Testimony in Support of S.B. 1056 An Act Expanding Access to Medical Assistance

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Human Services Committee

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Dear Senator Moore, Representative Abercrombie and esteemed members of the Human Services Committee,

My name is Karen Siegel and I am testifying today on behalf of Health Equity Solutions, where I serve as Director of Policy. Health Equity Solutions is a nonprofit organization with a statewide focus on promoting policies, programs, and practices that result in equitable health care access, delivery, and outcomes for all people in Connecticut. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

Thank you for the opportunity to submit testimony in support of S.B. 1056. As many of you have heard me say before—the enormous disparities in access to health insurance in Connecticut are rooted in systemic racism and expanding the reach of our state's HUSKY Health programs is a key part of addressing uninsurance that truly creates access to care.

Connecticut has an opportunity to mitigate inequities in health by expanding the state's HUSKY programs. In particular, we support restoring HUSKY A eligibility and expanding HUSKY D eligibility to 200% of the federal poverty level (FPL) ($44,139 for a family of 3). In order to address barriers in Connecticut regarding health equity and health care and to ensure policy priorities are community informed, Health Equity Solutions conducts annual listening sessions. Healthcare affordability was one of the top health equity priorities identified by our partners for 2021.[1]

Access to health insurance is key to access to health care and people of color in Connecticut continue to experience dramatic inequities in rates of insurance coverage.[2] About 78% of parents who lost HUSKY coverage in 2016 had no known insurance coverage a year later.[3] Why didn't these parents just buy insurance on Access Health CT? Even with cost sharing and premium subsides, health insurance can be unaffordable for families in this income bracket. In 2021, a family of 4 with a household income of $42,000 /year (just over the Medicaid eligibility limit) could spend up to 16% ($6,700) of the total family income on premiums and out-of-pocket costs to cover two adults on the health insurance exchange (the children would remain eligible for HUSKY coverage).[4] In Connecticut, people earning 100-199%FPL

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[1] Health Equity Solutions. Health Equity Solutions 2020 Listening Sessions. Retrieved from: https://www.hesct.org/blog/health-equity-solutions-2020-listening-sessions/

[2] Kaiser Family Foundation analysis of 2019 American Community Survey data. Available at: https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

[3] Connecticut Voices for Children. (2018). "HUSKY A for Parents and Caregivers: Restoring Health Coverage for Families." Retrieved from: https://ctvoices.org/wp-content/uploads/2018/04/Husky-coverage-fact-sheet-v2.pdf

[4] Scenarios run on AccessHealthCT.com during open enrollment. Calculations are based on premiums plus out-of-pocket maximum for a Silver plan because this includes full cost-sharing subsidies; premiums are lower for Bronze plans, but total out-of-pocket costs are much higher. This scenario assumes the adults are age 30 and live in Litchfield, New London, or Windham

($21,960-43,700 for a family of 3) have the highest rate of uninsurance (13.9%).[5] This is largely due to the high costs of coverage, as this population includes most adults who just exceed Medicaid income limits.

The American Rescue Plan does not make health care affordable for people earning less than 200%FPL. While this new relief package would include premium subsidies for most of this income range group, households would still have to meet $5,000 in deductibles, co-pays, and co-insurance to use their insurance. A host of research demonstrates that high out-of-pocket costs cause people to forgo or delay the health care they need.[6]

Additionally, affordability is not the only barrier to being insured. Many immigrants are ineligible for Medicaid based on their visa status and immigrants without documents are ineligible for Medicaid AND unable to purchase health insurance. Based on country-of-origin estimates, it is reasonable to assume that the majority of immigrants without documents living in Connecticut are people of color.[7] An estimated 23% of uninsured people in Connecticut are immigrants without legal status.[8] As a result, ensuring access to health insurance for all immigrants living in Connecticut is a crucial part of advancing health equity in our state.

Finally, we would like to express our **support for H.B. 6635: An Act Concerning Temporary Family Assistance**. The "family cap" that this proposal removes is a harmful policy rooted in racist ideology.[9] CT is one of just 13 states that have yet to repeal this measure. The National Academies of Science, Engineering, and Medicine found that increased financial support for families improves children's health and wellbeing.[10] As noted above, systemic racism is the root cause of disparities in health and wealth and programs like this one are means of addressing the barriers to health, including poverty, that are disproportionately experienced by people of color.

Thank you for the opportunity to submit this testimony in support of S.B. 1056 and H.B. 6635. I can be reached with any questions at ksiegel@hesct.org or 860.937.6437.

County. The lowest out-of-pocket total (for parents age 43-45 living in Fairfield county) would be 13% of family income or $5,436. In a family of 3 covering one adult with a household income of $35,000, the costs (depending on age and county) are approximately 10% of income—still quite burdensome.

[5] Kaiser Family Foundation analysis of 2019 American Community Survey data. Available at: https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-federal-poverty-level-fpl/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22connecticut%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

[6] Agarwal R., Mazurenko O., & Menachemi N. (2017) "High-Deductible Health Plans Reduce Health Care Cost and Utilization, Including Preventive Services." Health Affairs. DOI: https://doi.org/10.1377/hlthaff.2017.0610

[7] Migration Policy Institute analysis of 2014-2018 U.S. Census Bureau data. Available at: https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/CT

[8] CT Health Foundation. (2020) "Health Disparities in CT." Retrieved from: https://www.cthealth.org/wp-content/uploads/2020/01/Health-disparities-in-Connecticut.pdf

[9] Center for Budget and Policy Priorities. (2019) "States Should Repeal Racist Policies Denying Benefits to Children Born to TANF Families." Retrieved from: https://www.cbpp.org/blog/states-should-repeal-racist-policies-denying-benefits-to-children-born-to-tanf-families

[10] National Academies of Science, Engineering, and Medicine. (2019) "A Roadmap to Reducing Child Poverty." Retrieved from: https://www.nap.edu/read/25246/chapter/1