

HEALTH MATTERS

New Recession Rule: Don't get tests while shopping for health insurance

BY ANN BRENOFF

FOR THE PORTLAND OBSERVER

Most people rush to schedule as many medical tests as possible just before their COBRA coverage runs out. But some experts now say that's precisely

the wrong thing to do when you're shopping for post-COBRA health insurance. The problem with those medical tests is that they just might find something - and if that something requires treatment or even the potential

for treatment, that can make you undesirable to most insurers.

But are these experts offering life-threatening advice -- time of diagnosis is often a factor in advancing diseases? With that understood, here's what some people are saying:

"A person applying for individual health insurance should delay any non-essential medical testing or prescription drug purchases until they have secured insurance," says Alex Maybaum, director of consumer advocacy for AnnualMedicalReport.com. Maybaum, whose business helps people keep track of what shows up in their medical reports so that they don't wrongly get turned down for insurance, even goes one step further. "A person seeking individual health insurance would be well-advised to request that their family members -- parents, siblings and relatives -- also avoid any major medical testing, especially tests for diseases with a genetic component such as cancer, Alzheimer's and Huntington's Disease."

Yes, he says, "Even medical tests of close relatives can be used by health insurers as a basis for denying a person insurance coverage."

Susan Brink used to cover consumer health issues for the Los Angeles Times and US

News and World Report and now is a freelance writer and editor. She says she spent 30 years advising her readers to not skip their mammograms and get their medical tests on time -- and then realized the new recessionary twist on her advice when it came time to shop for post-COBRA health insurance.

"I realized that taking the preventive measures I should be

against even talking to the doctor about your medical concerns prior to the effective date of your coverage. Them's some fighting words, coming from an insider.

Toeing a straighter line is Robert Arnoff of Arnoff and Associates Inc. in Bainbridge Ohio. "It would be inappropriate and possibly illegal for any adviser to suggest to anyone to delay ...

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taking would lead to a medical paper trail that could leave me up the creek," she said. In fact, it did. When her cholesterol measured high, it led to her being turned down for an individual policy. As a Vermont resident, Brink was able to join the state's all-inclusive medical pool. The insurance costs her \$425 a month.

Even Deborah Alpert, a Los Angeles-based insurance consultant, says "have an insurance plan in place and then go to the doctor." She cautions

testing to determine a medical condition. There are some states where the department of insurance would consider this malpractice and suspend a broker's license (if there was sufficient proof)."

Good point, Bob, but we're talking desperate people here who can't wait until 2014 -- when the Obama-matic plan for insuring everyone kicks in -- to get themselves covered.

This story originally appeared in AOL WalletPop. www.walletpop.com.

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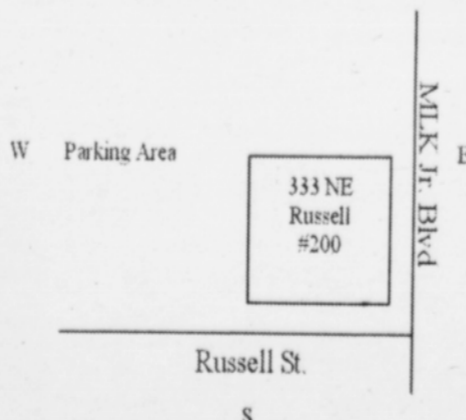
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