

Universal Health Care Foundation of Connecticut
comments before the

High Deductible Health Plan Task Force

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Universal Health Care Foundation is dedicated to achieving access to quality, affordable health care for all Connecticut residents.

Health insurance is supposed to protect people's physical and financial health. High deductible health plans do neither. In fact, they are hazardous to both the physical and financial health of our state's residents.

For that reason, our foundation is glad the Connecticut General Assembly chose to convene this group. We are watching this task force closely, participating by giving public comment and trying to publicize the work of the task force through our blog. And we're here today to do what we can to keep the needs of patients and consumers front and center in your meetings and deliberations.

To that end, the foundation has put out a call for stories about the harms caused by high deductible health plans. My colleague Lynne Ide shared several stories with you at the October 17 meeting of the task force. And I have one to share with you today.

But before sharing that story, I want to thank the committee for inviting experts to speak to you at the previous meeting. And I'm here with an update. At the last meeting Dr. Victor Villagra of UConn's Health Disparities Institute presented his research results that showed that Danbury Hospital was responsible for about half of all small claims court medical debt cases. The public presentation of that information was noticed and picked up by the media. In response, just this week, Danbury Hospital has announced that they will be changing their debt collection practices to be more empathetic to their patients.

While the hospital is not being specific about what exactly will change, it is a good first step that they intend to establish a more humane policy. And it is certainly an accomplishment that this task force can already point to. Still, it shouldn't take public shaming to make policy change.

Now, I'd like share comments the foundation received from Allyson, a licensed professional counselor, about high deductible health plans. Allyson receives health coverage on the exchange now, but prior to that she worked for two community mental health agencies that also had high deductibles. She reports that her deductibles have been in the \$7,000-\$8,000 range.

Allyson states, "personally, I fear that my ability to survive is threatened because I cannot always access the appropriate health care that I need to treat my condition. There are days when I am quite despondent."

When asked to share her thoughts with policy makers, this is what she wrote:

“The current system is totally unacceptable. I want to share some information from a survey I did of colleagues. In 24 hours, 79 fellow mental health professionals in Connecticut noted the negative impact of HDHPs on their clients - and, for all of us, our profession. The story all 79 told about the impact of HDHPs on their clients is consistent - it is an obstacle to essential health care. I've included some comments below:

- This is the biggest reason for my no shows and those who terminate prematurely
- Absolutely an issue. Very few can afford to put out 4K-6K up front
- I'd say 20-30% either reduce or stop (treatment)
- I have had clients make the choice early on to only come once a month or bi weekly at best due to the fact that they have not and likely will never meet their deductible. Some have put money in their flex account but also know they need to use that for other things, so they are quite judicious as to how much they use
- I've had clients who were coming weekly and would have liked to continue weekly sessions who had to cut back to monthly due to high deductible
- Have had clients discontinue after January 1 (when new plan year begins) or drop to biweekly or monthly despite need for higher frequency
- I have noticed that the high deductibles keep people from starting treatment until after their deductible is met and then terminating early because of the deductible reset date”

Allyson is a provider, whose own access to health care is hurt by HDHPs. But her comments and those of her colleagues focused mainly on the impact on patients. And, I'm not naïve, fewer patient visits has a negative impact on provider revenue. But clearly the biggest concern Allyson and her colleagues are communicating is the negative impact high deductibles have on their patients' ability to get the care they need.

The membership of this task force is dominated by providers and insurers. While I believe we all agree that high deductible health plans are far from ideal, it is not useful for providers and insurers to simply point fingers at each other, as I saw occurring at the previous task force meeting. The people of Connecticut are relying on you to have a constructive conversation, not a discussion focused on defending your specific profession or industry or accusing the other.

Please remember Allyson and her colleagues, who highlighted the harm being done to their patients. If we are going to do something about high deductible health plans, everyone is going to have to give a little. And we're going to need to keep the needs of patients and consumers front and center.