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Addressing the Increasing Burden of Health Insurance Cost Sharing



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2. To encourage use of high-value health care, employer-sponsored health plans should:

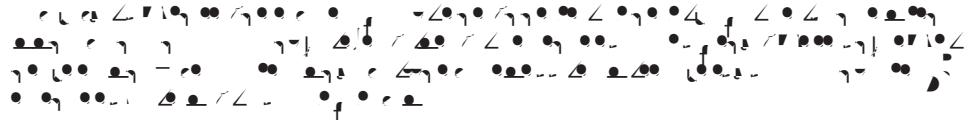
- a. Consider implementing value-based insurance design strategies that reduce or eliminate out-of-pocket contributions for services proven to offer the greatest comparative benefit, with higher cost-sharing for services with less comparative benefit. Such strategies should be based on rigorous comparative effectiveness research by independent and trusted entities that do not have a financial interest in the results of the research. The goal should be to ensure that high-value cost-sharing strategies encourage enrollees to seek items and services proven to be of exceptional quality and effectiveness and not just on the basis of low cost;
- b. Consider implementing income-adjusted cost-sharing approaches that reduce or directly subsidize the expected out-of-pocket contribution of lower-income workers to avoid creating a barrier to thei

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Addressing the increasing burden of health insurance cost sharing is a critical issue for individuals and families across the United States. As health care costs continue to rise, the share of expenses that patients are responsible for through copayments, deductibles, and coinsurance has also increased. This shift in responsibility can put a significant financial strain on many households, particularly those with lower incomes or pre-existing medical conditions.

The burden of cost sharing is not uniform across all segments of the population. For example, older adults and individuals with disabilities often have more limited financial resources and may struggle to meet their out-of-pocket obligations. Similarly, low-income families and individuals may find it difficult to afford copayments and deductibles, especially if they are not covered by employer-sponsored insurance or other forms of public assistance.

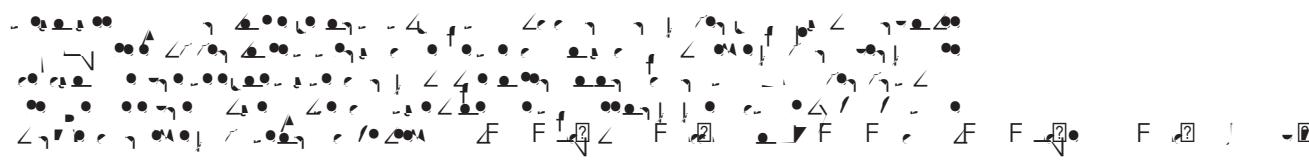
To address this issue, there are several potential solutions that could be considered. One approach is to implement policies that limit the amount of money individuals are required to pay out-of-pocket for medical services. This could involve setting maximum copayments or deductibles, or establishing sliding scale fees based on income level. Another option is to expand access to insurance coverage, either through Medicaid expansion or by providing tax credits to help individuals purchase private plans.

It is important to note that addressing the burden of cost sharing requires a comprehensive approach that considers both individual and systemic factors. While policy changes can play a role, it is also essential to support individuals and families through education, counseling, and financial planning services. By working together, we can ensure that all Americans have access to the care they need without undue financial hardship.

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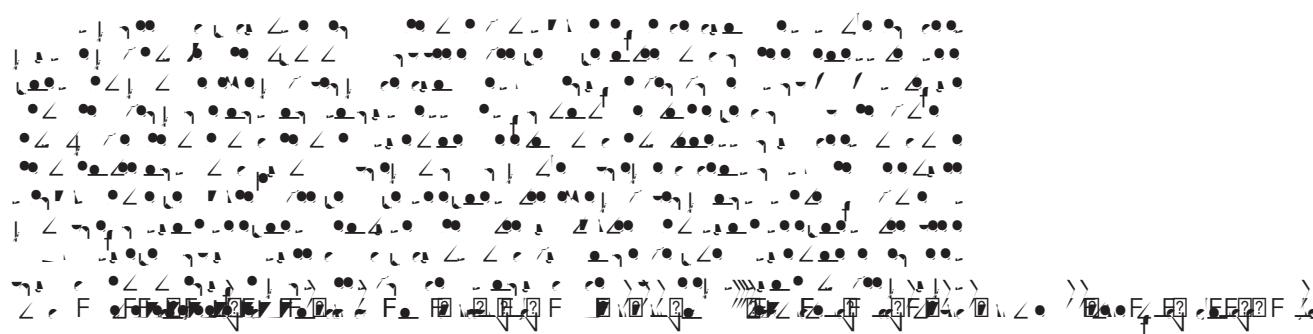
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