



UNIVERSAL HEALTH CARE
FOUNDATION OF CONNECTICUT

Connecticut Insurance Department
Informational Hearing on Proposed Rate Increases for On-Exchange Individual
and Small Group Plans Sold on Access Health CT
September 4, 2019
Testimony Submitted For The Record

Thank you for the opportunity for the Universal Health Care Foundation of Connecticut to submit comment to the Connecticut Insurance Department on individual and small group plans sold on Access Health CT.

We have attended many of these rate review hearings to elevate the voice of everyday people who face real challenges affording health care. People like Sarah and her husband who buy their own insurance, paying \$26,000 in premiums alone, not including the fact that they need to meet their high deductible before insurance coverage kicks in (you can see her story [here](#)).

Sarah's story is one of those we heard this year when we collected stories while advocating for the public option, and some of the stories are relevant to the proceedings today. We heard stories about the struggles people face affording their insurance on the individual and small group markets. There's [Hank](#), whose wife can't retire because they need her income to afford his health insurance. And [Jessica](#) wouldn't mind paying her monthly premiums – if she just didn't have such a high deductible and other out-of-pocket costs. These are just three of the many stories we've heard – and our concern grows, as does the urgency to address challenges people are facing.

One theme we have heard over and over again is that the increase in high deductible health plans has consumers feeling the squeeze on their finances even more. While today's hearing focuses on health insurance premium rates, it is important to remember that people in these plans are on the hook not only for premiums, but ever-rising out-of-pocket costs, including sky-high deductibles. With high premiums and high deductibles, consumers are often stuck between a rock and a hard place.

We know that too many people will simply go without – either by not using their insurance because their cost share is too expensive, or by going uninsured. This not only threatens their own health, but the stability of the individual and small group markets. This process makes sure insurance companies are solvent – but what about consumer solvency? What about a consumer’s ability to pay these rising costs – and what that does to *their* bottom line?

Rate increase requests are not as high as we have seen in past years, but there is a cumulative effect, year over year, on people’s pocketbooks. But this is not only a pocketbook issue. When people can’t afford to get care, there can be severe consequences. People don’t get the medications they need, chronic conditions go untreated, people avoid the doctor, taking a gamble with their health and, ultimately, their lives.

An [independent poll](#) we released in October 2018 found that 50% of Connecticut adults experience a problem with health care affordability in the past year. We know from that poll that people are delaying and avoiding care, skipping recommended medical tests and treatment, using up their savings, wracking up credit card debt, and choosing between basic necessities and medical care.

We believe that Connecticut should take action and leadership on the issue of rising health care costs. We need solutions that continue to offer quality coverage at a price everyone can afford. It is the responsibility of state regulators to exercise their authority and power, be active in addressing challenges, and to engage with state leaders and real people for better solutions. We know we cannot achieve our vision alone and ask everyone to work together to give the residents of Connecticut relief.

Short links for reference

- Sarah’s Story: <http://bit.ly/SarahDarerStory>
- Hank’s Story: <http://bit.ly/HankHoffmanStory>
- Jessica’s Story: <http://bit.ly/JessicaAlejandroStory>
- One pager of the independent poll: <http://bit.ly/2018CHESSOnePage>