Universal Health Care Foundation of Connecticut’s

comments before the

High Deductible Health Plan Task Force

Submitted by Lynne Ide, director of program & policy  October 17, 2019

I am here today because the work of this task force is important. It is important to tens of thousands of families across Connecticut who struggle every day to take care of their health needs under the pressure of a high deductible health plan.

The numbers just don’t add up for most people. In fact, for many without significant savings or expendable income, being in a high deductible plan equals being functionally uninsured – not merely under-insured. These people just don’t go to a doctor unless it’s unavoidable.

A 2019 Benchmark Employer Health Benefits Survey (released by Kaiser Family Foundation) reports a 162% increase in deductible costs in the past ten years.

A 2018 nonpartisan, statewide poll of voters showed that 43% of Connecticut adults delayed or did not get care due to costs. (Conducted by Altarum Healthcare Value Hub)

It’s highly likely that many of those people struggle with high deductible health plans. An October 2 blog by Ellen Andrews of CT Health Policy Project, reports that in our state 63% of individuals and 55% of families are in high deductible health plans. (Data from the 2018 US Medical Expenditure Panel Survey)

Consider Jessica, who is a self-employed therapist. She’s trying her best to deliver quality mental health care. Jessica pays $15,000 per year in premiums with a $6,000 deductible. With co-pays added in, she says it’s hardly worth having a plan she can’t easily use.

And then there’s a church in Manchester that employs 6 people, 3 of whom are on the church’s health plan. The premiums are $50,000 per year for the 3 employees and they each have a $5,000 deductible. The church feels bad about the deductible, so they have set up a fund to help defray the cost of the deductible – like so many other businesses.

My son works at a small social enterprise organization. He pays $200 a month in premiums with a $7,000 deductible. At age 29 – he just does not go to the doctor. Not many young adults living on their own, paying off student loans, can afford to take care of themselves when saddled with a high deductible health plan.
I serve as chair of the Board of Education in my town. The high deductible health plans are a consistent source of complaint among the teachers and staff in our school district, which struggles to offer competitive pay. The combination of the two affects recruitment and retention. I feel terrible that we are not doing better for our hardworking teachers and staff.

According to a 2015 National Bureau of Economic Research paper, high deductible plans may decrease costs but depress care. For example, the report tracked employees at one business that had moved from a no deductible health plan to a plan with a $3,000-$4,000 family deductible. The average annual spending per employee fell 13%, but it was nearly all due to employees using fewer health care services. Employees just skipped getting care, even preventative care that was free, such as routine screenings.

This health care squeeze has got to stop. We are watching and waiting for relief from high deductible health plans.