the cost of ICHIP to that of standard insurance policies, eliminating the pre-existing condition clause in the ICHIP policy and increasing the individual lifetime maximum coverage of ICHIP policies to at least one million dollars. (HOD 1994; Last BOT Review 2011)

House of Delegates adopted Resolution 17 (A-08), which directed that the Illinois State Medical Society Board of Trustees work with the American Medical Association, state and federal regulators, and legislators, if necessary, to reform the insurance industry’s use of contract language regarding “pre-existing conditions” consistent with the following four principles: 1) The term “pre-existing condition” should be replaced with the term “pre-existing disease or injury” where diseases are listed in ICD-9CM or equivalent compendia under codes 001 thru 779, injuries are listed under codes 800 thru 999, and codes 780 thru 799 list symptoms, signs and ill-defined conditions which are transient or for which no disease or injury has been diagnosed and may not themselves be considered diseases or injuries. 2) It is unjust and unreasonable to presume that an insured has the wisdom and clarity of judgment to accurately self diagnose disease and/or assess the need for medical treatment. 3) A diagnosis of a disease or injury may only be assigned to a patient by a licensed physician, contemporaneously and with

notice. 4) Individual genetic information is highly personal and may not be solicited or used in underwriting decisions. (HOD 2008)

House of Delegates adopted Substitute Resolution 14 (A-10), which directed that our Illinois State Medical Society Board of Trustees make pre-existing condition reform in Illinois an ongoing legislative goal, and that existing policy on pre-existing condition be reaffirmed. (HOD 2010)