

Written Testimony Regarding Section 10 of H.585

Submitted by Pastor Roger Foster

I have been a member of two different health care sharing plans over the last 15 years. Both were highly functional and served us well. Three years ago we shifted from one plan to another because the circumstances of our lives were changing and the program/cost value was a better fit for us at that time. I have been very happy with the service provided and the effectiveness of the programs of both organizations

I am grateful for the chance to share my experience with these ministries because I am convinced they have an important role in the health care services provided in our state and nation. In fact, I am actually surprised that anyone would consider a restricting access to or eliminating or abridging these kinds of services. I have never encountered anyone who was involved in one who was disappointed with that involvement.

Our initial involvement was with an organization call Samaritan Ministries. Our current association with an organization call Share Health Care.

Personal Experience with a Credentialed Medical Sharing Plan

My Own Medical Care

I am 66 years old and have received medical services ranging from routine colonoscopies and cancer screenings to multiple cancer surgeries and reconstructive surgery. Both of the services that I have used have been effective at helping me to keep costs in check without denying or delaying necessary treatment. We have never been left holding a bill for a need that I have filed with either of these organizations.

Cost Stewardship

I have consistently been impressed with the conscientious approach to **cost awareness and stewardship**. These organizations are motivated by compassion so services needed are readily provided. But they are careful to make the most of the resources available to them. They have helped me to negotiate best prices for the care I received and in some case have handled that negotiation on my behalf. And their follow through is excellent.

I was provided with regionally realistic cost comparisons for services provided, and I was encouraged to request itemized billing, review invoices carefully, inquire about cash or self-pay pricing, and to negotiate discounts when appropriate. The result is that I have been a much more circumspect consumer of healthcare services than I might have been if I had “no skin in the game.”

My Recommendations

Over the years I have often recommend both of the organizations that I have used. I still readily refer people to them. My participation in health care sharing ministries has ALWAYS BEEN LESS BURDONSOME than anything available under the ACA. And it has been a pleasure to support and pray for those who are facing unique needs. I have watched people struggle under the growing costs associated with the Affordable Care Act. Regarding the ACA, I have often heard the stories of people who simply cannot afford to continue to pay premiums that increase every year. That is not to say that our monthly costs have not occasionally increased. But at the current moment My wife and I are paying less than we were four years ago. That is the result of disciplined cost management.

How Sharing Plans Differ from Insurance

Credentialed medical sharing plans operate differently from insurance.

Participants understand that:

- These are voluntary cost-sharing arrangements. I cannot see how it is in the government's interest or even something they imagine they can control to restrict how people can associate together to serve each other as needs arise. The entire enterprise is volitional. And it works.
- These are not insurance products. They are agreements rooted in faith and motivated by compassion. They are fulfilled by a divinely guided faithfulness to a commitment. How anyone could have a problem with that is a mystery to me.
- Payment is not legally guaranteed. The needs that are shared are addressed by a compassionate community that is responding to God's call to bear one another's burdens. There is no law or contract that will reach as far as love and compassion. I have on several occasions received note cards from people who were sharing in our need. Their words of encouragement and their prayers have been very uplifting. It has been my pleasure to send similar letters and notecards myself.
- Eligibility is determined according to published guidelines. These guidelines are very clear and both of the organizations that I have participated with have made those guidelines available and requested my understanding and agreement to operate under them. This was done at the outset of our association with them. I have had no surprises regarding something that I thought would be shared to members or qualified under those guidelines.
- The language of health care sharing organizations is unique and distinct from the language of insurance. This is intentional and is, again, clear from the outset. Members accept these distinctions knowingly.

Extra Mile Generosity

Some programs also allow members to voluntarily contribute additional funds to assist families facing extraordinary medical needs—for example, Samaritan Ministries regularly publishes needs, with the permission and at the request of the persons in need, that fall outside of the specific limitations of the guidelines. So they make them available as a “Special Prayer Need” People with pray for those individuals and often send \$10 – 50 to help with that need. That is the nature of a caring and sharing ministry. This reflects a model based on mutual aid rather than contractual obligation. I have often set aside extra cash to help people whose needs do not fit into the pre-established guidelines discussed above.

Concern Regarding the Proposed Legislation

The proposed regulatory language introduces registration and reporting requirements that resemble insurance regulation.

Administrative requirements inevitably increase administrative costs. Those costs are ultimately passed on to participants through higher monthly contributions.

In a state where the cost of living—and especially healthcare—is already very high, many Vermonters choose credentialed medical sharing plans because they offer a more affordable option.

If regulatory burdens increase the cost of participation, the result may be **fewer affordable options rather than more.**

Closing

My family’s experience with a credentialed medical sharing plan has been positive for 15 years or more. We entered the program fully aware of how it works. We accept the responsibilities and risks associated with participating in a voluntary sharing model. In return, we have experienced a system that encourages transparency, cost awareness, and mutual support among members.

From our perspective, the proposed legislation appears aimed at addressing a problem we have not experienced, and the proposed solution risks making these programs more expensive and less accessible for the Vermonters who rely on them.

Thank you for the opportunity to submit this testimony.

Respectfully submitted,

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