



# WE NEED A REAL “HEALTHY DC!”

## Now Is the Time to Support Health Care for All

*“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”*  
– Dr. Martin Luther King, Jr.

### Why do DC residents need health insurance?

- Presently, 8 percent of nonelderly adults in DC are uninsured.
- When people do not have health insurance, they delay or skip care. They often wait until they face a health emergency, and then treatment is very expensive and less effective.
- We all pay for this problem with public dollars, increased health insurance premiums, and long waits in hospital emergency rooms.
- Lack of insurance disproportionately impacts minorities and the poor.
- Fewer employers are offering health insurance, and most are citing cost as the reason.
- For many of the uninsured, health coverage is inaccessible or unaffordable.
  - Individual insurers can refuse to accept applicants if they are in poor health.
  - Data show that 47 percent of U.S. residents postponed medical care because of cost.
  - People over 50 and in poor health may pay ten times more for premiums than people who are 20 and healthy.
  - For people with incomes just above Medicaid and Alliance income guidelines (200 percent of the federal poverty level), market rates for health insurance are not affordable at any age.

### What’s great about Healthy DC?

- Premiums will no longer be based on age or health.
- Premiums in CareFirst will be based on income. No resident will be charged more than 3 percent of his or her income for premiums, and the Mayor can negotiate lower rates.
- The uninsured, people in individual plans, and those who cannot afford their job-based premiums can enroll.
- Insurance policies will be sold to everyone, regardless of health status.

The following are included in the Healthy DC plan, but need to be added to the bill:

- Healthy DC will not have mandatory annual or lifetime caps.
- Prescription drug costs will be reasonable and affordable.
- Members can choose medical homes and further reduce their out-of-pocket expenses.

### What must be fixed in the Healthy DC Act before the bill is passed?

- Healthy DC should not be allowed to exclude coverage for treatment of pre-existing conditions.
- People with incomes below 300 percent of poverty should not pay more than 5 percent of their incomes for premiums and out-of-pocket health costs combined.
- The bill should clarify that the new product must follow all DC insurance laws and have an adequate network.
- Money saved through a lessening of uncompensated care should go back into the Alliance or Healthy DC subsidies.
- A public process should be established for commenting on further details of the plan, such as proposed contract provisions and the prescription drug formulary. The DC Council should receive regular public progress reports throughout implementation.
- Responsibilities for outreach, enrollment, and oversight should be expressly delegated to various city agencies.
- Financial arrangements with CareFirst should be clarified to ensure that CareFirst sufficiently contributes to this product, as proposed.