

Testimony for 4/30/26 Joint Hearing on Access to Primary Care

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My name is Liz Edsell. I'm Associate Director of the Vermont Public Interest Research Group. VPIRG is a long-standing supporter of universal health care, and until that goal is achieved, we strive to offer our staff high quality coverage. Managing that benefit is part of my job — and impacts me personally since my family is on our plan.

Over the last three years, our premiums have skyrocketed. Blue Cross Blue Shield kicked us off our low-utilization plan, and the Green Mountain Care Board approved another large increase the following year. Covering the same employees on the same plan cost us 46% more in 2024 than in 2022.

So, in 2025 we switched to a high-deductible bronze plan with a health reimbursement account that covered some but not all out-of-pocket costs. I chose to stay on the cheaper plan and see how things went.

It didn't go well. As we neared the HRA cap, my family started delaying care: fewer mental health visits, a lot more "wait and see." Then our child was injured, my back flared up, and my husband hurt his knee. We spent thousands out of pocket and were less healthy because we waited.

We're not alone. A national study¹ found that patients on high-deductible plans have fewer primary care visits, even for cost-exempt preventive care. And those least likely to seek care were people with low incomes and poor health.

This is not a market working as intended. It is a market failing the people it's supposed to serve, and leaving employers like me to manage complex insurance decisions we're not well equipped to make.

Publicly funded, universally accessible primary care would take this burden off employers and families. We all save money when people get the care they need early, before small problems become costly ones.

I urge you to move Vermont toward universal primary care. Thank you.

¹ Jetty A, Petterson S, Rabin DL, Liaw W. "Privately insured adults in HDHP with higher deductibles reduce rates of primary care and preventive services." *Translational Behavioral Medicine*. 2018;8(3):375–385. doi:10.1093/tbm/ibx076