

## Health plan rates may rise by 14% State officials worry previously insured may enter program

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To hold down state costs, officials are considering raising premiums as much as 14 percent and doubling some copayments for the subsidized insurance program that is at the heart of healthcare reform.

State officials said they want to ensure that the program, called Commonwealth Care, does not collapse under the weight of soaring costs or under a potential influx of residents whose employers drop coverage because the program offers a better deal for their workers.

"If we're not only trying to insure the uninsured, but insure the previously insured, that's going to blow the doors off," said Leslie Kirwan, the state's top budget officer and chairwoman of the Commonwealth Health Insurance Connector Authority board that oversees Commonwealth Care.

But advocates and some members of the authority board that reviewed the proposed increases yesterday said the hikes would price people out of the program. In addition, advocates called them unfair when compared with the 5 percent premium increase the state expects for unsubsidized insurance plans.

"We think it undermines the very principle on which the reform stands, to provide access to quality, affordable healthcare and to protect the poor and the most vulnerable," said the Rev. Hurmon Hamilton, president of the Greater Boston Interfaith Organization, a group of congregations that advocates for healthcare access.

The proposed increases might be modified or avoided if insurers lower their prices for covering enrollees in the next fiscal year or if the state finds other sources of revenue. The state is currently negotiating with insurers who are seeking far more than the state wants to pay. Neither side would disclose the size of the gulf.

As proposed, the increases would affect about half of the 170,000 low-income people now enrolled in Commonwealth Care. The premium increases would apply to those whose income is above 150 percent of the federal poverty level and the copayment increases to those above 100 percent of the poverty level. State residents are eligible for the program if their income is at or below 300 percent of the poverty level and they do not have access to work-based insurance.

Under the proposal, the lowest premium would rise from \$35 to \$40 a month, a 14 percent increase.

Jon Kingsdale, executive director of the connector, defended the proposed Commonwealth Care premium increases of \$5, \$10, or \$15 a month as fair, adjusted for income, and far lower than most premium increases in private insurance. Kingsdale said that the subsidized program and the private insurance plans are completely different and that comparing the increases was like comparing apples and oranges.

Connector staff members, who proposed the increases, said they could help prevent the state plan from becoming so attractive that employers drop coverage for their workers and send them to Commonwealth Care. The state is already predicting that enrollment and costs for Commonwealth Care could double over the next three years.

"If we're going to preserve political support and keep it economically viable, we've got to maintain some comparability between the benefits and contributions in Commonwealth Care and in the private market," Kingsdale said.

Several connector board members opposed the increases, while others said they seemed reasonable and might be necessary to sustain the program. The board is expected to vote in two weeks on whether to impose any increases, after it reviews insurers' bids. "It's too extreme," said Celia Wcislo, a board member and assistant division director of Local 1199 of the SEIU. She said the state should look to insurers and hospitals instead to foot more of the cost.

In addition to the premium increases, copayments for office visits and prescription drugs could rise by \$5 or \$10, and some enrollees could see an increase in the total amount of out-of-pocket costs they must cover.

A Brockton mother of five children said those increases could make the plan unaffordable for her family. Mona Divers pays \$37 a month in premiums for herself; the rest of her family has other insurance. With a heart condition, high blood pressure, high cholesterol, and a thyroid problem, she needs regular care and racks up copayments for office visits and prescriptions. Her husband's income of about \$23,000 doesn't go very far, she said. The family is also paying off about \$4,000 in medical bills run up before she enrolled in the state plan. "Back in September, when I signed up, I thought, 'Thank God I have Commonwealth Care to help me,'" she said. If the cost increases, she added, "I don't know if I'm going to be able to keep it up."

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