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**Testimony of Jennifer C. Jaff, Esq. on
Proposed Bill No. 1**

I want to begin by thanking the Co-Chairs, Senator Handley and Representative Sayers, along with all of the members of the Committee, for convening this very important hearing to discuss access to affordable health care for the citizens of the State of Connecticut, and Senator Williams for spearheading this legislative effort to ensure that each resident of the State has access to affordable, quality health care.

Advocacy for Patients with Chronic Illness supports efforts at health care reform that are consistent with the Institute of Medicine principles by being universal, continuous, affordable, sustainable, and high quality.

Our focus on chronic illness give us a unique perspective on the underlying issues. What I would like to talk to you about for the brief time that I have is under-insurance.

Many well-meaning advocates for health care reform are aiming for high deductible, high co-pay insurance as a baseline. Under some plans, better coverage would be available for an additional price; under others, better coverage actually would be taxed by the federal government as income to the employee.

The people this hurts are people with chronic illnesses. Let me give you some examples.

I have been working with a very sick patient who incurred \$48,000 in out-of-pocket expenses in 2006 and she is fully insured. Her co-pays and the cost of items not covered by insurance added up to \$48,000 in a single year.

A patient in Madison, Connecticut has colon cancer that now has metastasized to her brain. Although she's on Medicare, there is a 20 percent co-pay that she cannot afford. When she is not at the hospital being treated, she is being harassed by phone calls from collection agencies.

A father of five who is a teacher, whose wife has chronic fatigue syndrome and cannot work, has lost his car and is on the verge of losing his house due to medical bills, and again, he has insurance.

I could go on; in my business, these stories are easy to come by. A 20 percent co-pay on an intravenous treatment that costs \$5,000 every eight weeks is financially crippling. My own medications cost more than \$1,500 per month; a twenty percent co-pay is a tremendous burden.

Thus, whatever we as a State and as a community decide to do, we must consider how it will affect sick people, not just healthy ones. For people who take multiple prescription medications, who require blood tests to monitor them, who undergo at least some annual testing in the form of x-rays, imaging studies, colonoscopies and other examinations, a \$5,000 deductible and 20 to 30 percent co-pays does not constitute an improvement. Instead, it may turn out to be less affordable than the insurance they have now. I know that, for myself, that would be the case. I would have to spend thousands of dollars of savings every year on health care costs in addition to my health insurance premium. That is not a solution.

It is critical that the issue of under-insurance be part of our discussion. At the very least, employers who provide better coverage than the so-called average high deductible, high co-pay plan should be given an incentive to continue providing more than the bare minimum. Patients who shoulder higher insurance premiums to ensure that they can stay

out of bankruptcy court should be given a tax credit in recognition of the fact that they are spending more because their needs are greater than average – something that serves us all well because it keeps them insured at no cost to the State.

If you try to fix this system by accommodating only the needs of the healthy among us, you will worsen the plight of the chronically ill. I implore you not to forget about us when you fashion what we all hope will be a real solution to the health care crisis we face today.

Thank you.