

Qualitative Comments From the Survey

Space was provided at the end of the questionnaire for any general comments a respondent wished to make. Additionally, several respondents wrote opinions, concerns, and suggestions related to an item in the margin. These open-ended comments of the survey participants provide additional detail and context on current attitudes and concerns among health insurers about genetic tests and genetic information. Where necessary for clarification, bracketed text has been added by OTA.

Commercial Health Insurers

1. *So far so good. As long as no one [i.e., other insurance companies] is testing we are not at risk beyond that contemplated by our rate structure. As soon as genetic predisposition is employed on a widespread basis we will be forced to follow suit.*
2. *We currently do not employ genetic testing for underwriting. However, if it ever becomes a nationally accepted policy, we would utilize it judiciously in order to remain competitive.*
3. *Genetic testing should be on a level playing field (i.e., applicants and insurers should have equal access to the same information to prevent antiselection).*
4. *Considering the thousands of other significant medical impairments insurance companies must contend with, the incidence of genetically transmitted disease is a relatively insignificant matter!*
5. *Individuals with genetic impairments should not be excluded from health coverage. Federally subsidized plans may be needed to supplement what is available from commercial carriers.*
6. *Required genetic testing to obtain health insurance in general will not be beneficial to applicants for health insurance or to insurance companies. Rated group premiums should be adequate in most cases to compensate for extra risk. If an applicant at high risk to serious genetic disease submits genetic test results on his own which are favorable, then group premium can be adjusted appropriately downward.*
7. *Our company has more than 1 million health insurance policies in force for individuals and families. The great majority of these are guarantee-issue hospital indemnity policies with waiting periods (ordinarily 1 year) for preexisting conditions. For this part of our business, every applicant is eligible at standard rates. I completed the questionnaire as it pertained to a much smaller segment of our business. This is a medically underwritten, hospital-medical-surgical policy with a lifetime aggregate benefit, in most instances, of 1 million dollars. We will receive about 36,000 applications for this kind of policy in '91. Underwriting is performed from the application and APS [attending physician statement] information. We do not use paramedical exams or tests, and have no plans for genetic testing. We are not an MIB member [Medical Information Bureau, Inc.] .*
8. *If possibility of future disease is 100 percent from testing we might consider using info for underwriting. If it is only a lesser probability, then I doubt if we could use that info.*
9. *Although incremental in its effect on indemnity industry, the genetic testing referenced will ultimately expand to numerous additional conditions. A broad view of insurance industry cost/risk should be taken from the inception to provide satisfactory protection from additional burden to the premium paying public.*
10. *This questionnaire appears to me to be poorly conceived and executed; many of the questions appear to be unfairly loaded or betray an ignorance of customary health insurance underwriting practices. Genetic testing is an important societal issue, and intellectually flawed and/or politically motivated exercises seem unlikely to advance the public good in this, or any other, area.*
11. *This survey appears entirely premature. The insurance industry is not considering screening for genetic diseases. No testing is available yet that is practical. We just want to underwrite symptomatic genetic conditions just like everything else.*
12. *As an insurer, we are not anxious to begin testing for underwriting purposes; however, if an applicant has already taken the test, it is *critically important* that we have the opportunity to access the test results.*
13. *We have no plans to perform genetic tests on our applicants. If, however, a genetic test has been done it is extremely important that we know what the applicant knows about his or her own condition. Adverse selection against any one company could jeopardize its financial status and ability to pay future claims.*
14. *This was a lot of information you requested to be answered in a relatively short period of time!*

Blue Cross and Blue Shield Plans

1. *Our answer regarding coverage of persons or families at risk for serious genetic disorders is predicated on*

- our State-mandated requirement to offer some type of coverage to all applicants.
2. Not all questions were completed since we currently do not require testing of any kind or family history information in our medical underwriting process. We do not specifically inquire on the application for coverage about genetic conditions listed in the survey. However, applicants with these known conditions are not considered standard risks and would be declined coverage with our company. Payment for some genetic testing is covered under some of our health insurance policies depending on the diagnosis and if the services are determined to be medically necessary.
 - 3 The responses are a result of our “Corporate Medical Policy Committees” input. Our corporation is non-profit and is founded on a social/community mission and responsibility. Therefore, we accept all applicants. Due to fiscal difficulties, we are *considering implementing* a waiting period of one year even in our group business. We will still accept all but apply the waiting period.
 4. Our position on treatment of genetic testing and applying such information in our underwriting-practices will be directly affected by the position of the other insurers. This is necessary to assure that adverse selection is avoided.
 5. While I do not support insurer-required genetic testing, I feel insurers must be permitted to use applicant-initiated testing results on the same basis as other medical information.
 - 6, Currently we rider individuals with certain conditions. In 1992, we plan to stop “ridering” and begin “risk adjusting premiums.” At that time, we will become much more concerned about genetic disorders. However, we do not anticipate requiring genetic testing.
 7. This survey was answered with 1990 statistics; it excludes LTC [long-term care] as a line of business. The only “open enrollment” for individual plan members is limited to noneligible group members; Hawaii does not medically underwrite groups.
 8. The questions asked do not take a number of factors into account (i.e., it is not stated if currently covered, requesting coverage, are symptoms and treatment currently being rendered, etc.)
 9. Our underwriting practices and decisions are highly regulated by the State Department of Insurance, which severely limits our ability to consistently apply sound and equitable risk evaluation techniques.
 10. The public should demand that health insurers and employers follow their earlier mission of spreading risk rather than avoiding risk. Additionally, coverage for genetic testing should be provided if medically necessary; criteria which probably need to be refined. If my responses seem confusing, be aware that we ask for medical histories from nongroup applicants [as a method of collecting data], but we are resolute in neither denying coverage nor rating surcharges for high risk individuals. Of course, we don’t make a lot of profit with these practices.

Health Maintenance Organizations

1. As an IPA-fee-for-service [independent practice association] HMO in our State, we can not exclude preexisting conditions. Therefore, we are at a distinct disadvantage with other competitors in the field who are permitted such an approach. We therefore are always experiencing adverse selection and show hemophiliacs, AIDS patients, etc.—far in excess of random population statistics.