

**Vermonters' Voices:
Health Care Doesn't Work if You Can't Afford
to Use It.**

Office of the Health Care Advocate

January 2020



The Office of the Health Care Advocate advocates for all Vermonters through individual consumer assistance and systemic advocacy on health care issues. We work to increase access to high-quality, affordable health care for all Vermonters.

A Letter from the Chief Health Care Advocate

During the summer of 2019, **624** Vermonters commented to the Green Mountain Care Board (Board) about the Vermont Health Connect (VHC) rate filings, the most comments the Board has ever received.¹ Comments speaking to the unaffordability of health insurance premiums and out-of-pocket costs **more than tripled** compared to the last rate setting process.

What comes through in the comments are the powerful voices of Vermonters struggling to pay for health insurance and health care. Because we don't want these voices to be lost or drowned out by technical details during the rate setting process, we present them here.

Many Vermont families, business owners, farmers, public-sector employers, and non-profit organizations are suffering financially because health insurance and health care are unaffordable and priced beyond their budgets. Recent increases in insurance, deductibles, and health care costs constitute a growing barrier to timely access to medical care and prescriptions. It is also important to note that the growing affordability challenge is a serious threat to the goals of Vermont's health care reform efforts.

The Office of the Health Care Advocate understands that policy makers must balance competing interests and also consider what is politically acceptable. We appreciate the many past and current efforts to address our affordability challenges.

That being said, Vermonters' public comments should be read and carefully considered by policy makers. The comments cannot be dismissed as expressing the "same issues" as the year before, they speak to an emerging crisis and provide important insight into how Vermonters are managing their needs for care when the health care costs are out of reach.

As was the case in every year of comments analyzed, the majority of this year's comments were about affordability, whether related to premiums or paying out-of-pocket costs. The number of comments on affordability has increased substantially from 2015 to 2020. This increase is generally paralleled by affordability trends and concerns reflected in other data sources including the Vermont Household Health Insurance Survey and the Vermont Rural Life Survey.

This year's comments came from Vermonters in 13 of Vermont's 14 counties and from all types of Vermonters: small businesses, farmers, advocacy organizations, and individuals from across the social and economic landscape. Roughly 81% of comments were from Vermonters with private insurance. The comments we analyzed came from both personal perspectives (i.e., those of patients and concerned family members) and employer perspectives (i.e., detailing the financial hardships faced by the self-employed and those faced by public- and private-sector employers to pay for their own or their employees' premiums and out-of-pocket costs).

¹ Vermonters submitted 624 comments, not including spoken comments or comments that were submitted after the official comment period closed.

For this year’s VHC premium price setting process, the top five issues Vermonters raised were:

1. Affordability:

“I am self-employed and own and operate a preschool program in Montpelier. My husband is a self-employed granite sculptor in Barre... I have no idea how we would pay for insurance if there were a 15.6% increase. If I close my preschool program to find a job with health insurance, there are 26 families who will not have much-needed high-quality childcare -- for which there is already a shortage in our area ... Being able to access affordable health insurance is critical to continuing to be business owners in this state.”

2. Out-of-Pocket Costs:

“I work for a small family-owned business in So. VT. They cover 50% of the insurance premium with employees picking up the other half... Just about \$9000 is taken out of my paycheck over the course of a year to cover my portion of the premium. I have an in network family out of pocket deductible of \$15,000 and a per-person \$7500 out of pocket deductible. That means every time one of us is sick our insurance barely covers the treatment... How does a person afford this? What if there was a prolonged illness in the family? Should I be pacified by the fact that I only have to come up with \$15,000 out of my own pocket to pay for it, before insurance contributes (on top of the \$9,000 I'm paying in premiums)?”

3. Access:

“While I don’t scrimp on bringing my kids to the doctor, my husband and I frequently decide not to go to the doctor ourselves because it is just more out-of-pocket expense.”

4. Necessities:²

“I can’t afford an increase [...] [I] won’t be able to pay my heat for my home this coming winter.”

“Our health insurance is already a huge burden to pay for, even with any discounts, and even though we don't have very high coverage. It's our biggest expense by far--even more than our mortgage. Every year it goes up we struggle with how we are going to afford to sign up again, what else we will have to give up.”

5. Economic Impact:

“I am a self-employed architect and my husband is a self-employed builder. We are young entrepreneurs that will likely provide additional jobs to the area. However, the rising cost of healthcare and taxes make us seriously consider moving back to our home state of New Hampshire.”

Vermont must act to address the issue of health care affordability from premium prices to ever increasing deductibles to skyrocketing prescription drug costs. In addition to the obvious financial impacts on families and employers, unchecked, this problem will increasingly impact medical outcomes, create greater barriers to necessary care and threaten the stability of our community systems of care. Improving health care affordability is a “must do” this legislative session.



Mike Fisher
Chief Health Care Advocate

² The necessities code is applied to non-health care related necessities.

Introduction

While statistics and trends provide valuable information about the health care issues Vermonters face, it is equally important to listen to the voices behind the data. This report focuses on Vermonters' voices. The words of Vermonters reveal the growing health care affordability crisis in Vermont and the specific challenges Vermonters and Vermont businesses face related to health care affordability.

The Health Care Advocate (HCA) has a statutory responsibility to “facilitate public comment on laws, rules, and policies, including policies and actions of health insurers.” Given this responsibility, the HCA devoted substantial effort and resources to increase public awareness of the proposed rate increases for the 2020 plan year and also to make the comment process more accessible to Vermonters by, amongst other things, social media usage, leveraging local radio and newspapers, collaborating with other organizations, and designing and implementing a web-based, comment submission tool. During the summer of 2019, 624 Vermonters commented to the Green Mountain Care Board (Board) about the 2020 Vermont Health Connect (VHC) rate filings.³ This is the most comments the Board ever received during a rate setting process.

The majority of this year's comments were about affordability, as is true of past years. However, the number of comments on affordability has increased substantially from 2015 to 2020. In fact, the number of affordability comments more than tripled in 2020 compared to the last rate setting process. This increase is generally paralleled by affordability trends and concerns reflected in other data sources including the Vermont Household Health Insurance Survey and the Vermont Rural Life Survey.

Actuaries, experts and insurance executives may be aware of Vermont's health insurance affordability crisis, but it is the voices of Vermonters that speak to the on-the-ground reality. It is Vermonters who are choosing between health insurance and heat or about whether they can afford to operate their business in Vermont given high health insurance costs. Addressing affordability in rate setting processes, state policy, or state law is politically, conceptually, and practically complicated. However, Vermont's health affordability crisis has severe negative impacts on our neighbors, our local businesses, and our state's economy. These negative impacts require immediate action. Health system reform efforts and state investments in health service infrastructure will not help Vermonters if they cannot afford to buy health insurance or to seek care.

“By increasing premiums you are basically asking my coworkers and I to take a pay cut, whether the cost is absorbed by myself or my employer... I avoid seeking medical care as much as possible as it is, for fear of exorbitant medical bills. This... increase takes away from my ability to pay off my student loan debts, pay down my mortgage, and invest in my future education and retirement planning...”

³ Vermonters submitted 624 comments, not including spoken comments or comments that were submitted after the official comment period closed.

Approach & Method

To better understand the health insurance issues Vermonters face we read, coded, and analyzed the public comments submitted to the Board for the VHC rate setting process. While the Board reviews premium price change requests for other health insurance products, we chose to focus on the VHC rate setting process, because it garners the most public engagement. Although comments are technically only meant to relate to a specific filing, comments submitted during VHC rate setting processes address both specific concerns about proposed VHC premium increases and more general concerns.

We coded all comments submitted in writing and by phone to the Board for the 2016 through 2020 VHC rate setting processes. We obtained the 2015 through 2019 comments from the Board's website. We obtained the unredacted 2020 comments directly from the Board as part of our party status in the 2020 VHC rate setting process. A redacted version of the 2020 comments is available on the Board's website.

Before beginning to code, we developed a code dictionary which included codes that identify the substantive content of the comments.⁴ We used eight codes for the 2020 VHC comments, however, to increase readability we only present the top five codes in this paper. We used a subset of these eight codes, three codes, to code the comments from the 2015 through 2019 VHC rate setting processes. We coded each individual comment with all applicable codes. No comment was coded with the same code more than once.

There are two related facts that result from our coding method. First, the number of coded instances exceeds the number of comments. For instance, though there were 624 2020 VHC comments, 695 codes were applied for the top five codes.⁵ Second, although a comment might contain numerous statements that meet a code's criteria, each code was only applied once per comment. However, multiple codes could be applied to the same comment. For instance, if Comment X expressed the impact of premium increases on the Vermont economy three times it was only assigned the related code, "Economic Impact," once. If Comment X also stated that the commenter will need to choose between paying for heat and paying for health insurance it was also assigned the "Necessities" code.

Lastly, we only examined comments submitted to the Board by the comment deadline each year. We also did not code "form" comments (i.e. comments that did not include unique text) to ensure comparability across years.⁶

"We will have to take a plan that won't cover what we need if [health insurance premiums increase] ... We are barely covering our bills now with the premiums we pay."

⁴ We developed codes using a variant of the grounded theory coding method explicated by Corbin and Strauss in the Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory (3rd ed.).

⁵ The total number of codes applied for all 8 codes was 751. The total number of top five codes applied was 697.

⁶ It is important to note that our decision to exclude "form" comments and comments submitted after the deadline does not speak to the value of such comments. We believe that all comments by Vermonters, regardless of their form or timing, deserve careful consideration.

Results

The number of public comments increased from 2015 to 2020. On average, Vermonters submitted 179 comments per year during the 2015-2019 VHC rate setting processes.⁷ Vermonters submitted 624 written comments during the 2020 VHC rate setting process.⁸ Expressed differently, the number of comments submitted for the 2020 VHC rate setting process more than tripled the average number of comments submitted in previous years. We believe that the marked increase in 2020 comments is, in part, due to the outreach efforts and education campaigns of advocacy organizations including, but not limited to, the Vermont Workers' Center, Rural Vermont, the Vermont Chamber of Commerce, and the Vermont Public Interest Research Group as well as the efforts of our office.

“I run a small business and we do provide health insurance for our employees. But it is a high deductible plan and not nearly as good as the plans we were able to offer in the past. I am barely able to afford the plan... We DO NOT WANT to let go of [health insurance] as it is a good way to acquire and retain employees.”

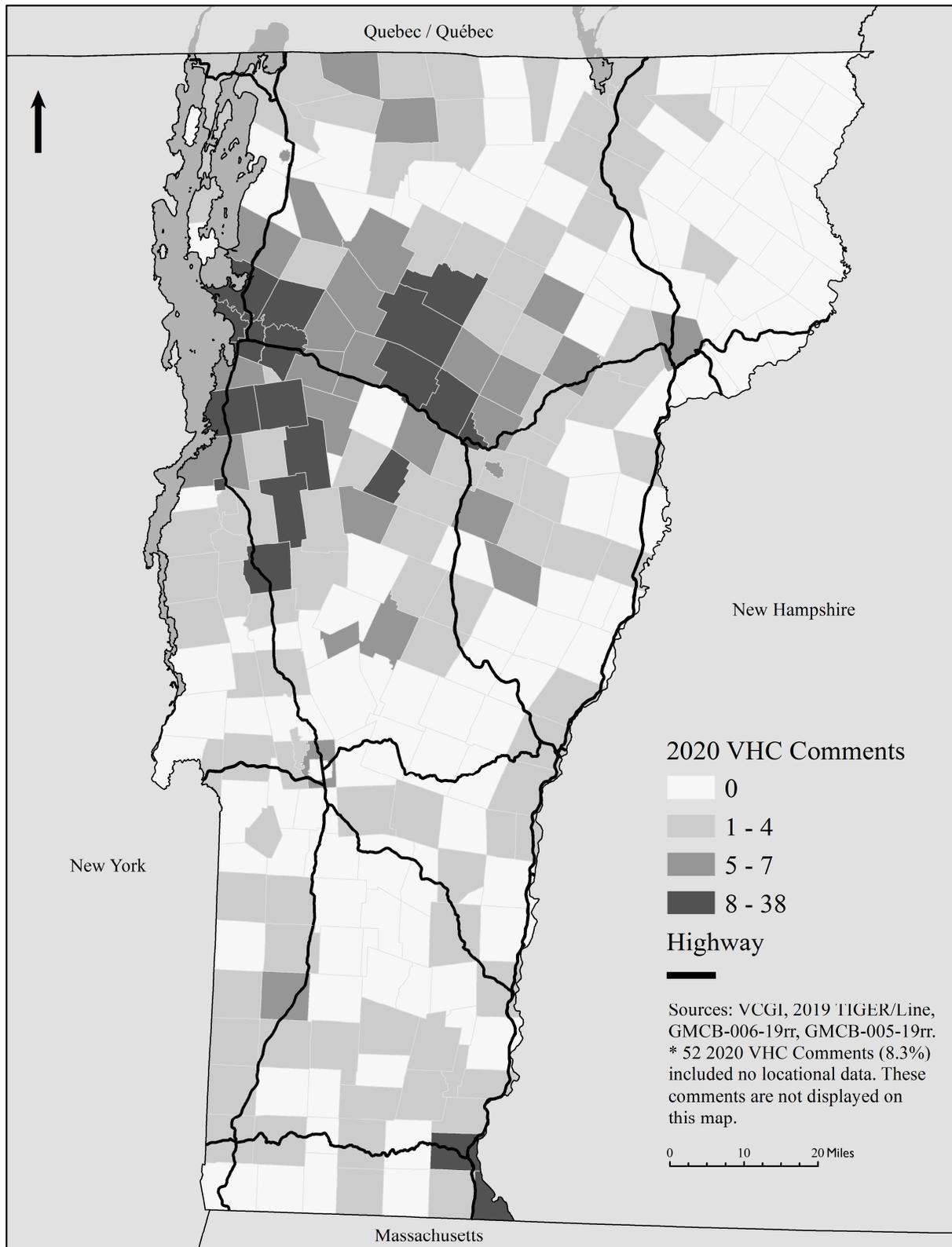
“Health insurance shouldn't be my biggest monthly expense... Most folks I know are one serious injury away from medically induced bankruptcy. That's WITH insurance. Enough is enough.”

Vermonters who commented during the 2020 VHC rate setting process came from at least 140 local jurisdictions (towns, cities, villages, etc.) and 13 of Vermont's 14 counties.

⁷ 275, 169, 120, 114, and 168 Vermonters submitted written public comments during the 2015 through 2019 VHC rate setting processes, respectively. Vermonters submitted an additional 178 and 315 “form” comments for the 2015 and 2016 VHC rate setting process, respectively.

⁸ The number of 2020 comments does not include comments submitted after the official deadline or “form” comments. Including such comments would increase the number of comments submitted for the 2020 VHC rate setting process to well over 900.

Figure 1. Geographic distribution of 2020 VHC commenters.



Vermonters from a range of socioeconomic backgrounds submitted comments during the 2020 VHC rate setting process. The comments reflected concerns about group (employer-sponsored) and individual health insurance plans. Vermont businesses, sole proprietors, business advocacy organizations, community non-profits, farmers, farm advocacy organizations, and one local government elected official submitted comments.

Though commenters raised a range of issues, by far the most prevalent issue raised was affordability. Affordability was followed by out-of-pocket costs. Substantially fewer commenters raised the next three issues. In Figure 2, we present the number of instances of each code in the analyzed 2020 comments. It is important to note that we only assigned a comment a specific code once. For instance, we only assigned the “Affordability” code once to Comment X. However, we assigned a single comment multiple different codes. For instance, we might have assigned Comment X the “Affordability”, “Out-of-Pocket Costs”, and “Economic Impact” codes.

Figure 2. 2020 VHC comment top five code incidence and code incidence as a percent of the top five codes.

Code	Count	Percent
Affordability	447	64.1%
Out-of-Pocket Costs	128	18.4%
Access	54	7.7%
Necessities	34	4.9%
Economic Impact	34	4.9%
Total	697	100%

In Figure 3, we present a matrix that shows the overlap of top five codes assigned to a single 2020 comment.

Figure 3. Matrix of code overlap in the 2020 comments.

Affordability	Out-of-Pocket Costs	Access	Necessities	Economic Impact	
447	109	48	30	25	Affordability
	128	32	9	6	Out-of-Pocket Costs
		54	6	4	Access
			34	1	Necessities
				34	Economic Impact

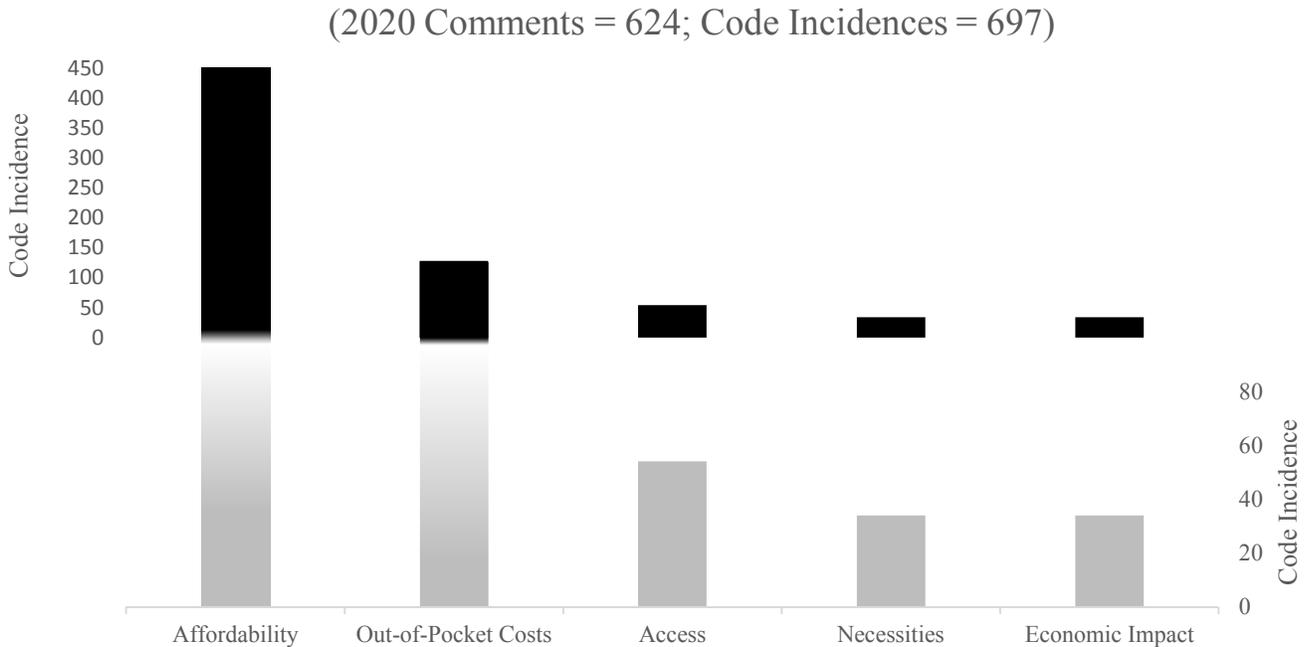
In Figure 4, on the next page, we present the number of comments that raised a specific coded issue. Due to the large number of comments that raise affordability relative to the other coded issue we present two visualizations of this data. The top graph with black bars shows the number of comments that raise each issue, with the y-axis

“I am a small business owner who feels strongly about paying full health insurance for my employees, but I am finding it increasingly difficult to do so. This 15.6% increase would result in an additional \$7400 for 2020 (on top of the \$48,000 I am already paying). Please stop these substantial increases or you will drive businesses like mine out of state!!”

“Another increase to insurance premiums will again keep me from saving towards my future (i.e. buying a home, having children and saving for retirement). The struggle of paying rent, utilities, car payments and insurance, and other necessities is becoming more challenging when premiums are already \$600 to \$700 a month and cover very little until high deductibles are met.”

going up to 450. The lower graph with gray bars shows the same information, with the y-axis going up to 100. The bottom bars for “Affordability” and “Out-of-Pocket Costs” are shaded with a gradient to indicate that the number of comments on these issues exceeds 100. We aim to show both the frequency of each coded issue (the top graph) and the variance among the less frequently raised issues (the bottom graph) with Figure 4.

Figure 4. 2020 VHC comment top five code incidences.



“... Bennington Project Independence has been proud to be able to cover 100% of the BCBS insurance premium for our Adult Day employees for many years. Each year it becomes more and more of a struggle to provide that benefit with the low reimbursement... we receive for our services. Covering 100% of our employees' premium has been a major incentive to attract and maintain quality caregiving staff... Asking our direct care employees to make up the difference between what BPI might be able to afford from their low healthcare wage would be crippling and result in the loss of talented caregivers for our elder and disabled Adult Day participant[s].”

“I am the director of a non-profit agency serving older Vermonters in central Vermont. Raising health insurance rates by 15% would be an extra \$37,000 for my agency. What could we do with \$37,000? That would buy an extra 10,000 meals on wheels for older Vermonters. Or we could pay for 1800 hours of respite for a caregiver of someone with dementia. We could hire a part-time nutrition assistant, or someone to help clients figure out Medicare Part D insurance. The money has to come from somewhere and our agency is not seeing federal or state increases to cover these costs...”

We discuss the top five codes in the 2020 comments in the subsections below.

Affordability

The most frequently raised issue in Vermonters' 2020 VHC comments was that health insurance is not affordable. We assigned the "Affordability" code to 447 of the 624 comments. We coded a comment "Affordability" if the comment met one or more of seven criteria:

1. Statement about the inability to purchase or afford health insurance;
2. Statement about the burden of purchasing health insurance due to increased cost;
3. Statement about increased cost or statement that health insurance or health care it is too expensive (including that it is already too expensive or that coverage dropped due to expense);
4. Statement that the commenter has to make choices between health insurance and other purchases;
5. Statement that premiums are unsustainable;
6. Statement that health care costs are destroying, bankrupting, or ruining the household;
7. Statement that increases are outpacing income growth (including inflation, wages, COLA, CPI, etc.).

Vermonters from many backgrounds struggle to afford health insurance and out-of-pocket costs including farmers, salaried professionals, wage employees, and entrepreneurs. Many employers also struggle, including non-profits, small businesses, sole proprietors, and local governments. The comments demonstrate that a diverse set of Vermonters suffer due to the lack of affordability. Some Vermonters are deciding between health insurance and food, others between health insurance and retirement savings, and others between providing health insurance to employees and investing in their small business or maintaining the services provided by their nonprofit. Regardless of how Vermonters struggle due to a lack of affordability, it is clear that a diverse set of Vermonters suffer due to the lack of affordable health insurance and/or health services.

Below are a selection of comments that are representative of statements assigned the “Affordability” code.

“Our rates and deductibles are already very high. It is a hardship on those of us who don’t get coverage through an employer ... rates are already so high for individuals and small businesses. I don’t know anyone who has ever gotten a 15% raise.”

“Health insurance is already our biggest monthly expense. With the proposed increase, our monthly health insurance premium will exceed our monthly mortgage payment and lease payments for two vehicles combined.”

“My family and I are struggling financially and my husband and I both have good jobs. This is not sustainable for us and I can't imagine for others. We have discussed moving and with insurance rates increasing, this topic will come up again.”

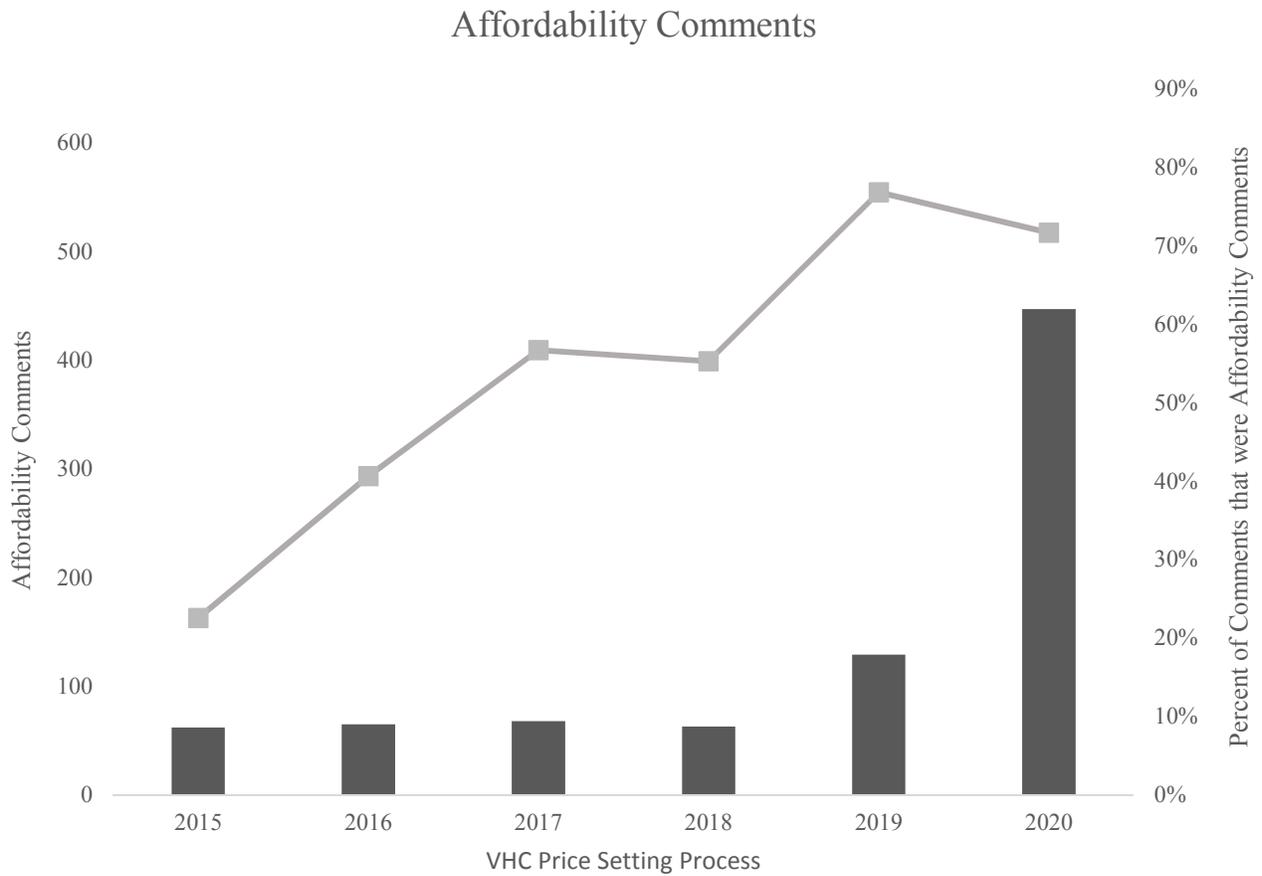
“Paying almost \$800.00 a month as it is now. Can't afford not to but don't know how much more I can pay! One person! Thank heavens hubby is finally on Medicare! Definitely couldn't afford both of us on this policy!”

“As things currently stand, we can barely afford the health care premiums. That may sound extreme, but it is not. My wife and I make enough money from all sources, (we wear a lot of hats, like a lot of Vermonters) so that we are not poor. But our 300 plus premiums represent about a third of my biweekly paycheck. That also may not sound like a lot, but after groceries, electric, car expenses (we economized, and only have one used car. My wife goes to work on a bicycle) we are sometimes hard pressed to pay the premium without charging it up on a credit card...”

“People and employers cannot afford [health insurance]. At my non-profit employment, we repeatedly have to choose between chipping away at our already-too-low salaries, reducing staff who do important work, and/or passing along the health care cost increases to employees who cannot afford them, year after year. This cannot go on.”

In Figure 5, we show the substantial increase in affordability-related comments since 2015 and the substantial increase, in particular, in the number of affordability-related 2020 comments.

Figure 5. Number of affordability comments (bars) and affordability comments as percent of total comments (line) by year.



Out-of-Pocket Costs

The second most frequent issue Vermonters raised was out-of-pocket costs. We identified a total of 128 comments that spoke to this issue. Interestingly, all comments on this issue came from commenters with commercial insurance and the comments often highlighted the struggle of being under-insured, i.e. having an unreasonable deductible exposure. We coded comments with the “Out-of-Pocket Costs” code if the comment met the following criterion:

1. Included an explicit reference to deductible, out of pocket costs, co-pays, and/or coinsurance.

Below are a selection of comments that are representative of comments coded “Out-of-Pocket Costs.”

“...The total cost of my annual insurance verges on ridiculous--I would need to pay nearly \$30,000 before any appreciable coverage kicks in...”

“I’m self-employed and the costs of insurance continue to be significant expenses. I currently spend a minimum of \$8,000 a year, not including co-pays, AND that’s for a \$3,000 deductible. This money I’m spending is not building my business, it is not an investment in community, it is a major tax on my business. Another major increase will be too much!”

“My wife and I purchase our health insurance through the private market since we’re both self-employed. For our family of four (2 adults and 2 children) we pay over \$20,000 for our health insurance coverage (including dental) plus another approximately \$6,000 deductible, which means that we have to generate over \$30,000 in income (before taxes) just to pay for our health insurance, which is both unacceptable and unsustainable.”

“Just about \$9000 is taken out of my paycheck over the course of a year to cover my portion of the premium. I have an in network family out of pocket deductible of \$15,000 and a per person \$7500 out of pocket deductible. That means every time one of us is sick our insurance barely covers the treatment. My daughter was recently sick and between the bloodwork and doctor’s visits, we were billed over \$500. That didn’t count the cost of prescriptions. How does a person afford this? What if there was a prolonged illness in the family? Should I be pacified by the fact that I only have to come up with \$15,000 out of my own pocket to pay for it, before insurance contributes (on top of the \$9,000 I’m paying in premiums)?”

Access

Many Vermonters raised the issue of access to care. We applied the “Access” code to a comment if the comment meet one or more of four criteria:

1. Stated they cannot afford to use health insurance to receive health care;
2. Stated they are afraid to use health insurance due to cost;
3. Stated there is a lack of providers or specialists;
4. Stated providers are too far away.

We identified 54 comments that raised an access issue. Access was frequently raised in connection with affordability. Many access comments highlighted how high premium prices coupled with high out-of-pocket costs led people to avoid seeking care. Only a few comments spoke to provider and specialist availability suggesting that policymakers must acknowledge that the traditional definition of access related to provider availability and geographic distribution may only partially capture the access barriers Vermonters face.

Access issues related to cost were particularly troubling. Commenters often stated that they avoid getting needed care because costs are too high. Viewed from an individual perspective, such statements highlight the personal tragedy of being priced out of health care. From a systems perspective, such statements suggest a failure to enable care at a cost effective moment likely increasing long-term system costs. Below are a selection of comments that are representative of the “Access” code.

“We are barely covering our bills now with the premiums we pay. I have medical issues that require regular prescriptions and numerous specialist visits each year. I will have to stop treatments if we can’t afford insurance to cover them.”

“I recently canceled my insurance because I can't afford to use it!”

“I, along with my family members and friends of mine, have deferred doctor[']s visits or procedures due to the cost. Health care should not be something that is out of reach for most. Vermonters.”

“I avoid seeking medical care as much as possible as it is, for fear of exorbitant medical bills. This 15% increase takes away from my ability to pay off my student loan debts, pay down my mortgage, and invest in my future education and retirement planning and for what?”

“Despite the fact that I have employer-provided insurance and pay a premium, I STILL cannot afford to go to the doctor.”

“The high cost of insurance combined with lack of adequate coverage has resulted in us skipping annual physicals and largely avoiding the health care system.”

Necessities

The number of commenters who stated that they needed to choose between health insurance and non-health care necessities such as food, rent, utilities, and savings was disturbing; 5.5% of comments expressed this issue.

We coded a comment with the “Necessities” code if it met the following criterion:

- An explicit statement that the commenter is unable to purchase or will have to cut back on non-health care basic necessities in order to afford health insurance and care. Necessities include food, transport, housing, child care, taxes, heat/gas/electric, retirement, and savings.

Note that a general statement that the commenter cannot pay bills if health insurance costs increase was not sufficient justification to assign the “Necessities” code. This fact resulted in a likely undercount of the Vermonters who struggle with this issue but allowed for consistent code assignment.

We coded a total of 34 comments as speaking to the issue of necessities. Below is a selection of comments that are representative of the “Necessities” code.

“I, as well as pretty much everyone else I know, are already struggling to make ends meet and living paycheck to paycheck. Another increase in my insurance premiums would be the tipping point between being able to feed my 10 year old son healthy, wholesome food and cheap, unhealthy garbage...”

“My question to you is this?? ... what do I not pay?? My heat bill?? My mortgage?? My food bill?? Short pay my health insurance... ??”

“...our premiums are already SO much that we are working to pay for insurance and can't save for our upcoming retirement at all.”

“Our family of four has no options for health insurance at all but privately paying for it at about 1600 per month - yes 20 thousand dollars a year. We would like to save for college, we would like to take a family vacation before our kids leave us, we would like to pay our mortgage and save a bit for retirement. We fear going [without] insurance desperately trying to keep our family safe with it.”

“Another increase to insurance premiums will again keep me from saving towards my future ([i.e.] buying a home, having children and saving for retirement). The struggle of paying rent, utilities, car payments and insurance, and other necessities is becoming more challenging when premiums are already \$600 to \$700 a month and cover very little until high deductibles are met.”

Economic Impact

A reoccurring theme in the comments was the impact of health insurance premiums on the Vermont economy. We coded comments with the “Economic Impact” code if they met the following criterion:

1. An explicit statement that health insurance rate increases will impact the Vermont business environment.

A total of 34 comments spoke to this issue. Below are a selection of comments representative of the “Economic Impact” code.

“How can small businesses continue to offer insurance for their employees? Aren't you driving businesses out of this state? Vermont is currently listed as one of the most expensive states to live in. We have a problem with graduates returning to the state of Vermont to work and live. How does raising the insurance rates like this change these problems?”

“I am a small business owner who feels strongly about paying full health insurance for my employees, but I am finding it increasingly difficult to do so. This 15.6% increase would result in an additional \$7400 for 2020 (on top of the \$48,000 I am already paying). Please stop these substantial increases or you will drive businesses like mine out of state!!”

“Faced with a rise in the cost of health insurance premiums, in addition to other cost pressures, employers will be faced with hard decisions to balance their books.”

“How are small businesses in Vermont possibly supposed to stay open and provide halfway-decent wages and benefits to our employees? The cost of health care is already prohibitively expensive for many. If my business raises our prices enough to cover the rising costs of employment and provide properly for our staff, our services become too expensive for a large majority of Vermonters to afford. How long can we fight this downward economic spiral? How can we afford to live here, let alone run businesses here?”

“We are young entrepreneurs that will likely provide additional jobs to the area. However, the rising cost of healthcare and taxes make us seriously consider moving back to our home state of New Hampshire.”

Conclusion

The hundreds of comments submitted this year during the VHC rate setting process provide a valuable window into how health care costs impact individual Vermonters' lives and livelihoods. The comments also demonstrate a growing affordability crisis. This affordability crisis impacts a broad range of Vermonters, and represents a substantial risk to Vermonters, their livelihoods, and the Vermont economy at large. The comments show the myriad ways the affordability crisis impacts Vermonters: from the employers who can't afford to provide coverage to their employees, to the family that forgoes basic needs to pay premiums, to the small business that struggles to get off the ground.

A particularly troubling theme in the comments is the impact that high deductible plans have on Vermonters' decisions about seeking care. Many commenters spoke to individuals choosing not to go to the doctor because they cannot afford to. In addition to being individually heartbreaking, such care avoidance behaviors, in the aggregate place Vermont's system reform efforts at risk and exposes the problem of reform efforts that are primarily provider and industry focused. Strategies to reform care delivery and save money by changing how providers get paid will have a limited impact if patients ration and delay their own care because of high costs. To be effective, system reform must sufficiently take into account the needs of those who require health care.

We should heed Vermonters' voices and make policy changes now rather than waiting for next year's premium increase comments to become even more desperate.

Office of the Health Care Advocate

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