

Elsa Peterson Obuchowski
41 East Avenue, Norwalk, CT 06851-3919

Testimony in support of HB 6600, AN ACT CONCERNING THE ESTABLISHMENT OF THE SUSTINET PLAN.

Evidence of the need for health care reform is all around us. I would specifically like to testify about access to medical insurance.

As I have owned a small business for most of the past 25 years, I have had to pay for my own medical insurance. I was never able to afford to provide medical insurance for employees in my business because the business was simply not profitable enough. This in turn meant I had fewer applicants to choose from, and is one reason why I am the only employee now. Over the years, as one insurance company after another has raised its premiums, changed its network, or decided to "exit the market" altogether, I have had to scramble to find a new insurance policy. More than once I have been turned down; another time a rider was put on my policy; the insurance companies gave no reason for these decisions.

Often changing insurers has also forced me to change doctors because the new company does not have my doctor in their network. Doctors tell me that processing insurance claims and complying with insurance rules is extremely time-consuming and costly for their practices.

In 2006, when my late husband was terminally ill, thank God he was covered under a fairly good policy, but there was still a constant struggle with the hospital versus the insurance company over how many days he could stay in the hospital, whether the insurance would pay for an ambulance from Norwalk to Yale for a consultation (he was barely able to sit up in a wheelchair at that time), and the fact that he needed 24-hour home care when discharged but this was not covered by the insurance at all.

After my husband's death, I remarried but my new husband is not able to cover me under his insurance because it was grandfathered in several years earlier when he retired from his trade union.

I found an insurance plan I could afford, but the costs keep going up.

Although my policy has a \$2,500 deductible and many exclusions, my premiums are still over 18% of my take-home pay. Last year my premium increased by 3% after my birthday month because I was a year older; then on January 1, 2009 it increased by another 10%, for a total increase of 13%. My income has certainly not increased 13%. I called the insurer to find out the reason for the increase and I was told it was an across-the-board increase to reflect the higher cost of health care.

Please note that I am in very good health, have no chronic problems, and do not take any prescription drugs except for individual short-term illnesses such as a sinus infection. Because of my high deductible I do not visit doctors unless I really need to -- meaning that I shortchange myself on preventive care -- and when I do, it doesn't actually cost the insurance company anything because it is all under the deductible.

We need a health care system that levels the playing field so that self-employed individuals and small business owners are not penalized with sky-high premiums and deductibles. Thank you.