



April 17, 2019

To: Board of Directors
Access Health Connecticut

The Connecticut State Medical Society (CSMS), representing physicians and physicians in training in Connecticut, has serious reservations and concerns tied to Access Health CT's Health Benefits and Qualifications Advisory Committee decisions on 2020 plan year benefit plan design during its April 11th meeting. Today, it is our understanding that the Access Health CT Board will consider the Advisory Committee's recommendations. We urge the board to critically review the Advisory Committee's recommendations and reflect on the impact that high deductible health plan designs have on access to care, with increased patient cost shifting resulting in fewer patients receiving medical care services.

The Advisory Committee's recommendation we believe was intended to:

- Maximize the amount of federal tax credits coming into Connecticut to help subsidy-eligible people buy health insurance through Access Health CT
- Simplify plan purchasing decisions in the silver metal tier by allowing an apples-to-apples comparison
- Offer a simpler plan design when it comes to out of pocket payments, by relying mainly on co-pays and deductibles rather than co-insurance or tiered or narrow networks
- Assure a silver plan offering that protects consumers from higher out of pocket costs by covering more services before the deductible

While we support the elimination of tiered or narrow networks as they further limit access to care, we do rise to raise concern tied to the increases in the patient cost shifting that has occurred once again this year in the plan design outline.

While the impact of this decision on each consumer will vary, the increase in tax credits and the decrease in complexity could help consumers who become patients when seeking treatment to better understand their plan designs. However, these patients will experience increased cost shifting with the increase in the high deductibles being presented by this plan design.

We urge the Access Health CT Board to consider the simplicity of the Advisory Committee's recommended 2020 plan design package, but also to recognize that increasing patient cost sharing will only result in increased bad debt for Connecticut's struggling physician practices and could result in further limitations on access to care. Further limits on accessing physicians through tiered and narrow networks only result in a false sense of access, as coverage is really illusory when there are so few physicians available. Patients will be forced to go to another tier or out of network with increased costs just to obtain medical care.

Very truly yours,

Matthew C. Katz
Executive Vice President/CEO