

Dear Senator Lesser and Representative Wood and Members of the Insurance and Real Estate Committee:

My name is Tim Gabriele and I am a resident of North Haven, Connecticut. I am writing in support of SB 842, An Act Concerning Health Insurance and Health Care in Connecticut. I appreciate your time in reading my written testimony.

I have interacted a great deal with the world of health insurance, as a parent, a patient, a former healthcare worker, and a union employee. While I've dealt with some exceptional providers and some caring reliable workers, the payer side of healthcare has been reliably a burden and a hassle at best and actively damaging at worst. Ultimately, healthcare in America suffers from being a commodity rather than a guaranteed human right. So, to add a public option among the healthcare commodities one can purchase on the exchange market is a risky proposition, since it may wind up becoming associated with all the negatives of private healthcare and perhaps none of the benefits of places where government has routinely intervened and provided care to those in need (as in Medicaid, Tricare, or the earlier versions of Medicare, which functioned well before legislators allowed unaccountable private agents to dismantle it). Also, there is no guarantee that the private healthcare actuaries will not wage war on the public option to crush its viability in the marketplace. However, despite this, a public option will be helpful if the legislature can be savvy enough to avoid the worst pitfalls of the for-profit insurers and their maneuvering. A public option could provide a genuine competitive model that would provide legitimate options for small businesses and individuals, who've been terrorized by underinsurance and lack of coverage.

As we've seen this last year, attaining universal reliable coverage is a public health emergency. We can no longer rely on making healthcare contingent on employment given the constant volatility of the markets and the relentless capitalist impulse toward efficiency and profit at the expense of labor. Unlike other consumer products, the majority of healthcare consumers do not have a say in choosing their insurance provider, nor determining the doctors in their prescribed networks. Their choices are thus left between exorbitantly priced individual plans or their employer-provided ones, if they are so lucky to be able to participate in said costsharing. The only workers with a small degree of agency in determining their plans are union members like myself, but healthcare to us has become more of an albatross than a benefit, another bargaining chip that employers can lord over our heads to keep us from negotiating for a greater share of the wealth we create in terms of raises and other benefits.

As a healthcare worker, I saw firsthand legitimate, medically necessary claims get blanket denials that were later overturned by the independent review organization of doctors and nurses I worked with. I read claims of how impactful the contest treatments had been to the individuals involved and how being unable to afford this would devastate their lives. At my job, I heard firsthand accounts by providers that

most patients didn't even realize they had the right of appeal and would thus accumulate massive debt to get the care they needed despite the negligent denials of insurance companies. Healthcare fraud accounts for about \$68 billion in losses (on the low end) to consumers, municipalities, and businesses every year. These health outcome gatekeepers and middlemen have no moral justification for existing and the state should do everything within its power to limit their ability to continue robbing patients and contributing to their suffering.

As a parent, I have spent endless hours on the phone with hospital billing departments and insurance companies trying to get essential services paid for my daughter. Every bill was a “surprise” bill as it would never be clear for how much I would be billed. Trying as a college-educated man with a background in the healthcare industry to understand the complicated labyrinth of jargon and legalese needed to navigate contract terms and billing requirements was nearly impossible, for others I imagine it is precisely impossible. This all happened while dealing with invasive surgeries looming for my infant daughter and ate into free time that could have been much better spent bonding with my young child, particularly as free time was limited in a dual-income house. Having this outsourced struggle with bill collectors and insurance contract language be a requirement to getting care in this country represents a targeted assault on the working class and should have no legal justification for persisting.

As a patient, I've skipped visits, delayed appointments and rationed medication to avoid costs, putting my personal health in jeopardy because of high deductibles, co-pays, and premiums. The risks in these kind of gambles are severe. As the COVID-19 pandemic has made clear, patients who make these tough choices between paying the electric bill and going to see a doctor are making not only life-threatening decisions for

themselves, but also to public health itself. Two years back, a cousin of mine, saddled with debt and behind on rent, skipped both mental and physical health treatments and wound up withering to a scant percentage of his body weight and dying alone in his apartment. He was 29 years old. This should never happen in a country as rich in resources as the United States, yet these kinds of outcomes are far from rare. Up to 45,000 individual people a year under the current system die to lack of healthcare while the private healthcare industry burned through over \$450 million in 2020 on lobbying and \$9.53 billion on marketing to maintain the status quo, with rates sure to increase next year, as they do every year.

The best long-term solution to an issue like this would be for our national representatives to get on board in sponsoring The Medicare for All Act of 2021 when it is introduced, an act which would transition the United States to a single-payer national healthcare system which would be top-of-class in the entire world. In the absence of this committee's power to render that decision for our national representatives, improvements to the the current system, such as adding a state-run public option that provides competitive, universal coverage, would do wonders to positively affect communities, businesses, individuals, and public health.

I hope the committee and Connecticut lawmakers agree that SB 842 is due for a vote. I support its passage with the acknowledgement that it should be a stopgap on the way to comprehensive single-payer universal coverage.

Thank you for your time,

Timothy Gabriele

North Haven, CT