

Obama supporter miffed at botched healthcare rollout

Margaret Davis of West L.A. voted for President Obama and appreciates the ideas behind the [Affordable Care Act](#). She agrees that everyone should have access to healthcare and no one should be denied coverage because of pre-existing conditions.

But here's the problem:

She knows firsthand, as the new law of the land rolls clumsily into being, that it's not working out to everyone's advantage.

"I'm a 55-year-old woman in excellent health and have a catastrophic health plan," she wrote recently to Obama and California Sens. Dianne Feinstein and Barbara Boxer. "I am completely happy with my plan. I received notice that the plan is being canceled and that to stay with a "comparable" plan my premiums would increase 88%, or \$200 extra per month. To add insult to injury, the plan is INFERIOR to my existing plan."

If you guessed that she got no response from any of those elected officials, you win a box of cough drops.

But public officials didn't throw a complete shutout at Davis. She wrote to U.S. Rep. Karen Bass (D-Los Angeles) when she didn't hear from the others, and one of Bass' staffers called Davis to say she'll be looking into the specifics of her case.

"Any time you do a huge policy change like healthcare, there's going to be all sorts of problems and glitches that need to be worked out," Bass told me Tuesday from Washington, where she said there were new calls for allowing people to keep the policies they have, as President Obama had repeatedly promised they'd be able to do.

President Clinton has urged such a move, and Feinstein's office backed the idea Tuesday. She noted in a statement that her office had received 30,832 contacts from Californians, "many of whom are very distressed by cancellations of their insurance policies and who are facing increased out-of-pocket expenses."

"The Affordable Care Act is a good law, but it's not perfect," the Feinstein statement said.

No, not by a longshot, beginning with the federal website debacle and highlighted by Obama's now-laughable promises of a smooth transition. But Bass worries that the problems will further embolden critics who were determined from the beginning to do a grave dance on healthcare reform.

Hundreds of people attended a town hall conference hosted by Bass on Sunday in West L.A. She said some attendees were in the same situation as Davis and not very happy about it; others were confused by their options. Bass said many were assisted as they enrolled in new plans through the state exchange, Covered California.

"But overall, people were like Margaret," said Bass, who called Davis on Tuesday to discuss her case. "They really want this to work, and they're just trying to figure it out."

Which hasn't been all that easy for Davis, an accountant and software consultant who couldn't believe "how botched up" the healthcare.gov website was, among other problems.

And would anyone be shocked if insurance companies were trying to take advantage of all the confusion?

Davis lives with her husband and two teenage sons but chose not to be covered by her husband's healthcare plan, which would have added \$600 per month to the cost. All she wanted from her own plan was the peace of mind that came with knowing she wouldn't go broke if she were seriously ill or injured.

She paid Kaiser \$224 a month with a \$5,000 deductible.

Under the new Kaiser plan, her premium would rise to \$420.46 a month. The plan carries a lower deductible, of \$4,500, after which she would then pay 40% of the cost of care up to a cap of \$6,350.

Though Davis appreciates the goal that all policies must meet minimal standards of coverage, she doesn't anticipate needing either the maternity or mental health care that would be part of her new plan.

"I had a feeling my cost would go up," said Davis, who makes just enough money to be ineligible for a government subsidy, "but I was floored when I saw that it was an 87.7% increase."

Davis checked the federal and state websites for a better option but couldn't find one, so she called an insurance broker.

Steve Jakowchik found Davis a deal at Anthem Blue Cross that essentially splits the difference between her current Kaiser plan and the replacement plan. Davis told me she's inclined to go with the Blue Cross deal unless there's a reprieve and people are allowed to keep existing policies.

Jakowchik, meanwhile, told me that among the roughly 100 clients he's assisting, about 30 are getting plans that are more comprehensive, cheaper or both. The other clients are paying anywhere from a little bit more to a lot more for plans that are inferior to what they had, better than what they had or about the same.

The most striking change he's seeing, Jakowchik said, is among clients who can get pretty good deals, but only if they give up access to the doctors and hospitals they now use. Because his practice is on the Westside, he's hearing from clients who aren't happy about losing Cedars-Sinai Medical Center and UCLA Medical Center as hospital options.

"I just ran into one of these today," said Jakowchik, who told me about a Marina del Rey family that has to decide between a big premium increase and access to Cedars, or much lower premiums but a choice between hospitals in Torrance or the San Fernando Valley.

In six months, a year, or maybe longer, it's possible that the rocky transition will be behind us and the most well-intended goals of healthcare reform will be met.

But as the signature initiative of the Obama presidency, you'd think this would have been managed with a little more attention to detail.

steve.lopez@latimes.com