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## GUEST COMMENTARY

### Being a woman is not a 'pre-existing condition'

BY BARBARA EVANS

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Regardless of how you feel about health care reform, you should support changes in federal and state law that would prohibit insurance companies from charging women more or denying us coverage, just because of our gender.

Right now, these protections are contained in both the Senate and House versions of federal health care reform. The Joint Judiciary Subcommittee I cochair is investigating whether we should enact a ban of sex discriminatory health insurance rates into our state law.

Recent studies of health insurance policies and rates in our state by the National Women's Law Center (NWLC) revealed that our state law explicitly permits companies to discriminate against women.

The studies also demonstrate that insurance companies are taking advantage of this by charging women more for similar coverage. You can read the 2008 and 2009 studies for yourself, "Nowhere to Turn" and "Still Nowhere to Turn" at [nwlc.org](http://nwlc.org).

I found it shocking that 70 percent of the West Virginia policies examined by the NWLC charged nonsmoking women more than male smokers.

In addition, it is legal in our state to reject women for preexisting conditions such as being pregnant, being a victim of domestic violence or having previously had a C-section.

Sometimes our ability to bear children is given as the reason why women have to pay more for insurance coverage. We all know that it takes two people to make a baby. But women of child-bearing age apparently have to pay a very high price for the fact that we are the ones who can get pregnant.

The NWLC study showed that a 25-year-old female living in Charleston would be charged up to 41 percent more than a male, even though her policy would not cover maternity. Ironically, 90 percent of the best-selling individual policies the NWLC examined completed excluded pregnancy coverage.

Women in West Virginia earn far less than their male counterparts — between one quarter and one-third less, on average. We cannot afford to pay higher prices than men for a service that is so important to our security.

I did not realize that group health insurance plans are also allowed to discriminate against women in their pricing under West Virginia law.

What this means is that businesses that have a larger female work force — for example childcare companies, pharmacies, home health agencies and nonprofits — are in all likelihood paying higher premiums because of the number of women they employ.

This is wrong. Being a woman should not be considered a preexisting condition that would justify charging us more or denying us health insurance coverage.

Likewise, companies and agencies that provide health insurance for women should not be penalized, simply because a majority of their employees are women. Charging people more for health insurance because of their race has long been prohibited in our country. There is no principled reason to prohibit race discrimination, but allow sex discrimination in health insurance. If health reform legislation passes, I hope the final version will continue to ban sex discrimination in both individual and group health insurance plans. It is time for West Virginia to stop discriminating against women, too. I have asked the attorneys for our [House]

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Judiciary Committee to draft legislation that would end discrimination in health insurance because of a person's gender in our state.

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