

People Need **Affordable** and **Accessible** Healthcare. A State-Run Health Plan **Fails** on Both.

A new state government-run health plan could require patients to use one network's physicians, providers, and hospitals. It would strip patients of choice, reduce access, and lead to higher taxes to pay for it, shifting more costs onto families across the state.



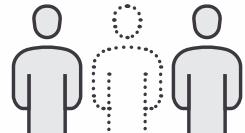
Higher Taxes



Longer
Wait Times



Further
Distance



Fewer
Physicians

That's what a government-controlled insurance plan means for your healthcare.

A state government-run "Connecticut-option" health plan is often promoted as a way to lower healthcare costs, providing help at a time when people are facing higher insurance costs and losing federal subsidies for coverage. However, by restricting patient choice and limiting provider payment, **a public option fails to provide the relief and affordability people need.**

It would also be **backstopped by taxpayers** at a time when families are already struggling with rising costs everywhere they turn.

A state-run health plan relies on restricting where patients can go for care and setting limits on what caregivers are paid — further destabilizing the financial health of healthcare providers at a time when federal pressures are growing. The result: higher costs for individuals and families with private insurance and employer-based coverage or loss of access to essential services. **Expanding this government-run model would worsen cost shifting, raise premiums for families and employers, and reduce access to care.**

There is a better way to make healthcare more affordable, especially as we confront the challenges of federal policy shifts. Connecticut should strengthen what works and address what's broken in healthcare, not create a new government-run plan that repeats known failures. True affordability depends on preserving patient choice, access to trusted providers, and high-quality care.

Connecticut must fix Medicaid first. Raising Medicaid rates will help stabilize the entire healthcare delivery system and preserve access to essential services for all patients, regardless of insurance.



Access to Essential Services at Risk for All

A government-run health plan would hurt already struggling hospitals. As financial pressures grow, hospitals may be forced to cut services, and in the worst cases, even close — eliminating access to care for entire communities.

FOR PATIENTS ON THE NEW GOVERNMENT-RUN HEALTH PLAN: LESS CHOICE AND REDUCED ACCESS

- **Narrow provider networks** would strip patients of choice and limit where patients can receive care
- **Patients may be forced to change doctors** or lose access to specialists
- **Patients may face longer appointment wait times**, especially for specialty services and non-urgent care
- **Care would be concentrated in one limited network**, reducing access statewide

FOR EVERYONE: HIGHER HEALTHCARE COSTS AND HIGHER TAXES

A government-run health plan doesn't just affect those enrolled. It drives up costs for everyone else through higher premiums, higher out-of-pocket expenses, and potentially higher taxes.

- Government programs already pay Connecticut hospitals and other providers significantly less than what it costs to provide care – creating a gap that totals billions of dollars each year
- A state-run plan would exacerbate this problem, restricting what hospitals are paid for care provided, deepening the gap between the cost of care and what is paid for care
- This gap is shifted onto individuals and families with commercial insurance and employers through higher premiums and out-of-pocket costs
- If a government-run health plan is financially unsustainable — as seen in other state-run programs like the Partnership Plan* — the plan will lead to higher taxes

MEDICAID SHOWS HOW GOVERNMENT-CONTROLLED CARE CAN ENDANGER ACCESS

Connecticut is already experiencing the negative consequences of chronically low Medicaid reimbursement rates:

- Fewer participating providers
- Long wait times for specialty care
- Uneven access depending on location

A BETTER WAY FORWARD: IMPROVING AFFORDABILITY WITHOUT SACRIFICING ACCESS

Connecticut must focus on proven solutions that deliver real affordability without putting access, choice, or the healthcare workforce at risk:

- **Protecting access to trusted doctors and specialists** by partnering on statewide efforts to recruit and retain essential healthcare workers
- **Preserving patient choice** by supporting actions to stabilize the small-group insurance market and preserve commercial insurance
- **Improving affordability** by fixing government underpayment — investing in Medicaid rates for hospital care and ensuring the hospital tax sustains and strengthens the Medicaid program and supports critical services
- **Addressing cost drivers** by creating a state-funded uncompensated care pool to support the expected rise in uncompensated care due to federal Medicaid and ACA tax credit changes
- **Strengthening — not destabilizing — our healthcare system** by reducing regulatory burdens

*The Partnership Plan is a state-run health plan that allows cities and towns, and certain nonprofit and other organizations, to buy into the state employee health plan. The Partnership Plan has a history of unsustainable performance, with claims exceeding premiums and driving up fees and state spending needed to stabilize the program. (*CT partnership insurance plan lost \$23 million last fiscal year, <https://ctmirror.org/2026/01/08/ct-partnership-insurance-plan-lost-23-million-last-fiscal-year/>; Connecticut Partnership Plan loses money, partners in 2022, <https://insideinvestigator.org/connecticut-partnership-plan-loses-money-partners-in-2022/>*)

[**Learn more.**](#)

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