

# UNIVERSAL HEALTH CARE WORKS FOR CONNECTICUT!

Everyone believes that universal health care – a system that leaves no one out – would be better for families, children, and anyone who depends on insurance. **What most people don't know is that universal care would save us money.**

For the first time, researchers using economic models refined at the U.S. Treasury and in the Congressional Budget Office found that **to cover every uninsured resident in Connecticut would cost less than we now pay in direct and indirect costs.**

## HOW DO WE KNOW IF A HEALTH INSURANCE PLAN “WORKS?”

The Institute of Medicine (“IOM”) is led by some of the nation’s most respected doctors and academics. It provides unbiased, evidence-based information on the nation’s health.

The IOM’s “five principles” provide a tool for judging health care systems<sup>1</sup>. Any plan insuring our health must be:

- ü **universal:** no one is left out
- ü **continuous or portable:** it stays with you regardless of marital or employment status
- ü **affordable to individuals and families:** regardless of your economic circumstances
- ü **affordable and sustainable for society:** it works for, rather than against, our economy
- ü **better for our health and well-being:** it produces access to high-quality care for all

## AT LEAST THREE SEPARATE APPROACHES CAN EXPAND QUALITY UNIVERSAL HEALTH CARE IN CONNECTICUT

The Economic and Social Research Institute, funded by the Universal Health Care Foundation of Connecticut, found that at least three different approaches to universal healthcare could make great strides towards expanding coverage and approaching the IOM goals.<sup>2</sup>

No one approach is perfect, but the research found that we have three good models for all of us – including our elected officials - to start considering:

- ü **One health plan for all residents**
- ü **A state pool with competing private providers**
- ü **Expansion of existing public programs**

The details are important – see the reverse side for more information – but the crucial point is that universal health care is achievable. It’s time to get serious about how we’re going to solve Connecticut’s health care crisis.

**healthcare4every1.org**  
Get educated. Get talking. Get active.

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<sup>1</sup> See [http://newton.nap.edu/html/insuring\\_health/reportbrief.pdf](http://newton.nap.edu/html/insuring_health/reportbrief.pdf) and [http://newton.nap.edu/html/insuring\\_health/spanish\\_summary.pdf](http://newton.nap.edu/html/insuring_health/spanish_summary.pdf)

<sup>2</sup> See [http://www.universalhealthct.org/pdf/policybrief\\_web.pdf](http://www.universalhealthct.org/pdf/policybrief_web.pdf) and [http://www.universalhealthct.org/pdf/ESRI\\_Options\\_Presentation.pdf](http://www.universalhealthct.org/pdf/ESRI_Options_Presentation.pdf)

The Universal Health Care Foundation of Connecticut commissioned a study of Connecticut’s existing health care situation and possible approaches to making it more equitable. The three plans outlined below are not intended to be the only possibilities for fixing our health care crisis. They are intended as a basis for exploring possible solutions.

<p><b>One Health Plan Serving All State Residents</b></p> <ul style="list-style-type: none"> <li>• All residents under 65 would be covered.</li> <li>• A single health plan would cover all residents.</li> <li>• Benefits would be similar to those offered by private employers.</li> <li>• A commission would administer the plan.</li> <li>• Individuals could buy supplemental insurance.</li> </ul>	<p><b>A State Pool With Competing Private Health Plans</b></p> <ul style="list-style-type: none"> <li>• Every resident under age 65 would be covered.</li> <li>• Those who do not have employer-sponsored insurance would be enrolled in a choice of private insurance plans, with premiums based on income and coverage choices.</li> <li>• An existing state agency or private contractor would administer the pool.</li> <li>• HUSKY-eligible children and adults under 65 with incomes below \$28,635 for a family of three would receive supplemental benefits to cover out-of-pocket expenses.</li> <li>• Those working for companies that offer health plans would be automatically enrolled in them.</li> </ul>	<p><b>Expanding the Health Coverage Safety Net for Adults and Covering All Children</b></p> <ul style="list-style-type: none"> <li>• Most adults would be insured.</li> <li>• Parents would be required to insure their children.</li> <li>• Public subsidies, such as the HUSKY program would expand to cover immigrant children and adults with incomes up to \$38,180.</li> <li>• Adults with incomes between \$38,180 and \$57,270 would receive tax credits to offset costs.</li> <li>• Uninsured children would be enrolled automatically either at birth, or when starting school or when they first see a doctor.</li> <li>• This plan would cover 96 percent of Connecticut residents, still leaving about 200,000 uninsured.</li> </ul>
<p><b>How could we pay for this plan?</b></p> <ul style="list-style-type: none"> <li>• Federal matching funds under Medicaid and SCHIP would increase by \$840 million.</li> <li>• Contributions from employers and employees would help finance the fund. Employers who do not insure their workers today would have to pay for coverage through the plan.</li> <li>• The self-employed would make contributions based on income.</li> </ul>	<p><b>How could we pay for this plan?</b></p> <ul style="list-style-type: none"> <li>• Annual health care spending would increase \$30 million – one fifth of one percent.</li> <li>• The health pool would be financed through existing state funds, individual premium payments, federal matching grants and businesses that don’t offer health insurance.</li> </ul>	<p><b>How could we pay for this plan?</b></p> <ul style="list-style-type: none"> <li>• Annual health care spending would increase from \$10.5 million to \$10.6 million (\$130 million more).</li> <li>• Spending from the state General Fund would increase \$45 million.</li> <li>• Increases in federal matching funds would cover the remaining costs.</li> </ul>

For more information, see: [http://www.universalhealthct.org/pdf/policybrief\\_web.pdf](http://www.universalhealthct.org/pdf/policybrief_web.pdf) and [http://www.universalhealthct.org/pdf/ESRI\\_Options\\_Presentation.pdf](http://www.universalhealthct.org/pdf/ESRI_Options_Presentation.pdf)