

GLOBE EDITORIAL

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A fair share for healthcare

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THE AUTHORITY overseeing the state's new universal healthcare law is about to raise its rates on people who are living on limited incomes. This insurance is subsidized by the state, and the Commonwealth Health Insurance Connector Authority wants to make sure that co-pays and monthly premiums are high enough to discourage people from switching from private insurance. These costs should not be so high, however, that they are a burden for people with chronic conditions or discourage them from getting necessary care. When the connector board meets to set the rates tomorrow, actuarial prudence needs to be leavened by compassion.

Anyone in Commonwealth Care would face higher co-pays: \$5 more for a prescription and \$5 more for a visit to a primary care provider. That may not sound like much, but it adds up to a major burden for people with multiple ailments and several prescriptions, especially when it applies to those earning just above the federal poverty line - \$10,400 a year for a single person.

And the monthly premium rates would go up for people from 150 percent to 300 percent of the poverty limit. Again, it might be just a few dollars a month, but when combined with increases in the cost of food and fuel, the total healthcare increase would strain the budgets of the very people that Commonwealth Care is designed to help.

Those premiums need to be high enough that people who can afford private insurance do not try to save money by flocking to the subsidized policies. Figures from the state Division of Health Care Finance and Policy show that the number of employers offering coverage was holding steady at a little more than 70 percent in 2007, the first full year of the Health Reform Law. No one knows what will happen this year, when uncertainty hangs over the economy, but there is as yet no compelling case for the connector to shift so much cost onto the insured.

The connector is still negotiating with the four providers of Commonwealth Care over the overall cost of the insurance. Rates will be going up, as they nearly always do. Yet one exception to this rule is the \$295-per-worker penalty leveled on companies employing more than nine workers that do not offer insurance. The law mandates that the state reassess this figure every year to reflect the cost of living and usage of the free-care pool for the uninsured. Under the law, the penalty can go down, but it can never exceed \$295.

The connector alone can't change that \$295, but the Legislature ought to revisit the fee, at least to index it to the rate of healthcare inflation. The goal of the Health Reform Law - to cover nearly everyone in the state - is a shared responsibility that requires continual reassessment. If people on limited incomes must pay more, why not employers? ■