

# DIVISION OF INSURANCE

Employer ideas to improve major medical  
health plans and reduce costs for health  
insurance in Alaska

Question 24 of the Small Employer Survey



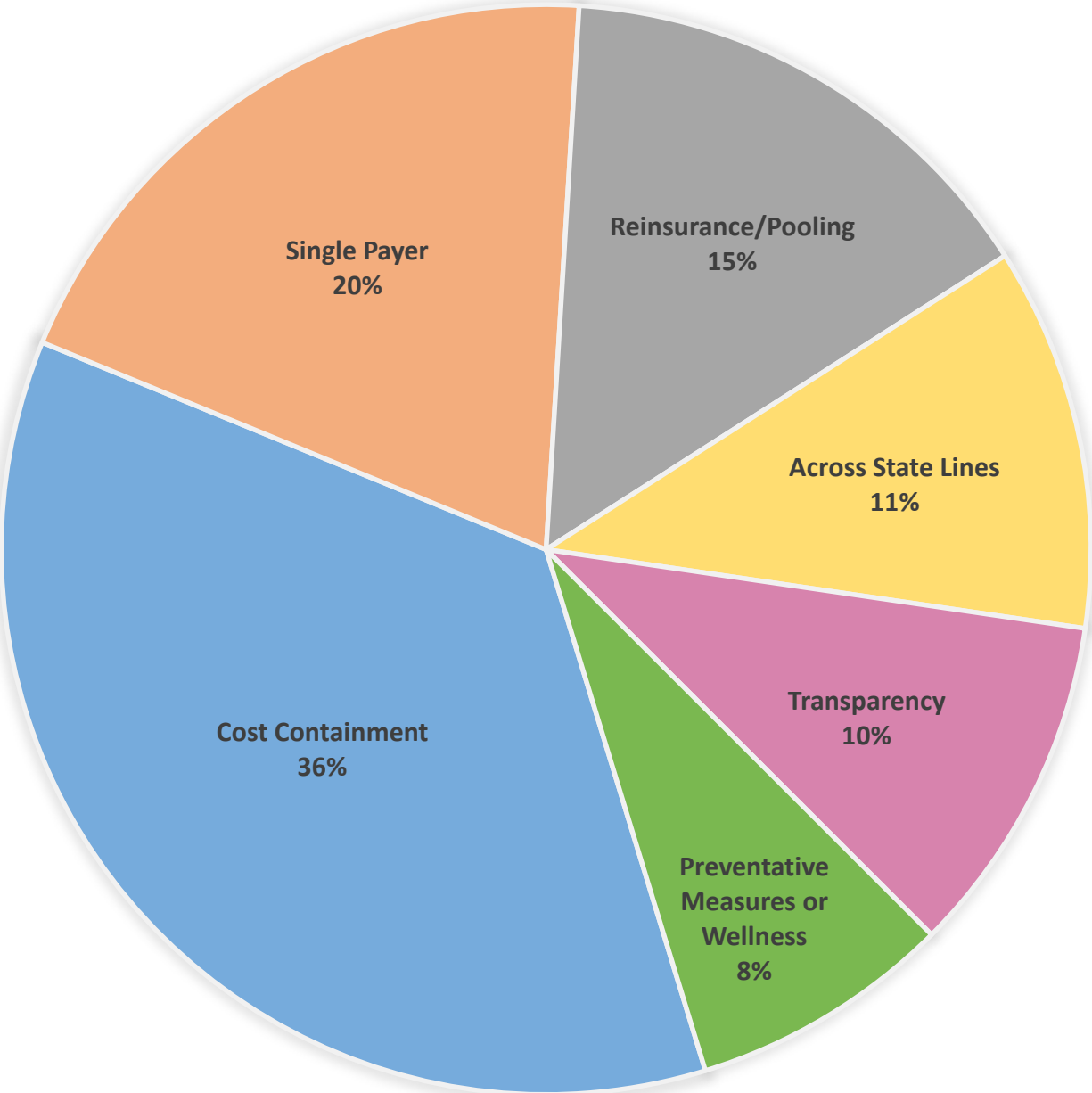
**STATE OF ALASKA**

**Department of Commerce, Community,  
and Economic Development**

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**Division of Insurance  
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# Employer ideas to improve major medical health plans and reduce costs for health insurance in Alaska



*The division categorized the most frequently noted suggestions in the above chart.*

## **PUBLIC INPUT TO QUESTION 24 OF THE SMALL EMPLOYER SURVEY:**

### **"Do you have any ideas to improve major medical health plans or reduce costs for health care insurance in Alaska?"**

*The division received 241 comments of 460 survey participants. The division removed 43 comments from this compilation that were simply "yes" or "no" responses without further detail. The division redacted personal information, including names and phone numbers in the following comments.*

1. Provide incentives for Alaskans to make healthy decisions in the first place in regard to safety and food/beverage consumption; support President Trump's efforts to lower the cost of pharmaceuticals; prosecute medical fraud; work with insurance companies to acquire ideas as to what they need in order to decrease prices and do the same with healthcare providers; limit the ability to sue physicians and other healthcare providers (it's a practice, not perfect); quickly process license applications for nurses and doctors who want to practice in Alaska; ... Private enterprise should have the same health insurance as public employees and vice versa - a good check and balance.
2. Unlike other States we just don't have enough competition from health care providers - there is no incentive for carriers to offer coverage across state lines when the cost of care is so much more expensive than anywhere else. But health insurance is essential and could be the only factor between getting services needed and bankruptcy. As an independent broker for carriers, I've seen how difficult it is from both sides of the coin. It also greatly impacted my business in that carriers all dropped commission rates considerably to the point I had to reduce staff. I couldn't sustain the business in the manner it was affected and merged with another agency.
3. Allow Association plans or any organized group that meets requirements to organize and offer health insurance.
4. Take away the 80% rule, which is abused by specialist doctors. Structure the system with your primary doctor as the "gate keeper" to provide referrals (thus limiting direct sales with specialty doctors) and keep cost down through preventative maintenance. Simplify and increase the transparency of billing upfront so customers can shop. Federally reduce direct advertising for elective operations and pharmaceuticals. Reduce price gauging by pharmaceutical companies.
5. set state fee schedule, eliminate ppo
6. reduce certificate of need requirements, implement medical tourism for state employees, consider changes to 80th percentile rule

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7. base it on health conditions of wellness, just as a smoker would be higher also if they participate in wellness you can reduce the deductible, have the docs and hospitals show transparency, and clean up the bill codes system so all are the same

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8. socialized medicine, single payer system - no insurance companies

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9. Restrict medical providers costs. Alaskans should not have to pay double for medical care. This will then lower insurance costs. Providers will not leave, they will not make anymore anywhere else.

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10. Single Payer system, out of state travel benefits. One of the biggest issues in Alaska is the charges allowed to providers. Providers do not join networks if they don't have to and it is making it more expensive for both small employers and for employees. Note that my company is leaving an association plan this year because it is age and sex banded and was costing much more than Premera's small group plans in Alaska. If we make Associations available to all, the coverage and cost needs to be comparable to or less than Premera small group plans.

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11. I think that the State of Alaska should go to a single-payer system that covers all individuals, employed or not. As an employer, I am constantly frustrated by the "expectation" of employees that health insurance is part of employment. This is a uniquely American entitlement and the idea that health insurance is provided through employers is a much bigger problem than the fact that health care is expensive.

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12. Programs like Medi-Share might offer more selection, free-market competition.

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13. The costs of medical procedures in Alaska are much higher than the same procedure in other markets. There is no economic reason for this other than a closed market controlled by a few providers.

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14. Why are our costs the highest? Get more competition here, prices go down. Cap what can reasonably be charged. I can go to Asia for major medical treatments cheaper. Is this what American health care wants to see? Your survey has no room for comments or a None, N/A choice.

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15. Allow businesses band together via a trade association, chamber, or other entity as a way to "act" as a large employer

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16. Single payer

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17. Unfortunately the costs of health care are so much higher in Alaska which affects the health coverage costs.

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18. federal health insurance

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19. single payer system; native health consortium model; at least bundle users into pools (by sector?)

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20. Yes. Universal(single-payer) coverage for all Alaskans.

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21. Create a larger pool that includes small group, individuals, Medicaid Expansion enrollees and any public employee group that elects to join. Offer a limited range (no more than 5 choices) of benefit plans with reasonable premiums and deductibles, and contract with a network of providers. Use value-based payments, reference pricing and other methods to increase value and create incentives for providers to contract with the group including low administrative requirements for reimbursement and pre-authorizations, quick reimbursement, and reasonable rates. Manage this group through an existing public or non-profit entity with established infrastructure for managing such a group to minimize overhead for administering the plan. Do this in conjunction with establishing the reinsurance program to shelter some of the risk and provide minimal and predictable year to year increases in premiums.

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22. Single Payer/Universal Medicare

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23. Enforce #22! Reasonably set fees is a must. (#22 Do you support establishing a fee schedule, balance billing restriction or other mechanism to limit what providers and facilities can charge for services?)  
NOTE: We are a union employer, most employees covered by union health & welfare. █████ non-union employees are covered by Blue Cross.

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24. Allow businesses to shop for insurance policies from other states that apply to Alaska. Small non-profits without a national affiliation cannot compete with health benefits offered by national organizations with competitive price policies.

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25. Raise the hours worked for eligible coverage status from 30 hours/week to 36 hours/week. This speaks more to ACA coverage, but it would help nonprofits with the number of employees requiring coverage. Thus, help us not pay over █████ a year in health premiums.

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26. transparency with cost, limit on what providers can charge for services, transparency and limit on what insurance companies can charge for insurance (much like the ACA requirement that applicable large employers provide a plan that meets minimum value and provides minimum essential coverage, insurance companies should have to also comply with a cost measure)

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27. Individuals purchasing their own insurance should have the cost of their premiums tax deductible

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- 28.** big pharmacy needs to quit ripping off the American citizens
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- 29.** No. Medical treatment is sky high. Unless controlled I don't see a solution.
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- 30.** I like the idea for small businesses to 'pool' their employees in order to qualify and/or reduce the cost of providing health coverage.
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- 31.** Incentives for other insurance companies to provide service in Alaska.
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- 32.** Free nation wide market...capitalism
- 
- 33.** Provide access to clinics which can provide basic and routine care
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- 34.** Yes. Especially, the publishing of charges and how they compare to other providers, particularly in the Lower 48 which would require competition. Additionally, there needs to be a resource to connect patients with an organization that can help them seek competitive pricing.
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- 35.** Allow formation of larger pools for nonprofits.
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- 36.** Negotiate costs of Rx and Fees w/providers as a large group like Medicare should.
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- 37.** Solid wellness programs / enforce OSHA safety regs
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- 38.** Allow insured to pay cash for prescriptions and pay 100% for visits without penalty to Providers for charging a lower rate since they do not have the billing costs. Allow like industries and companies to form Groups and negotiate better rates.
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- 39.** Single payer system. Informed consumers, requirements by providers to give costs upfront, reduce ability of health insurance companies to make large profits.
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- 40.** single payer
- 
- 41.** allow for interstate exchanges, join AK into a bigger pool of people for insurance companies and offer choices. If Premera is our only choice they can charge whatever they want, if we opened the State borders for Health Insurance we would have more choices and hopefully lower costs.
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- 42.** Increase awareness of tax credits (or refund for nonprofit).
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43. across state line programs

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44. Get the insurance companies out of the middle of our medical business as the major middle man. And that they only be used possibly to provide stop loss policies in case of a major medical catastrophe. Then be allowed to create our own one payer systems that are unique to employer, industry and or geographic group so they can pool their premiums, hire a medical manager who is fitting to their group, then pay direct to provider in more efficient fashion. Couple this with allowing a Substantial HSA option for folks so they can have more choice in Co-pay or deductibles.

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45. Yes, utilize the concept now being used in some area that you buy into the plan and help to pay the bills of others in the group directly.

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46. State run health care

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47. I thought ACA was on its way to being successful before GOP started to mess with it.

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48. YES! Problem is not with health insurance. Affordable care starts with incentives to change lifestyle, exercise and nutrition. Wake up. Health insurance premiums try to bandaid a problem that has to do with gov't and industry promoting unhealthy eating and lifestyles. That's what health care reform should focus on. We are an obese society that dies sooner than almost every other developed nation. The statistics have shown this for over 50 years. Proper support of preventive medicine will reduce health care costs for everyone. Watch The Magic Pill.

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49. Pool all the small businesses into one plan would be great

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50. Allow plans to exclude members based on unhealthy lifestyle choices

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51. Medical service pricing transparency and access, accountability and/or penalties for insurance companies that fail to pay all billing amounts in Alaska when they make unfounded R&C 'adjustments' without evidence that places burden of medical payments on policy holders and allows insurance companies to defraud consumers.

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52. Stop making it so political and fix the systemic problems. It isn't about Obamacare or repealing Obamacare. Obamacare was the best that could be done at the time-- republicans torpedoed it and now only tried to repeal it. no one has gotten to the core problems. it is a disgusting lack of leadership. There is no discussion on what the problems are and what could be done to fix it. We are suffering as a country and as businesses with ridiculously high health costs and bad health care and bad health outcomes compared to other rich nations. it is an embarrassment. Instead of caring for people, we care for the profits of insurance companies, drug manufacturers, and huge health corporations.

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- 53.** Allow employers to combine to offer a larger pool. (i.e. small nonprofits join together to have one larger plan reducing costs and admin for each individual company)
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- 54.** Push HSA's with larger deposits, complete transparency of prices and let the consumer control more or the medical dollar
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- 55.** The federal government should come up with a plan to provide health insurance for all Americans
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- 56.** Fee transparency, RBRVS Fee schedules, Pooling
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- 57.** In response to #23, we already are limited to one health insurance provider. The cost for one individual on the marketplace is \$1600 per month! Div of Insurance should be looking at rates charged across different zip codes in the state and request explanation for high cost compared to other areas of the state or other rural areas of the country. Our rates have increased more than any other state in the country. These rate increases all have been approved by the state. Balance billing restriction may help, but state needs to look at what limits the number of providers offering policies in the state - archaic insurance regulations?
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- 58.** pooled medical care/service for basics that avoids most insurance needs
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- 59.** Make insurance premium rates and doctor fees comparable, across the country. Alaska's health premiums and doctor fees seem to be higher than most states.
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- 60.** 1 pool for entire state, No small group, State, Large group, individual, etc markets. And reinsurance / subsidize the really sick
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- 61.** Repeal Obama-BegichCare
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- 62.** universal healthcare
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- 63.** It shouldn't cost you \$3000 a month to insure your family and then you get stuck with a \$1400 emergency room bill and \$500 bill when your sick because you haven't met your deductible!
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- 64.** transparency by medical providers would be helpful.
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- 65.** I believe that allowing small group plans was beneficial in pooling the risk for health insurance providers
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**66.** Yes, Medicaid should be expanded to cover uninsured, including those excluded due to certain preexisting conditions.

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**67.** Provide more options to create a competitive market. Allowing insurance companies to work out fee schedules only for insured makes costs rise because if you pay cash you normally get a 50% reduction in costs. This is unrealistic cash savings.

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**68.** We need a universal option. I don't want to be in the health care business. I would like to be able to offer a stipend to my employees, so they can purchase their own insurance. Alaska is too small & costs too variable for my business. I want to offer the benefit - but need better options.

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**69.** Larger Markets

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**70.** State Sales tax

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**71.** No magic answer without studying the issue of why are the cost so high, Are we a small pool of people and have several very sick individuals with high travel costs? Anyway, your survey does not take into consideration seasonal businesses (which there are many in Alaska), so I just answered your survey based on individuals how are employed more than 120 days.

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**72.** I believe that health insurance should be more like the Automotive insurance market. I also believe the US Government should create a high risk insurance pool for people with major medical issues that are exorbitantly expensive. I believe all insurance companies should be required to share the costs of this high risk pool. The higher the profitability of an Insurance company, the more their share of this cost should be.

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**73.** Have employees pay more for coverage and limit the benefits to only major medical expenses.

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**74.** The Federal Government needs to change the laws on buying health care across state lines

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**75.** discount programs over insurance such as a health savings account.

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**76.** Allow competition across state lines.

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**77.** more participation in insured coverage, this would lead to more people having health insurance, which would lower rates. It would also allow medical clinics to collect more money, and in turn potentially lower their fees

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- 78.** Cap the amount of profit that health insurance companies can make. We have so few companies serving Alaska that there is no competition to keep the costs down. Our high-deductible, 60% coverage insurance plan costs went up 20% this year, with no changes to our staff and we're all pretty healthy. These kind of increases are not going to be manageable in the long term.
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- 79.** some incentive that promotes healthy lifestyles. Or a bonus or discount if at an annual physical you are 'healthy'.
- 
- 80.** get all government out of the business
- 
- 81.** Competition might help.
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- 82.** The obvious problem is the high fees for medical care. There are no market forces in play to keep those fees under control: it is obvious that the medical providers, major insurance carriers, and major employers have all agreed to sustain those high fees. If the carriers and employers would agree to limit fees; the providers would have little choice but to either go along or leave the state. It would not be particularly harmful to get rid of those providers motivated by high fees; they would quickly be replaced by more dedicated professionals.
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- 83.** I don't know what the answer is but I would like to offer health insurance for my employees but due to the high cost I am not able to offer it.
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- 84.** Need a better mechanism to spread risk of high claims, need of offer more options that might reduce the premium and increase the value to employees, would like to be able to alter plans in order to make the plans more effective for the groups needs.
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- 85.** Stop having insurance companies dictate to providers what is necessary. Restrict medical liability to decrease sometimes unnecessary procedures that are completed to cover the providers worrying about a lawsuit.
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- 86.** Increase HSA yearly contribution limits
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- 87.** Price Transparency
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- 88.** Open Alaska to all providers. Let employers choose what plans we will offer and the government should not mandate behavior or choices.
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- 89.** This is a tough one. More insurance company options would help but I'm not sure this is doable.
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**90.** Allow more competition, market forces to reduce costs.

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**91.** Control provider prices and limit administrative costs and burdens that are driving insurance costs higher.

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**92.** Transparency of Medical procedure costs would go a long way toward controlling the cost of health care and medical insurance premiums.

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**93.** I think I do - but, that may sound a little arrogant. And, I'm not sure how fully vetted they might be.

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**94.** Allow small groups to join a pool with to make one large plan.

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**95.** transparency with insurance reimbursement and prices- flat rates at clinics so prices vary less

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**96.** Perhaps additional insurers

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**97.** Remove the relationship between insurance COMPANIES and the PROVIDERS. Require insurance companies to work with the insured, not the medical community, and make the insured manage their own care.

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**98.** Health Co-op!!

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**99.** make and HSA available to all health care consumers. Higher deductible with an HSA account would be very beneficial in my opinion

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**100.** reduce the medical costs in Alaska, it is ridiculous. I am self employed and I do not have any health insurance much less offer it to my employees. Obama care wanted \$2000 for my family of four with a \$9000 deductible???!wow! just wow!

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**101.** The pool is too small. There needs to be a way to allow Alaska to join another pool. The idea that we are unable to join a larger market makes 0 sense to me. I am unable to buy stock for blue cross blue shield of Alaska or Tennessee or California. Therefor why is the pool limited to each state. The company is the company and they need to group the policies as one to spread the cost just as insurance is designed to do.

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**102.** The mechanisms that drive all the associated costs are complex and I don't believe the average individual can offer an educated response to that question. Health coverage is a no brainer when not self-employed or wealthy and young. After that, it's chaos and corporate and politics and insurance and big pharm and makes me despair about American abilities to improve upon health care costs and health insurance for Americans.

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**103.** We've gone from have good catastrophic coverage for our family of 6 to having no insurance because of the nearly \$40,000 annual premiums. We don't qualify for ACA subsidies and have no options for coverage outside of Premera. We've left the market and gone to a health care ministry as our only way of affording coverage.

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**104.** Institute a State Income Tax & Internet Sales Tax to help fund health care cost programs and offer them to non-profits, small businesses and individuals in Alaska.

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**105.** Implement a State Income Tax & Internet Sales Tax to establish health care programs for non-profits, small businesses & individuals to buy into.

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**106.** I have been working on this issue for 15 years and I honestly don't know what else to do. Reinsurance is my only thought.

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**107.** Include wellness/preventive care screenings, better pricing for healthy lifestyle (non smoker, no alcohol, etc), require generic drugs whenever available, perhaps wellness incentives, nutrition tracking (awareness).

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**108.** Modifying the formula for allowable billing from physicians and specialists is something that has to be done. Balance billing (leading to financial ruin) of people who even have coverage, as well as the totally unjustifiable take and income on the physician side is a simple fix. It must be done. You cannot have a system where costs in our area are 10 x those in any other market. The root cause of the problem is cost, and the cost is going to the physicians. Simple. Fix it.

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**109.** I wish I were more educated to be able to offer up solutions.

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**110.** Prescription pills that are \$50 each at the local pharmacy are \$2 each in Canada. That's just one reason insurance and health care costs here are stupid high. I would provide basic emergency care and catastrophic coverage to my employees if it was available and affordable. Its neither, so I feel forced provide no medical benefits.

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**111.** I do not trust the state or the insurance industry.

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**112.** I appreciate it when health care providers say upfront what the costs for certain CPT codes are. Countless times, even the billing department didn't know since they bill differently for each insurance. Unfortunately, a capitalist insurance policy demands health care providers to overcharge in order to make a living. Frankly, I'd push for something like what the [REDACTED] is doing and offer internal health care services -- it cuts out 70% of the middlemen and costs are discussed directly with the physician for better management.

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**113.** We can reduce the cost of health insurance by reducing the cost of healthcare. More low cost, high deductible insurance plans combined with HSA's to make the consumer more cost conscious and shop for a good health care value. I know two healthcare providers who have told me that they moved to Alaska to open a practice because the insurance re-imbursments are so high here.

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**114.** We need Provider fee transparency and eliminate the 80th percentile regs

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**115.** We are low level retail. There are few on my staff who seem to care about health insurance. It doesn't come up. We don't make enough money to come close to paying for health care. If I could offer a plan, it would be bare bones and high deductible and cost more than they can get via ACA. When I was young, I had a high deductible major medical plan that suited my needs.

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**116.** make it easier for new Medical providers to get licensed and open practices in Alaska

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**117.** Get rid of middle men like [REDACTED] It directly causes increased provider costs and denies people access to coverage they have paid for.

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**118.** Ease ACA essential coverage requirements, legislate price transparency of healthcare providers, repeal/replace 80th percentile rule with a reference (Medicare) based system for UCR.

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**119.** Need more options other than Blue Cross

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**120.** Allow health insurance to be written on a national basis, not statewide. Increase the pool

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**121.** I don't think physicians would leave. We need to have the real conversation regarding physician costs. They have planted fear and are rewarded by us playing in.

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**122.** Remove the 80th Percentile rule from Alaska law.

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**123.** Allow insurers to offer plans that don't meet comprehensive coverage under ACA. Allow insurers to rate groups on criteria beyond employer or state of residence.

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**124.** Medicare for all (HR 676, S 1807)

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**125.** There are many good ideas out there. The ACA didn't embrace many of them!

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**126.** complete fee for service with no government controls

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**127.** support for medical tourism to less expensive areas/countries

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**128.** single payer system

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**129.** universal healthcare would reduce costs long term. We(Alaskans) are paying for crisis coverage which ends up costing more.

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**130.** Make Prices known to all. Nobody can shop around because everything is hidden. Next, change the current malpractice system which causes doctors to practice defensive medicine. next, hold Medicaid patients accountable for abusing the emergency department for minor conditions like a cold, this is commonplace. End satisfaction surveys. Make mandatory living wills which are clearly defined so that crazy things are not done at the end of a patient's life especially when they wouldn't want it. This is a huge problem and is very expensive. Also allow a panel of medical experts to decline futile treatment which ends up being incredibly expensive. Make Drug Company advertising on TV illegal. All of these medications are incredibly expensive and are driving up care cost by people requesting them who may not actually need them. I have many more ideas and have been in the medical profession for 30 years and would love to talk to somebody who wants to listen. you need to get at the root of the problem by reducing costs not really by manipulating insurance programs

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**131.** Yes, if one can mandate coverage, then they should be able to mandate participation. And one can choose not to participate, and then they do not receive coverage and will not receive service unless they pay for it up front. I also believe that people who do not make strides/efforts to comply, should not be covered. Ie a smoker can be helped through a cessation program, but if they do not comply, they should not be covered any longer.

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**132.** Allow multiply businesses to create health trusts and pool their employee numbers and financial resources to get better rates for their employees and selves. Similar to union health trusts.

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**133.** Yes. Regulate insurance companies providing health care coverage so the cost is reasonable - 15 billion in profit without providing quality service is unconsonable. Companies need to actually provide the insurance coverage without constant denials and appeals until they do cover the service customers paid for. Also regulate health care costs - Alaska is outrageous in its costs and greed appears to be the common denominator rather than actual costs. The Dept of Insurance also needs to equitably and more effectively monitor companies that use loopholes to avoid following existing reporting timelines and extending for upwards of over 1 year to avoid payments in timely manner.

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**134.** I sold a business, a [REDACTED] private practice, in 2009 and went to work for the State for a number of reasons but a major one was the rate of increase in health care insurance premiums for staff and family. I made a good living but the rapidly escalating cost was not sustainable

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**135.** Create a pool that all small businesses can participate in; best if it would allow all western states to participate in the pool

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**136.** Get rid of 80% percentile rule. That has driven up cost immeasurably.

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**137.** We use a grandfathered plan because it has small copays (\$20) versus the new plans that all have \$50 copays. We also purposely have a plan with low deductible \$500 and max out of pocket of \$2,000 for our employees because we do not make a lot of money in the non profit and social services world. This allows our employees to access health care when needed more readily than the higher deductible and copay but cheaper premium plans.

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**138.** We always have tons of ideas, being in the health care business ourselves. If you ever have a round-table discussion or want to pick our brains about maternity services in particular, or health care in general, please feel free to reach out! [REDACTED]

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**139.** The primary cost reduction strategy that is being discussed (for the past 2+ years) is all centered around reducing premiums. The strategies primarily involve offering higher deductibles/co-pays. The second strategy that's been discussed is reducing coverage, e.g. Viagra is covered but Birth Control gets axed. Or preventative care coverage is stripped back and paid out of pocket. Or, if you have a pre-existing condition, maybe you'll be covered or maybe you won't. None of this addresses the primary problem. And none of these solutions are satisfying. The problem with healthcare costs in Alaska is COST. There are very few limits and the ones that exist are not particularly effective. Insurance companies can incentivize lower costs by attracting providers to their network. But at the end of the day, providers, even if they're in network can charge whatever they want. They keep the costs high and write off the loss. If you look at other countries that have been very successful at providing coverage to small populations like Netherlands, they succeed because they set limits on what providers can charge. Nobody in Alaska is focusing on this from what I see. The other issue that is not being addressed is that Alaska's economy needs Entrepreneurship to shift from an oil based economy to something else. Right now TOO much of our state's wealth is just going to healthcare. Is that the economy that we want? (NO!) Large businesses suck up all the insurance resources. They leverage the lowest prices for the most coverage for only some people. That keeps Alaskans tied (nay, handcuffed) to a large employer. In my case, I have a small business that I'd like to focus on, but I'm stuck with my large employer because to replace my coverage would cost me \$18k in premiums out of pocket and another \$1500+ in deductible. It's not fair that people who work for large entities (School District, The State, BP, Providence, GCI) get such a monstrous price differential. The whole system in Alaska has huge winners and a lot of losers. It's about ACCESS to PRICING...not just access to services.

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**140.** Encourage more providers to accept Medicare.

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**141.** Have insurance companies stop being for-profit organizations

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**142.** Providers charge you more if you have health insurance, this raises insurance rates.

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**143.** Health savings account employers can put in that is nontaxable when used to pay for medical expense.

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**144.** Alaska is an example for the rest of the nation for innovation in this area. I do not understand the validity of the high costs charged by providers but we don't want to go back to the days of having to go to Seattle for everything. If we had the money, more incentives for helping attract new med school grads from the lower 48 with loan forgiveness in exchange for following a state-regulated payment schedule and an expansion of medical training programs at UAA with a loan forgiveness option for service in AK after graduation.

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**145.** If people are working they should have access to cheap medical. Many Alaskans are able to work but don't because they can survive off state monies. Those should be reserved for who really needs it.

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**146.** Single payer/universal health care

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**147.** Bond together

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**148.** The best plan we ever participated in was through the Alaska Medical Association and the State of AK forced it to close. Really a shame as the insurance was comprehensive, affordable and very good.

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**149.** ELECT SOMEONE WHO CARES ABOUT PEOPLE.

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**150.** universal healthcare

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**151.** I like the idea of cooperative health insurance as a start to encourage a non-profit model for health services.

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**152.** Make single payer for all Alaskans

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**153.** We need to get prescription drug costs under control.

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**154.** open to providers out of state

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**155.** Take the bums and misusers out.

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**156.** As a Sole -Owner Broker (no employees) I still need to be included in an affordable Insurance coverage, which NOW is a problem !

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**157.** Universal healthcare

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**158.** 100% of medical premiums and the contributions that are required for a Health sharing ministry should be 100% deductible off of our taxes and insurance companies should be required to sell insurance across in all 50 states and spread the liability across the entire population instead of individual areas

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**159.** Absolutely need to change the way specialty providers set "market rates". They all raise their rates skyhigh and then take the percentage reimbursement.

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**160.** Not really. All our employees have other insurance through spouses, or through tribal health programs at this time, but the lack of affordable insurance has limited the pool of potential employees and independent contractors

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**161.** There must be some incentives for the providers or they will refuse to take the insurance and options are limited in this state. Waiting lists are currently at 6-8 months for most important medical needs, especially ones that have to do with pain, likely contributing to the opioid and drug epidemic - people are having to self-medicate and this is devastating our state. Families are not making livable wages and co-pay and deductibles are too high - they cannot pay their rent, or afford to eat. Alaskans are having to make very difficult decisions since 2016.

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**162.** We do all we can to avoid medical issues or visits. Could a rating system be established for individuals, similar to what Workman's Compensation does to rate companies? I currently the only employee, but cover my wife and the rates are getting so high that should business slow I will have to go uninsured.

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**163.** States single payer insurance for all residents

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**164.** Single payer funded by corporate and individual income tax. Negotiate prices with Rx and medical supply companies. Allow people and providers to get drugs and supplies (ie orthopedic hardware) from other countries.

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**165.** Remove health insurance all together from the typical private employee benefit package and create a massive participant pool by offering Medicare for everyone to join. The federal government already has multiple health care programs (Medicare, Medicaid, SCHIP, TRICARE, Veterans Health Administration, Indian Health Service) providing health care services to almost one-third of Americans (approximately 100 million beneficiaries). My idea for improvement is to simplify, reduce bureaucracy, eliminate redundancy, and decrease overhead and operating costs by combining the multiple systems into just one. And then make that single system available to all Americans to create a very large pool. This would also dramatically reduce the costs and distractions currently borne by private employers, large and small. Employer money (and overhead expense) not spent directly and indirectly on healthcare costs, time, etc. could go to employees for use in paying their share directly for their universal Medicare and it would no longer be a burden on employers.

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**166.** Regulate the cost insurance companies charge. They should not profit from health insurance!

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**167.** allow small employers to join association or larger group insurance plans. also underwrite our insurance with a larger pool--multi state

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**168.** There is no incentive to lower the health costs. Everybody involved from broker, insurance, and medical office wants to charge higher rates. There lacks competition like the lower 48. An x-ray could cost \$600 in AK, but \$100 in lower 48 like Seattle. Blood work that would be \$500, would be \$50 in lower 48. Our monthly premium is \$3,200 for family and it only covers 70/30 split and family max out of pocket is \$14k after deductible is met.

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**169.** Insurance should cover major medical expenses and let the employees cover the normal doctor visits and other smaller expenses.

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**170.** Single payor. Make us one big group. Take the profit motive out of healthcare altogether, including pharmaceuticals. Get rid of fee for service and establish reasonable salaries for individuals whose hands we put our lives in. No more \$50 aspirin. Pay for development of good hospitals and clinics. Stupid Alaskans and Americans are in denial about "socialism" - health care in america is socialist already. Some simply benefit more than others. We already pay for healthcare coverage - re-route that money to a rational system and everyone will pay their share and get better care. Good for nothing rich people can pay extra for their elitist doctors and cosmetic surgeries. Hell, they can fly anywhere they want...most other developed countries have socialized medicine. Stop catering to the 1%.

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**171.** Yes tell the feds to go take a hike. It worked better before when we got our own and it was cheaper also.

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**172.** I think it will be difficult until the problem is addressed nationally

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**173.** Provide information about preventing and reversing major medical problems and reward patients who work to do so. Could reduce medical costs in many areas dramatically but would probably make the drug companies and some other providers angry

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**174.** We essentially are down to one provider, Blue Cross. I purchase the best plan available and pay exponentially more than my wife does for the best plan from her much larger employer and receives a much more robust plan. Why is the some provider able to charge me more, simply based upon the number of employees? There needs to be one group - Alaskans, well I actually believe one group should be national, but for now lets focus here.

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**175.** Support reinsurance programs for the individual and small group market. Ensure all health plan coverage options continue to uphold EHB and other consumer protections under ACA.

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- 176.** The question should be, "what can be done to reduce healthcare costs for Alaskans." Extremely tough question as most drivers associated with increase in costs are federally mandated. Removing ACA requirements would be a great start - referencing question number 21. The one size fits all ACA plan mandate and associated regulations was a significant driver to the increase in healthcare in AK. The State of AK (SOA) rolling back their allowable schedule to what they offered in 2015 was a significant cost shift to providers of care and potentially health plans while the SOA expanded lives covered under Medicaid!
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- 177.** Limit law suit amounts, disclosure of what it will cost before agreeing to it (have to do with my car for hundreds of dollars) and no with thousands of dollars.
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- 178.** Allow small businesses to collaborate to reduce risk pools
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- 179.** Start investigating high cost of health care. Find out if hospitals are price gouging or charging unreasonable amounts of money for services and work with them to make sure that the costs are not inflated for reasons other than Alaska's rural nature. I.E. charging insurance companies or Medicare/Medicaid more because of an expectation of partial or late payments.
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- 180.** Have a single payor for all state insurance needs larger pool that all could access increases pool variety and limits costs like conn mitt Romney plan or the Obama plan
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- 181.** I think cost should depend on what kind of care you take off yourself. If you are going to smoke, be overweight and eat like crap, you sounds have higher rates. I shouldn't have to pay more to support your poor life choices
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- 182.** Allow everyone to purchase and participate in Medicare.
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- 183.** Make costs more transparent. Stop insurance companies from negotiating different values for each service with each provider.
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- 184.** Yes medical care should be commensurate to the person's income. Why try and bankrupt a person for being ill? There's no way a person can be prepared for the astronomical costs in emergencies, or routine care. Our Senators/congressmen have excellent plans. Why don't we? Do it according to wages, especially since Alaska is falling.
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- 185.** Universal Health Care provided at the federal level.
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- 186.** Yes: telemedicine, HSA's and low cost catastrophic insurance coverage (possibly tied to PFD disbursements).
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**187.** Really look at the family who is getting Medicaid. I believe there are people (adults) who are getting medicaid that should not be..and the children who really need it are on a long waiting time for the Medicaid Wavier. Also, Alaska Medicaid program really needs to be updated for they do not pay providers in a timely fashion especially for the crossover and this causes problems small businesses. The truth is I had to lay off people because Medicaid wasn't paying and I did not get a loan for heartship. I offered health care but could not pay for it anymore. I don't even have healthcare insurance.

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**188.** Insurance companies SUCK

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**189.** No. But I'm sick of having another job besides my own business to cover my health care costs and provide my coverage.

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**190.** Have insurers allow 'out-of-network' services so insureds can 'price shop'.

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**191.** i do not understand why my insurance is 1500 per month and my deductable is 7000 so i am 60yrs old and when i travel i have no coverage out of state crazy i guess it is just the way we like it.

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**192.** Like France and Canada National Health Care. I don't mind if more money was taken out of my check; so as to not worry about medicals bills at all.

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**193.** free market

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**194.** My comments are related to question 13. It's poorly written for how insurance is provided. I have the option of paying 75% coverage for employee only. If they add their family, I still only cover 75% of the employee health insurance and zero on their family. The answers given did not reflect the way we offer insurance to our employees.

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**195.** Allow like business to pool from one insurance group coverage. NOT a HIGH RISK POOL, For small business the case is not having the buying power, through employee count, to keep the premiums low. Example - all business codes that fall under "Accountant services" can give that number to the insurance company when wanting to purchase a business plan. This way the pool of business would be greater (thus employee count greater) spreading out the cost amongst a larger employee pool, lowering the premium.

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**196.** Deregulation to allow for more competition

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**197.** We need to reduce the cost of health care in AK.

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