

Connecticut needs MORE competition among insurance companies to help achieve both the goal of more accessible and affordable health insurance and choice to its residents, as well as the ability to maintain or choose one's own doctors when desired or medically necessary. I know first hand the downfalls of the CT public options as they currently exist, from when I had to purchase my health insurance through Access Health when I lost my COBRA from my former New York City employer in 2019.

While Obamacare provides more upfront availability of the "Public" or "Medicaid" type options, the downfalls to people losing their employer health insurance are many. In my case, first and foremost, at the end of the day, my limited options were to purchase insurance from Anthem, with no allowed subsidy, or Connecticare with a possible partial subsidy. For a person with pre-existing conditions, the Connecticare plan was not feasible, as my doctors (most of whom were in New York City where I had worked for many years) would have all been considered uncovered as out of network. The Out of Network Deductible was \$16,000, with any possible credit to the deductible reduced to the Connecticare reimbursement rates for the same service within their network. This was confirmed in person to me at a Connecticare storefront. So basically I would be paying for insurance that for the most part would never recover any reimbursement for me, while being forced at the doctors office end to pay "street prices" for a visit as they would not participate with the CT public plans. While Yale Medical was considered In Network, and I had used a couple of doctors there previously when I was on employer sponsored insurance, I had to leave Yale Medical because they became so overloaded with patients, any change of appointment (whether by me or Yale Medical), was potentially delaying a one month follow up visit to three months away. And in fact, when I purchased my Anthem Silver Plan at \$1,200/month (partly because the out of network deductible was half that of Connecticare) , I decided to try Yale Medical again since I knew there would not be any out of network issue by going over the border to New York state. My first visit went as scheduled, my second visit which was a 30 day follow up needed to be rescheduled, which was then rescheduled for over 3 months away. This was the same issue I had previously. When dealing with a critical follow up, 90 days later is not acceptable. So I returned to my New York doctor, hoping that they would accept the Anthem "out of state" reimbursement rate in satisfaction of the bill.

This brings up another critical downfall of purchasing public option health insurance as it currently exists - it forces people unreasonably away from doctors in a bordering state where one obtains employment. When one is paying for insurance on a self pay basis, it should be fully useable across state lines as private employer insurance is, especially since you are paying such a high price for the coverage. This is as important as preexisting condition coverage, since you should not have to change doctors when you have a preexisting condition, just because the public option rules provide for the most part for in state coverage only. And similar to the issue of working in a bordering state, it is not feasible to insure college age children on the public option, if they are attending college out of state!

The availability of more insurance carriers would both increase choice and lower premiums, plus remove the patient backlog from those few hospitals and medical groups that accept the public option plans. Carriers participating in public option plans should also be allowed to offer more options to coverage, such as a lower premium, higher deductible plan (which could be very suitable for a younger healthy worker working freelance) or a hospitalization only plan, or more supplemental type plans along the lines of what is available for Medicare. And if more options were provided, there should also be some incentive for private insurance agents to sell a wider menu of choices to the community, to reduce the wait time at Access Health. While there are "agents designated" by the state as those to contact locally when you need public option coverage, my experience was that no designated agent would help me

either examine or choose the right Anthem plan for me, and I was forced to spend hours on the phone with Anthem and Access Health arranging coverage.

The unfortunate reality of the current scenario is that these issues hit all 50 states, and some of these issues should have been contemplated when Obamacare was first instituted, since making these types of changes state by state are extremely difficult. As one example, if one is purchasing a Silver PPO plan from a national insurer such as Anthem, that plan should be honored in ANY state Anthem services their Silver Plan, and not be subject to "out of network" charges because one crosses a state line. It was always a mystery what my bill would be from my New York doctor after I paid the co pay for supposed in-network coverage, and then that bill was submitted to Anthem by the doctor. Also, if one has been on COBRA from an employer plan, no state should deny the former insurer the right to still service the former subscriber on a self pay basis, as Connecticut denies United Healthcare from offering self pay plans to subscribers coming off of COBRA. And lastly for the purpose of my email, if a state is offering a subsidy for low income, that subsidy should be available to whatever carrier plan the subscriber chooses - not just for the "Medicaid type" option.

As you can see, the issues are many. Reducing competition, or increasing management of health care at the state level, are not the answer to providing more accessible or affordable health insurance. Since we are dealing locally with what had been imposed on a national level, it would be nice to see our state senators in Washington start to look closer at this, during this pandemic, to start the move to allowing more competition.

Thank you.

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