

Because healthcare cost growth is so concentrated, with 5 percent of the population accounting for half of healthcare dollars, it is critical to focus instead on these very sick and chronically ill patients. Increasing cost sharing ignores this point by forcing individuals into less-comprehensive insurance, she said in the release.

Ultimately, any cost containment achieved by making healthcare more expensive to consumers is driven by reduced medical care, not reduced prices. "They may even cut back on medical spending that is cost effective in the long run," Gould said in the report.

The report explores two cost-sharing policies: the [Affordable Care Act's](#) excise tax on high-priced employer-sponsored health insurance and the proposal to restructure Medicare into a voucher program. For those who need extensive medical care, both of these policies may result in financial distress or sacrificing medical treatment.

"These policies may ease the federal budget, but research shows that they will do little to contain overall health spending," the report said. "Furthermore, they put all the burden of cost containment on consumers without giving them the tools to make more fully informed medical decisions."

The excise tax is poorly targeted, since premiums are driven by a variety of influences, such as size of the group, ages of the members and risk, unrelated to the generosity of plans. "Expensive plans are not necessarily more generous plans," the report said.

And turning Medicare into a voucher program could increase the financial and health risks to elderly, sick and disabled individuals, the report argues. Retirees would need to direct a greater share of their fixed income toward healthcare, as the voucher, which would be allowed only limited rate increases, lost value relative to other health plans for purchase.